

The War at Home

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War affects normal people with lasting reactions which are often **misunderstood** and **personalized**.

Veterans who come home and can't sleep, have intrusive memories and nightmares, stay angry all the time, live like there's no tomorrow, avoid stuff that reminds them of the war, and feel numb also feel *nuts*. They stop talking about what is going on with them. They may believe they are weak and different. They certainly have no idea from the military or society that other people are also affected, or if they do, they think it is weak to be affected and they *should* be over it. The phony statistics created by studies funded by the military and the VA contribute to this.

Spouses are equally ignorant and assume "I'm a bad wife or he wouldn't be having problems," or "I'm *not* a bad wife so he *shouldn't be having problems*." Or they assume *he doesn't love me anymore*. Vets sometimes agree. What do they know? Most have no idea that their reactions are related to the war. Almost no one knows what PTSD symptoms are much less understands where they come from or what their functions are. There was not even such a diagnosis till 1980.

Misunderstanding and personalizing PTSD symptoms can lead to a lot of fighting and blaming between spouses or family members, because they haven't a clue. Even when they find out about PTSD, knowing it has a name is a relief, but they still struggle over what to do about the symptoms. Spouses and other family members may develop patterns that make it hard for veterans to recover. One of them is telling the veteran what to do. In war, control was taken away. Bullets smashed through their wishes and their friends. They were told where to go and what to do. Even if you are telling the vet the right things to do, it is ineffective, because veterans need to regain a sense of control of their own lives.

Here are a few ideas to think about:

Although PTSD did create many problems for us, PTSD is not the problem. *War is the problem, and PTSD is a solution to the problems of war. PTSD symptoms start out as appropriate and effective survival skills, which kept our vets alive and functioning.*

If you are reading this, they worked. Think about it. You or your spouse or son or daughter survived episodes in which other people died. It is the bottom line. It gives you a different perspective.

PTSD symptoms kept the vet alive so they are hard to give up. They aren't personal attacks no matter how personal they may feel. And they do feel personal sometimes even when you understand them. You may feel attacked, but you don't have to believe a symptom is an attack. It may have nothing to do with you. This way of looking at the symptoms also protects the spouse and family members because the vet's PTSD symptoms are *the vet's* problems, not a reflection of *the other's* worth. Still, when people are depressed and feeling bad about themselves, they often become extremely critical of family members. Not taking this personally is extremely hard without outside help. I use Al-anon.

PTSD symptoms can be even more disconcerting if they suddenly appear many years after the war, usually after some other traumatic event. That is the post in PTSD. It is normal if not much fun.

Survival skills which are appropriate and effective in war can become big problems later, especially for the family. How are these symptoms affecting your nearest and dearest? How does it feel when your spouse is emotionally numb? Most veterans haven't really thought about it. Think about it now.

Seeking help is something veterans with PTSD need to do, because otherwise your spouse and/or family will believe that you don't care enough to make the effort to change. This pamphlet is designed to familiarize you with symptoms you may never have heard of nor realized were post-traumatic reactions. It will help you see how they affect others.

When you begin to look for help, the veteran and family can work together to find harmony and healing. Your relationship can become a safe place instead of a battleground. Most people with PTSD need therapy with a person with whom they feel comfortable. Little help is available for wives or mothers and fathers which is why I suggest Al-anon, which is free and available everywhere. Substitute PTSD for alcohol and it works.

The veteran will feel worse before he gets better because he will begin to feel the pain he has avoided for years. This hurts us wives, partners, parents, to see you in pain. Think of how you felt seeing wounded guys. That's how we feel. Both of you have to be prepared for that and *both need support*. Supporting each other is important. Help is, too.

So what happens to people in war? At the moment of initial violence, the normal person's whole brain very appropriately focuses in on survival. Two of the sets of symptoms, **numbing** and **hyperarousal**, start simultaneously in those moments of overwhelming action. The brain narrows its focus to survival information and disregards everything else. Extraneous thoughts and feelings drop from awareness (numbing). Body and brain flood with adrenaline, reflexes quicken and paths in the brain are activated that will be with the vet for the rest of his or her life (hyperarousal). *These reactions are normal. They evolved to keep you alive and doing your job. They are effective. If you are reading this, they worked.*

The third set of PTSD symptoms, **re-experiencing**, is the one psychiatrists noticed first. It is partly your brain's better-safe-than-sorry warning system trying to keep you safe after you have experienced a series of traumatic events such as a war. Fragments of memory are stored in what used to be called "the reptile brain" which can't tell time and does not speak English. It does not know you are home. War is often described as a separate reality, one in which you may continue to live even though it is over. Civilians usually don't understand this, which is natural since they only know the reality of civilian life. Re-experiencing also contains a message from your inner self that something bothered you, which is important information if you think "it didn't bother me."

Let's go through the symptoms one by one. What these symptoms did *for* the vet during the war and after, what do they do *to* the vet now, and how family members might react to each one.

In the diagnostic criteria for PTSD, the symptoms look like a random collection of weird reactions. My listing, in a different order, is based on my asking myself, 'what function would this serve?' From that I have developed what I think is the natural progression of symptoms. I think it makes much more sense than the diagnostic criteria.

1. Hyperarousal symptoms keep you alive in war. Psychiatry recognizes five symptoms in this category, although you only need two to fit the diagnosis

(a) **“exaggerated” startle response:** The word “exaggerated” in the diagnostic criteria shows that even professionals who care about people with PTSD can’t understand the reality of what it takes to stay alive in war. It is not “exaggerated.” It’s *effective* startle response! It’s survival.

What it did for you: An instant startle response is an appropriate response to being shot at. It keeps you alive. Adrenaline gets your body moving before the frontal lobes—where you think—can engage. Your heart rate shoots up. Time may slow or speed up. You may only have one sense operating (sound or sight or even smell). The big muscles of your body operate at their highest performance level. Every bit of this is designed to keep you alive, and if you are reading this, it worked, so it was effective. Repetition ingrains it.

What it does to you today: Hitting the ground at the sound of a backfire is embarrassing and may lead you to isolate and avoid people. Hitting your wife when she touches your back unexpectedly, or touches you while you’re sleeping, is deeply humiliating, shaming and frightening to both of you.

How your family member might feel: She takes it personally and feels unloved and attacked. You withdraw out of fear of doing it again. This makes your wife feel more unloved and unlovable—not only is he hitting me, he can’t stand to be near me. Isolation and misunderstanding both make it harder to heal.

Discuss your startle responses. If you figure out what is going on, some simple change may help. One WWII POW who had to defend himself against beatings at night found that simply changing the side of the bed his wife slept on (which had been the side the attacks came from) meant he no longer struck her in his sleep. She knew he wasn’t, but the rest of the family thought he was a batterer. (This type of reflexive striking out is not battering, although it may be misinterpreted as such. Battering is used to control others and is learned in childhood. It can be unlearned.)

(b) **hypervigilance:** *What it does for you:* Hypervigilance is designed to keep you safe from further danger. Certain parts of the brain, which don’t speak English and can’t tell time, scan for danger and they don’t stop because the threat seems to be over. Scanning the area and the people around you for safety-related information becomes automatic. Old hands see or smell the danger that is invisible to a new guy. Vets can tell incoming from outgoing fire, they can read people and situations, and they know when something is wrong. The ability to read situations becomes automatic and you do it without knowing it. You also begin to expect that everything is dangerous. Adrenaline increases the ability to focus on danger. Afterwards the normal body usually secretes cortisol which calms you down, but constant danger keeps the adrenaline flowing in the war zone.

What it does to you: Hypervigilance comes at a price. For most veterans in combat the adrenaline rushes came so often that the body couldn’t make enough cortisol. For the rest of his life, a veteran’s adrenaline rush and reactions will always be quicker and more intense than a person who has never been traumatized. The amount of cortisol available to calm him down may become depleted, one of the signs of chronic PTSD, and he really can’t calm down. For him *the war is not over*. Fortunately, therapy supplies veterans with some of the calming methods that work with our brains: the sound of a concerned human voice, empathic responses, attention and compassion.

While hypervigilance keeps you alive, it can also skew your view of the world and make you see danger where there is none. Is your wife disagreeing with you dangerous? Probably not, but if you saw people die because of disagreement or ignorance, it may seem dangerous. Is a playground dangerous? The tree line or the crowd of kids may seem so to a vet. A car parked by the side of the road? Is it an IED? Is a cookout dangerous? Only if it reminds you of the smell of burning people.

How your family member might feel: Hypervigilance leads to what seem like pretty wacky reactions to your nearest and dearest, causing isolation and shame in the vet, and feelings of abandonment or being over-controlled in the family. The vet may avoid everyday situations which seem to have nothing to do with war, but may be triggers. The spouse may feel devalued and unloved by this. We can't even have a cookout!

You can work with this by talking about it. It helps to see that the vet's fears are based in past *reality*, but it *is* the past. It helps the spouse to have awareness of that reality and to respect it while trying to live in the present.

(c) inability to fall or stay asleep: *What it did for you:* It keeps you alive. Dying in your sleep, not able to defend yourself, is every soldier's nightmare. So they don't sleep deeply. If they were attacked while asleep, they may never enter deep restorative sleep. Nightmares, one of the re-experiencing symptoms which I will talk about later, also destroy the ability and desire to sleep. Often they are terrible dreams of actual events.

What it does to you and how your family member might feel: Makes you isolate to get to sleep, sometimes sleeping in the daytime. Spouses resent this and think you are lazy, especially if they think you *ought* to be able to sleep and don't know you literally can't. Sleep deprivation is also a well known form of torture and sleep deprived people become grumpy, making their wives and families feel unloved. A wife who can't touch her vet in his sleep, or can't cuddle before sleep may also feel unloved. Nightmares and thrashing are frightening, and if the vet won't talk about it, the wife may feel unloved or unimportant to him. It is very hard to awake in a good mood after seeing your friends die night after night, but if your spouse doesn't know this, she's going to take your bad moods personally.

(d) irritability and outbursts of anger: People who can't sleep are also irritable. Irritability is a very human result of exhaustion induced by survival skills that won't shut off. Outbursts of anger are normal when people try to kill you, when you are threatened, when you are subject to prolonged danger, and when friends are killed especially if it is due to military mistakes. Grief for friends is buried in anger and killing rages. Then you're supposed to come home and forget all about it. Eventually everything may become a threat: disagreements, normal emotions and normal needs.

Outbursts of anger are usually seen as the result of thinking angry thoughts, which can be true (Why can't she ever leave me alone?), but in people with PTSD they are often the result of reacting to danger with a rush of chemicals that have you moving before you think. This is another of the paths in the brain which don't seem to go away, the one that gets you swinging before you have a chance to think, responding to threat in nanoseconds, way before the forebrain starts evaluating it. If rage erupts without warning, it is probably the chemical rush. If it builds over time because people aren't acting right, it is the result of your thinking and can be dealt with most effectively by learning Steven Stosny's self-compassion techniques (www.compassionPOWER.com).

What it did for you: Kept you alive. When people have tried to kill you, the normal

reaction is anger. Anger fuels the killing rages that get you through no-win situations alive. Anger helps you survive the incredible privations soldiers experience in war, the fear of dying, snafu's, rear echelon stupidity, the loss of friends, and the job of killing. Anger is experienced as power, so it is an antidote to the reality that you can't stop bullets.

What it does to you and how your family member might feel: This kind of rage is a dangerous liability in every day life. It makes people fear you and it endangers them. It terrifies veterans who fear hurting someone they love and makes them isolate. It can cause abandonment for the vet. Family members may feel unloved, abused, angry and afraid. It is one of the reasons help is so important for combat vets. Awareness of triggers and avoiding triggers, two skills you can learn in therapy, are important for avoiding the nano-second rage rush. Changing your thinking helps with generalized anger that grows till it explodes. Mindfulness meditation helps with this, as do other techniques which help you see that thoughts and feelings are simply thoughts and feelings and not necessarily reality. Veterans can change what triggers them by insight and effort.

If you argue, shame and blame each other, you need to find different ways of relating. *Both* of you must agree to disagree and let go. Do you have to be right? How important is it? Realizing that you are arguing with someone who isn't there when his or her frontal lobes have been hijacked by midbrain trauma reactions, may help you learn to let go. Try to walk away from arguments before they get heated, whether you're the one with PTSD or not. (If you both have it, it is even more important for you both to walk away). Don't argue with a person who has rage reactions. You wouldn't offer cigarettes and a light to a lung cancer patient on oxygen or expect them to breathe normally or "get over it" if they just tried hard enough. Al-anon was helpful in changing my thinking which was full of shoulds for Bob.

(e) inability to concentrate: *What it did for you:* Focused you on survival information: who's near me? how are they feeling or acting? where are the exits and the cover? This is another life saving ability in war. Appropriate. Protective. Effective.

What it does to you and how your family member might feel: A brain focused on survival is not going to be able to take in mundane everyday stuff. People with PTSD often feel they are dumb because they can't remember things, even things they just read. At home it causes a lot of trouble. Going to the store for cigarettes and beer (lifesaving medication to the person struggling with PTSD who has no other help), the wife asks the vet to get diapers and milk. He comes back with his survival stuff and not hers. He may have forgotten or he may not have heard the request. (One of the funny sides of any marriage: the ability to go deaf when your spouse talks. This is worse when they have this symptom. By the way I now look at this as evidence that my voice is a safe sound. I used to be insulted because he wasn't paying attention.) The vet feels like an idiot, but may get defensive and angry, or even believe his wife is lying or trying to make him think he is crazy. The wife is insulted, angry and feels unloved and without a friend in her husband. He tells her it is her fault. She calls him selfish. Pain all around. I give my husband written lists and I have changed my expectations. When you realize that what is important to you may not be to him, because he is focused on survival, it is easier to be compassionate. Expect him to forget if he is stressed and don't take it personally.

2. Numbing and avoidance. Numbing develops at the same time as the arousal symptoms, because your brain is designed to rapidly adapt to whatever is going on, especially if it is dangerous. It enables you to keep fighting (or doing your job so you can

support the fighting men). Avoidance grows out of numbing, because numbed feelings tend to come out in big inappropriate agonizing bursts and people want to avoid the pain. Avoidance also protects you from re-triggering yourself into reactions that mess up your life and relationships, like outbursts of anger or startle reactions, nightmares and flashbacks. There are seven symptoms in this set. Having three meets the diagnosis.

(a) lack of emotion: *What it did for you:* As bullets explode around you, your brain shifts into information processing about the threat and how to survive. Feelings are a distraction. Inappropriate. You are too busy surviving to feel. Medics, nurses and doctors are encouraged to do this. It is considered “professional.” Once the immediate crisis is over, there is no time for feelings. To be effective, you have to prepare for the next time. Focus. The feelings are so overwhelming that facing them is too much. Numbness is better. Numbness helps you do your job and keep doing it. It also protects you from a depth of pain that most people can’t imagine, so it is *protective*. It is hard to be in pain in this society, practically un-American. Even today it is hard to find help and support when dealing with the overwhelming losses of war. Unfortunately, emotions like love, hope and peace get numbed along with grief, rage and terror. They all go in together.

What it does to you and how your family member might feel: When a veteran is feeling nothing, he may feel like he is a monster because he can’t cry at his mother’s funeral or help when his child gets sick. He is most likely to go numb when another trauma strikes or when there is a high level of stress. That is a protective reaction. He also can’t experience happier emotions. Lack of emotion may cause him to think he doesn’t love his wife anymore and start looking for someone else. This can become a repeating pattern, especially if normal relationship difficulties trigger PTSD symptoms.

What emotional numbing does *to* veterans is cause isolation and lack of support. They may feel shame, too, if they think they should feel something they don’t. People can tell that you are not feeling, too. Wives feel unloved which can make them angry and blaming, like I was. Episodes of numbing, avoidance, and hypervigilance can be tied in with anniversary reactions. If you think your spouse doesn’t love you at the same times of the year every year, it’s probably an anniversary of bad times. The veteran may not remember what happened, either, which makes him or her unaware of why he or she is suddenly numb, angry, having nightmares, etc.

For some women, however, who were attracted by this lack of emotion (“He’s in control of his emotions, a real man like John Wayne.”), the rushes of raw emotion that come with acute PTSD can be very upsetting. They are normal, however, just as numbing is normal. John Wayne may have controlled his emotions, but John Wayne was a draft-avoiding actor who kept saying he was going to enlist in WWII but never did. He never lost a friend in combat or faced a real bullet.

(b) forgetting all or part of the experience: When experiences are too overwhelming, the brain doesn’t store them as regular narrative memories, but as bursts of raw fear, bodily sensations, etc. People who don’t remember parts of their tours are being protected by this ability. *What it does to you:* It does make them feel nuts, however. Spouses often think they are lying or evading, and feel distrusted and unloved.

(c) feeling detached and estranged from others: *What it did for you:* Veterans feel detached and estranged from other people because they *are*. *It’s appropriate*. It is *reality*. Veterans are changed by the experience of war. Vets used to say this and get psychiatric

disbelief, but now studies of brain chemistry show that they are changed by war. Veterans have repressed feelings to stay alive and opened up chemical arousal paths in the brain that do not re-close. They are really different. What is more, they have faced a reality most of us never have to face. No one who has not experienced war can really understand what they have been through. We can read about it, see it on the screen, hear about it, but anyone who is honest knows there is a huge gap between those and the reality of war. This gap is clearly seen in the awful things people say to veterans, which cause them to feel more estranged and to realize that others really can not understand. (“Don’t you have any manners?” to someone fresh out of combat. “How many people did you kill?” “But that was thirty years ago. Why let it bother you now?” or “Why do you act like that?”) Again this detachment is effective, protecting them from the pain of being misunderstood.

What it does to you and how your family member might feel: Detachment also can manifest as a mild form of dissociation which used to happen in combat and now does when a wife is upset. It protects you by making you feel this isn’t really happening. What’s the uproar? *This* is important? When this happens vets can find themselves in the doghouse. He doesn’t care that the cleaner ripped the buttons off my blouse! Therefore, he doesn’t care about me. We can stop expecting our vets to see these things the way we do. They’ve seen too many bullets and dead boys.

During family crises, a sort of numbing-detachment combo can also rear it’s ugly head. It protects you from unbearable pain while really pissing off your family.

Detachment and estrangement isolate the vet and deprive him of the support he needs to recover. The spouse often feels unloved, abandoned, deserted in moments of crisis, and probably insulted. Spouses are *supposed to be understanding*. It’s one of our roles. “What do you mean, I couldn’t understand?” is a common angry reaction. “Get over it,” may follow, proving that you don’t understand. Most of us, however, love our vet and would like to understand. Talking can help.

(d) living as if there were no future: *What it did for you:* Veterans may also feel like they are not going to have a long life, another realistic, appropriate assessment when you have been under fire and seen many other people die young. It is also self-protective not to get your hopes up by making plans. *What it does to you:* Vets may act irresponsibly, drinking away the rent money, riding motorcycles, getting into bar fights, sky-diving, jumping from job to job. Maybe the adrenaline rush even helps them feel immortal. Creating chaos definitely helps them feel alive. It can be the only time they feel anything. *How your family member might feel:* Wives feel abandoned by this behavior. They feel unloved and insulted (he doesn’t care enough to...), and overwhelmed by responsibilities. They may become overly responsible or completely irresponsible, or both like I did. He feels isolated and nuts. She feels abandoned and insulted. Parents get really irritated too.

(e) avoiding thoughts and feelings that remind them of the war: Veterans begin to avoid anything that reminds them of an incident or the whole war. I think this is how Vietnam happened. WWII vets, avoiding thinking about war, sent their sons off to die in a war we couldn’t win. The fact that many WWII vets never talked about the war is proof that it *did* affect them.

What it did for you: Avoiding thoughts and feelings is protective and realistic, protecting the vet from unbearable pain and from triggering other symptoms like nightmares and rage attacks. Suppose you were happy just before an ambush. You may avoid happiness forever

because it triggers unbearable pain. If you feel guilty, you may spend the rest of your life trying to be perfect so you never have to feel guilty again. If you feel you let someone down, you may try never to let down another vet, and trust other vets without checking them out (which is gullibility not trust: trust is earned over time). If some lifer got people killed, you may not be able to face the “lifers” at the Post Office or the school, or work for anyone. People who participated in hand to hand combat may find themselves avoiding sex because they are afraid to let go of control because they might hurt someone. If they are not aware of this, and numbing all feelings, they may decide their wife doesn’t turn them on anymore and look elsewhere. Sometimes avoidance shows up as denial (didn’t affect me or even didn’t happen), but never talking about it is a sure sign that it did affect you.

The commonest forms of avoidance are compulsive behaviors starting with workaholism. You focus on work to survive, so no one notices your PTSD. You may even be held up as resilient while dying inside. A close second is alcoholism, followed by drugs, food, sex, spending, gambling, TV, the internet, reading, or whatever it takes. Rotating addictions helps vets deny their effects. Blaming addictions on the wife is standard practice, but it isn’t true. Having a perfect wife will never cure PTSD or any addiction you may have developed to self-medicate.

For much of history there was no such diagnosis as PTSD, so self-medication was often the only help a vet could find. If they went for help when PTSD was not recognized, they probably will have trouble trusting that there is good help today. Veterans may also practice denial (which is a survival skill when there is no help) saying, “I’m fine and you’re screwed up. The war didn’t affect me.” They may honestly believe it. The overwhelming nature of the feelings they put away to survive makes them unbelievably hard to face. Avoidance protects them.

What it does to you and how your family member might feel: Avoidance causes isolation and lack of support, and makes it harder to heal. Although the vet’s isolation may also be intended to protect the family, they usually feel unloved and shut out.

(f) avoiding activities and situations that remind them of the war: These range from crowds and parties to tree lines, driving, or even dealing with people in authority. *What it did for you:* This is also protective because the vet does not want to be re-triggered. (When a person is triggered by something, other associated things which were not present in the original trauma can also become triggers. Have a flashback while chewing gum and chewing gum may trigger flashbacks.) *What it does to you:* Isolation results and the spouse struggles not to get isolated and feels abandoned. Abandoned spouses may be angry and become even less supportive of the veteran.

(g) loss of interest in things they once did: *What it did for you:* Vets are interested in survival and avoiding triggers at all costs. They want to protect themselves. *What it does to you:* Isolation results again. If the couple or family did the things together, the family members now feel left out, unloved and abandoned. If a vet did his/her own things and now stays home all the time, the spouse may feel invaded, cornered and over-controlled. If the vet is focused on protecting his family, he may be controlling or even abusive if he is trying to toughen them up. This triggers very natural anger. No one likes to be controlled or abused.

3. Re-experiencing symptoms are part of the brain’s better-safe-than-sorry system. Your brain keeps warning you of danger, over and over. It never gets tired. This exhausts the veteran and it sends more people for help than almost any other symptom. In one sense, it is

an appropriate and effective intervention from the vet's inner self saying "I need help!" One of the following symptoms is necessary for diagnosis.

(a) physiological reaction to something that reminds you of the trauma: Most vets react to reminders of their war (the sound of a Huey or B-24, or the crack of a rifle, or a package by the side of the road) with a rush of adrenaline. A rush of adrenaline when confronted by a rude clerk at the VA who seems like the rear echelon types in war is also this symptom. Other physiological reactions can be shaking, sweating, having to move, shit, piss, throw up, chest pains (once called Soldier's Heart), shortness of breath, and even de-realization or depersonalization (feeling like the situation isn't real or you aren't real). *What it did for you:* This physiological reaction is intended to warn you of danger, but what it does to you is prepare you for dangers that often aren't there, sending you into a state that can be really upsetting, embarrassing, and even dangerous. The vet isolates. The family may feel baffled, angry, excluded, unimportant and unloved.

(b) intense psychological distress when exposed to external or internal cues that symbolize or resemble an aspect of the trauma. *What it did for you:* Helps avoid triggers and warn you of possible danger.

What it does to you today: "Why can't you be normal for one day?" "Calm down!" "Why can't we have a cookout?" These questions are painful for vets particularly if they do not know about or understand this symptom. If you become intensely distressed every Christmas, perhaps it is the anniversary of some loss, of buddies, or of innocence and faith. If every year at the end of January you go nuts, it is the anniversary of Tet. Early June can be hellish for WWII vets of Normandy. The new veterans have their traumatic dates too. Every combat vet has dates that are personal to him during which he needs to honor those he lost, but he may not know why he is so upset, especially if he can't remember parts of his tour. Heat can bother Iraq, Vietnam and South Pacific WWII vets. Add humidity for WWII and Vietnam. Cold affects WWII European theater vets and Korean War vets. The sound of babies crying is torture to some vets. Small children can cause reactions veterans don't understand and are ashamed of.

This symptom can make vets feel nuts, feel like monsters, feel like Scrooge, feel like hell, feel worthless. "What kind of guy hates Christmas?" Feeling bad and defective leads to isolation so no one will know how nuts you are. Self-anger can turn outward towards those you love because they don't understand. It can also make your nearest and dearest feel rejected, worthless, unappreciated, and unloved.

Doing detective work together can identify what is causing the psychological distress.

(c) not able to stop thinking about it: Another effort by the brain to keep you safe. Intrusive distressing memories of combat are one of the hardest symptoms for veterans to deal with. It is not like they want to remember every day of their life how Tex's guts were hanging out when he was hit, but they do. Or maybe it is only on weekends, or a certain time of year, or whatever. It is a very disturbing symptom. One they would give anything not to have. If they talk about it all the time, too, it can become just noise to the family which has heard it all before. The repetition may be because everyone is not really listening, but just uh-huh-ing. Being listened to with attention and respect by a therapist would probably be more healing. Your family is not required to do therapy with you. It is bad for them. This symptom is intended to keep you safe, part of your brain's better-safe-than-sorry system, trying to keep it from happening again, but it is exhausting and depressing. Either way,

talking all the time or thinking all the time but not talking, leads to isolation, either because people avoid you or you avoid talking. Your spouse feels abandoned for the past, unimportant compared to the past, resentful, and desperate.

(d) nightmares: I suspect these are part of the brain's better-safe-than-sorry system, too. Most veterans would just as soon pass on this one. Another possibility is that nightmares let you know that something is bothering you, especially if you're going around thinking "It shouldn't bother me. Other people had it worse." The message from your inner self is *get help*, because it did bother you.

What it does to you today: It is exceedingly painful and terrifying to find yourself back in a firefight, being shelled, or in a big push in the ER without enough supplies. Many nightmares are reenactments of traumatic events with sight, sound, smell, and living color. They are exhausting and emotionally devastating. Then you're supposed to wake up and be rested and happy, instead of shaking and crying and sweating. Nightmares increase isolation: who wants to wake up the family with screaming nightmares, attack the person in bed with you thinking they are the enemy, cry, sweat, shake in front of the person you are supposed to protect? Audie Murphy made himself a bedroom in his garage where he could sleep with the lights on and a gun under his pillow. His recurring nightmare was of hundreds of attacking Germans. Each time he shot a piece of his rifle fell off till he was holding just a trigger guard. Nightmares also make you feel crazy and ashamed. Your spouse is likely to feel shut out by this. You can't find help and support if you can't express what is going on. Spouses feel abandoned by people who sleep elsewhere, even if they know it is best for everyone.

(e) acting or feeling as if it were happening again: Flashbacks can be scary or just make you mad because someone can evoke that response in you. Re-enactment is mentioned in relation to children, but it seems to happen to vets, too, doing things they don't understand on days that turn out to be anniversaries of something similar in the war, like almost killing themselves on days they were almost killed—or wish they had been.

Although this was the symptom that got PTSD noticed, and it certainly leads to the diagnosis of PTSD when someone has a full blown flashback, most flashbacks are not visible. They are emotionally exhausting and stressful. If they happen often enough, it is hard to hide them. They cause isolation, fear, shame, anger and despair in the vet. Flashbacks are terrifying to your family who will be walking on eggshells to keep from causing one. They may feel guilty because they think it was their fault.

Family aspects: Wives and other family members often believe that they have caused a PTSD symptom, that if they try hard enough they can control PTSD symptoms, and that they can cure PTSD.

We are taught from childhood that we are responsible for the happiness of others, and if we try hard enough, they will be happy. When they are not happy, especially if we have been trying hard and not succeeding, we often become annoyed and even angry. We go from rescuer to prosecutor. Victim is the next step (Let me tell you what he did to me!) Cycling through these roles is common. It is also ineffective.

My own experience has been that I could not break out of this pattern without help. My book, *Recovering from the War*, describes some of my process of recovery including my reliance on a Twelve-Step program which teaches detachment with love and working on myself. I am a work in progress, growing and changing. My relationship with my veteran continues to improve as I work on myself and let him find the help he needs when he feels

he needs it.

I suggest to any family member who's vet is not interested in getting help that he or she go to Al-anon for at least a year and work all the steps with a sponsor. This will help you see how hard it is to ask for help, how hard it is to accept help, and how hard it is to change, yet that is what we are asking the veteran to do.

These ideas about the symptoms of PTSD are derived from my own experience and understanding of PTSD. They are not scientific, but personal. I hope you find them helpful.