

From Trauma to Resiliency

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Abstract

In the context of last attacks affecting many countries, a medical and psychological coverage must be organized for all who are concerned, soldiers, emergency and security team and of course, victims. It leads on the development of resiliency.

Keywords: Emergency; Resiliency; Trauma; Military psychiatrists; Victims

Introduction

The last attacks arisen in France, also in the United States, in Germany and in Belgium lead in the same sequence, to a feeling of dismay doubled by an outpouring of solidarity. The news channels and the media conveyed images showing the victims, the emergency services, and security forces acting in an alert context. The trauma was at work.

These war scenes are unfortunately well known of the surgeons and military psychiatrists working with the soldiers engaged in external operations (OPEX) for many years. These foreign conflicts are imported from now on the national theater. The OPEX become the internal operations (OPINT).

The doctors and the emergency services intervened in the evening of the Bataclan in Paris, delivered the same testimony. Although been used to act in the emergency and in the exceptional situations, they had been never confronted with such scenes, which look like war scenes.

This evolution leads to identify two axes of reflection: First of all, the medical psychological care has to benefit to all the participants and the victims in a harmonious way, then this coverage of medical care has to join a process of resiliency.

The article appeared in *Annales médicopsychologiques* in September, 2016: "Continuity of care for the military with post-traumatic stress disorder: Project of an interministerial PTSD reference center" developed the proposal of a reference center allowing the elaboration of a common doctrine [1].

To build a pathway of care for the soldiers throughout its life is a duty for the nation towards the one who made a commitment in the service of the State. Without any doubt, many efforts are taken by the authorities about it.

However, a territorial distribution as closely as possible to the area of life of the soldiers would be useful to accompany at best the medical and psychological coverage.

Beyond the military, the nursing, the law enforcement, the volunteers working in these exceptional situations are exposed to an indirect trauma.

It is not strictly speaking a psychic trauma in the sense of the classic definitions: « A psychic trauma occurs if there is confrontation with the death for one self and or for a close friend», but there is an acute stress in front of scenes of horror and the necessity of doing the job in spite of this context for which they were not all necessarily prepared.

The exchanges with healthcare professionals and chiefs of military unit in the book: "The posttraumatic stress disorder, to survive or to live again" show it has no immunity of the nursing, the security forces in front of psychic trauma there [2].

So, a global coverage of care for all the involved people as they are participants or victims would be useful to build a common doctrine.

In parallel profits were waited the exchanges of clinical experiences, new solidarities could build up themselves.

To repair, to reconstruct but also to give elements to become an ambassador of the resiliency, such could be the objective.

The «Livre Blanc» on the Defense and the National Security defines the resiliency as "the will and the capacity of a country, a society or public authorities to resist the major consequences of an aggression or a disaster, then to restore quickly their capacity to work normally, or to say the least in a socially acceptable mode on the individual plan, it is the power "to bounce", to overcome traumatic situations.

The impact strength is the capacity for an individual to face a difficult or generative situation of stress.

In psychology, this concept or "the art to navigate between torrents", is introduced in France by Boris Cyrulnik.

If the resiliency is concrete and real, individually and collectively, it represents an opportunity so that the society develops new solidarities and strengthens its values.

Acknowledgement

The positions taken by the authors and points of view were expressed in this editorial, should not be considered the official point of view of the health service of the French Army.

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