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## **A CIVILIAN'S PRIMER:**

# **UNDERSTANDING THE COMBAT VETERAN'S EXPERIENCE**

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*Those who have served their communities in the capacity as warriors, can develop a deep wisdom about life, death, priorities and human pain. Having traveled to the edge and back, they have shown they possess the strength to prevail in the face of extreme adversity and can become wise elder warriors of a community. All will be transformed in various ways by the experience of war, not all become those wise elders without assistance by others.*

*The following information is given to assist others in a basic understanding of the veteran experience. This information was developed after dozens of interviews with veterans - retired, inactive - and I thank them for their honesty and candor. Their views of the experience varied, but much of it (identified below) was universal. As with any potentially traumatic situations, some people seem to handle it with very little observable change, most others will find it life changing.*

### *BASIC MILITARY TRAINING*

1. **Most militaries around the world recruit late adolescents (historically male) because people tend to be more malleable at that developmental age.** Adolescents are usually more idealist, more group oriented, more sensitive to peer pressure, can quickly learn new skills, have a strong need to fit in, often act as if they are immortal and may have more physical endurance.

*In most cultures, veterans in all branches of the military complete an experience usually called **Basic Military Training (BMT)**. Each branch of the military has a different and important role, so their basic training may vary widely. **BMT** for the Army and Marines **prepares recruits** with emphasis on individual combat, small arms and small unit tactics, whereas Air Force's emphasis will be flight and flight support, logistical missions and usually very little about individual combat (except for survival and escape tactics training for flight crews). The Navy and Coast Guard's BMT will emphasize waterborne operations and rescue and survival at sea. Most BMT also includes Military History, traditions of that branch of the service, close order drill and physical training.*

2. **The purpose of BMT is to meld naïve civilians into cohesive, functional units** able to effectively and efficiently accomplish missions or tasks. Most of the naïve perspectives and expectations about combat will come, primarily, from Hollywood's portrayals of war – glamorized and often inaccurate.
3. **Basic Military Training (BMT) is accomplished by isolating a group of recruits and stripping them of their individuality – such as civilian clothes, hairstyles and leisure activities, and putting them under extreme, yet calculated mental, physical and emotional pressure.** By breaking down individuality, recruits can be trained to function as a cohesive group, which, in turn, will help protect them if they face battle. Chants or

“cadence” (while running or marching) create group solidarity and cohesiveness, hones the ability to respond to orders, increases stamina and adrenaline and even makes changes in brain chemistry. BMT challenges warriors to go well beyond his/her original physical, intellectual and emotional limitations, promotes the focus of unit cohesion and duty, reinforces the perception of right and wrong (all within the context of wartime needs), develop an ability to think strategically and increases the sense of pride and confidence in their specific branch or unit of service.

4. Putting aside combat, ***the experience of the wartime soldier can be physically brutal.*** They are often exposed to brutal weather – such as desert conditions of extreme heat during the day and cold at night, sand, wind, dryness or wetness or jungle conditions – with huge and deadly bugs and varmints, intense smells, close quarters and poor sanitation. BMT attempts to prepare the recruits for what they will experience “in country.”
5. After Basic Military Training, differing specialized training will occur – depending on their MOS (Military Occupation Specialty) – their military job. Their jobs may have little or nothing to do with actual combat. ***10-30+ support troops are often needed for every individual actively engaged in combat.*** Although most BMT teaches all recruits the basics of combat – with varying levels of skills – many will have essential support jobs such as: repairing equipment, acting as pay clerk, making maps, communicating vital information, feeding the troops, tending to the wounded, handling the casualties, morgue duty, directing traffic and scores of other essential jobs. ***Often, the people in the support positions do not receive the same recognition as other troops. Civilians need to understand that, in a guerrilla war, any job can be dangerous*** – both physically and/or emotionally. ***The potential of trauma for anyone in or near a war zone, is always present,*** particularly if they are in positions which they have received little or no specific training.
6. ***The elite forces*** of the military, not limited to Army Rangers, Airborne, Green Berets, Navy Seals and Force Recon ***have additional ongoing extensive and intensive training*** in combat operations and tactics.
7. ***Recruits are taught that fellow warriors are their responsibility and if they “screw-up,” people will die.*** This is increasingly true with those whose jobs will be on the front lines (usually Marines and Army). This training may be partly responsible for the strong reaction that is common when others are perceived as “incompetent.” Incompetence by a military authority figure or fellow warrior can be deadly for a warrior. Incompetence, even in civilian professional life, can cause heightened and intense reactions in the veteran (i.e. outspokenness, criticism, cynicism, sense of responsibility) and may compromise the career of the veteran in a business setting. Warrior training also contributes to the survivor guilt that often impacts them when members of their unit become casualties. ***When military sexual occurs by a fellow warrior, this “responsibility” training exacerbates the level of confusion and betrayal.***
8. ***For every warrior killed,*** there are often 20-30 soldiers that are wounded and 3-5 soldiers are (minimum) taken up to care for each of the wounded. This care often creates its own difficulties in the caregivers.
9. ***The process of BMT, even for those who never go into battle, can create differing degrees of scarring. The person s/he was before BMT will forever change, in both positive and negative ways.*** The experience of battle “fires” them (like a piece of pottery clay) so the changes become more permanent. The more specialized their training, the permanent the changes will be. Childhood trauma typically intensifies the impact and dramatically raises the probability of developing Post Traumatic Stress Disorder (PTSD) in service personnel because the experience of trauma is cumulative. The more we, as a society, understand about Post Traumatic Growth and resilience, we can decrease the of dysfunction and numbers of suicide-related deaths, which are currently at historic highs.

10. **Basic Military Training drills a variety of skills in which warriors will eventually respond without even having to consciously think.** Similar to highly skilled musicians, their repeated training has them able to perform some actions automatically as it becomes a part of type of “muscle memory.” Warriors around the world are rarely, if ever, truly deprogrammed after returning from battle. Returning to civilian life can be a difficult adjustment. The automatic responses, coupled with the skills of deadly force may make some intense non-combat situations potentially lethal. Traumatic or highly intense events are stored in all levels of the brain, even down to the brain stem and

*“rational thought can be ‘hijacked’ during intense situations and their training may take over. Their belief systems and values may not be accessible during those intense times. The ‘survival brain’ is intuitive (from the word ‘tuere’ meaning to guard and protect) and will often trump the ‘logical brain’ where the belief systems are held.”* Quote from Lt. Dave Grossman’s book: On Combat

### **RETURNING HOME - PHYSICALLY**

11. **The response and support a veteran faces when returning home can have a powerful impact on his/her transition back into society.** During the Vietnam era, many were harmed by society’s verbal abuse and/or the “deafening silence” many returning soldiers experienced. There is preparation for war, but little or no preparation for returning to a political war at home. Because of the controversial and political nature of some wars, those who are serving may face similar reactions and therefore, similar emotional wounds as the Vietnam Veterans, even though there is more focus on supporting our troops. Opinions about the war are a separate issue from the sacrifice a veteran has made. As one Vietnam veteran stated, “Soldiers don’t start wars, governments do.” The support, or lack of effective support – with the programs that are essential, can have a deadly impact. By some statistics, more Vietnam veterans died by direct or indirect suicide, after returning home, than were killed during the war. Those statistics are still current to this day...and are actually higher than number killed in combat. **A veteran is usually the last person to want to rush to war because of their understanding of the reality of war. If war is declared, their duty is to fight it.** Be aware they may have little tolerance for the political aspects of fighting a war. The true incidence of suicide among veterans is not known, according to a recent Congressional Research Service report. Based on numbers from the Centers for Disease Control and Prevention (2011), the VA estimates that 18 veterans a day -- or 6,500 a year -- take their own lives, but that number includes vets from all wars. It is estimated that veterans make up at least 20% of all reported suicides in the United States (31,000 per year). Early statistics for 2012 indicate the numbers are still rising, not falling. Not included in this figure are suicide attempts and “passive” attempts (i.e. driving recklessly and other very high risk behavior. The Army suicide rate (alone) has reached a 27 year high, with more suicide deaths than combat deaths. One of many suicide resources is: 1-800-273-TALK (8255). Press 1 for Veterans.”
12. **Unlike the majority of WWII veterans and Revolutionary War, Civil War and Vietnam veterans did not return home in units.** Many traveled home one or two at a time, with no homecoming and little, if no, recognition. For Vietnam, some soldiers went from war zone to living room in less than 48 hours. During WWII, most veterans returned in large units and it took weeks (by ship) for that to occur. By comparison, it took over a year for all of the two million WWI soldiers to return from overseas. The time aboard ship was used in informal debriefings before returning to civilian society. Not returning in units tends to create a greater likelihood for difficult discharge and re-entry into society. The lessons learned have been heeded. Most Iraq and Afghanistan veterans are going and returning as units with debriefing time upon return, however, most are having multiple deployments.

13. ***When the government gives out statistics about casualties, the pervasively and permanently wounded is rarely a part of those statistics and neither are psychological casualties.*** It is important for family members to seek out information and advice from people specifically trained in working with veterans. Although the culture has come a long way since the 1970's, there is still a sense of "I can deal with this myself" and the veteran may be extremely resistant to seeking out mental health assistance. There can be concern about who will know, what will they know and how will it impact their career. Local Vet Centers and other resources are available in most large cities. An excellent resource is [www.notalone.com](http://www.notalone.com)

***PHYSIOLOGY - Post-Traumatic Stress, Combat Operational Stress and Post-Traumatic Stress Disorder and more***

14. History has shown that ***every war has the great capacity to cause varying degrees of psychological wounds*** in many of the soldiers. During the Civil War, what we now call Post Traumatic Stress Disorder (or PTSD) was called "sunstroke." During WWI, it was called "shell shock" and during WWII, there was "battle fatigue" and "Soldier's Heart." A deeper awareness and focused treatment of the psychological casualty was not developed until during the Vietnam era.
15. Although each veteran deals with war differently, 20-33% (depending on which research is identified) will experience PTSD and many more will have some adjustment difficulties. ***No one comes through war unchanged.*** Post war functioning will be dependent on many factors, not limited to; level of functioning (individually and as a family system) prior to military service, level of family and public support, genetic factors, availability of resources (not limited to the Veterans Administration), life philosophy and spiritual factors (or not).
16. ***Memories of war, as is true with non-combat trauma, are stored differently than ordinary memories.*** Traumatic memories (combat and non-combat) are stored in fragments, in unintegrated form at all levels of the brain, even down to the brainstem (the part of the brain that regulates breathing, heart rate and sleep). Trauma "fragments" may include certain sounds, smells, sensations, textures, situations, images, time of day, time of year, weather and interactions with others. When a "trauma trigger" (a brief and intense reminder of the trauma) is activated, the veteran may react with a dramatic change in heart rate, respiration and a shift in the ability to think or interact. Sometimes the trauma triggers can be so extreme, time may appear to collapse and the warrior believes s/he is back in the combat situation. This is often called a "flashback." The full impact of the experience of combat may not develop for months or even years, whether the triggers are present or not.
17. ***The experience of battle can vacillate between extreme boredom and extreme intensity with a transition time of mere moments. Because of that quick transition, "boring" times may create hypervigilance in anticipation of "the other shoe dropping."*** The invention of video games and other electronic media has assisted in keeping the troops mentally prepared during the down times. Many veterans will continue to seek adrenaline rush activities to combat feelings of anxiety. The skills they developed and capacity for high intensity causes many to engage in high-risk dangerous occupations and/or leisure activities. In order to keep their edge during battle, warriors are encouraged to check their weapons and gear. This checking behavior is certainly prudent, but also serves the purpose of relieving anxiety and keeping their edge. These behaviors can develop into obsessive-compulsive behaviors when they return. Many will "walk perimeter" around their home to keep their family secure at night. What may have been prudent during combat, is probably not helpful when they return home.
18. Traumatized individuals often have disrupted sleep architecture. Hyper-vigilance, which occurs in anticipation of attack, ***can be etched into their physiology.*** Research at the National Center for Post

Traumatic Stress Disorder indicates a correlation between non-obstructive sleep apnea and PTSD. Sleep difficulties are common with combat veterans. ***“Sleep deprivation is a major destroyer and disabler of a warrior. Sleep deprivation is the best way to physically predispose yourself to become a stress casualty.”***  
***Quote from Lt. Dave Grossman’s book: On Combat***

19. Although society has come a long way in normalizing the need for treatment after traumatic events, there still remains a stigma about getting treatment, particularly for those in the military. Most branches of the service are debriefing soldiers from Iraq as they return, but longer-term treatment is needed because the ***debriefing periods are too brief***. Often, the impact of battle does not become clear for several months or years. Because of the high number of National Guard troops who have been involved in Iraq & Afghanistan, the civilian mental health community needs to be prepared for the issues the troops and their family members will likely face months or years after their return. Currently, the waiting list for treatment can be long and arduous, but improvements are being made. ***Communities must put in place resources for skilled and knowledgeable assistance***.
20. ***For anyone who even witnesses violence or its effects, brain chemistry is changed***. Recruits can experience a multitude of opportunities for enduring trauma. Research by Joseph LeDoux found that combat veterans had a 25% smaller hippocampus in the brain than non-combat veterans. (Similar results have been found in other long-term traumatic events such as child molestation). The hippocampus is an integral part of the brain responsible for the memory retrieval and storage.
21. ***Trauma of any type often creates an emotional unavailability with loved ones***. Psychic numbing (sometimes with the assistance of drugs, alcohol or compulsive behaviors, including work) runs counter to intimacy. Reactive responses and trauma triggers, combined with typical family/marital stressors, cause a veteran’s family to be much less likely to remain intact. Veterans have a 50-75% greater risk of divorce than the civilian population (which already has a 30-50% divorce rate for first marriages; 85% divorce rate for second marriages). The concept “Fuck it, it don’t mean nothing” is not uncommon with some warriors, as a way to blunt or numb the pain and dismiss losses that would render them ineffective in their job. As they return to civilian life, they may continue to deal with painful events in similar ways causing complicated mourning. Most veterans interviewed talked about the need of emotional and physical space and time to process (without being isolated or ignored).
22. ***Continuous and graphic media coverage of war can trigger themis issues***. The word “themis” is used by Jonathan Shay, MD, PhD - in his book *Achilles in Vietnam* - in describing the issue of perceived systemic betrayal or the betrayal of what’s right). The themis during the Vietnam era was the lack of support – or perception of such by American military upon their return. The veteran may experience the perception of systemic betrayal by the media, politicians, their government, their community, the healthcare and VA systems when issues do not appear to be addressed or a distorted view of the truth is given to the general public (i.e. The denial of Agent Orange and PTSD during the Vietnam era).
23. Physical and sexual assault by fellow personnel (both male and female victims) is being reported more frequently. ***Sexual assault within the closed system of the military can be compared to child sexual abuse which occurs within a violent and punitive family system***. Keeping the secret of the assault is not unusual. There is often disbelief and fear of punishment by others (direct or indirect) after reporting the abuse creates systemic betrayal (themis) and psychological wounds. The perceived betrayal by the system, the chain of command, the impact on a career warrior and the treatment provided increase the impact. Recently, the Secretary of Defense – Leon Panetta, has put some new positive changes in place. For more information on this: The documentary – THE INVISIBLE WAR is a must see.

24. Loud music can be a way for warriors to keep their edge, particularly in military vehicles. The music may also be loud because of the temporary (or permanent) damage to hearing after an explosion. When returning to the civilian world, loud music can ramp up the physiology of the warrior, much like it did in a war zone.
25. ***Because of the high level of hyperarousal (and “hypo” arousal) that is common with PTS and PTSD, some veterans develop ways to self-medicate.*** The ways some people self-medicate are: alcohol, drugs, food, excitement, work, video-games, spending, sex and exercise – just to name a few. Self-medication can move into addiction and can begin to have devastating consequences.
26. ***The experience warriors face during wartime often violates civilian society’s moral and legal codes (i.e. “Thou shalt not kill”), which is natural during combat.*** The extreme lack of understanding by civilians can sometimes create a sense of shame and need for secrecy and isolation with veterans when they return to civilian life. Many veterans may start out by sharing some of their experience with family and non-military friends, but often stop when the reactions of the civilians is disbelief or horror. There is no way for the veteran to fully and adequately describe the experience of war to someone who has never experienced it. The experience goes beyond words. If they mentally isolate the traumatic experiences, the likelihood of Post Traumatic Stress Disorder increases dramatically. ***The experience of war is a “soul issue.”*** The book *What It Is Like To Go To War* is written by Karl Marlantes (NYT best selling author of *Mattahorn*), Vietnam War Marine, describes this perfectly.
27. The average age of the WWII veteran was 25. The average age of the Vietnam veteran was 19. With the large deployment of National Guard post 9/11, the age of the Iraq and Afghanistan warriors was more in alignment with WWII, during the early parts of the process. Older soldiers are more likely to be married with children and may have a more difficult time with some of the physical demands than a younger recruit. A correlation exists between PTSD and younger recruits, although there are many documented cases of the older and more mature soldier developing PTSD as well since trauma is cumulative. Reserves and National Guard troops tend to be older, more emotionally mature, with more years in service, and are often more skilled. They may be more likely to experience “themis” (see #21) because they have had more chance to see, first hand, how well the system does - or doesn’t - work. For example, current National Guard and Reserves personnel continue to be under orders and serving overseas, “involuntarily,” long after their enlistment was scheduled to come to an end.

#### **SUPPORTING VETERANS AND THEIR LOVED ONES**

28. It is essential to work with the family system, if at all possible. ***When a veteran is deployed, his/her entire family is disrupted; therefore, the entire family makes a sacrifice.*** Aside from the actual deployment, there are predictable stages a military family goes through when a loved one is preparing for deployment and returning from deployment. Family adjustment can be very difficult for all concerned. Financial, social, emotional and physical stressors are enormous for the entire system. Although most military families have educational and support resources available to them to prepare for deployment and re-entry, they are still often taken by surprise with the experience. Difficulty in returning to pre-deployment roles can be very difficult for all involved. Civilian support networks need to have a good understanding of military culture in order to provide the best assistance possible to the veteran and their family. Appropriate support groups should be considered when the warrior first gets his/her orders to deploy and up to two years (or more) after the soldier’s return. Communities with no known person serving increases a disconnect of the depth and breadth of sacrifices (for all) during and after combat.

29. It is essential in the post war recovery of a veteran that anyone assisting the veteran or his/her family has an appropriate understanding of the subtleties of the veteran experience. ***When professionals are not knowledgeable about those subtleties, new systemic wounds may occur.*** If you are someone within the helping profession, remember: when in doubt, get trained or refer to a more appropriate resource.
30. ***Loved ones of veterans will need to “relearn” their veteran because the combat veteran is forever changed by the experience.*** While the veteran strongly needs to be accepted as they are now (with changes that occurred beyond their control). The relearning process for the family members can be quite painful since it may feel as if their loved one (as they knew him/her) “died” during the war.
31. Many families are torn apart during deployment by ***infidelity*** (by either spouse/partner) and is the focus of many suicides. ***Themis, once again, is often the primary cause.*** Although national divorce rates are high across the board, veterans have consistently had double digit divorce rates for the past forty years. 62% of first marriages for veterans end in divorce.
32. Loved ones and colleagues of veterans need to be open and receptive if the veteran wishes to talk, even letting them know you are there to listen if they wish to talk. They shouldn’t riddle the veteran with questions – particularly “Did you shoot anyone?” If the vet does share, others need to be sensitive to how they respond. ***Civilian life does not compare with the experience of war.*** If civilians wish to be of support, they should not express shock or disbelief by what is shared and need to be open and non-judgmental. War is chaotic and if you respond with judgment or shock, they will probably not share again, but will choose to talk with their other “family” – other veterans – or sadly, no one. The experience of war throughout the ages has asked things of warriors that civilians can rarely comprehend.
33. All but one of the many veterans interviewed for this article said that caring acknowledgment of their service, publicly and privately, was ***critical in their re-entry into civilian life.*** This may be done by attending Veteran’s Day services and parades, remembering them with cards and calls and thanking (even strangers in uniform) them for their military service. “I wish to recognize your sacrifice” is another respectful comment. ***Regardless of someone’s person opinion of war, as long as there are wars, society has a responsibility to help return the warriors home in every sense.***
34. Length “in the field” can have an impact in what occurs when they return home. ***The longer a soldier is exposed to the potential for harm, the more difficult their adjustment may be.*** Civil War and WWII soldiers were deployed for up to five years. Vietnam veterans were deployed six months to a year (or re-upped), and some did more tours. The Iraq & Afghanistan warriors are having their deployment extended; some beyond a year or more and many are on their fourth or fifth tours (or more). The emotional and psychological stress this puts on the military families is extreme. Military families are currently having their homes foreclosed on four times the civilian family.
35. ***The veteran’s perception of life and death is often different than before combat*** and may become impatient with people who “fret over small stuff.” It is not uncommon for them to need more “space.” There is often a need to get away from the demands and intensity of people and everyday life or to get away to process their experience privately.
36. According to the Veterans Administration, approximately 25-35% (depending on the stats) of all homeless individuals are veterans (both male and female). 45% suffer from a mental illness (in addition to Post-traumatic stress disorder). 70% of homeless veterans have drug and/or alcohol addiction issues (many stemming from PTSD). 56% of homeless veterans are African-American or Hispanic.

37. As with any large system, there will be those few who may take advantage of that system. An individual, who does take advantage of the system, can create an adversarial role and air of suspicion between the veteran and those charged with the aftercare of veterans. This issue can create more perception of themis by those who are not taking advantage of the system.

#### **RECOVERY AND THE INTEGRATION OF THE EXPERIENCE OF WAR**

38. ***Veterans will usually be aware they are now different and they will need to integrate the changes “Who am I now?” and “Am I worthy?” and “Did I do the right thing?” – if they perceive they did something wrong. Following orders does not extinguish the guilt they may feel.*** Survivor guilt is a common reaction to war. “Why did I survive and others didn’t?” Healing and integration of the war experience requires a look at all dimensions of who the veteran is emotionally, physically, socially (interpersonally) and spiritually.
39. ***Guerrilla wars often cause different reactions for the soldiers.*** During a guerrilla war, the line of battle is not as defined, so there is no place that can be truly safe. Women and children can be as deadly as the traditional combatant, so the enemy is no longer well defined.
40. ***Because of the incongruence between wartime reality, “morality” and societal rules & laws, the returning veteran will have to rectify the wartime actions required of them with their pre-military belief systems.*** Even the most religiously devout warrior may struggle with spiritual issues upon returning from war. Many veterans find it difficult to believe that “God” would allow the things that they witnessed even within the context of war. Healing within a spiritual context can be an arduous experience and one that even non-military clergy often do not understand. ***Ways to symbolic atone for violation of their own moral code will be essential in the scope of recovery – whether it is done in more formal (spiritual) ways or not.*** In many cultures, rituals of recognition, re-entry and cleaning are required of every warrior who returns from battle before rejoining his people. In America there is a focus on the first two, but not the “cleansing” – which can be an integral part of that healing process. Ritual can assist the integration of some of the unspoken things that can occur during wartime. Many find it difficult to integrate the experience with their religious beliefs and may pull away from their life long beliefs while others may find their beliefs are actually strengthened from the experienced.

#### **RESOURCES**

41. An excellent resource for the Iraq and Afghanistan veterans can be bought on video or DVD at [www.pbs.org](http://www.pbs.org) and go to Frontline: The Soldier’s Heart. A Vet Center, the Veteran’s Administration, [www.notalone.com](http://www.notalone.com) or other local veteran organizations are usually excellent resources for the family.
42. Other excellent resources: [www.thewelcomehomeproject.org](http://www.thewelcomehomeproject.org) – with an excellent example of how a community can support the warriors and their families.
43. ***Many cultures have healing ceremonies to assist their warriors when they return from battle.*** “Among several Plains tribes, such as the Lakota, there was a cleansing and healing ceremony for fighting men. Those who had participated in battle, or battles, were placed outside the circle of the community; a dance arbor represented that circle as the people stood within it. Songs were sung to honor the fighting men, and prayers were offered for their souls so that they be cleansed of the terrible things they had to do to defend the people. Then the men walked quietly back into the circle, back into the community, because the people allowed them to return so they could be healed...” from Joseph M. Marshall III, author of Walking with Grandfather: The Wisdom of Lakota Elders



44. [www.military.com](http://www.military.com) - Website for information for vets and family members, including information about benefits, military spouse career center

*A PDF of a collection of books for clinicians, vets, family members, clergy and more can be found at:*  
[www.theomnibuscenter.com](http://www.theomnibuscenter.com)