

Is the War REALLY Over?
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“The war is over!” What joyful words these have been throughout history. Regardless of your feelings about war itself, this phrase generally brings some sort of relief. It is typically taken to mean that violent fighting has ended, that our service members are coming home, that we can regain some semblance of peace and tranquility or at least normalcy. To some, though, these words have little meaning. To them, it does not matter how long ago the fighting ended, they still fight a personal war each day—a war between themselves and their memories. Feelings of anger, sadness, nervousness, shame, and guilt are just a few of the enemies in these private wars. The casualties include physical and mental deterioration, which can result in occupational, financial, relationship, and spiritual problems to name a few.

As with most things, though, people’s reactions to combat and other aspects of war run on a continuum. We know that traumatic memories are encoded and stored differently than other memories, but not everyone who has a traumatic experience will develop Posttraumatic Stress Disorder (PTSD). Many trauma survivors do very well and go on to lead healthy and productive lives. Some survivors may be haunted for some time by their memories but eventually heal through self-help, peer help, and/or professional help. Still others find that their lives are literally ravaged by the trauma and become debilitated by the experience. Your perception of and reaction to any event largely determines your psychological and physical outcomes. That is, two people can witness the exact same event at the exact same place and time and have two completely different reactions. Other factors that influence the trauma response include genetic predispositions, life history, previous traumatic experiences, nature of the traumatic experience(s), personality type, and coping skills.

In my work with combat veterans, several themes have emerged. Of course, symptoms vary in intensity; and everyone has his or her own individual response to stress, but these are some of the things that are consistently mentioned. Some torture themselves with the “shoulda, coulda, wouldas”—“If only I would have stayed awake on guard duty, my comrades would still be alive.” Some feel guilty for being alive—“I watched him die right in front of me.... All I can think is, ‘That should have been me!’” Some feel shameful for their acts during wartime, things they thought they would never do or were not even capable of doing. Some still harbor intense and destructive anger at their commander, the government, their comrades. This anger may be misdirected in the present (“kicking the dog”) such that current relationships suffer as a function of past wounds that have not healed. Some may be reluctant to become involved in relationships or do so only partially, never allowing others to truly get to know them. Others withdraw from relationships altogether. Some have sleep and eating patterns that they feel will never be normal. Many have turned to alcohol and/or other drugs—legal and illegal—to numb the pain, to feel better for just a brief moment, to try to forget what they experienced, to try and sleep, and so on. Many have such intense mood fluctuations that

they have difficulty interacting with people on a daily basis, much less maintaining a relationship with a friend or romantic interest. Still others have flashbacks so vivid that they start to sweat and shake when they hear a helicopter or smell gunpowder. Some have nightmares so intense that they wake up screaming and cannot go back to sleep. Yet others are ever vigilant for another attack, leaving them constantly on edge and sometimes resulting in auditory and/or visual disturbances that terrify them beyond belief.

Throughout the years, clinicians and researchers have attempted to understand the processes at work in the minds and hearts of these veterans. Beginning as far back as the Civil War, various labels have been used to capture the elements of this personal war. Such labels include Nostalgia; Shell Shock or Trench Neurosis; Battle Fatigue; Combat Exhaustion; Operational Fatigue; Post-Vietnam Syndrome; and, most recently, Posttraumatic Stress Disorder (PTSD). According to the Diagnostic and Statistical Manual of Mental Disorders, 4th Edition (DSM-IV; American Psychiatric Association, 1994), PTSD is classified as a type of anxiety disorder. Posttraumatic stress itself is a normal response to an abnormal situation. When the stress comes to interfere with daily functioning in one or more significant domains (e.g., social, occupational, academic, interpersonal), though, it can become a disorder. Some of the primary symptoms of PTSD include (1) re-experiencing the traumatic event through intrusive and distressing recollections of the event (flashbacks), recurrent distressing dreams of the event (nightmares), acting or feeling as if the event were recurring, etc.; (2) avoidance of reminders of the trauma, decreased interest/participation in significant activities, inability to recall an important aspect of the trauma, etc.; and (3) symptoms of increased arousal such as problems falling or staying asleep, irritability/angry outbursts, problems concentrating, an exaggerated startle response, etc. These symptoms can occur immediately after exposure to a trauma or several months later.

If you see yourself in this symptom description, the most important thing for you to know is that you are not alone. According to the DSM-IV, studies conducted with at-risk individuals such as combat veterans, victims of natural disaster, and survivors of criminal violence show that as much as 58% of those individuals developed PTSD (American Psychiatric Association, 1994). The second most important thing for you to know is that help is available. There are numerous treatment programs for PTSD available through military treatment facilities as well as the Department of Veterans Affairs (VA). Several community and private programs are available as well. The Internet is an invaluable resource for finding treatment programs, and a search of "PTSD treatment" will provide an abundance of information. One such helpful website is maintained by the VA's National Center for PTSD (<http://www.ncptsd.org/>). Feel free to contact BHS at 520.533.5161 for more information.

While all forms of treatment can be helpful, many therapists and patients believe that group therapy is often the best treatment for combat-related PTSD due to a reduction in feelings of isolation; the sharing of feelings, thoughts, and experiences; and the sense of commonality and support from others that an individual gains. The Behavioral Health Service (BHS) at Raymond W. Bliss Army Health Center on Fort Huachuca is starting

one such group treatment program in January 2004. This weekly outpatient group is free to TRICARE-eligible, active duty combat veterans of any war who are experiencing symptoms of PTSD. If you are interested in obtaining more information about the group and/or attending the group, please call BHS. Interested parties will be individually screened by a mental health practitioner to assess their appropriateness for the group. If you are living with someone whom you think has PTSD, please do not hesitate to call BHS; we can help you talk to him or her and find treatment resources for yourself as well. If you are interested in PTSD treatment but are not TRICARE-eligible or are not on active duty, please call BHS for information about community resources available for the treatment of PTSD.

Obviously, PTSD can be caused by traumatic experiences other than combat. Sexual assault, natural or man-made disasters, kidnapping, being held hostage, severe automobile accidents, and abuse—whether one is the direct victim or an observer—are just a few of the other experiences which can also result in PTSD symptoms. For more information about PTSD or any other mental health concern, feel free to contact BHS. PTSD affects the entire family; so if you will not get help for yourself, do it for someone you care about, someone who is important to you. The sooner you get help, the sooner you can end your private war.