

# After the War

## for the wives of all veterans

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Hundreds of thousands of women are facing a silent war, one which has been fought by millions of women before them.

Since the new war, many of those millions of women are fighting it again.

Wives and families of veterans still fight this war alone, in our own homes, untrained, ignorant of the real enemy which once had no name and wasn't supposed to exist.

### **That enemy is Post-Traumatic Stress Disorder**

Many veterans spend the rest of their lives struggling with frightening symptoms and feelings—or the lack of feelings—brought on by traumatic stress. Those symptoms are the forces against which we may fight for the rest of our lives.

### **Why?**

Soldiers are trained to fight. Basic training is a process designed to develop skills which will keep a combatant alive and fighting long after he or she might have given up under more normal circumstances.

The first category of symptoms of Post-Traumatic Stress Disorder, **emotional numbing**, is something drill instructors try to shout into their recruits. Stressing the recruit through harassment and physical and emotional pressure produces a soldier who can ignore what is going on around him to do his job. That is how you stay alive in battle: put away all feelings and do whatever it takes to survive. Soldiers don't have time to feel. They have a job to do. Combat reinforces emotional numbing and avoidance of painful emotions. Emotional numbing is an appropriate and effective survival skill for a soldier.

The second category of symptoms, **hyperarousal** and **hypervigilance**, are also appropriate and effective survival skills for a soldier. They are taught in basic training and reinforced in combat. Sleepless vigilance and an exaggerated startle response will keep you alive in war. So will a killing rage, and quick physiological responses to danger, an early warning system sharpened by the threat of death. Once a person has experienced the need to survive on the most basic level, new pathways are opened in the brain. Veterans will always be able to react without thinking, (but with help they can learn not to).

### **There is no basic un-training.**

Appropriate and effective in war, these patterns are less so in civilian life, but they do not go away by themselves if they have been burned into the soul by traumatic experiences. The experiences come back to haunt the veteran with the third category of symptoms, **re-experiencing**.

Neither the veteran nor his family may know that traumatic experiences in war can cause these symptoms, or they may think "It won't happen to me/us.". Yet the information is available.

Post-Traumatic Stress Disorder is a normal response to traumatic incidents.

The numbing and hyperarousal symptoms are appropriate and effective responses to the trauma of war.

### **Post-Traumatic Stress Disorder is not rare.**

**It is not unusual.**

**It does not mean our veterans are defective or crazy.**

**Normal people are affected by what they live through.**

### **What can cause PTSD?**

1. threat to life or physical integrity All combat veterans have experienced this. So have all prisoners of war. Anyone who ever came under fire or the threat of fire has had this stressor. People who have survived beatings, muggings, sexual attacks, accidents, natural disasters, and torture also have experienced this stressor.
2. losing family or friend to trauma For veterans this includes the loss of fellow combatants, buddies, crew

members, squad members, and members of the crews of planes, boats or vehicles on which the veteran has worked.

3. losing home or community to trauma This is usually thought of in terms of natural disasters but in war a foxhole, bunker, or barracks is your home and your squad or company can be your community. Note that being medevacked out of a close-knit group is a sudden loss of home or community on top of the threat to life and physical integrity.

4. seeing someone who has just been killed or injured by trauma Almost all combat veterans, medics, stretcher bearers, hospital orderlies, nurses, doctors, graves registration personnel, civilian bystanders, and anyone who helped with the wounded or dead have had this stressor.

These stressors have a more profound effect if they are caused by human cruelty or carelessness.

These stressors are cumulative, starting in childhood.

Combat veterans often have *hundreds* of them.

## **The Enemy**

The forces against which veterans and their families may fight for the rest of our lives, numbing and avoidance behaviors, symptoms of hyperarousal, which have already been mentioned, are joined by different kinds of re-experiencing from thinking about the trauma all the time to actual flashbacks. These too are normal reactions to trauma.

These symptoms will strike our men or women in the dead of night and when the news comes on the television at six-thirty in the evening. They will strike at family parties and on Christmas, Thanksgiving, the Fourth of July and Veterans Day. They will strike when their mothers die and when our kids are sick or injured, when we develop cancer or when our veterans lose their jobs, when the world situation is leading to war, and when the next set of troops comes home. Sometimes these symptoms will strike us, if our veterans have been violent with us or we have survived other traumas.

Just when we need them the most, our veterans will not be there. Their bodies will lie beside us inhabited by a terrifying emotional vacuum, and we will believe that it is our fault, that they no longer love us, or that they never did. None of these are true, but our veterans won't know that. They will not know how to explain what has come over them, because they won't know what it is either.

Nobody told them war will change you forever.

Nobody told us war will change them forever.

When life gets tough, our veterans will be swept by outbursts of anger, consumed by irritation, jumpy, sleepless, and have physiological reactions they don't understand to things that remind them of their war. Airbursts of memory will terrify them, or they may find themselves unable to stop talking about the war, dreaming sickening nightmare dreams every night, feeling as if they are back in the war at moments during the day. Fear will consume them: fear that they are nuts, that they are weak, that they are abnormal. Fear will also consume us because we won't understand what is happening to them.

We will believe that the irritability is our fault and try harder to be better wives so that they won't be upset, when nothing we can ever do will change what happened to them in the Iraq, Afghanistan, the Gulf, in Panama, in Grenada, in Vietnam, in Korea, in World War Two. We will believe that the jumpiness is because of the kids and try to keep them quiet, when no amount of quietness will ever change what happened to them bagging bodies at Jonesville, nor what happened to them in Beirut, in Vietnam, in Korea, in World War Two. We will believe that we have to control the environment around our vets to protect them from themselves, and we will expend huge amounts of loving energy in trying to keep them fine and wind up exhausted, profoundly depressed, angry at our failure, and often at our vets.

We will feel that we caused this irritation or distance or jumpiness. We will feel that if we just figure things out and do it right we can keep it from happening (i.e. control it). We believe that if we just keep looking we will find a cure for it. These are the three C's of codependency. We become obsessed with fixing our vet, and lose track of ourselves and our needs.

At the same time, we will often find a vacuum where we used to find love, and we will believe that our veterans no longer love us. We will find distance where there used to be closeness and believe that something we have done has driven them away. We will find aimlessness where there used to be drive, or drive where there used to

be space for fun and relaxation.

We become desperate, full of directions for our vets. Or we take on more and more of the family roles, believing if we are just good enough, nice enough, perfect enough, it will get better, but it doesn't.

None of this is our fault and nothing we can do will fix it, but we won't know that and neither will they. It is easier for both to believe that the veteran is irritable because the house isn't neat enough than that it is because of something that happened on the other side of the world, one, five, ten, fifteen, twenty, even fifty years ago, yet that is the truth. That is the post in post-traumatic stress disorder.

### **Is there hope? Yes**

Probably the most distressing symptoms of PTSD fit into the third category of symptoms of Post-Traumatic Stress Disorder. Psychiatrists tried for years to pretend that Post-Traumatic Stress Disorder didn't exist, but when Vietnam veterans were having flashbacks in the halls of the VA Hospitals, denial had to give way to reality. Re-experiencing can also be seen as an appropriate and effective response to trauma.

Most veterans spend years numbing themselves every time they get hyperaroused (with booze and drugs and work and sex and food and TV) and hyperarousing themselves to feel alive again (riding motorcycles, skydiving, getting into fights and dangerous deals, starting affairs, or just fighting with the wife). It becomes a cycle. It takes more and more effort to get numb, and more and more danger or chaos to feel alive. At some point, sometimes right away, sometimes fifty years later, usually when another stressful thing comes along, the veteran will begin to have re-experiencing incidents which make him or her feel really nuts.

The person inside the numbness and hyperarousal is trying to get out, to get help, to tell the story.

The veteran's inner self knows he or she has been through too much and is seeking to get the survivor to respect him or herself and what he or she has been through. The veteran has intrusive thoughts, or nightmares, or feelings like it is happening again. Or the veteran is swept by what he or she believes are unreasonable feelings and behaviors on the anniversary of a traumatic incident or when some incident reminds him or her of the trauma.

These are important messages from the self: "Respect what you have been through. Get help."

### **So Why won't they get help?**

Most veterans believe that they didn't have it as bad as someone else, so they shouldn't be bothered by their experiences. The military promotes this by skewing the statistics on PTSD and downplaying its prevalence and the likelihood you'll get it.

Our veterans were also trained to be emotionally numb (i.e. manly or professional). Rambo and John Wayne never cry. Rambo was a fictitious character and John Wayne was an actor who never saw a bit of combat. The manly stiff upper lip is a twentieth century fad. George Washington and Robert E. Lee felt no shame when they cried over the losses and suffering of their men. Still most veterans today feel that real men, real women, real soldiers don't cry and aren't affected by the most horrific experiences.

This is simply not true.

Remember: It is okay to be bothered by trauma.

It is normal to be bothered by trauma.

Between 50 and 66% of Vietnam combat veterans and people exposed to high war zone stress like nurses and body-baggers get clinical Post Traumatic Stress Disorder (three numbing symptoms, two hyperarousal, and one re-experiencing like nightmares or discomfort on anniversaries, not necessarily flashbacks, lasting more than a month). Between 25 and 33% of them still have it today. Millions of veterans suffer in silence and are never diagnosed because they never tell anyone. They feel too crazy.

Many veterans fear that they will lose our respect if they admit they are having a problem. Sometimes this is true. Women who don't understand what war is like or have combat veteran fathers who were numbed out workaholics have judged and condemned troubled vets. Today we know better. Today we know it is normal to be bothered by war, and that many of those numbed out workaholic vets become troubled by their war experiences when they retire.

An answer to the fear of losing respect is: People who respect themselves and their experiences get respect.

If veterans want other people to respect what they have faced, it has to start with veterans respecting themselves, and taking care of themselves, rather than minimizing what they have been through.

Veterans can't minimize the impact of war on themselves and expect other people to realize what they have

been through. Once a veteran has identified that he or she may be numb, hyperalert and re-experiencing in some way, another battle begins.

Recovery is not for sissies.

In order to heal, the veteran will have to go back through the suppressed pain, at his or her own rate, probably with the help of a therapist or group.

The veteran will have to let the traumatic experiences bother him or her.

This is very painful to the wife and family. Sometimes veterans don't understand this, but the memory of wounded buddies and the helplessness they felt then can help veterans understand their family's pain.

Nothing hurts more than to see someone you love in pain and not be able to fix it. Nothing.

Sometimes wives who have spent years trying to take away this pain are very hurt that the veteran is sharing it with others. Other spouses don't understand that veterans have to get worse before they can get better. People who suppress bad feelings, suppress all feeling. Happiness, loving feelings, serenity, all are buried too. In order for our veterans and often for ourselves to get those feelings back, we have to give up our ideas about how they should be and let them go through the process of grieving their losses. This is when we need our own support system.

We have to let them be in pain.

We have to feel our own pain.

From my own experience as someone who has spent much of her life focused on "my" veteran, letting go is also a process of mourning for us. We have to give up the noble rescuing focus of our lives which hurts. Then we may realize that we have become dysfunctional (co-dependent) ourselves and that some of our rescuing has actually made the situation worse. We must also affirm ourselves because we were operating without help or guidance and doing our best. Today we are simply learning better ways to live. Part of this new learning is that it is okay to make mistakes. Then we have to take the focus off our veterans and give them space to grow, and begin to focus on our own lives. This is hard work and very painful for us both.

Both veteran and family will learn that working through the pain is, surprisingly, learning how to live. Pain is a part of life. Trying not to feel pain perpetuates it. Feeling the pain lets it go. The pain may come back, but then the survivor has experienced surviving pain and letting it go, and can do it again. It gets easier, and each survivor can come to accept that this pain is appropriate, that he or she has been through hell and of course it hurt, and sometimes will again.

Letting go of unrealistic expectations like, "I should be over this," is tremendously healing. "Why should I be over this?" is a healing question. "I'm human. I don't have to be John Wayne or Rambo. I have to be me. I have a right to feel what I feel. I have a right to mourn what I lost whenever I feel the loss."

Letting go of unrealistic expectations is also healing for the family. We no longer have to feel that it is our fault, that we caused it, should be able to fix it, nor do we need our veterans to be superhumanly unaffected by their experiences. We can work on doing the things for ourselves which we have neglected for so long and let our veterans do what they need to do to recover

Fighting this battle alone, untrained, and without allies against an enemy with no name has been exhausting for most of us. We've named the enemy, broken the silence, and now we can work together to find better ways of coping with the trauma of war than the shame, silence and secrecy of past generations.

It is rarely effective for the spouse of a veteran to point out to him or her that he or she has PTSD and should do something about it. It is far more effective to acknowledge one's own codependency and work on that and let the veteran see that taking care of oneself is safe and doesn't mean the end of the world. My experience has been that when I worked on me, it gave my husband room to change, too.

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