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## CLASSIC PAPER

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### Common Stresses In A Military Environment

Commentary: M Tarn

This paper from 1958 is more focused than the title suggests. A reader expecting reflections on the embryonic Cold War, or the recent Suez Crisis, will be disappointed. Instead, Captain Freeman provides an excellent snapshot of the psychosocial stressors affecting military wives and the resulting pathology generated. All psychiatry trainees are over familiar with Brown and Harris' Camberwell study (1), looking at the prevalence of depression in females of lower social economic groups. They would readily recognise the social constructs that the author believed were of prime aetiological significance in the development of help seeking behaviour.

#### Location Location Location

Service Families' Accommodation is considered to be a promoter of ill health in this article. The author provides a convincing argument that geographically isolated military communities, with a high turnover of residents and separation from relatives, is detrimental to wellbeing. These are factors that military General Practitioners would support as increasing the background rate of attendance at medical centres.

I would suggest that military families are less isolated today. There has been an increase in car ownership and many spouses have taken up employment outside the home. Families now average 1.8 children (2) and the whole working population is far more mobile than in the 1950s. Indeed, many military personnel find that the employment of their spouse or partner is not compatible with continued service. In contrast, we are increasingly recruiting from overseas countries, so that cultural requirements are needing to be met.

Military "Patches" have become jealously viewed by civilians. They tend to be low density housing, containing much greenery and have low crime rates. There is a creeping modernisation programme and the rents remain below the market averages. This is underlined by how popular ex-quarters are to private buyers when released for purchase by Annington Homes (current owners of Service Accommodation).

#### Computer Says No

Captain Freeman discusses the problems created by the deployment of military personnel. There has been an explosion in the technology of communication, enabling individuals to

be in regular contact from operational theatres. Arguably, this has facilitated relationship breakdowns as interactions are less considered.

The author touches upon the lack of a "sense of regional identity". This is being partly addressed by the Army's desire to base Regiments in their main recruiting areas. Garrisons will still be manned overseas and we can still expect an exodus of families back to UK when a unit is operationally deployed elsewhere.

#### The Makings Of A Syndrome

Captain Freeman was writing in 1958 as a product of the time. When I read his comments now concerning "poor intellectual endowment" and "general inadequacy", I am aware that we would now use less pejorative phrases. We would still recognise the somatisation symptoms he describes and the desire for "husband recall". Perhaps we should consider a new phenomena, that of "husband intrusion". When a family is coping gloriously well with the absence of the military member, only to have the dynamics upset when he or she returns.

The paper refers to the "traditional food supply – the fish and chip shop". I suspect the view from 1958 would be far more critical of our present diet. Also, the increased availability of consumer credit has led to debt to be far more common place. Alcohol is now cheaper and more freely available. This all leads to a compounding of factors predisposing to neurotic illness.

#### Aids To Recovery

We would still recognise the patient with "a background of loneliness and struggle". However, the military is now well served with some excellent care agencies, such as Unit Families Offices, Welfare Centres and Wives Clubs. These organisations are often criticised but they can provide great advocacy when required.

The paper mentions during the Suez Crisis that "newer tranquillizers" were used. The author also recognises the limit role medication had to offer and the effects that talking therapies could bring about. This is now mirrored in the NICE Guidelines for Depression (3).

#### Conclusion

Captain Freeman's paper paints a picture,

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much of which, we still recognise today in Military Mental Health. His psychosocial approach was insightful as were his ruminations on the effectiveness of psychotropic medication.

If an author today were to compose a paper entitled "Common Stresses In A Military Environment"; we would expect consideration of additional factors. The increase in operational tempo, the smaller footprint the military have in society, the effect of embed-

ded media, to name just three. What hasn't changed is when on duty away from our loved ones, their residual welfare is integral to our own professional effectiveness.

## References

- 1 Brown GW, Harris T (1978) *Social Origins Of Depression*. Tavistock, London.
- 2 Office Of National Statistics.
- 3 The National Institute Of Clinical Excellence (2004) *Depression (CG23)*.

## Common Stresses in a Military Environment. Vol 104 (1): 31-4

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A similarity of pattern, emerging from a number of cases from military married families, seen as psychiatric out-patients, suggests the existence of specific stresses acting in these circumstances. Although they present for medical treatment, it seems likely that such cases are the product of social forces. Without attention to the social background, it is doubtful if any therapeutic measures will achieve much success.

### Married Quarters

Sociologically, military married quarters present many remarkable if not unique features. Most prominent is the uniformity of occupation. This can be approached, in this country, only by some mining communities, although few can reach the figure of 100 per cent in the predominant occupation. However, whilst tending to a certain mental inbreeding, it is doubtful whether this factor is of great significance from the psychopathological point of view.

Situation is more important. The larger groups of married quarters, attached to the main military centres, are, in many cases, distant from the amenities of a large town. Some quarters are separated even from a village shopping centre. This presents not merely the physical problem of transport for a wife with young children, but a definite psychological strain in women brought up in a highly urban environment. The loss of easy access to large shops, entertainments and other institutions, as well as the comparative sparseness of population, may provoke an acute sense of isolation increased by separation from relatives and friends. The same feature is sometimes seen, though to a lesser extent, in young soldiers nurtured in large towns, who are posted to small, scattered units. Here, however, the feeling of isolation is usually diminished by the close comradeship of the barrack room. This sense of isolation, like some other features of married quarters, is also seen in some of the newer housing estates, although few of these are so remote from a large centre as many military sites.

As well as occupation, the age distribution

of the inhabitants of military quarters is unusual. Old people are rare, and few adults are past early middle age. The number of young children is very large since, as in the case of civilian housing, they carry the strongest priority value. Inasmuch as the absence of old people means separation from parents and other older relatives, it is clearly significant, depriving the young married women of a traditional source of support. This "separation from Mum" has recently been referred to in a sociological survey of a L.C.C housing scheme (Young & Willmott, 1957). Recent rehousing has, in the case of most large towns, disrupted the previous pattern, in which married children normally settled near to parents, usually the wife's, and maintained an intimate contact during the early years of marriage. In the case of military families, the distances of separation are usually much greater, and the loss of contact, therefore, more pronounced.

A further and more significant aspect of this same question is the geographical mixture that service families represent. Amongst civilian working-class families a change of region is unusual and mobility is discouraged by the fact that several years' residence is usually necessary to qualify for a council house. In the older districts, family groups tend to be stable and marriage is usually to a local person. In these social groups, unlike those of the higher incomes, regional origin is immediately obvious in the accent.

Since married quarters, however, represent a complete contrast. Both men and their wives are an artificial agglomeration drawn not only from every part of the British Isles but also from many areas overseas. In these circumstances there is clearly no sense of regional identity to provide a cohesive social force. Residence in any one place is always temporary, a matter of a few years, and not infrequently felt to be uncongenial. Not only is each family likely to be strange to the district. But all the families around may be equally strange, though each in their different way. The only real excep-

tion to this would be in the case of county regimental depots.

Whilst geographical identity is absent, and family ties generally broken, a substitute may exist in the military unit as a social entity, embracing both men and families. The extent to which this compensation is possible varies, not only with the character of the unit, but also with that of the individual soldier, and whether he seeks his social life there. In the case of isolated stations, there may, of course, be little alternative, but this is an important factor in the maintenance of unit morale.

This leads to what is felt to be the most acute psychiatric problem – that of the wife whose husband is overseas with this unit, and may have been so for a long period. Not only are the marriage partners separated, but contact has been lost with the only significant social entity available – the military unit. It is these wives, separated from husband, family and background, usually responsible for several young children and often living in an isolated area, who present the syndrome described below.

### Clinical Features

Most commonly, these patients present with severe anxiety symptoms, although depressive features may be present. Poor appetite, insomnia, inability to concentrate and irritability are usual; phobic features may be present. In general, those who present as psychiatric problems are of poor intellectual endowment, and many show a general inadequacy. Since they have usually had to cope single-handed with young children for a long period, they not unnaturally complain of absence of energy and chronic fatigue. This tends to be exacerbated by the poor diet which is usual, and by frequent pregnancies. Many are, no doubt, cut off from their traditional food supply – the fish and chip shop.

Their common complaint is that they have very few, if any, friends in the area. Whilst this may sometimes represent an individual failing, its regularity suggests the importance of the social factors referred to above. Not only are normal social and family groups absent, but the woman, tied down by young children, has simply no opportunity to attend any outside functions. More than one patient has stated that, except for a weekly shopping expedition, usually fatiguing, she has not been out of her quarter for months. In the evenings, by the time her children are in bed, she is exhausted and has little to do but brood on her loneliness.

The poor intelligence of many such patients makes it difficult for them to plan financially in the absence of their husbands and relatives. They may readily accumulate debts or hire-purchase difficulties, which may be accentuated if they have taken to smoking or even drinking, as a relief from

anxiety. The further anxieties of financial struggle are likely to exacerbate any symptoms already present.

Psychiatric symptoms, allied with physical fatigue and social isolation, make it increasingly difficult for such women to continue managing their affairs. Neighbours, particularly those whose husbands are at home, may help with acute problems, but nevertheless the woman tends to feel that she is fighting a losing battle on her own. In these circumstances she may consult her medical officer or some other organisation, in an attempt to have her husband recalled. Such a return is seen as the only way out of the situation. If the woman should require admission to hospital for any reason, and there are no relatives or friends able to take the children, this may in fact be necessary, although clearly it is a measure to be employed only in the last resort.

Medical officers to families bear the initial brunt of these problems. The women may complain to them of some purely physical ailment, but a brief conversation will usually reveal the background of loneliness and struggle. Clearly, a dismissal with sedatives would be unfortunate, and a patient is likely to return soon in such a case. Milder cases may respond to a sympathetic interview, in which perhaps can be given on some specific problems. The more moderate degrees of tension existing in such cases, may justifiably be treated by a short period of sedation, whilst factors such as diet or menstrual disturbances are taken into account.

Where anxiety or depression are more marked, the case is likely to be referred to a psychiatrist, and hospital admission may be indicated. Two cases seen recently each gave a history of a previous psychiatric breakdown, from which a good recovery had been made. In each, relapse had been precipitated by a long period of marital separation, associated with absence of social contacts. If, however, the condition is not so acute, the patient may be given an opportunity to ventilate her difficulties, and symptomatic treatment with sedatives or tranquilisers attempted. During the Suez Crisis, when many husbands were overseas particularly when night fears were preponderant. Nevertheless, such a regime is generally disappointing in its results, and it is felt that more success would be obtained if practical help could be offered to the household and if some form of social re-integration were possible.

In the case of financial difficulties, what is usually required is not extra money, but some firm guidance in the use of the patient's allowance, with regular deductions for debts. Where, through fatigue or fecklessness, the woman has become incapable of keeping her home and family cared for, something in the nature of the Family

Service Units, which operate on a voluntary basis in some cities, would undoubtedly be the answer. In the absence of such units, Local Authority health visitors or home helps may be valuable in specific cases, but the situation of many quarters is difficult for these services. Voluntary organisations, particularly the Soldiers', Sailors' and airmen's Families Association have an important part to play, but some have a tendency to act by a combination of exhortation and charity, neither of which are really appropriate. None of the patients seen recently by the author has had any active religious affiliations; nevertheless, it is felt that visiting by garrison chaplains and associated religious bodies might be helpful in many cases.

### Conclusion

Fundamentally, the problem stems from the conditions of service life, so that the most important preventive measure is the existence of adequate, modern quarters in every families' station, which would reduce periods of separation to the minimum. With married quarters, there is a great need for some form of social organisation, which might help to bring together the many fragments, torn out of their geographical and kinship contexts, which military families represent. This problem exists also to a marked degree in new towns and large housing estates, and it appears that no real

solution has yet been found. However, these civilian populations are not subject to the constant movement which is characteristic of service families. Finally, practical help is required for those women who, through poor endowment, psychiatric illness, or overwhelming force of circumstances, are unable to meet their domestic difficulties.

### Summary

A number of recent cases have thrown light on the problems of some wives in military married families' quarters, particularly when separated from their husbands.

These are discussed in the light of certain sociological features, which are believed to be peculiar to these situations. The difficulties of treatment on a medical basis are referred to, and the desirability of more practical help and of social re-integration is suggested.

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