

## Common Questions and Concerns

**Q:** *How do you decide whether or not to ask a veteran about combat experiences?*

**A:** This depends on your relationship with the veteran, signals the veteran gives about wanting to talk, and the ability to tolerate the horrible things about war which might be told.

**Q:** *How does a veteran decide to talk about combat experiences?*

**A:** The first decision is whether or not to share. It is not required. Naming the emotions you feel, or felt, and telling limited details is one option. If you are still judging yourself in destructive ways, even supportive responses may be difficult to hear.

**Q:** *How do veterans and/or family members tell each other they need help?*

**A:** One general principle is to share your fears, and concerns for yourself, the family, and the other person. It is important to fully consider the risks of both sharing and not sharing concerns.

**Q:** *What do you do when a veteran has a combat type response to a civilian situation?*

**A:** This is usually the result of some reminder (a sight, a sound or a situation) which triggers fear or anger. There can be an over-response to a situation or, rarely, a full reliving flashback. Sometimes it is best to back off. Sometimes it is helpful to gently try to bring the person back to the reality of the situation. Do not confront anger, or do anything that might increase danger. Touching might lead to an unpredictable response. Speak gently, call their name, and say other words to remind them of the immediate reality.

**Related to this is waking a veteran up. This can create a startle response, and the disorientation of going from sleep to waking makes it important to keep some distance. Veterans and family should discuss how to safely wake the veteran.**

**Q:** *What do you do when a veteran or a family member is destructively using alcohol, drugs, gambling, or other risky behavior?*

**A:** Call a VA Medical Center or VA Readjustment Counseling Center and explain the concern. Family members may also receive referrals to the VA if eligible, or community resources if not.

## WHAT NOT TO SAY...

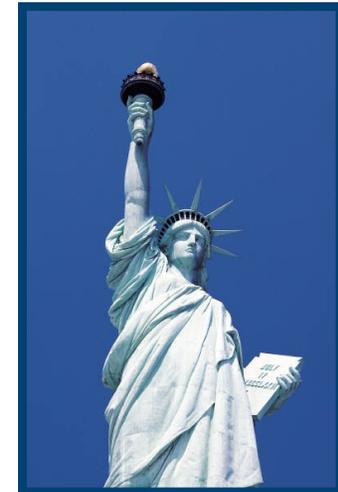
*Avoid the statement, "Why can't you just put this behind you?" Veterans probably don't know the answer to the question, and may be beating themselves up by calling themselves "crazy" or "weak" for not being able to leave the war in the past. They often have in mind the example of another veteran they perceive to be untroubled (who may or may not be), which makes things even worse. In fact, as discussed in other parts of this pamphlet, the "crazy" thoughts and behavior may be normal responses. Research shows the more you condemn yourself for having the post-trauma effects, such as nightmares and flashbacks, and fail to recognize they are normal, and responsive to time and counseling, the longer they stay around. The more you invest in name calling, the less mental energy you have to use toward accomplishing your goals.*

This brochure was written by Howard Lipke, PhD, with the assistance of Neysa Etienne, PsyD, and veterans and staff from the Captain James A. Lovell Federal Health Care Center

## For War Veterans & Family

2<sup>nd</sup> edition

## ON COMBAT EXPOSURE



**Captain James A. Lovell**  
Federal Health Care Center  
3001 Green Bay Road  
North Chicago, Illinois 60064

## COMBAT & PSYCHOLOGICAL CHANGES

This brochure is a brief statement on behalf of both the combat veteran and the family. When people go to war, the warrior and the family may experience fear, pride, hope, anger, love and sadness. They may also block out many thoughts and feelings. People show their emotions at different times, and in different ways. Everyone has emotions, even if they are hidden. It can be helpful to know that anger and numbing emotions are ways people protect the self from physical pain, painful memories, fear, sadness, and even the complications of love.

Counseling can benefit people as they work to mentally process the impact of war. In counseling, there is some talk and some listening. When it goes well the counselor learns about the life experiences of the client. The client learns things to help the aftermath of war be less destructive. There are exercises to help embrace the spiritual or philosophical knowledge of the client, and help create a level of peace with traumatic experiences.

There are a variety of different counseling methods which can be helpful. Ask a prospective counselor about his or her experience, and approaches to counseling. Discuss the options and decide what to do. The vast majority of veterans and family members are pleased they gave counseling a try.

### COMBAT HABITS

Training, preparing, and experiencing combat, powerfully changes a person. Changes that may improve survival odds in combat can be destructive in life outside of combat. One aspect of military training often results in people learning to block emotions such as sadness and fear with “numbness”, so they can stay alive, and help their

buddies survive. Sometimes anger or rage is used to block normal human reactions of fear/worry and sadness/grief. The life saving numbness and anger can become habits, and carry over to family, work and social life, sometimes without any awareness that the emotional blocking is occurring.

*Anger is the number one reason veterans come for help. It cannot be emphasized enough that destructive anger functions to block current and/or flashback fear and sadness. It often comes out before the veteran is aware that sadness or fear was there. If people permit themselves to tolerate fear and sadness, and use them as guides to understanding and protective action, the destructive anger is decreased. Sometimes people discover this on their own, but it is one area where counseling is strongly recommended.*

### COMBAT MEMORIES

These are not behaviors, like blowing up with anger, or shutting family and friends out, but rather things from the past that come to mind, in dreams or waking “flashbacks”. They are most often feelings or pictures, but can be words or even smells. These may or may not have combat behaviors attached to them. The best explanation for these reactions is that the memories of the events get stuck in a part of the mind/brain which they are supposed to pass through on the way to being stored as our history. So, when something reminds us of a traumatic event, it feels like it is currently happening, not like something from the past.

Sometimes these reactions start right away, and sometimes they are delayed months, or even years. When the reactions don't diminish on their own, some kinds of therapy can help so that when we do remember the events, they are remembered as an important part of our past, not like something happening right now. It is important to emphasize that what is described above are *normal reactions* people have from combat.

### THE OTHER SIDE OF COMBAT

Along with the pain, for many people combat situations create emotional bonds, excitement, and a sense of accomplishment that is difficult to find in civilian life. The reality of this emotional connection to the combat experience and fellow warriors must be acknowledged. Likewise, families also undergo significant changes during the time of separation from their veteran. They had to make new connections and learn new skills. They may have positive feelings for having succeeded. These feelings also must be acknowledged. When families unite around life experiences, both positive and painful, from the separation and the rejoining, there is a chance for more meaningful time together in this world.

It is true that the pre-combat family problems may not be evident on initial homecoming, and then become even worse after the initial burst of relief; but it is at least equally true that deeper understanding can develop, with time and work, to bring relationships to a new more positive level.

