

Left Not in our name! Football fans protest against arms manufacturer Rheinmetall during a match in Dortmund, Germany, 24 August 2024. **Right** Art therapy: a soldier painting at the Unbroken National Rehabilitation Centre, Lviv, western Ukraine, 1 August 2024

2.5 times as many jobs as investing in armaments. Defence ranks 70th out of 100 industries in terms of its efficiency in creating employment, according to a number of studies that show the limited or even negative impact of such investment.

The EU's latest defence white paper (March 2025) shows that 78% of defence procurement by EU member states is from countries outside Europe (mostly the US), and calls for radical change: by 2035 the continent should be producing at least 60% of the equipment and matériel it needs. But is that feasible when the European defence sector is so fragmented? French, German, Italian and British firms will all be competing fiercely for the potential billions in extra orders. While Germany is turning on the financial taps for Rheinmetall and friends, new Franco-Italian and Franco-British cooperation agreements are being signed in hope of catching up with the Germans. And Europe doesn't have a unified military command. The Kiel Institute for the World Economy (IfW) is calling for 300,000 extra troops in Europe, but in practice these would be dispersed among 29 different national armies.

The global arms race is out of control: calls to spend 3% of GDP on defence have been followed by demands for it now to rise rapidly to 5%. It's a familiar pattern: when one country modernises its armed forces, others follow suit. Take the dissuasion argument far enough and you end up arguing that Germany and the rest of Europe should have nuclear weapons. In the worst-case scenario, this could lead to a major war.

Only disarmament treaties can stop the vicious spiral. During the 1962 Cuban missile crisis, it was diplomacy, not military logic, that averted a nuclear apocalypse. US and Soviet leaders recognised the risk of nuclear devastation, and the Soviet Union withdrew its missiles from Cuba in return for a pledge from the US not to invade Cuba. No formal document was signed, and a simple public agreement between the two great powers was enough to quietly and gradually defuse the situation. In a separate deal, which remained secret for more than 25 years, the US agreed to remove its missiles from Turkey. This kind of solution requires both a pragmatic approach to diplomacy and a grassroots antiwar movement strong enough to exert pressure on politicians.

Belgium's prime minister Bart De Wever and his followers often quote a saying from the last days of the Roman empire: *Si vis pacem, para bellum* (If you want peace, prepare for war). This has never been a peace slogan: it effectively advocates militarisation or even war. And it didn't prevent that empire from collapsing. In the real world: if you want war, prepare for war, and if you want peace, prepare for peace ●

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¹ Speech on European defence at the Royal Danish Military Academy, Copenhagen, 18 March 2025. ² Jon Jackson, 'NATO chief tells allies to raise defense spending or learn Russian', Newsweek, 14 January 2025, www.newsweek.com

'WHAT IF SOMEONE EXPERIENCES FIVE, TEN, 50 TRAUMATIC EVENTS IN A ROW?'

Ukraine: a nation in trauma

The psychological harms of war have been known for over a century, but treating them has rarely been a top priority. That's all too evident in Ukraine

Caroline Thirion | Translated by Charles Goulden



THE SOUND OF A GUITAR drifted out of a small wood on the steppe near Pokrovsk in eastern Ukraine. Around 15 men of various ages in combat fatigues were waiting for their meal on rough wooden benches under camouflage netting slung from the trees. They looked tired and drawn. The deafening crash of artillery fire and a helicopter overhead on this May morning in 2024 were reminders that the front was only 20km away.

Oleksii Shuryga, a senior officer, was preparing food: he believes it's important to stick close to troops who have recently returned from combat missions. He and his colleagues Dmytro and Tetiana belong to the psychological support unit of the Ukrainian army's 47th mechanised infantry brigade,¹ which has seen some of the heaviest fighting. 'The lads will be able to relax, have a wash and clean their kit,' Dmytro said, pointing to an old khaki-painted truck that served as a mobile sauna. 'It's important for morale.'

Shuryga sees more and more post-traumatic disorders (anxiety, adaptive and behavioural problems, insomnia, panic attacks). And apart from the fear of dying and explosion-related shock, he says there's another reason for the extreme pressure on troops: 'With increasing use of digital technology, aerial surveillance and drones, our men feel they're being watched all the time. They're exhausted. We have growing numbers of military psychologists, but the system for training them is inadequate in a war like this.'

Since the fighting began in February 2022, mental health has become a critical issue. According to the World Health Organization, attacks on civilian areas have triggered moderate-to-severe symptoms of stress in nearly 3.9 million people and destroyed facilities where they could be treated.² Though a third of Ukrainians surveyed don't consider their problems bad enough to seek help, more than 90% have at least one symptom of anxiety disorder, and nearly 60% are at risk of developing serious mental illness. President Zelensky's wife, Olena Zelenska, has launched an awareness programme, 'How are you?', to encourage a culture of caring for mental health in society.³

Ukrainians and Russians share a long history of war psychiatry. The first recorded cases of *kontuzija* (concussion or cranial trauma caused by a forceful impact or explosion) date back to the Russo-Turkish war of 1877-78, one of the earliest European conflicts to see widespread use of modern weapons – notably artillery and landmines. 'Frontline psychiatry' appeared

during the Russo-Japanese war (1904-05). Developed by Russian general and psychiatrist Piotr Mikhailovich Avtocratov, it aimed to identify those who had suffered psychological trauma as close to the front as possible, so that two-person teams of a nurse and psychiatrist could administer first aid. It was also during this war that German psychiatrist Georg Honigmann, working for the Russian Red Cross Society, defined 'war neuroses' as a distinct diagnostic category.

Definition of war neuroses

The term 'war neuroses' (or 'shell shock') began to be widely used after the first world war to cover a range of physical and psychological symptoms exhibited by soldiers at the front or behind the lines (often with no apparent physical injuries). These included tremors, vomiting, paralysis, fixed grimaces, loss of speech, sight or hearing and amnesia. They were still too often ascribed to hysteria, cowardice or weakness⁴ and it was not until after the second world war and, in particular, Vietnam that this mistake was recognised. US psychiatrists coined the expression 'post-traumatic stress disorder' (PTSD) and added it to the *Diagnostic and Statistical Manual of Mental Disorders* in 1980; UK and French psychiatrists adopted the term in 1980 and 1992. PTSD has since been more widely diagnosed in civilians, following other types of trauma.

The issue of mental disorders caused by combat came under renewed scrutiny in Russian medical journals in the late 1990s. At a time when Russia was open to cooperation with Western experts, they carried articles on the psychological aftermath of the Soviet-Afghan war (1979-89) and first Chechen war (1994-96). The similarity between symptoms exhibited by Soviet soldiers returning from Afghanistan and Vietnam vets led to PTSD becoming part of the Soviet psychiatric vocabulary. Among the 620,000 Soviet troops involved in the Afghan campaign, there were 150,000 Ukrainians, of whom 3,000 were killed.

A team of Ukrainian and foreign researchers have described the disruption of family life observed since February 2022.⁵ Ukrainian army doctor Andriy Zholob, in his early 40s, knows he has PTSD. His wife Irena remembers that when he first returned from the front, he had terrible nightmares, fits of aggression and a strong sense of disconnection from civilians, who seemed unconcerned about the war. Zholob now works for a veterans' association in Lviv, western Ukraine. 'Veterans with severe PTSD can be dangerous.

I've heard of some using knives to settle their issues... We need to do something,' he warns, 'to prevent violence from spreading through society.'

'In the early days, we had no idea how to treat people with PTSD or traumatic brain injuries (TBIs),' says Oleh Berezyuk, head of the psychiatric department at a Lviv hospital. In the department's brand-new premises, I saw young men on crutches and in wheelchairs with prosthetic limbs and head wounds. To cope with the influx of patients with multiple traumas, Berezyuk and his team trained with experts at the Primo Levi Centre in Paris (which treats torture victims), NATO military doctors and US and Israeli researchers. Today, with 20% of their funding coming from foreign aid, they are able to take a multidimensional approach that combines tried and tested methods with innovative therapies – EMDR (eye movement desensitisation and reprocessing), art therapy, physiotherapy, TMS (transcranial magnetic stimulation). In 2024 the department treated more than 15,000 patients, civilian and military. One soldier in three presented with depression, anxiety, sleep disorders or suicidal thoughts.

Not enough health spending

But this model medical facility is the exception in Ukraine's healthcare sector, which was in a bad way even before the war or the Covid pandemic. In 2016 the country spent less than 7% of its GDP on health (France spends 11%); mental health accounted for 2-5% of this already small total (14% in France).⁶ Since 2022 spending has fallen still further as budgets have been squeezed by the war. Most of the soldiers and civilians with trauma who actually receive treatment have to make do with ageing facilities, sometimes damaged in the war, overburdened medical staff with insufficient training, and funding shortages which often mean treatment is limited to drugs.

Vladislav, 28, a miner before the war, has been a patient at the old psychiatric hospital in Kharkiv since opening fire on imaginary enemies one night among his comrades in arms. The hospital still bears the marks of a Russian airstrike a few weeks before my visit, which forced the evacuation of already traumatised patients. Though resources are meagre, the staff continue to do all they can to treat patients in their care. Vladislav passes the time playing with Maia, a dog belonging to his psychotherapist Iryna, who tries to keep her patients calm through basic animal therapy.

Despite his mental health, Vladislav could be sent back to the front at any time. With the war now in its fourth year, Ukraine is starting to experience a severe shortage of men. Berezyuk says, 'No conflict in the last 50 years has been so intense in scale, violence or duration. Everything is new, including the way we provide medical support.' The total number of troops killed and injured on both sides is now estimated at one million.⁷ Berezyuk says, 'PTSD is usually the result of a single traumatic event. But what happens when someone experiences five, ten, 50 in a row?' ●

Caroline Thirion is a journalist. This article was written with input from Arnaud Bertrand and the support of Belgium's Fonds Pour le Journalisme

¹ People identified only by a given name requested anonymity. ² 'Ukraine is not alone', *Lancet Psychiatry*, vol 11, no 11, November 2024. ³ 'How are you? As part of Olena Zelenska's initiative, Ukrainians will be told about the importance of taking care of mental health', 24 March 2023, www.president.gov.ua. ⁴ Elisabeth Sieca-Kozłowski, 'The Post-Soviet Russian state facing war veterans' psychological suffering: Concept and Legacy', *Journal of Power Institutions in Post-Soviet Societies*, vol 14/15, 2013. ⁵ Iryna Frankova et al, 'Mental health and psychosocial support in Ukraine: Coping, help-seeking and health systems strengthening in times of war', ARQ National Psychotrauma Centre and Vrije Universiteit (VU) Amsterdam, Diemen/Amsterdam, February 2024. ⁶ Marisa Casanova Dias et al, 'The Lancet Psychiatry Commission on mental health in Ukraine', *Lancet Psychiatry*, vol 11, no 11, November 2024. ⁷ Bojan Pancevski, 'One million are now dead or injured in the Russia-Ukraine war', *Wall Street Journal*, New York, 17 September 2024