

**PTSD, SOLDIERS, AND THE EFFECTS
ON THEIR FAMILIES**

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PTSD is a disorder that plagues many who have been subject to a traumatic event. According to the PTSD Alliance Resource Center, “an estimated 70% of adults in the United States have experienced a traumatic event in their lives, up to 20% of these go on to develop Post Traumatic Stress Disorder or PTSD. The PTSD Alliance Resource Center also states that an estimated 5% of Americans, more than 13 million people, have PTSD at any given time. They also say that approximately 8% of all adults, 1 of 13 people in this country, will have PTSD during their lifetime.”

Formerly known as “shell shock”, PTSD has been around for centuries, but it wasn’t until 1978 that it was renamed and studies began to reveal that what used to be known as shell shock, was actually a disorder caused by people not getting proper treatment for the side affects of a traumatic situation that they were exposed to. It quickly became apparent that there were many more causes of PTSD than just combat. Traumatic events such as rape, physical assault, sexual assault, major accident (auto, plane, or train), shooting or stabbing, and even natural disasters can bring on the onset of PTSD symptoms.

When some one has been involved in a traumatic experience they will usually feel stress, fear and anger. They may also have troubling memories of the event. However, when these feelings and memories persist they may be the symptoms of PTSD. These symptoms are: re-experiencing, avoiding reminders, numbing of emotions, arousal, depression, suicidal thoughts, anger or aggressive behavior, self medicating (drug and or alcohol abuse), self-blame, guilt, and shame. People commonly believe that PTSD is a psychological problem, however “it has recently been learned that prolonged stress actually changes a persons brain chemistry. PTSD is a physical disease. There is no escaping it. Even if most of the symptoms are suppressed, a person with PTSD will make all his/her decisions through the veil of this disorder, simply because one’s brain chemistry determines one’s thought patterns”(Wellness Directory of Minnesota(WDM)).

People often have the idea that they can “Deal with it” themselves. More often than not this leads to further problems. There are a lot of these “I can deal with it my self!” people that wind up in jail and or a mental institution after a psychotic incident. For PTSD sufferers staying busy is very important, “free time” is time when worry and stress can set in. These things exacerbate PTSD symptoms. We already know that stress is a killer, and for someone with PTSD even good stresses need to be limited, even good stress elevates symptoms. “What is learned in trauma is never forgotten”(WDM).

“I know no more disagreeable situation than to be left feeling generally angry without anybody in particular to be angry at.”(Frank Moor Colby)

People with PTSD often find that they have a lot of anger and don't know how to direct it or who or what to direct it at. This is free floating anger, it has no real target and it has very subtle causes. Most people get irritated, then angry and then enraged; however a person with PTSD can go straight to rage. This means that for someone with PTSD it is not uncommon for them to become enraged over something seemingly trivial, and quite often the person receiving this anger has no idea what they have done to make the other person so very mad. Yet the most devastating part of these incidents is that most of the time the enraged person has no idea why they were even angered. This is more common in soldiers who are taught to react, not think in a combat situation. The difference between life and death is measured in microseconds and hundreds of thousandths of an inch. In combat, reaction saves lives. The reaction is what they have been trained to do, but in civilian life we need to think before we react.

This misdirected anger is what is a common cause of “Secondary PTSD” in the family members and loved ones that are around the PTSD sufferer. The children, spouses, significant others and friends of one afflicted with PTSD are often afraid to do or say anything that might upset the person with this disorder. Often times they don't want to discuss their feelings, when in reality this can be one of the best things that they can do. These are also the very people who need to be watching for more frequent

out-bursts of anger, and/or the person becoming more irritable. These are signs that the person may need a trip to see a therapist.

“There is no terror in a bang, only the anticipation of it.”(Alfred Hitchcock)

Fear is a driving factor in PTSD and its symptoms. This is a fear that has no reason; it just sits under the surface of a person’s soul dauntingly and festers. This fear is sometimes diagnosed as paranoia. Some believe that this fear is the source of the anger, the basis of all the symptoms. Maybe, but we do know that this fear is consequential in the decisions the person makes and in the way in which he/she carries them out.

“A hallucination is a fact, not an error; what is erroneous is a judgment based upon it.”(Bertrand Russell)

Flashbacks are something that practically all PTSD sufferers have to deal with. These are very different than what Hollywood would have you believing them to be. Some people have auditory flashbacks while others have visual flashbacks, and still others have flashbacks that are just a smell; and some experience all of these. Any flashback can be very disturbing to the sufferer. I know that for myself I sometimes hear the sound and smell the pungent odor of the blood gurgling in the lungs of the “hostile target” that I had snuck up behind and slit the throat of.

It has been said, that if and when they go away, some people miss these hallucinations as they had become a part of their every day lives.

“It is a time when ones spirit is subdued and sad, one knows not why; when the past seems a storm-swept desolation, life a vanity and a burden, and the future but a way to death.”(Mark Twain)

“Because soldiers know death intimately, we are consumed with death. A friend or lover calls and says he/she’ll be over in fifteen minutes; when he/she is five minutes late, the PTSD sufferer is convinced he/she is dead on the highway”(WDM). Partir c’est mourir un peu (to part is to die a little). For some, every time they leave to go somewhere, it will be the last time their loved ones will see them alive; a headache is a brain tumor, a rash is a flesh-eating virus, and heartburn becomes a heart attack. These feelings combined with the fact that a high percentage of soldiers are adrenaline junkies often times makes for a “live for the moment cause it’s probably your last” attitude. This attitude is pretty dangerous, and often leads to reckless and risky behaviors. These behaviors can be as simple as driving too fast, riding a bull, or getting into high-risk jobs, but can be as bad as stealing cars or pulling a bank heist. Unfortunately our jails and graveyards are full of these people.

“It is impossible to go through life without trust: that is to be imprisoned in the worst cell of all, ones self.”(Graham Green)

Who does a soldier trust more than his buddies that were “there” with him, or that pilot who put accurate fire on an overwhelming force to save his butt? Who does a pilot trust more than his/her “wingman”? This feeling often leads to problems with partners, because they need to know that they are trusted. For those who have this affliction it can be very difficult to get close to anyone because, “There are two immutable rules to war: 1. People die. 2. You can’t change rule # 1”(WDM). So we don’t get close, that way we don’t get hurt.

When a soldier comes home to a family he/she already had, this can easily cause stress in the relationship. The partner and kids may feel as if they still don’t have their family member back, due to the standoffish behavior that the person exudes. This can be devastating to the children who frequently do not understand what has been going on and can have misguided resentment for the soldier for having gone away. Spouses and partners can also be deeply hurt by not understanding why the soldier doesn’t seem to want to get close again.

“My apprehensions come in crowds;
I dread the rustling of the grass;
The very shadows of the clouds have power to shake me as they pass;
I question things and do not find one that will answer to my mind;
And all the world appears unkind.”(William Wadsworth)

Vietnam and Korean war veterans had some unique situations in that the person who cut their hair this morning may be the person trying to drop a grenade in their lap tonight while they sleep. The infantry soldier frequently did not ever see their enemy, just the muzzle flash, then hear the snap and crack of rounds flying inches from themselves. They could hear the rounds strike the earth, trees, or even the body of the soldier next to them. This has a significant psychological affect on a soldier. It's hard to fight what you can't see. Most of the other conflicts that American troops had been involved in, soldiers knew more or less who and where their enemy was, you went to them, or they came to you and there was a battle. With these two conflicts most battles, especially in Vietnam, were sudden outbreaks of small arms fire. This leaves these infantry vets with the feeling of "hyper-vigilance," that is, they constantly need to be aware of who and what is going on around them. If you pay attention to those infantry vets whom sufferer from PTSD, they will not sit with their back to a door or window. They will have their back to a wall and if at all possible they will be near the door. It is not recommended, but if one were to slip up behind an infantry vet with PTSD and tap them on the shoulder you would most likely see them hit the roof, (and then maybe you).

“In a world we find terrifying, we ratify that which doesn’t threaten us.”(David Mamet)

Get a big pot, put into it: dread, hallucinations, flashbacks, uncertainty, stir in some fear and anger and you’ve just made a heaping helping of anxiety. However, anxiety level can be used as a meter to gauge how ones PTSD currently is treating them.

“Sleep is a reward to some, a punishment for others.”(Isidore Ducasse)

Most PTSD sufferers are plagued by sleep problems. This is the most common time for combat vets to revisit the horrors of war. This is to say that they relive the experiences of combat, making sleep difficult at best even for their spouse. Some vets have taken to having separate beds and even bedrooms because they are afraid of hurting their partner during what can be violent reactions to violent dreams. Some spouses have reported being struck, kicked or even choked as a result of these violent reactions. I myself fear sleep for these reasons. It is not uncommon for me to go all night without sleep until I hear my daughter moving around, at which time I will sleep hard until I hear her leave. Many vets report only being able to get “good” sleep when a trusted person, a family member or a long time house keeper, is moving about making noise.

Psychologists are suggesting to spouses and loved ones that they wake the vet from the foot of the bed or even in some extreme but not uncommon cases from across the room.

They're also highly suggesting that one never startles a combat vet while they sleep, but not to avoid the normal noises of life as they can bring some comfort and allow the person some decent sleep. Any sleep disorder you can think of has probably happened to a person with PTSD.

“Once upon a midnight dreary, while I pondered, weak and weary,
over many a quaint and curious volume of forgotten lore,
while I nodded, nearly napping, suddenly there came a tapping,
as of someone gently rapping, rapping at my chamber door.
‘Tis some visitor,” I muttered, “tapping at my chamber door,
only this, and nothing more.”(Edgar Allen Poe)

Intrusive thoughts are a constant source of aggravation for those with this disorder. How can someone keep on task with these unwanted thoughts constantly gnawing at them. Keeping a steady train of thought while having a conversation is difficult. Writing a paper or report is an all day affair.

The frequency and intensity of these thoughts vary with flash backs, dreams and any of several things that can serve as a reminder of the original event, a book, movie or the anniversary of the event/s. These thoughts don't necessarily have any thing to do with the original trauma, though most of the time they are related.

Fortunately for those with a good support group, it can be relatively easy to change these thought patterns, even if temporarily, by a spouse suggesting a walk, or a friend suggesting that they get out on the lake and “drowned some worms.” Changing the person’s focus and keeping them busy is of key importance. Family and friends can make a significant difference by simply trying to keep the person focused on positive things.

“Guilt always hurries towards its’ complement, punishment; only there does its’ satisfaction lie.”(Lawrence Durrell)

For many, guilt is something that is frequently felt after they have been victimized. The guilt felt is unjust; it’s a feeling that they were some how responsible for what had happened; for what the offender had done to them. During war, soldiers do things that they are not proud of; quite often these are things that they can never talk about, even with their therapist. They are often embarrassed about these actions because they seem so horrible. They try to rationalize their actions: “it was him or me,” “I did it to save a buddy,” or “we were only following orders”, but that one doesn’t seem to work for war criminals, how is it supposed to work for a soldier dealing with the aftermath of their actions. So we have to ask, can a person be expected too be able to kill another

human being and just walk away with every thing being O.K.? For those who were in special operations killing was a “specialty.” It was but one of many highly developed skills, but probably the most technical. We were encouraged to be proud of our higher level of training, to be proud of our higher than average skill in “the art of warfare.” Some even earn degrees from the John F. Kennedy Special Warfare College. They operate as well oiled killing machines. So can we then think that these people could come home and sit at a desk shuffling papers as part of a nine to five society, and not have any “issues?” That may be an egregious expectation. When these veterans get home they may begin to question why they made it when another that had a wife and kids to support didn’t. When something like a car accident or a bankruptcy happens they will often feel that “they deserve it.” It’s the world making things right in payment for their actions during the war. This guilt has made these veterans feel that they are reaping what they had sown. That it is only right that these things would happen to them.

“Addictions do come in handy sometimes: at least you have to get out of bed for them.”(Martin Amis)

Drug and or alcohol abuse only complicates things when a person is dealing with PTSD. A psychiatrist or psychologist cannot work with someone who has been stoned

and or drunk for several weeks or months, the person would be unmotivated and unresponsive. They need to go through a recovery program and decide for their self that they need help before any therapy can work.

“Of all the.... alternatives, running away is best.”(Chinese Proverb)

Most veterans will do one of two things: they will either immerse themselves in or completely avoid anything that has to do with the war or the military. In the case of a PTSD sufferer the first is typically the worst. They don't get the chance to forget, and in some cases it is better for them to just be able to forget some of the things that are troubling them. They will eventually have to deal with them but it's easier not to deal with every thing at one time. This is a case where a little at a time is better.

“My depression is the most faithful mistress I have known, no wonder then, that I would return the love.”(Soren Kierkegaard)

Luckily depression is probably the most known about and treatable of all the symptoms. With everything else that a PTSD sufferer deals with is it any wonder that they would be depressed?

The question of whether chronic PTSD is curable is constantly being debated, but we do know that it is treatable. This is an area that family and friends can be of great help to their loved one, by learning how to identify the symptoms, who to go to and when to go get the help so desperately needed. Through therapy, medications, symptom management techniques, and the support of family and friends, there is a great deal that can be done to change the remainder of a persons' life whom is suffering from PTSD.

“Partners and loved ones have to remember that they didn’t cause this problem, and they can’t fix it”(WDM). However, there are a lot of things that they can do: remember to be patient, always show their love, and learn as much as they can. These things though some times not easy are some of the most important. “Not only will educating ones self allow you to help the sufferer, but it will have somewhat of a therapeutic affect”(D. Hutton, personal communication, March 2006); you cannot change that which you do not understand.

According to the National Center for PTSD, some 18% of Iraq vets and 11% of Afghanistan vets are experiencing symptoms of PTSD. This means that the VA Health Centers and community Vet Centers are going to be busy. In addition there are going to be several new groups of people who are friends and family of troubled vets that are going to need to learn how to deal with issues that they will experience, as well as learning how to help the veteran to get help. The sufferers' loved ones will often feel hurt, alienated, frustrated, angry, discouraged, and even distant. Some may feel

frightened and betrayed. They may develop addictions of their own in trying to cope with the irrational actions of their loved one. Children of sufferers may begin to have trouble in school, bad grades, lack of attention and getting into fights are all signs of trouble. Just like the sufferer the family and friends may need to seek counseling, family and group sessions are common. These sessions are as important for the loved ones because they often need help coping with their feelings. Even if they can't convince the sufferer to get help, the loved ones should still seek counseling in order to help them deal with their own feelings.

In summary PTSD is a physical disorder that can affect any one, at any age, after dealing with a traumatic situation. The person's individual strength and state of mind have no bearing on how trauma will affect them. Every person can be affected differently by the same stimulus. The only thing that is a constant with PTSD sufferers is that they all need professional help to deal with their feelings and emotions, as will their loved ones.

References

- National Center for PTSD. (2005, November). Returning From the War Zone: A Guide for Families. Retrieved March 13 2006, from <http://www.ncptsd.va.gov.html>
- PTSD Alliance Resource Center. (2003). What Is PTSD? Retrieved March 13 2006, from [http://: www.ptsdalliance.org/about_what.html](http://www.ptsdalliance.org/about_what.html)
- Wellness Directory of Minnesota. (2005). Post Traumatic Stress Disorder. Retrieved March 13 2006, from [http://:www.mnwelldir.org/docs/mental_health/ptsd.html](http://www.mnwelldir.org/docs/mental_health/ptsd.html)
- Columbia University. (1993). The Columbia Dictionary of Quotations. New York: Columbia University Press