

PTSD in Returning War Veterans: Are You a Vet or Do You Know a Vet?

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According to data posted on the United States Department of Veteran's Affairs website, here are the following estimated numbers for identified occurrence of Post-Traumatic Stress Syndrome (PTSD) in those who serve in the military;

- In about 30% of Vietnam veterans, or about 30 out of 100 Vietnam veterans.
- In as many as 10% of Gulf War (Desert Storm) veterans, or in 10 veterans out of 100.9
- In about 6% to 11% of veterans of the Afghanistan war (Enduring Freedom), or in 6 to 11 veterans out of 100.
- In about 12% to 20% of veterans of the Iraq war (Iraqi Freedom), or in 12 to 20 veterans out of 100.



Personally, and professionally I believe the numbers are a lot higher. Sadly, PTSD in returning Vets is often missed because;

- Don't identify their living issues as PTSD related
- Use drugs or alcohol to cover up the symptoms of PTSD
- Consciously work to deny symptoms of PTSD
- Unconsciously deny symptoms of PTSD
- Appear functional on the outside but continue to experience difficulty behind closed doors
- Experience legal consequences which are misdiagnosed as anti-social behavior
- Are embarrassed or feel shame, fear being seen as "weak" if they seek out help for PTSD
- Can't see that their behavior and reactions are out of the ordinary
- Don't report past military history to healthcare workers
- Veterans may not be truthful when answering questions during exit interviews with the Armed Forces at the end of their tours

Over the years I've worked with World War Two, Korean, Vietnam, Desert Storm, Enduring Freedom, and Iraqi Freedom Vets, along with Prisoners of War, Holocaust Survivors and the Children or Grandchildren of Nazis. In the majority of these cases most PTSD survivors were unaware they were suffering from this difficulty. This is not uncommon.

With the recent and increasing number of veterans returning from Iraq and Afghanistan PTSD cases will be missed, ignored or misdiagnosed. Because of this, it is up to you the veteran or family member to educate yourself on the symptoms of this difficulty. If treated immediately, the results are good and this can actually improve the transition from military to civilian life. Left untreated, PTSD can destroy marriages, families and the symptoms can be passed on down to children in the family. This in turn can lead to acting out, social anxiety disorder, sleep difficulties, rage, depression and substance abuse in kids.

In extreme cases, for both Veterans and their children, unaddressed PTSD can result in self destructive behavior and even suicide. A veteran who has given of him or her self to serve our country isn't any less of a person for having PTSD. PTSD is an often natural consequence to being in or witnessing life threatening situations. A veteran can only diminish his or her service if suffering from PTSD and not seeking out assistance.

In my clinical practice, I have been working with PTSD sufferers and their families for over 25 years. Successful treatment for PTSD involves several therapeutic steps;

- a.) Debriefing the traumatic experiences – sharing the story,
- b.) Connecting to the strong emotions of the experience, processing those emotions in a safe and appropriate manner,
- c.) Integrating the extreme life threatening event into the total life experience with the grieving process.

Again, any PTSD sufferer, who does not properly process trauma, risks passing the unresolved emotions corresponding to their experience; fear, shame, guilt, rage, grief or numbness, onto their children and/or spouses.

Sadly, many individuals in society today continue to live with this untreated difficulty and they don't even know it. Their symptoms have been passed on down to their children, and in some cases, their grandchildren. Hopefully, returning Veterans and their families will be able to intervene on potential life disrupting PTSD and not have to suffer for years to come.

The following information will clarify for you just what PTSD can look like.

PTSD Concerns in Need of Attention:

When an individual is exposed to extreme life situations, such as war, witnessing acts of war, loss of comrades, combat, camps, abuse or in witnessing the abuse, destruction or torture of another, Post-Traumatic Stress Syndrome (PTSD) is a major concern. PTSD not only disrupts the life of the individual, but has been scientifically shown to impact every member of the sufferer's family, including the children.

PTSD, once known as "battle fatigue" or "shell-shocked", can be defined as a psychological condition which often appears "post trauma" or following a traumatic event. Once the traumatized individual has been removed from the traumatic or life threatening situation, such as the combat field, slave labor camp, the home of a spouse abuser or child abuser, intense feelings related to that trauma, which were not safe to feel during the traumatic event, can surface to consciousness, days, weeks, months or even years after the original trauma. Trauma can be described as involvement in or with, a life threatening situation, or in witnessing another person confronting a life threatening experience.

When an individual is in the middle of a traumatic life event, the "fight or flight response" is an immediate reaction. One must either fight the situation, by numbing out all emotion in order to do whatever is necessary to survive, which includes dissociation from all emotion, or action must be taken to take "flight" from the dangerous environment. For example, when one is injured in combat, surviving physical pain, getting out of harm's way, rescuing combat buddies, and in some cases, completing assignments, are just a few of the tasks at hand. Dissociation from emotion is a normal response. In many cases, dissociation from physical pain can also happen. Such behavior is also true for the rape victim and the individual who is witnessing the abuse, death or destruction of another individual.

After the traumatic event, some PTSD experiencers suffer symptoms immediately. For others, the task of healing, strong medication and the process of physical rehabilitation and recovery can dissociate sufferers even further. Added unconscious or conscious distancing from feeling the strong emotions associated with the once life threatening event is also normal. Sadly, most PTSD experiencers are unaware that later, on down the road, the trauma they endured, along with dissociation, can have psychological consequences for not only them, but their families.

Because PTSD is the result of exposure to situations which are not normal in everyday life, these extreme threatening events produce overwhelming stress. During such times of extreme stress, the physical, intellectual and psychological self is on overload. Once in a safe place, PTSD sufferers often wonder why they are reacting to everyday situations with excessive or inappropriate emotion. The thought is, "I am no longer in that traumatic situation, so I should not be feeling these feelings," or "to feel these feelings will mean I am weak, crazy, not a man, not a strong woman" or "I'm not being grateful for surviving"

or “I’m lacking in faith” or “I should be thankful I survived when so many didn’t (survivors guilt). I don’t have a right to feel this way.”

“Post the trauma”, emotion about any loss incurred during the life threatening event, can also surface. Loss of friends, family, combat buddies, physical limbs, life goals and dreams or health are grief issues which impact self-esteem and emotional wellbeing. Because these emotions are felt “post the trauma”, there can again be a sense of confusion for the sufferer. In response to this, PTSD survivors have a tendency to work at pushing feelings associated with grief and loss aside, ignoring related emotions and memories attempting to surface to consciousness.

As time moves on, this process of repressing emotion can become more difficult. Because of this, strong feelings related to the original experience of trauma can be displaced onto current life experiences. Displaced anger, sadness, guilt, feelings of failure, loss or fear can be displaced onto marriages, in parenting children, with friends, job situations or other life happenings. Initially, feelings of agitation, anxiety, mild depression or frustration can surface before the eruption of core feeling related to the original trauma, such as rage, terror, or chronic depression.

Triggers in the “here and now”, such as newspaper articles reporting the trauma or incidences similar to the trauma, radio or television reports, smells, movies and a host of other environmental stimuli can pull from the past overwhelming, strong bodily sensations and hidden emotion related to the original trauma. Such reactions are not only confusing and overwhelming for the sufferer, but for family members. Children and spouses often personalize parental PTSD reactions and make these extreme emotional out bursts or reactions about them. Because of this it’s important to be very clear about what the symptoms of PTSD look like.

Symptoms for PTSD are:

- Sudden depressions which feel overwhelming and on the surface have no origin.
- An obsession with the news.
- Forgoing previous plans or routines to watch the news or programs about trauma.
- Too much time on-line with media reports, mailing lists, devoted to trauma, wars.
- Sudden bouts of explosive rage.
- Feeling victimized even when not victimized and over reacting with suspicion before investigating all facts.
- Believing the world is an unsafe place, finding trust difficult.
- Difficulty getting out of bed in the morning, feeling exhausted after sleep.
- Forgoing physical, emotional, psychological or medical care, therapy sessions, dental or doctor appointments, social activities, needed medications, contact with children, other self care appointments with care givers.
- Isolation.
- Nightmares.
- Not wanting to sleep.
- Medication of the emotions with alcohol, prescription drugs, illegal substances, mood altering herbs.
- Constant irritation with spouse, children if watching the news or television, or time on computer is interrupted.
- Sudden surfacing of past sexual, physical or emotional abuse history.
- Sudden surfacing of past combat trauma, war, or participation in rescue missions for past devastations.

- Ignoring present work on past experiences of devastation by saying, "My situation is not as bad as what I'm seeing on television, hearing on the news, from friends or reading about on-line."
- Assisting in devastation rescue work without taking breaks, or caring for the self.
- Over doing with regard to rescue or care taking of refugees.
- Overwhelming sense of grief about past losses, deaths, divorces, etc., but feeling powerless over such situations, not knowing how to resolve the emotions associated with the events.

More Specific Information on PTSD Symptoms:

- Any attempt at ignoring the trauma, pushing it away, believing this is the proper attitude to take, indicates unresolved PTSD. The individual may become uneasy, anxious or even angry if the trauma is brought up by others. Dissociation behaviors, such as turning on televisions, radios, drinking alcohol excessively or taking illegal or legal medication when not needed, can be forms of distancing from the experience. Chemical dependency upon alcohol, illegal substances, and medication initially utilized to treat pain is not uncommon for those suffering with unaddressed PTSD. Over eating, under eating, compulsive exercising and bulimia can also be added to this list. Spouses or partners often think such behavior is a conscious attempt to distance from them. Numbness about events taking place around the individual, to the surroundings, or inappropriate affect can indicate emotion has been shut off. When a sufferer shuts off emotion, this can be misinterpreted by spouses and children. Spouses and children will feel the distance, make it about something they (not the PTSD sufferer) have done wrong and children will act out to encourage the parent to engage with them.
- Startling easily to everyday responses such as touch or communication, when the startle response is not appropriate for the situation, or is an overreaction, is characteristic of PTSD. Overreacting to touch, noise, comments made by family, or everyday life situations with rage, depression or excessive tears can indicate a trigger is in play. Even surprising events can produce an overreaction in PTSD survivors, like the backfiring of a car, balloon popping, or surprise party. Such low frustration or "jumpy" reactions can be misinterpreted by spouses and children as the result of something they have done or said.
- Loss of memory, not related to pain medication, but to the time period during which the trauma took place, can indicate dissociation has taken place. Difficulty remembering the traumatic incident or portions of the incident can be a natural consequence and is a typical symptom of PTSD. Avoidance of places which remind the PTSD sufferer of the trauma, or elicit feelings about the trauma, such as a firework display, loud movies, etc., can be misinterpreted by children as a punishment, or a lack of love.
- Concentration difficulties, feeling foggy, with forgetfulness and difficulty staying on task, can also indicate dissociation is in play. Psychological dissociation attempts to keep the individual distanced from the emotions of rage, terror, grief or shame associated with the traumatic event. Dissociation is a normal survival skill which works well during trauma, but often stays in play "post the trauma". Along with dissociation there can be broken promises and confusion for spouses and children, especially when the PTSD sufferer doesn't remember a recent conversation.
- Sleep disorders with persistent nightmares, recurrent dreams about the trauma or aspects of the trauma, indicate the emotions associated with the trauma are attempting to surface to consciousness. Some PTSD survivors will put off sleep to avoid dreaming. Dreaming allows for the release of anxiety, and day to day living stresses. For trauma survivors, dreaming allows the trauma to surface. Memories of the traumatic event can surface during dream time making sleep difficult. Fear of going to sleep, consistently waking up earlier than usual, or several times per night, can also be a problem. In such situations the risk for using alcohol, illegal substances or legal medications to induce sleep can become a concern, because with long term use, addiction can become an issue. Drug and alcohol

addiction impacts the entire family with a host of psychological difficulties. The night terrors of a PTSD sufferer can create concern for spouses and fear for children.

- Depression, which can be a form of unresolved grief, along with free floating anxiety, is a common psychological mental health issue for those suffering from untreated PTSD. Feeling dissatisfied with the family, career, children, self-image or life in general, often accompanies PTSD. Spouses and children will make the depressive state of a PTSD sufferer about them, believing they have somehow caused this. With children, magical child-like thinking, without intervention, will become internalized and can result in aggressive acting out, depression, or in behavior utilized to get the attention of the parent. Care taking by children of a parent is also common response to parental depression. In situations such as this, children act out to distract the parent from depression, or they will begin nurturing a parent with child-like care taking behavior.
- Feeling guilty for not being back with the combat unit, for letting the platoon down, being unable to rescue others as a result of an injury or for not protecting another from an offensive predator, is indicative of unresolved PTSD. With survivor's guilt, the PTSD sufferer can experience a sense of failure, hopelessness, detachment, spiritual bankruptcy and the belief "what does it all matter." Such a mindset can produce behavior which will be interpreted by spouses and children as "I don't matter."
- Panic attacks, overreactions to situations, where the emotion is more than is necessary for a particular current event is common with PTSD survivors. An example of this would be a rage attack because the dishwasher is broken, extreme numbness upon learning about the death or illness of a loved one, a lack of compassion which is replaced with irritation toward other family members who maybe suffering physically or emotionally, or low frustration for everyday family noise. Such responses indicate a trigger is in play and PTSD is unresolved. Anger management, along with the ability to appropriately express anger can be an issue. Anger is either expressed as rage or is turned inward resulting in depression, rigidity and an over controlling nature.
- Regressions with PTSD can be frightening, for both the experiencer and those around them. Spouses and children, witnessing a PTSD sufferer regressing back into the experience of trauma, can become traumatized themselves. For years, such regressions were treated by medical and mental healthcare providers as mental breakdowns, breaks with reality, psychosis or were labeled as schizophrenia. Past treatment involved heavy medication and even electro shock treatments, with long term psychiatric hospital stays. Today, specialists dealing with PTSD can utilize controlled regressions (therapeutically initiated and controlled in a safe environment) to assist experiencers in resolving PTSD issues, but with a spontaneous regression (typically triggered by "here and now" stimuli, leaving the sufferer feeling often frightened and out of control), the PTSD sufferer can emotionally find himself back in the traumatic incident. Regressions can occur weeks, months or years after the initial traumatic event. During a regression the individual will feel all or some of the physical and emotional sensations which were a by-product of the original traumatic event. There can also be the illusion that the trauma is happening again. Along with this there can be a misinterpretation of current events, believing today's everyday life experiences are somehow related to the past trauma. Suspicion, anger, fear, horror, panic, depression, and anxiety can occur. In extreme cases, the individual can hallucinate and will truly believe they have physically returned to the original trauma, seeing and hearing the events of the experience, within the environment where the tragic event occurred. Overtime, if not treated, emotions can become more difficult to control and in some instances, violent acting out can be perpetrated on family members.
- Body memories, physically re-experiencing a traumatic event, can occur for the PTSD survivor. Feeling physical pain in the body where abuse or injury occurred is not unusual, but when this happens, psychologically it needs to be addressed. Other physical PTSD symptoms can be TMJ, bladder infections, migraine headaches, dizziness with no known medical cause, heart palpitations with no known medical cause, lowered immune function, an increase in blood pressure with no medical cause, shortness of breath with no known medical cause, picking on scabs, pulling

out hair, cutting on the self with nail clippers, knives, or razors, nausea with no known medical cause, chest pain with no known medical cause and a host of other physically self-destructive behaviors.

- Self-destructive tendencies are common with those suffering from untreated PTSD. One moment there can be a sense of wellness, a belief that life is good, and suddenly, for no known reason, suicidal ideation can set in. In such instances, a “here and now” trigger has pulled up to consciousness the sense of hopelessness and helplessness the individual may have felt during the original traumatic event or loss associated with that event. There can also be a sudden spiraling into depression. When this happens, self-destructive behavior, dangerous risk taking or suicidal acting out, seems psychologically right. There is a sense of separation from one’s environment, family, community and life in general and many PTSD survivors have told me during such moments they truly believed if they died, life for those around them would be better. With self-destructive ideation, excessive alcohol or drug use is common.

When a Veteran and the family doesn’t understand PTSD, and there is suffering from this “normal” psychological consequence to a past, life threatening situation, it’s not uncommon to see a great deal of energy being directed toward other causes by not only the Vet, but the members of such a family. Emotion related to the life threatening situation is displaced on to current events by the PTSD sufferer. Family members can also displace their emotions and sense of powerlessness over the PTSD situation on to situations they believe they have more control over. This action also disengages them from focusing in on the PTSD behavior of their loved one.

Current life situations can produce a great source of extreme distraction for PTSD survivors and their families. For instance, when an individual has cancer, this medical situation can distract the sufferer from other psychological issues in need of attention. All energy is directed toward the cancer. The family of the individual who has cancer then rotates their behavior and actions around this, abandoning other issues in need of their attention. Previous to the cancer, the family may have been riddled with difficulties in need of resolution, but the cancer is a crisis which immediately provides distance from this for all involved. In actuality, the cancer can bond a disjointed family together in a common cause, and at such time, this behavior is normal and to be expected. Interestingly, when the cancer is cured, the issues which were present before this crisis, are still present, in need of resolution, often times more so than before and the family then returns to its previous dysfunctional status. For the PTSD family system, after the initial trauma of the crisis, situations which distract from the main issue, the PTSD, can further bond a family together in a dysfunctional fashion. There is then an investment in the bond because it keeps all members from questioning PTSD behavior.

Conclusion: Get Help!

With PTSD there can be inappropriate numbness about the original trauma. Many PTSD survivors have stated to me that when they reflect upon the traumatic episode, it’s like “Looking at a movie.” The sense is that they have little if any emotional connection to the experience. This is a by-product of the emotional, and possible physical dissociation which took place during the initial traumatic incident. Stating that there are no feelings regarding injuries, deaths, witnessing loss of life or injury to other persons, with remarks like; “That’s just life,” “Its war,” “Why worry about it” or “Life goes on” can indicate a denial or continued state of dissociation of the emotions attached to the experience. If feelings do surface, conscious distancing from these emotions can occur. After the fact, post trauma, with distancing from the traumatic experience can come distancing from primary relationships. Spouses often complain that they feel as though the PTSD survivor is emotionally unavailable. Other marital issues often mask PTSD in a relationship. If you are in therapy, and have experienced an extreme life threatening or abusive event, or if you have witnessed a life threatening or abusive event, inform your mental healthcare provider, EVEN if you do not have any emotion about these experiences.

If you as a Veteran, or the family member of a Vet can relate to any of the above discussion, know you aren’t alone. Also understand there are helping professionals, Veterans groups and organizations that can assist you. If you are the spouse, parent, brother, sister or child of a Veteran, know you can get help even if your loved one is you.