# The Unseen Wounds of War Understanding PTSD

### Marybeth O'Sullivan

Soldier's heart, nostalgia, post-Vietnam syndrome, shell shock, paranoid schizophrenia, depression, combat fatigue, and combat melancholy: these are the names, diagnoses, and catch phrases that have been used over the past 100 years to describe the "hidden wounds of war" that our brave American warriors have brought with them from the battlefield to the private sector. Currently, the term used to describe these wounds is Post Traumatic Stress Disorder (PTSD). It has affected the lives of soldiers, sailors, Marines, airmen, and members of the Coast Guard. It is not new. The epic poem "The Iliad," written by Homer more than 2500 years ago, includes perhaps the first documented case of PTSD when Achilles has his emotional meltdown following the death of his cousin, Patroclus.

PTSD shows no preference for gender, race, age, or religious affiliation. For some, it is less serious, and the symptoms slowly diminish over time. For others, the after-effects of war leave their unseen scars for a lifetime.

As our troops return from Iraq and Afghanistan, they carry with them the memories and stresses of what they have done, witnessed, and

### PTSD is a debilitating condition that can occur after a person is exposed to a terrifying event or ordeal.

lived through. They have spent endless months in life-threatening situations, austere living conditions, and vague rules of engagement — all of which have taken their toll on the

soldier, psychologically, emotionally, and spiritually. Soldiers must endure daily firefights and the possibility of explosives left on roadsides and strapped to human beings. They might kill enemy insurgents or possibly innocent bystanders. They might be ordered to protect another combat troop or unit, or to collect body parts or remains of fellow combat buddies.

# Common Reactions to Trauma

#### **Physical Reactions:**

- Trouble sleeping, upset stomach
- · Headaches and sweating
- · Rapid heartbeat or breathing

#### **Mental and Emotional Reactions:**

- Bad dreams, nightmares, flashbacksAnger
- Feeling nervous, helpless, or fearful
- Feeling guilty, shame
- · Feeling sad, rejected, or abandoned
- · Agitated, upset, irritated, or annoyed
- · Feeling hopeless about the future
- · Experiencing shock, being numb

#### **Behavioral Reactions:**

- Trouble concentrating, being jumpy
- · Being on guard, always alert
- · Avoiding anything related to the trauma
- Too much drinking, smoking, or drug use
- · Lack of exercise, poor diet
- Problems doing tasks at work or school
- · Aggressive driving habits

If veterans have these reactions, they might have PTSD. They should seek support and treatment. See next page.

Source: <www.ptsd.va.gov>

### **PTSD and the Current Wars**

Between 2002-2008, the Veterans' Administration (VA) reported that 400,304 Iraq and Afghanistan veterans—or 24% of the total troops who had served in the two conflicts had gone to the VA for treatment. Of those who got treatment, 92,998 veterans were diagnosed with possible PTSD. *Note:* this figure does not count veterans who have PTSD but are not seeking help from the VA.

Source: <www.military.com/news/article/ptsd-rates-rising.html>

In normal daily life, a burst of adrenalin acts to keep us safe by helping us move quickly out of the way of danger. But in times of war, soldiers experience near constant bursts of adrenalin. A soldier's body releases increased stress hormones, which can have long-term effects on the brain. The part of the brain called the hippocampus, for example, which is important for focus, concentration and memory, appears to reduce slightly in size from the activation of stress hormones. The amygdala, a small structure in the brain that controls human emotions like panic, fear, anger, and joy, is less functional when it has been flooded with stress hormones. In addition, the body's nervous system, which controls blood pressure and pulse, is negatively affected by stress.

The sustained stress endured by combat troops leaves lasting hidden scars. Our men and women may exhibit outward signs that formerly were thought to be psychotic behavior, such as recurring nightmares and flashbacks, avoidance of certain places, conversations, and situations that trigger a memory, and hyper-vigilance.

Despite varying political views of war, most civilians have learned to separate the warrior from the war. This is important because we need to begin a new age of *community* support for those returning from war. The veteran may be a son, a sister, the kid next door, a classmate, a co-worker, a student, or a friend, but they all need their whole community's help to speed their healing.

# **Get Help for PTSD**

Here is a partial list of places you can go for help if you or a family member has PTSD.

**Department of Veterans' Affairs:** <www. va.gov> or 877-222-VETS; see <www. va.gov/directory> to find a local VA clinic.

**Vet Centers** Readjustment Counseling Service: <www.va.gov/rcs> or 800-905-4675

**Find information and support** via independent veterans' groups, such as Vets 4 Vets <www.vets4vets.us>, Iraq/Afghanistan Veterans of America <iava.org>, and Iraq Veterans Against the War <ivaw.org>.

Today, a kinder, gentler, and better informed public, armed with the knowledge of simple anatomy and physiology of PTSD, can be empowered to be the change agent or healing agent for our returning combat veterans and their families. Community service organizations, particularly the military and veteran groups such as the Lion's Club, Rotary Club, Veterans of Foreign Wars posts, college campuses, school Parent-Teacher Associations, churches, synagogues, or any public forum provides a platform for educating and therefore empowering the community to truly welcome home our troops.

Much healing begins in the field, at Walter Read, Bethesda Naval Hospital, the Regional Trauma Centers, and VA Hospitals throughout the country. However the *real* healing begins in the hometowns and communities where the soldier, sailor, Marine, and airman sleep. Let us go forward to fight the good fight on the home front; the fight of mending those unseen wounds and help them "flip the switch" and return from combat soldier to every day citizen.

Marybeth O'Sullivan is an RN by education, a Navy Nurse Corps Commander by commission, and the Outreach Advisor for Veterans Upward Bound at UMass Boston. She assists with the transition of combat veterans to the classroom. See a photo of her with her graduating class on p. 45.