Exposure To War Trauma Warning Signs:

*Everything cannot be blamed on the war, nor should the impact of the war be ignored or downplayed.*

There are a number of warning signs that strongly suggest that the imprint of war and the transition post-war is continuing to have a significant negative impact on troops returned from deployment.

- These warning signs must *not* have been present prior to deployment, or were present at a much lower level of severity---otherwise the argument cannot be made that it is the *war* that had a significant influence on any of the following being present now.
- In other words, there may be post-traumatic stress present from the war *and/or* from being exposed to trauma that occurred before or after the war, such as sexual or physical assault, racial prejudice, traumatic loss of a loved one, traumatic injuries, etc.
- Even if several of the following signs describe the war veteran, this does not necessarily mean that the veteran has post-traumatic stress disorder. Rather, the vet may have war-related post-traumatic stress.

Most common post-deployment warning signs:

- First, there is the reaction from family and friends: “This is not at all the same person who was deployed.” Or, “The war changed him (or her).” [These changes can be very troubling—or are just noticeable changes.] The reality is the one thing you never believe is when a war veteran tells you that “the war had no impact” on him or her. Bull. *Everyone* who goes to war is impacted by war and comes back differently to at least some, and not infrequently to a very substantial, extent — everyone. And, of course, such differences are not necessarily “disordered.”
- The veteran cannot just forget one or several very disturbing experiences, *and* is very bothered by them.
- There are significant sleep disturbances---nightmares, trouble falling or remaining asleep, waking up prematurely, being unable to go back to sleep.
- There are *serious* problems with emotions, typically one of two patterns:
  1. Problems with angry, bitter or cynical feelings and/or trouble with one’s temper and acting out angrily, etc. This is possibly directed towards society or towards the government because the veteran may feel or has been mistreated, exploited, forgotten, or sees that there has been a failure to keep promises made in terms of medical care, etc.

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2. Being extremely detached or emotionally distant from and emotionally inaccessible to others. There is great difficulty or an inability to experience or express emotions appropriately, such as not being able to feel sadness or grief, or love . . .

- The vet has significant hyper-arousal symptoms—the startle response or lashing out in reaction to loud or unexpected noises or when unexpectedly touched or approached by others, remaining on “high-alert” and hyper-vigilant to scanning of the environment.

- There is excessive boredom with normal living and/or excessive thrill-seeking to get kicks (such as high speed, dangerous driving; use and abuse of alcohol and/or drugs, taking other unnecessary risks, etc.)

- The veteran feels cut-off and isolated, “distant” emotionally from most everyone, “different”—having nothing in common with almost anyone except possibly with some other veterans. And for some this turns into severe alienation.

- The veteran feels that life is aimless or has little or no worthwhile meaning, yearning to be back in the war zone. As one Iraq veteran said:

  *I miss it. At least there was a purpose. I wish I was in Iraq because my buddies are there.*

- There is preoccupation with bitter or disappointed feelings and thoughts towards the government, society and/or the military about broken promises, how they have been mistreated or ignored.

  *This can become a “me-against-the-world” mistrust of what’s to come, an indistinct but entirely accurate perception that this country has failed veterans of past wars. The war will remain with them, but after a point, the Army won’t.*

- The veteran may be very confused, pessimistic, angry, cynical about his or her fate in life, be hopeless about one’s future and any possibility of changing what lies ahead in the future.

**Triggers**

There are a number of common triggers that provoke war veterans and other trauma survivors to experience surges of unwanted, vivid and troubling memories that return unexpectedly. [This is the cardinal symptom that your traumatic experiences may still cause significant trouble or difficulty for you.] Some of you will find yourselves reacting with marked detachment and isolation, while others will react very strongly emotionally or behaviorally to some of the following:

- Sights, sounds, smells, physical circumstances similar/suggestive of war-zone experiences

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3 For example, many veterans are very aware that while the government boasts it has boosted for the Department of Veterans Affairs in 2004 by $1.9 billion, the government neglects to inform our citizenry that due to an increasingly older veteran population with increased health care needs, and more and more veterans being killed (thus increasing survivor benefit payments to widows/widowers and their children) and wounded in Iraq and even still in Afghanistan, that the VA budget falls considerably short of the $3.1 billion increase the House Veterans Affairs Committee said in February, 2004, was needed just to maintain the current level of services and benefits! It is this kind of double-speak that generates more distrust and rage. Editorial, *SunHerald*, Biloxi, MS. December 6, 2004, p. B2.
• Any situations that trigger anger or conflict or that provoke the realization that one’s battle buddies are no longer there for support -- “Who has my back now?!”

• Any loud, unpredictable noises or unpredictable or threatening situations

• Powerful emotional states similar to those experienced during deployment, e.g., terror, being threatened, rage, grief, fear, the adrenaline rush

• Repeated or new exposure to any trauma by the veteran or one’s significant others, to include becoming victims of assault, racism, sexism, sudden poverty, catastrophic losses....

• Anniversary dates or noteworthy significant “time anchors” such as holidays, birthdays, times of the year that are associated with particular events in the war-zone...

• Season of the year, weather, climate, terrain reminiscent of events while deployed

• Media coverage of the war, terrorist acts, or other major incidents of violence or other trauma (that may or may not resemble an actual trauma while on active duty or war in some way)

• Theater and TV movies (ANY war movie) with scenes or themes reminiscent of events that happened while deployed – if not triggering specific memories, this may trigger tremendous sadness, sense of loss, etc.

• Music---lyrics and/or melodies that are particularly evocative and elicit feelings or memories related to deployment or its aftermath. For example, for some OEF/OIF veterans, “Hero” by Nickelback and “Taps” may elicit sadness and sorrow for all of the heroes who were lost. . . .

• Experiences of loss---divorce, separation, death of significant others, loss of job, sudden geographic relocation, loss of body parts or bodily functions, imminent death....

• Issues with authorities: medical, command, clinical, governmental, religious, job supervisors . . .

War Zone Survival Strategies That May Be Brought Home

These are the lessons we have continuously failed to learn about what it takes to survive war – any war -- and what it is that many combatants bring home with them following deployment.

I had the misfortune to have a mental breakdown three years ago and as part of that healing process, discovered that my service and my cousin’s services to this country were full of soul-rendering terror. I now remember sitting on the back steps at our house in Texas and listening to my cousin, “Dub,” wake up the neighborhood with his screaming. I could not imagine what was causing his blood-curdling screams. Somehow along the way, Dub and I both managed to put up a wall around this issue.

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5 For example, VFW officials in 1994 reported a significant increase in disability claims from WW II veterans, whose nightmares were dramatically revived by the media coverage surrounding the 50th Anniversary of D-Day. Corbett, p. 40.

6 My thanks to my good friend Angelo Romeo for reminding me of the power of certain songs. For Ange it is the Beatles’ “Hey Jude”—a song I too found evocative of melancholy states I would find myself in while stationed in Vietnam.
There is nothing honorable in killing. Nothing is as horrible as the inner soul-rendering scream that comes with the first time. Then the numbness comes to silence it. Numbness is a narcotic to the soul. Numbness takes over your life and has a death grip on you until (if) you finally reach a point of total security with being home among family and friends. There is nothing to glorify what we do in war.

Yes, all the while, veterans perfect the ability to function at a level where emotions are unavailable. But later, after becoming emotionally accessible once again, the feelings and thoughts come flooding back – such as, “for this, too, I will be severely punished.”

To promote better understanding about why so many returned veterans may be acting and thinking the way they are, the following information about functional survival modes in a war-zone may be helpful. Just when such information might be provided is open to consideration. In addition, we will describe the potential positive and/or negative ramifications of various survival strategies on Iraq and Afghanistan veterans who return from deployment.

**Fight or flight (or freeze)**

Seeking out, engaging and destroying the enemy, withdrawing and retreating to return to relentless combat missions day after day. You seek out and if you find you engage -- destroying or repelling the enemy. Conversely, in the face of overwhelming odds, you choose to strategically retreat to fight another day. [Also, some writers talk about a built-in “freeze” or immobility response that activates when neither fight nor flight will ensure one’s safety and that has been well documented in animals and in some traumas such as sexual assault; and, another set of writers postulates “fright” as a fourth survival mode. However, we have not personally observed these two phenomena nor do we believe they are at all common as survival modes among combatants in a war zone.]

These are the instinctual survival strategies that have been genetically imprinted in human beings over the millennia, instinctual responses that have ensured the survival of the human species from the days of the cave dwellers and up through modern times.

*Always in overdrive until the crash and burn---a vicious cycle and endless spin. For example, riding in convoys was so extremely dangerous at any point along the way because of IEDs (improvised explosive devices) or small arms fire that your survival instinct was fully mobilized. Your hyper-arousal state almost never would go away -- because you just knew that any second could be your last. So, you played over and over in your head what you would do if hit . . . You just cannot de-escalate -- and are always at the brink. . . .*

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8 See: Levine, P. (1997). *Walking the Tiger: Healing Trauma. The Innate Capacity to Transform Overwhelming Experiences*. (Berkeley, CA: North Atlantic Books). Also: In responding to danger it may be appropriate to consider a sequential set of four distinct fear responses that more accurately characterize the acute stress response in humans. The initial "freeze response", more typically referred to as hypervigilance (being on guard or "hyper-alert") includes "stopping, looking, and listening", an advantageous survival strategy associated with fear. (In the animal kingdom, prey that freezes in place is more likely to avoid detection.) This is followed by an attempt to flee and subsequently, to fight. This reordering offers a more appropriate set of fear responses to "flight and fight" in lieu of "fight or flight". Lastly, "panic-like" symptoms emerge, attributed to the survival response that occurs when faced with an overwhelming threat and hence, "fright". This is illustrated by the passivity or immobility demonstrated by victims of violence or sexual assault. This becomes adaptive when there is little or no chance of escaping or winning the battle. The new expanded order to be considered is therefore "freeze, flight, fight, or fright". See: Bracha, HS Ralston TC, Matsukawa, JM, Williams AE & Bracha, AS. “Does ‘fight or flight’ need updating?” *Psychosomatics*, 45 (October, 2004), 448-449.
Conversely, there is a potential downside to this dual survival strategy. A number of vets, after they have left the war-zone, or even while still there, have found themselves plagued with feelings of guilt, shame, grief or unremitting rage over what they had to do to survive in the war-zone – or what they did not do. And so this may be bothering you now, and/or it may come back to haunt you months or years from now. During the war and returning war feeling they never finish the job—overwhelming shame and guilt for not having taken care of business.

**Detachment, numbing and denial**

You learn how to protect yourself against the horrors of what you are witnessing and do so by convincing yourself that “it don’t mean nothin’”, no matter what happens. You learn to self-anesthetize to not feel what otherwise would be overwhelming—anxiety, fear, shock, horror, depression, loss, grief. This can help you to *avoid becoming emotionally overwhelmed* during extremely difficult and traumatic situations.

*In Vietnam and in OEF/OIF: ‘fuck it, it don’t mean nothin’’. Anything to shut down the impact and meaning of terrible things – yet searching for meaning and purpose to sustain yourself . . . (for example, ‘This abuse I am getting from my commander is just crap –screw it or fuck it—it doesn’t mean anything’).*

And there is a potential down-side. You may get so good at detachment, denial and emotional numbing that you take this with you out of the war-zone and back to the civilian world. For example, a number of family members have described their veteran family member as not able to show or perhaps even feel normal emotions like everyone else and that they are emotionally inaccessible.

**Tunnel vision**

Preservation of an intensely focused state of mind to guarantee full attention to the tasks at hand, to the exclusion of all else.

You learn how to maintain an intense, focused, full attention in order to complete a particular task and become impervious to whatever else is going on around you. Yes, you learn to focus your energies and attention on completing the immediate task or objective---to the exclusion of every thing else.

*Example: On convoys: forcing oneself to think nothing else but how to operate my M-16 and my 9 millimeter, how to pull the gunner in from the turret to save that person’s life, how to call in a 9-line MEDEVAC (the nine steps for calling in a medevacuation chopper) ⁹—repeating these steps to the exclusion of all else. Constantly repeating over and over and over again what to do to sustain everyone’s life in the vehicle.*

*Sleep remained elusive and seemed such a waste of time with so much work to do to salvage the emotional lives of the multitudes. And even if there was time to sleep it was all I could do to slam shut the relentless thoughts that might keep me awake, trying so hard to find a shut-off valve for all of it, the endless anguish that built up everyday; to read until I couldn’t keep my eyes open anymore . . .

*Doing critical event (critical incident) debriefings in the war zone with the members of a unit that had suffered death. While there is so much going on in the room (various members tearful, or one or two breaking down and others remaining outwardly very stoic and you yourself*

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⁹ MEDEVAC is the commonly used acronym for “Medical Evacuation”.
feeling the pain), you’ve got to keep focusing yourself on the debriefing -- and not on the losses so you could get through the debriefing.

Back in the world, you might find that tunnel vision helps you to get through tough times in civilian life. Conversely, tunnel vision may have become so second nature that you have great difficulty or find it impossible to almost ever turn it off -- you might find that there is no on and off switch. And this can be devastating to relationships or to allow one to be able to enjoy life fully.

External discharging of emotions
Finding an outlet for the inevitable cumulative build-up of stress, frustration, grief, fear and rage that are inevitable in a war-zone is crucial to survival. There will be an accumulation of pent-up emotions and these demand an outlet. Typically, this is expressed through rage towards the enemy, which can be very functional, or it can fuel an internal anger and resolve to persevere. Conversely, there may be an absence of regular opportunities to discharge such pent-up emotions, which is especially likely in a war waged by guerillas, insurgents or terrorists. Thus, accumulated emotions can erupt strongly and unexpectedly, possibly towards innocent or apparently innocent civilians, and even towards other Americans. This is because these pent-up emotions have to go somewhere. If not expressed outwardly, one may well redirect such feelings inwardly or suppress them, keep pushing them down and pushing them down and pushing them down . . .

You know, along with the constant threat from a hidden enemy, there was the abuse from command. Sometimes I was powerless to hold back. I bore so much anger and resentment towards my commander for what so many of us had encountered -- vicious personal assaults and the commander’s absolutely gross ignorance of his damaging behaviors upon a selected few singled out for punishment (e.g., tried to assist another officer who was going to be involuntarily extended less than 24 hours before he was scheduled to leave—and he was in a state of absolute rage and tears. I tried to get info from the commander and XO about getting a replacement for him rather than extending him because he was in no shape to be extended. And I just blew up. And another office wrote me up and turned his report over to the commander—because I had exploded in anger about the situation because they were doing such great harm to this officer. I was punished severely for doing the right thing.

And when you are back home, discharging your emotions can be helpful to release unexpressed feelings. On the other hand, months and years later, you can find yourself yearning to be set free—but without an available outlet that won’t be hurtful to self or to others. And this can make it very difficult to share what is going on with you with your family members. You might keep it all bottled up within--and then you explode in anger, frustration or grief.

And so, like in the war zone, you might continue to compartmentalize and shut off what is too painful to bring to conscious awareness -- but again it is critical to survival. Or, you may isolate in an attempt to avoid possibly having your deep emotions and memories triggered, or to prevent venting your emotions against others. And these feelings may detonate at quite expected moments or at the most unsuspecting of innocent targets.

“Comparing” war traumas

This survival strategy is not included in my Vietnam Trilogy books, although I have described how “comparing” traumas with those suffered by others is one of the important myths that survivors must honestly face to avoid the issues described above.
Own it as it was and celebrate your noble service, sacrifices and contributions as they were.

Some troops who are wounded, suffer losses or have other traumatic experiences while deployed, will “compare” (both while on deployment and afterwards) their trauma with what others have experienced. One comparison is that you tell yourself that you “did not suffer nearly as much as many others.” This can be used as a positive. For example, some wounded troops focus on how much worse some others were injured (or were killed) or what others faced in combat as motivation to help them to persevere and get through the tough times, and to count their blessings and see the glass as half full rather than half empty. Conversely, this can result in denying or not admitting to yourself how much you were impacted and feeling that “you do not deserve” to have negative or troubling reactions. Such comparisons may lead to feelings of guilt, shame, or severe self-criticism because of “weaknesses”; not being “strong” enough because others are having troubles even though you went through “so much less.” (either minimizing or maximizing your own war trauma).

The opposite form of comparison is that you “suffered much more than many others.” Focusing on how much worse off you are can lead to bitterness, blame, anger, depression, self-pity or being very judgmental of others and having a distorted sense of entitlement because you went through so much more than others. The reality is that any comparisons are no-win propositions:

Your traumatic experiences were your traumatic experiences, period. It was and is meaningful to you, and comparing your traumas to anyone else’s trauma is not fair to anyone.

Belief in fate/randomness/higher power

Many military personnel rely on their long-standing faith in a higher power or Supreme Being to sustain them through the horrors of war, and some find their faith and beliefs strengthened. Conversely, others find their beliefs severely challenged or decimated when they come face-to-face with the horrors and inhumanity and catch-22 conundrum: having to kill in order to save the lives of self and others.

The first question that a number of troops often ask after something bad/horrific has happened in the war-zone is, “Why me, God?” Or, “Why did this have to happen to ___, God?” Others will ask: “Why me, God”, and “There is a God and I need to reconnect.”

When we lost 10 soldiers outside of Ramadi, Iraq, who were incinerated when their Bradley (tanks) ran over fuel-cell-piercing IEDs and no one could do anything about it, I screamed silently inside for days. How could a higher power allow for such human wreckage (to include wreckage of the soul) to occur?! And yet . . . God and our buddies were ALL that we had to hang onto!

“What kind of God would allow such brutality against humanity?” One’s faith must be shaken, unable to sustain the servicemember when forced to confront killing.

Also, there is the issue of morality in a war-zone, such as: “Thou shalt not kill” (especially women and children), “Thou shalt not commit adultery,” and “What you do to the least of my brethren you do unto me.” Chaplains are a source of great comfort and counsel to many troops; conversely, some combat veterans may perceive a marked conflict—viewing chaplains as blessing our troops to kill and emphasizing that “God is on our side”---but not on the enemy’s. 11 And you may wonder how there can

11Frank and realistic dialogue is absolutely necessary to address such real, not just imagined, conflicts in a war-zone---and such dialogue may well have to go beyond private 1-1 conversations and occur in the very circle that is the sustaining life-
be a God or higher power who would allow people, and even you to do what is done to each other during war.

And you may carry such issues back home and be emotionally distraught and overwrought by excessive and inappropriate guilt and self-blame – or bitterly blame others. And so the soul may return home, damaged and with too many unanswered questions that wrench the spirit.

Be enraged
If you are going to allow any feelings to emerge, you let it be the one motion conducive to survival in the war-zone---rage directed at the enemy. However, this is extremely difficult to do if your role is one in which you do not wield weapons against the enemy (medical personnel, administrative specialists), in the case of guerilla warfare, or in OEF/OIF fought by terrorist insurgents using covert operations, stealth, surprise and quick retreat. Without an easy and direct target at which to vent your rage and frustrations, one can become increasingly agitated and frustrated with continuous and intense combat exposure, especially in the face of multiple losses of life, limb and devastating injuries---and you may become undependable, unstable or engage in inappropriate acting out against others.

The severe challenge of what is the responsible thing to do while immersed in a hell-hole—to stand up and be enraged and refuse to tolerate when you see acts of malfeasance occurring in your midst (coming from command against subordinates, or when some unit members get carried away with rage kill towards what might be innocent Iraqis). You could remain silent, looking the other way -- and take guilt and shame with you back home because you just wanted to go home and not write anything up and sweep it under the rug and go home--and later back home you are paying a price for it. This tells you a lot about your own soul . . .

And you can take this unsatisfied, pent-up rage, agitation, frustration and overwhelming desire to act upon impulse back home---with dire consequences.

Sometimes the enemy is inside the gates, and sometimes that rage is transferred to those that you love the most, a convenient and available target. It’s all too easy to be immersed in anger.

Dehumanizing the enemy
Training for war inculcates the new recruit in the classic detachment strategy---dehumanize the enemy. “They are not human beings like we are; they are horrible, evil, heartless, immoral.” And racism and extreme ethnocentrism are key dehumanizing strategies in which there is a promotion of racial and ethnic negative stereotypical attitudes and language directed towards the enemy---krauts, japs, slant-eyes, gooks, towel-heads, A-rabs, Muslim radicals, hajis.

"You just sort of try to block out the fact that they're human beings and see them as enemies," he said. “You call them hajis, you know? You do all the things that make it easier to deal with killing them and mistreating them.”

One Iraq veteran described how what happened to Vietnam veterans parallels what is now happening with a number of Iraq veterans, beginning with the realization that the original mission or justification given for the war proved to be false – or at least very questionable.

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blood of military combatants---in the small unit peer group. For a more detailed discussion of the conflicts between faith and behavior in a war-zone, see in A Vietnam Trilogy.

There was a progression of thought that happened among soldiers in Vietnam. It started with a mission [in Vietnam]: contain Communism. That mission fell apart, just like it fell apart now---there are no weapons of mass destruction. Then you are left with just a survival instinct. That, unfortunately, turned to racism. That’s happening now, too. Guys are writing me saying, ‘I don’t know why I’m here, but I hate the Iraqis.’

It is much easier to seek out an enemy that you have dehumanized in order to kill, rather than an enemy who is regarded as human, good, and an honorable adversary, fighting for a just cause. And you can become cut-throat, cold, uncaring, and develop an intense hatred and loathing that remains with you for a very long time. For example, we have met a number of World War II veterans who still have a vitriolic hatred towards the Japanese or the Germans---any Japanese or Germans. And there still are too many Vietnam veterans who continue to maintain a vitriolic hatred towards the Vietnamese, any Vietnamese---be they living in Vietnam or here in the U.S. And such profound hatred can inevitably poison and pollute attitudes towards those who are of differing races, creeds, religions and ethnic heritages -- about life and a gross intolerance of differences.

One OEF/OIF vet stated that when she saw Americans being dehumanized by Iraqis or watched them cheering and celebrating when Americans were blown-up or killed, this fueled a rage towards Iraqi’s that could not be contained—any Iraqis.

And do you find yourself getting resentful and intolerant of those . . . those who seem unable or unwilling of letting go of being a war veteran – those who can’t come all the way home? And former combatants can return home extremely resentful – extremely resentful of those who have no understanding or awareness of what it took out of you to be over there and what it conditioned in you——and that you have brought home with you.

We long to fit in and to find what represents some kind of normalcy, but our old selves are no longer hanging in the closet.

And then, in addition, you realize that there is a second battleground that must be fought on the homefront -- a bitter and sad commentary of the mounting burdens of war and our government’s unwillingness to provide what is necessary to heal from the physical and emotional wounds of war.

Social isolation and alienation
Isolating oneself from others and not letting anyone get close emotionally, is another common way to promote detachment. The remarkable bonding that occurs among brother and sister soldiers in a war-zone is a two-edged sword. It helps you to survive the otherwise un-survivable. On the other hand, when you lose a close comrade, it can be devastating. And so a number of soldiers decide not to let anyone get too close---because it hurts too much when they die or are mutilated. And they carry this attitude home.

There was always this approach -- avoidance dynamic and conflicting pressures – becoming the best of friends, promising you would take care of each other and make sure the other got back home safely—and yet putting on the brakes in a relationship because any day you might wake up and they might not be in the cot next to you or eat next to you ever again . . .

This is particularly salient for reserve and National Guard personnel, separated by miles, units, leaving assigned units, and returning to the civilian world without the support of their closest comrades with

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whom they bonded in the war zone. And then back home some vets only want to be around other vets, because they find that they cannot feel very comfortable with almost anyone who isn’t a vet—or with anyone who did not fight in the same war as they did. Still other vets find themselves avoiding meaningful discussions or interactions with other veterans---it brings back too many disturbing memories and too much pain.

The ultimate shutting-down and the most destructive course of action:

*When I came home after the war, I felt that other vets were the only people I could relate to. But, they were the last ones I wanted to be with.*

**Drinking’ and druggin’ (self-anesthetizing)**

Substance use and abuse are two common tactics for fighting men and women to achieve detachment and relief---and the military historically has made cheap or even free alcohol readily available. To compound this problem, there is an unmatched ingenuity and enterprise in the military for troops to somehow be able to procure or manufacture substances to get intoxicated from---even in the middle of nowhere. In Iraq: buying black-market valium near the Iranian border, or soldiers snorting/huffing compressed air used to clean sand out of computers.

And so, many vets who may have entered the war-zone with substance use problems, leave with a bigger problem. And for a number of vets who did not enter the war-zone with substance-use problems, they can leave the war-zone with them. And this can become or continue as a habit back home, or you revert back to such, especially when things get rough or you’re feeling down—-a drive to self-anesthetize and not feel. And this is *exponentially multiplied by multiple deployments.*

**Risk-taking/thrill/sex addiction**

You become immersed in and “addicted” physiologically, psychologically and behaviorally to the thrill, the risk, the danger, the adrenaline rush. And sex is always available in a war-zone, always. Sex can be bought with local civilians; or, the intensity and loneliness of life in the war-zone will spark sexual encounters that are mutually sought---or forced. You can become action junkies, which is a *powerful elixir to help you survive,* or it can lead to *increasingly more dangerous* attitudes and behaviors. And needing this “rush” becomes extremely difficult to simply turn-off when returning to civilian life.

After awhile, “you feel that your number is coming up,” so you throw caution to the wind and seek any opportunity to maintain that high so you don’t start to feel or think, perhaps finding sex with multiple partners – keeping that mind-numbing adrenaline rush at an all time high (this was the full-time job for some)—to put yourself in positions where you just don’t think or feel----cutting yourself off from anything under the surface.,

*Many times we would find any available opportunity to go out on missions as a way to maintain that overwhelming adrenalin rush—you were doing there what you were sent there to do – putting yourself in harm’s way—while at the same time maintaining that high state of arousal.*

And then you come home and find yourself looking for life in the fast lane and trying to replicate the adrenaline rush -- while coming up empty. This is a devastating blow to the psyche. However, some are able to satisfy some or most of this high risk/adrenaline habit through successful post-war employment in high-risk, high-thrill occupations and finding jobs such as emergency medical, fire and rescue, law enforcement, off-shore and oil pipeline, or contract positions in support of military operations.
Conversely, others try to live life on the edge/the wild side, engaging in extremes of food, drink, speed, whatever extremes are available—and/or stay immersed in danger, and in memories and feelings about the war—“being there while living here”.

Yes, living on the extremist edge of disaster, thirsting for danger is a really hard habit to break.

For example, an alarming number of recently returned Iraq Army and Marine veterans have been killed in single-occupant vehicle accidents.

We absolutely have a problem. The kids come back and they want to live life to its fullest, to its wildest. They get a little bit of time to let their hair down, and they let their hair all the way down and do everything to excess. They drink to excess. They eat to excess. They party to excess. And then, some drive. They want something that goes fast and keeps up that high they felt during the war . . . speed fills some indescribable urge for excitement that they’ve felt since returning from war . . . Going fast is like a drug---the newest crack out there. ¹⁴

**Bizarre or gallows humor**

In the midst of horror and chaos, resorting to what otherwise would be seen as gross or inappropriate humor can be at least a partial antidote to the relentless horrors of war. Humor and irreverence can be very healthy and adaptive during challenging times. They help to stop you from crying, or becoming overwhelmed by what you’re facing day after day after day. Instead, you can get a deep belly-laugh, a moment of absurdly hilarious respite, a closeness of comradeship with the only people who could possibly get it or tolerate such humor---your war buddies.

*Hey, John: we seem to have an extra leg among all these body parts from the last mass casualties we received. Since I can’t figure out which body it belongs to, I’m going to give this here guy a third leg---that’ll give the body handlers stateside a little surprise when they open up the body bag.*

Or finding raucous laughter in the mundane and seeking to celebrate the most ridiculous of inane acts at the most inopportune times, becomes an excellent survival skill.

*Every night at the chow hall in Ramadi, we utilized every opportunity to act out inappropriately (such as when someone was not looking, we put all of the condiments on their tray so that they would have to carry four tables worth of salt, pepper and condiments around with them). And we would make fun of each other mercilessly. We engaged in the most ridiculous of behaviors every night—the evening’s prime time entertainment. In addition to being a source of release, this was much to our great advantage in terms of mobilizing Soldier and Marines to seek our services. They laughed with us and then they knew we were one and the same as them.*

This respite provides temporary relief, but does not erase the horrors, feelings and indelible images from your mind or from your heart – it just puts them on the back burner. And, you can carry that bizarre humor back home with you in either a positive or negative way. Positively, you may be able to have an irreverent attitude, an enjoyable or refreshingly unexpected or amusingly sarcastic or

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¹⁴ From October 2003 to September 2004, when troops first returned in large numbers from Iraq, 132 soldiers died in vehicle accidents, a 28% jump from the previous 12 months. Two-thirds of them were veterans of Iraq or Afghanistan. And there was a 23% increase in deaths from vehicle accidents in the past seven months. Gregg Zoroya, “Survivors of war take fatal risks on roads.” USA Today. May 2, 2005. Accessed on-line 5.2.2005.
humorous attitude that at least some others may find to be a welcome breather, especially during tough times. Or, you can become pejorative, cynical, nasty, insulting, critical, and derogatory towards others in the face of mounting frustrations---and you couldn’t care less. Or, perhaps you fall somewhere in-between (like I have been accused of at times).

Positive Impact Of War And Deployment

It is essential to note that the preceding discussion emphasizes the potential and actual negative impact, both short and longer-term, of serving in the wartime theater. There is a whole other side---the remarkable positives, the extraordinary valor, strengths, comradeship, heroism, and humanity that can characterize what goes on in wars, and can be brought home to remain a powerful positive within many veterans.

Military personnel, veterans, and their families oftentimes are blessed with the development of resilience, strength, and a very positive identity as a military member, veteran, or family member---proud of the service their spouse, parent or sibling has willingly donated to our country, and the sacrifices made both by the active duty military person or veteran and by the family. The experience of being part of a military or veteran’s family where a member served in war, can help equip both the troops returned from deployment, veterans and the families with a strength, courage, pride, perspective and grace that is profound. They truly know the costly price of freedom.

Such was revealed in the stories of the brave and proud veterans described in the first two books of the Vietnam Trilogy series who participated in such amazing experiences as the dedication of the national Vietnam Veterans Memorial in Washington, DC, our helicopter ride therapy and Outward Bound adventure therapy, and those who returned on healing journeys to Vietnam in 1989\(^{15}\) and 2000.\(^{16}\)

In the words of a Vietnam veteran 20 years after the war:

> Maturity, self-esteem, teamwork, accomplishment, pride, excitement, and adventure certainly are as much a part of the war-zone experience as anything else. For these, I am extremely gratified.

In the words of an Iraq OIF veteran while still in Iraq:

> These two deployments have taught me a degree of patience and tolerance that I never thought possible. I have been forced to live in terribly deprived conditions and with ungodly levels of frustration and uncertainty, far more than in any arena of my life as I knew it before OEF and OIF. I have learned to live without the most basic comforts of life for months on end, without privacy and with endless restrictions and limitations. To this end, I will have learned to appreciate why freedom has a tremendously high cost. I am grateful to be among the bravest and the finest in this struggle to bring democracy to the people of Iraq, so that someday they may be able to live as we do in America.\(^{17}\)

Coping: What to Do with What You Brought Home\(^{18}\)


\(^{17}\) Platoni, 2005.

\(^{18}\) This section has been inserted almost verbatim from: Platoni, K (2006). Coping Strategies for Iraq War Veterans. Unpublished manuscript. drrunt@woh.rr.com
• Fully recognize your strengths and abilities for coping with trauma, tragedy, and homecoming. If you got through all that you've been through, you can endure this too. How much you suffer will depend upon your willingness to cope actively with the hand you've been dealt.

• Active coping is an ongoing process and not an automatic cure for what ails. This means developing both an awareness and acceptance of how trauma has impacted your life and taking action to resolve the feelings and behaviors that accompany trauma. Coping calls for a mindset, an attitude, and habit patterns that must be fortified.

• This does not mean that memories, images, and feelings will magically disappear. They will always be with you in one form or another. The goal is to diminish the intensity of emotions and to learn effective means of managing reactions, symptoms, and distressing memories and images. This is a long-term process referred to as healing. Believing in your own abilities and resources to accomplish these tasks and to accept this as a personal journey is the first step.

• This road to recovery and overcoming the overwhelming calls for resilience; the ability to adapt to trauma, hardship, adversity, tragedy, loss, grief, anger, and the entire burden of wartime experiences and their far-reaching impact. This path is not free from distress, but one must work through in order to get through.

• There will be sorrow and some level of misery along this route, but that is the reality of what you have encountered. Do not fear facing these feelings, as this is the only possibility for moving past them. There are times when you may need to put them aside in order to persist in functioning in your daily routines and in order to recharge and renew. There are also times when it becomes wise to rely upon the backing and encouragement of your loved ones and most trusted friends. A critical factor in resilience is the ability to generate and maintain supportive interpersonal relationships.

• Rely on the most important person in this equation as well: yourself. In order to have endured the trauma of war, know that you already possess outstanding survivorship skills that very clearly indicate that nothing you confront in life will be insurmountable or unendurable.

• Those traits that are closely connected with resilience are the following:
  A. the ability to make future plans and to be goal-directed in carrying them out
  B. belief in yourself, your capabilities, your strengths, and your assets
  C. the ability to communicate feelings and thoughts openly
  D. skills in problem-solving
  E. the ability to cope effectively with intense emotions and behaviors triggered by them

• Know that your reactions to your experiences may very well be normal reactions to abnormal life experiences. War is an extraordinary series of often tragic and catastrophic life events. Whatever your experiences, take comfort in knowing that you are not alone. Permit yourself to be validated for this. Never overlook, either, the fact that these events are, undeniably, something about which to shed tears.

• Take time for self-care by attending to your needs and feelings. Engage in activities that you find enjoyable. Exercise regularly; a primary means for de-escalating from stress and distress of any kind. Know that you are worthy of suffering less and finding joys in life once again.
• Discovering healthy ways of taking time for yourself forges a more durable degree of resilience and the capacity to tolerate whatever befalls you.

• Be solution-focused. Look back on how you have coped with hardships previously. Count on yourself to build new strategies and skills for coping successfully for all the todays and tomorrows to come.

• Create routines that allow you to feel grounded once again. Look back on those customary, tried and true activities that worked for you in the past. Include loved ones and friends when appropriate. Engage in them regularly. Find a familiar and pleasurable safe place.

• Talk it out. Do this often. Find a listening ear with a trusted family member or fellow soldier. Devote time to finding those particular support systems that are most effective and beneficial for you. Have the courage to confront that which is most agonizing to bear and to locate the appropriate mental health professional when the need or desire arises. Never walk alone with these burdens.

OTHER REFERENCES/SELECTED READINGS


END