

AAP NEWS STORY

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By Janelle Miles and Roberta Mancuso

Douglas Wood's phone calls to family after his ordeal were surprisingly jovial. The 63-year-old joked about disliking his latest haircut - the shaved look his kidnappers gave him before holding guns to his head in a DVD demanding Australian troops leave Iraq. And one of his first questions to Australia's counter-terrorism chief Nick Warner after his release was typically Australian: "Do you have any beer?"

The engineer, who lives in the United States with his wife and daughter, was also keen to discuss whether his beloved Geelong Cats would win this year's AFL premiership. Wood was freed by the Iraqi army, backed by United States forces, in Ghazaliya - one of Baghdad's most dangerous neighbourhoods - after more than six weeks in captivity.

Despite appearing in good physical health and sounding "remarkably composed" on the phone to his family in Australia, his brothers have expressed concerns for his long-term psychological well-being. Senior clinical psychologist Vijaya Manicavasagar, of Sydney's Black Dog Institute which researches mood disorders, said initial feelings of relief and elation were not uncommon in captives once they were released.

But she said that in the coming days, Wood was likely to develop post-trauma symptoms such as having flashbacks of his ordeal, nightmares and disturbed sleep. "He might find himself more irritable, more likely to blow up, have more angry outbursts," Dr Manicavasagar said. "He might also be very, very sensitive to anything that reminds him of that situation."

In some trauma cases, these resolve in a few weeks. In others, people go on to develop post-traumatic stress disorder (PTSD), a psychiatric condition that can occur in victims of life-threatening events such as wars, natural disasters, terrorist incidents, serious accidents or violent personal assaults like rape. They may self-medicate with alcohol or drugs, experience feelings of major depression and anxiety and suffer a sense of disconnectedness from others.

"Sometimes that can lead to a lot of family problems because their spouses may not understand why they're not quite connecting with them as they used to," Dr Manicavasagar said in an interview. "It does take its toll on the family."

Whether Mr Wood will end up suffering from PTSD is not immediately clear. Scientists are still unsure which trauma victims are most at risk of PTSD. But

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they believe personality factors may be involved, as well as earlier experiences of depression and anxiety. Validation of the experience is also considered a crucial factor.

Dr Manicavasagar said many Vietnam War veterans developed PTSD on their return, possibly fuelled by a lack of community understanding for their plight. This may have placed them at greater risk than say, victims of disasters such as the Canberra bushfires or the Boxing Day tsunami.

"When communities go through natural disasters, the rate of post-traumatic stress disorder is high, but it's not overly high," Dr Manicavasagar explained. "Everyone suffers and there's a sense of community spirit and people feeling like they can relate to each other on the level of that trauma."

Dr Manicavasagar, who has worked with refugees and asylum seekers who've experienced torture, said Mr Wood was unlikely to lack support in the same way as the Vietnam vets. "With Douglas Wood, we all saw it on TV so it's a shared trauma in some way," she said.

Although beliefs about whether trauma victims should have counselling straight away are contentious, Dr Manicavasagar said professional help was not always necessary. "I wouldn't have thought you'd need to start off with full-on therapy," she said. "I wouldn't think that's the right thing to do. It's one of those things you just wait and see. If the symptoms persist, if they start to worsen, if he starts to get really depressed and starts to lose the ability to function in society, can't hold down a job anymore, then obviously you do need to see someone."

But Mitchell Byrne, a psychology lecturer at University of Wollongong, suggested early treatment may help. "One would expect him to have some reaction in the immediate month after the event - it's a normal response to an abnormal series of events," Mr Byrne said. "It's what happens two or three months on that's going to determine whether he has long-term psychiatric disability as a result of his experience. If he's receiving appropriate counselling now we can ameliorate that to some extent."

Mr Wood has described his treatment by his captors as being "pretty fair" although he said he was kicked in the head soon after being captured and fed only bread and water. Mr Byrne said Mr Wood would have felt a sense of "foreshortened future" during the ordeal and would have used coping strategies such as disassociation or sought solace by provoking an emotional or positive reaction from his captives. "He ... needs some opportunities for people to talk about how he's safe now, how it's an unusual chain of events and it's not something that's going to predict the future for every activity he engages in when he goes home," Mr Byrne said.

He said Mr Wood's level of cortisol - a stress hormone - would have been significantly raised during the ordeal."

There are suggestions from neurobiological investigations that heightened arousal and high levels of cortisol can in fact impact on the brain's ability to cope with future levels of arousal and make one more sensitive to trauma or stress, and that's a real functional loss to areas of the brain," he said.

Only time can tell.

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