

PSYCHOLOGIST'S LIMITS AS A MEMBER OF INTERNATIONAL MISSION

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ABSTRACT

Army of Czech republic sent field hospital in the AFOR mission in Albania and than to Turkey as a help for earthquake victims in 1999. Paper concerns the specific circumstances in these two missions from the point of view of psychiatrist/psychologist. Concrete experiences of psychologist in maintenance of care of victims and hospital personnel, physicians, nurses and logistic personnel, are discussed. In the second part of the paper the influence of help group of specialists, psychologists, psychotherapists are described. Especially the difference between direct attendance of specialist in the mission versus the help of the group coming from out is discussed. Possibilities and limits of external group timing of arrival, the constitution of the team, possibilities of cooperation, the plus and the minuses of this method.

In April 1999 the Czech Republic Government decided to deploy the Czech Army Military Hospital as the part of the humanitarian aid to Albania, where the large amount of refugees from Kosovo was accumulated. There was also the intention of the health care providing for the NATO forces in case of the ground operation in Kosovo. On the May 3, 1999 the hospital left and immediately after arrival it started to deploy in order to begin with its regular activities as soon as possible.

The first part of this report should be the sort of self-reflection of the psychologist – psychiatrist, who have participated in this mission within the framework of the hospital. At those days he was 40 years old, married and worked as a psychiatrist in the Central Military Hospital of the Czech Army, during years 1994 – 95 he was engaged in foreign mission in Croatian *Krajina* as a general practitioner and psychiatrist. During that mission there were two offensives of the Croatian Army which finally conquered the territory. He worked both – with the soldiers and with the local inhabitants. He is erudite psychotherapist, fond of acute crisis intervention, psychosomatic problems, post-trauma and is religious. He suffers from so-called missionary syndrome (strong desire for next mission deployment). His superior showed a negative attitude towards the missions and interdicted his deployment to Bosnia mission in 1998. In mid-April 1998 he was offered a deployment to Albania with the 6th Field Hospital (FH) – the answer had to be immediate. His wife was initially strictly against, but after a few days she finally gave up - there was a need of money for the reconstruction of the apartment. His motivation for the deployment was a bit different: “Something is going to happen – action, travelling, career acceleration, coming off the stereotype, self-appreciation improvement, financial reward – something what makes sense and I am going to be there. A quick arrangement of all matters, sense of guilt towards the family and mother (psychiatrist’s father had died a month and half ago after long illness). After arrival large enthusiasm for work and help to refugees, shock from an Albanian heat and mess. Sort of disillusion from the physicians’ status in the hospital – the commander of the hospital – a physician asserted the equality of all in the point of the manual work – it means, that physicians had to do all the work as the others so as not to be upon the others, commander effort to eliminate the elitism, independence and possible resistance of the doctors and nurses against him. Problematic relationship between commander and his medicine deputy, who had aspired to his position beforehand, the effort of both of them to enforce one’s own will. The commander was more pragmatic, realistic, better skilled organizer and also surgeon, but, on the other hand he was also harsher and kept people at a distance. An effort to be involved to expertise work as soon as possible, doubts: “Will I be able to cope with everything?” The psychiatrist was acting as psychiatrist, psychologist and general practitioner all in all. The first problems of the psychic type (psychosomatic annoyances) occur at the FH staff. They are reported mainly by female – nurses. The psychiatrist longs to leave the FH camp, which is situated in Albanian army barracks behind the high wall. He manages the connection with his wife and mother through the payphone – which leads to a great alleviation. The commander issues the order #1 in which he prohibits alcohol, drug consumption, sexual intercourses between field hospital staff members themselves and also between them and foreigners – the reality is a bit different: There is an alcohol drunk in the evenings (but without excesses), some have sex. Hospital starts to work, psychiatrist comes out - to the refugees camp – a lot of work in a terrible heat, translating Czech – English – Albanian - Russian- (there are also Lithuanian physicians and nurses) – Serb - (some Kosovians speak Serb), in the evenings reports writing and work with the FH staff (some members see him secretly with various problems – pains, nervousness, anger eruptions, irritation, tiredness, insomnia. Work in the FH is regularly changed by missions in camps, in “free time” work with the FH staff. Time passes quickly, but the psychiatrist sometimes envies the others, that after a duty they can do whatever they would like to. He introduces the principles of psychological work with the FH staff to the commander, he suggest their realization. It is a very meaningful dialog and discussion. The commander accepts and supports his suggestions. A latent revolt of the physicians against the commander – they disagree with their equalization with the rest of the FH staff. The session is held, it is very open, the commander explains and advocates his attitudes – it comes to the open abreaction, the commander compromise a bit, the physicians stop concerning so much. Sequential partitioning of the staff to the smaller fractions, each group finds a meeting place. Some of them start to separate, to look for a solitude, to suffer from so called “submarine disease”. Conflicts, complaints about food, hassles about dress discipline –

the commander caught a big group drinking and singing in Naafiti with Italians. These people were punished, the psychiatrist got a task to speak with them individually – about alcoholism and find out if they were not alcoholics. He did not like it and used these dialogues with people for their personality analysis and for discussions about best way of adaptation to field hospital. This was very useful for contacts establishment and for improving his reputation. He starts going to Tirana to coordinative consultations of WHO, NATO, NGO and Albanian authorities for coordination and optimalisation of the psycho – social aid to Kosovian refugees, great disillusion from Albanian authorities, WHO and some NGO. Big hassle among NGO – who is going to provide the refugees and the patients with care, the offensive of the Muslim countries against the Christian ones. At the same time he recognizes Albania, graces from the commander for leaving the camp, the organizing of the trips to the seaside and also half-illegal tours round the Albania starts – passion from the beauty of Albania. At the same time, the FH is donated with the mobile phones, that provides very good connection with the Czech Republic, and the telephone extension to the camp is established. It is very good, the psychiatrist phones with mother, wife, daughters, friends every day – it helps him a lot. Some members of the staff call all the time – they start early in the morning and finish late in the evening – their families are tired of them. A big discussion is held about vacations, the commander does not want to allow them, the situation is not clear (there might be a ground offensive against Yugoslavia, and there is a big amount of patients in the hospital – Kosovians, Albanians and NATO soldiers). But people want them, the quarrels happen – the vacations are permitted at the end, the psychiatrist belongs to the so-called commander's camp. That is why he gets one of the last terms – the deputy commander, who is in charge of this is in opposition to the commander – it is very different term from the expected one – the psychiatrist is fed up with it, because he is looking forward to the visiting home and he needs to disperse his father's ash. The staff is divided into two groups – one of them want to continue with the mission, the others want to finish. It leads to the arguments between them. The psychiatrist meditates every morning, the mission itself, work with the clients, the contact relaxations exhaust him, he needs to refresh the powers. At the same time he settles down a lot of problems. Contacts with the psychologists from NGO working in the camps and other NATO field hospitals, sometimes the feeling about lacks in psychotherapeutic work with the refugees. The preparation of the inspection of the supervising psychological team from the Czech Republic which includes the chief-clinical psychologist of the Czech Army, the psychologist working with the teams from crisis intervention centers and the military padre. When everything is prepared, it breaks down with the competency hassles inside the Czech Army. The big disillusion of the psychiatrist, the commander's suspicion whether it was not against the law. The teams are sent to the north to assure the transports of the refugees from the overcrowded north to relatively void south – the psychiatrist is sent there as the team leader. The accommodation is in the camp of Italian “mountain huntsmen” who are also under Czech medical care – beautiful mountains, river, only a few patients, terrible heat. Serbia capitulates, the massive rush of the Kosovians to the Kosovo, the direction turns over, huge crowds of the refugees (by the train) to the north, they change to buses by us. The American voluntary organizations appear there – their members are deployed only for a few days and then they get (as the reward) the vacation in the nearest cultivated country and then they return to the USA. They are relatively well equipped, well trained, though mid-staff outbalances the doctors, (from the point of view of quantity). They accept us, they behave themselves well, but they push us to the “side-track”. We are delegated to the role of an ambulance (including the resuscitation), the very first day there are two cases of resuscitation. There are argument within the team between one dominant nurse and one Lithuanian physician – this is brought to the base-camp. This situation is utilized by the deputy commander – the part of the team is withdrawn to the base and the second part stays. The psychiatrist's stay in the Italian camp is being constantly prolonged. Establishment of many nice friendships with the Italians. The Czech TV broadcasting is established in the base-camp through the satellite – it is considered as very good. After return to the FH, the psychiatrist is being sent to many negotiations to AFOR headquarters, including the one at the local Medical Corps. In fact he could be considered the liaison officer of the FH, at the same time he is ordered to the 24-hour duties at the AFOR headquarters sick-room. Very good relationships to the British, Germans, Americans, but mostly with WO and privates, the officers keep polite, but wary attitude. The “submarine disease” in camp-tents proceeds. By the same time he is in charge of soldiers' leisure time

spending, organizing the trips and English language courses. Elaboration of the first FH sociogram and its introducing to the commander and the staff. Some lower commanders are afraid of being familiarized with it. When the psychiatrist is about to leave for the vacation, the earthquake in Turkey happens, the vacations are aborted and part of the FH urgently moves to Turkey. Big thrill and enthusiasm on one side, but on the other hand some reject to go leave and want to stay, because part of the FH should assure the AFOR squads. In the end, the psychiatrist comes home for several days – dispersion of his father's ash, withal he assures many official matters for the hospital – part of the Ministry of Defense show positive attitude towards the hospital, some of them show the negative and amused one. Through the telephone the agreement about ordering the psychiatrist to the second group predestinated for the transfer to Turkey, he wants to go there, thinks that he is going to have a lot of work there, after return from the Czech Republic he is transferred, big welcome upon the arrival, the shock from the greatness of the 14-million Istanbul and from the view on it even in the night. Consternation from the totally destroyed Golczik, and, at the same time, the strong desire for seeing the earthquake, exciting and also unpleasant frisson from the first quakes. A big difference of local authorities comparing to the Albanian ones – the Turkish officials are laborious, willing, the common Turkish people as well, touching experiences when the muezzins from surrounding mosques assemble for the prayer in the morning, work with the Turks inflicted by the earthquake in the camps, hospitals, as a psychiatrist and also general practitioner, huge amount of people suffering from PTSD, the “psychotherapy spot” is founded, good cooperation with the commander as well as with the newly established deputy commander and chief-nurse. Three-day work rhythm – one day in hospital, one in camp, on day off. The possibility of the trips to the surroundings, including Istanbul, Bursa, Ankara, Troya during the free days. The psychiatrist is named for the organizer of these tours – there are tremendous experiences – the connection of antics, Byzantinism, Islam. It comes to better recognition of Islam. At the same time the “shopping fever” at some individuals. Very touching experience from the visit to the cemetery upon Izmit, where the whole families (the earthquake victims) are buried – beautiful views to the surrounding hills at the same time. The tension in the camp proceeds, mainly doubts about future of the field hospital and the staff after return to the CR, heats during the days, during the nights chill in the tents, cooperation with the Turkish physicians and psychologists, interpreters, very warm friendships. In the Turkish military hospital the huge experience from the concert of “Yanichars”, modern art exhibitions located in old temples and severities. One doctor and friend of the psychiatrist brought by Turkish ambulance after he, in his leisure time, after an enormous work effort, dealt in the street money to the Turks, because he regretted them. The information against him was lodged to the commander by one staff member. The commander ordered his repatriation for the indiscipline. A dispute between the psychiatrist and the commander about this, the psychiatrist was criticized for not reporting this doctor to the commander, because he should have abused alcohol in the free time. The psychiatrist objected that he would lose the confidence, the psychiatrist was punished with two-week-long prohibition to leave the camp. During this prohibition very interesting (almost mystic) experiences, when the camp was left by everybody but the duty, after a week very effective discussion between the psychiatrist and the commander, the prohibition was retracted. Big experience from seeing the quakes of 6.1 grades of Richter's scale during the shopping in Izmit with the following people's panic and attending people directly in the street – very interesting experience – only 2 (the psychiatrist and one nurse who had an experience from the mission) out of 8 staff members were willing to provide the nursing directly in the street, the others wanted to return to the field hospital base. From 30 people attended up to 1 hour after the quakes were more than 50 percent acute reactions to the stress. Laboring of the second sociogram and its introducing to the people. Arrival of the third group of the field hospital members with many psychiatrist's friends. The new earthquake in Ducza, the group of surgeons is promptly sent there. The psychiatrist operates as the general practitioner together with the rescuers through the newly damaged town. He takes part in night victims searching, the demoniac apocalyptic experience, and at the same time impression of the chaos in organization, nursing the victims directly in the street. The field hospital operation time was about to finish, increasing of nervousness, problems and collisions, including the psychiatrist, but in his case the conflicts are mainly with people who are generally conflictful, it leads to interesting heart-talks and negative emotions abreaction. Many mostly partnership problems came up – solved with the

staff members and their home-folks. Culmination of the tension and conflicts during putting down the hospital and leaving home through Istanbul. After homecoming, many staff members went to Bosnia and Kosovo again, in the nearest possible term. The psychiatrist was told by his superior, that his expertness fell down during the mission. His first mission – in Croatia – was about raised self-confidence and the omnipotence feelings, this second one – Turkey-Albanian – about humility then.

Upon the analysis of the above-mentioned text the question rises up: “Should the psychologist go to the mission as its member, or should he (or the team of psychologists) come there in regular or irregular intervals (according to the need) and perform the psychological research and help occasionally. The answer is not definite. If the psychologist is one of the mission members, he knows the participants better (it works also in the opposite direction), they believe him more and in regular life he can answer on their problems better, he is permanently present and is able to afflict anywhere and whenever, he is familiar with the mission background, states of mind, wishes, resentments, the sociological atmosphere in the camp, relationships between people, he can informally respond and nobody should necessarily know, that he, in effect, provides the psychotherapy. He has the quick access to the commander and is able to intervene better. But, on the other hand, as every other mission participant he is liable to the dynamics of the mission member psychic state development, he is pegged down by the social relations in the mission, he has different attitudes to different people in the mission, which can negatively or positively influence his work. In the positive way – he understands the problems better, in the negative one – he is tired, exhausted, has antipathetic attitudes or positive feelings to every individual mission member, his sight is defaced and his arrangements could be wrong. He can be neurotised, suffer from PT, which also negatively influences his work. But if he faces up to it, the influence on his work can be positive then. If the psychologist comes from “outside”, he must be well-trained for this kind of work, has to be mission-experienced (but how to get them, when psychologist-from-outside-system is established), he must be of such personal background and development stage to be able to be accepted by “the mission” in a very short time, get their confidence and be well familiar with such knowledge from psychology and sociology of the small groups and their dynamics to be able to reveal the relationships in these groups and to deal with them in order to provide the positive influence and not to fragmentize them. At the same time he must demean himself in the way which prevents him from being seen (by the mission members) as a bumble from the ministry, who has come to sift them and to give them the advice “how it should be done”. The positive fact consists in the not being consumed by the mission, not having defaced sight, not being involved into social relationships inside the mission. On the other hand, he could not be accepted by the missionaries (we have seen even the aggression against one tactless psychologist – sociologist), he is deployed for a short time, so he might not have necessarily right insight to the relationships and by his wrong interventions based on these incorrect insights he can complicate these relationships. His perhaps correct observations, but presented in an inappropriate manner can induce the negative reaction (even the aversion) from the missionaries’ point of view, there can be a fear, that the psychologists-from-outside have come in order to control something, or to make a psychologist sift with a view to repatriation. The psychological intervention may be also needed in the moment when the psychologist is not present, and he cannot be delivered there quickly (for example, in the time of war operations). It is true, that the psychotherapy can be done for example through the TV, satellite phone or walkie-talkie, but this can be performed only by a well trained and experienced expert, and, again, in some specific situations is this help deflated (targeting at the radio signal) and has its limits. The optimal solution seems to be in combining of the advantages of both upper described ways – the psychologist’s attendance at the mission and a visit of the supervision team consisting from the experienced trained psychologist, the sociologist familiar with work with small groups, or a priest in the laic role, who can enrich the observation with the novel aspect. It happens that the mission members prefer him in an advice seeking, because they trust him more, while in the case of psychologist they are afraid of being sifted or possible repatriation.