Transitioning from a War Zone

The realities of a war zone require warriors to acquire particular reflexes and skills for survival. Those same skills require adjustments and ramping down for a healthy readjustment to life stateside for many.

Retired colonel and psychiatrist, Dr. Charles W. Hoge offers ideas for warriors transitioning back to civilian life in his new book Once a Warrior Always a Warrior.

In this book, Hoge quotes a Vietnam War veteran, First Sergeant Mike Schindler, who described losing several marriages and straining close relationships with his untreated rage. He explained how he worked to dial down the “frequency, intensity, and duration” of his difficult interactions with others in civilian life. “Hyperawareness, rage, hate, fear, and hiding your emotions are the combat skills we warriors need every second of every day to survive,” Schindler asserts.

Difficult Personal Relationships

Warriors who have served in war zones come back fundamentally changed from their experiences. They have a new maturity and have been aged by their experiences. This will often cause rifts between them and those who were close to them but who can’t directly relate to their experiences. Relationships may become strained because of these differences of understandings.

“How warriors and family members describe the transition experience often reflects a gap in perspectives. Married service members just home from a tour of duty in the sandbox or jungle can’t possibly understand what could be worse than being shot at every day or living constantly under that threat, while their spouse feels that it was they who had it worse—waiting, worrying, single-parenting, running the household alone, juggling life back here and so on. The two experiences seem incongruous, and the reality is that each person has matured individually during the deployment period and is not the same person he or she was when they parted. There is a similar split with friends and family,” Hoge observes.

Warriors who have taken on so many responsibilities in a war zone also tend to have developed a strong sense of independence, and this may express itself as a disrespect of authority to civilian supervisors stateside.

Combat Emotions

“Emotions are like water; they will always find a way to seep to the surface through any crack or imperfection in defenses. You can contain them for just as long, even years, but eventually they push themselves to the surface and force you to stare them...
In a war zone, warriors lock down their emotions during combat in order to fight well. They hone their own skills in order to work in a coordinated way for effective combat. This emotional control may come across as coldness to their families back home. Their focus on perfectionism and precision may come across as excessive control.

They focus their anger in order to fight well and tamp down other emotions. The hair-trigger anger (which draws from the brain’s “reptilian” and primitive limbic system) is to be expected, but allowing that anger to turn into rage is a risk for former combatants.

“When anger turns into blaming, hostility, rage, loathing, or passive-aggressive behavior, it becomes habitual, compulsive, and addictive. Anger, which is associated with an adrenaline high that is helpful to warriors in combat, may turn into a ‘craving’ after returning home, much like a craving for tobacco, alcohol, or drugs. But the adrenaline also increases heart rate, blood pressure, and anxiety; disturbs sleep; and causes various other physical changes in the nervous system and body. Anger isn’t something that you, a warrior, can afford to hang on to,” Hoge asserts.

He describes a range of emotions from combat—betrayal at the breakup of relationships, anger and impatience at dealing with the slower pace of civilian life and at bureaucracies, the terrible pain and grief from losses, survivor’s guilt and self-blame from combat situations, and other challenges. Emotions need to be expressed and dealt with, so they don’t fester and cause harm to the individual and to those around him or her.

**Masking Pain**

Because of the heightened and continuous stress and often multiple traumas experienced in war zones, many warriors bring back survival skills that their families, loved ones, and neighbors may not understand. Many may be hyper-alert and unable to sleep more than a few hours at a time because of the light sleeping schedules in combat zones. Sleep deprivation itself though mars judgment; it increases “levels of anger, impulsivity, and aggression” and “risk-taking, decreased empathy, and decreased consideration of the long-term consequences of actions.” Getting to a more regular sleep cycle through “sleep hygiene” will be an important part of the transition.

Many warriors will do threat assessments of their environments and find some situations wanting—with many avoiding crowds.

The exposure to high stress changes the physiology of the human body and may cause some over-reactions to stressors. Stressors may be unique based on the individual, but various examples include not being able to reach a loved one by telephone, having something misplaced or moved by a family member, hearing loud noises, or even seeing a person of a particular race or ethnicity who reminds the warrior of an enemy combatant.

Too often, returning warriors second-guess themselves by reliving a traumatic event and considering what they could have done differently. Hoge suggests that memory is
malleable and imperfect, and people also can only do the best they can do in a situation. He suggests that the self-blame is unhelpful.

To handle stress, this author suggests that warriors should talk with a trusted other. He offers meditation techniques. He offers ways to raise self-awareness and self-regulation in terms of handling various stresses from war zones. He describes ways for warriors to be aware of emotional triggers for a sense of threat—and describes ways to tamp down the physiological response and to develop deeper resilience to daily stressors.

He also suggests that people should exercise and eat healthily. He says that risky acting out, drinking alcohol excessively, taking drugs, promiscuity, and engaging in unhealthy behaviors are not positive coping mechanisms.

**Combat Stress**

This author differentiates between combat stress (which is often treated with rest) does not often turn into post-traumatic stress disorder (PTSD), and this stress is to be assumed with exposure to a combat environment.

“Reaching a ‘breaking point’ in combat does not mean that a warrior is broken. It just means that the warrior needs to regroup and recharge in order to be able to go back into the fight. Most warriors, even after going through extreme stress and trauma, do not develop PTSD. But they are also not the same person after deployment as they were before, and this is part of what it means to be a warrior,” Hoge observes.

**Post Traumatic Stress Disorder:** Defining PTSD is difficult. “To mental health professionals, it’s one of nearly 300 diagnoses detailed in the American Psychiatric Association’s *Diagnostic and Statistical Manual of Mental Disorders* (DSM). To others it’s a catchall phrase for the various ways that service members and veterans react to things after coming back from war, synonymous with terms from past wars, such as battle fatigue and shell shock. PTSD as a result of combat is almost always associated with various physical reactions, emotions, and perceptions that do not conform to a neat diagnosis.”

He finds PTSD symptoms close to those stemming from exposure to prolonged severe stress. “Under prolonged stress, the stress ‘thermostat’ is reset to a different level. Prolonged stress causes numerous changes in the nervous system and endocrine (hormone) system that affect the entire body. These can include increased heart rate and blood pressure, changes in hormone levels, elevation in adrenaline, changes in concentration and memory, and reduced immunity to fight infection. Studies suggest that cells in the body that are under prolonged stress may undergo accelerated aging, validating the perceptions of combat veterans that they have aged more rapidly than their peers back home”.

Combat zone experiences may result in numerous physiological impacts. “Service in a combat zone and PTSD are both strongly associated with physical health problems related to prolonged changes in stress hormone and adrenaline levels. These include high blood pressure, chronic headaches, concentration or memory difficulties, gastroesophageal reflux disease (GERD), cardiovascular disease, joint or back
pain, sexual problems (e.g., impotence, loss of interest), and other health problems. Warriors sometimes experience flashbacks involving wartime memories or aggressive images brought on by sexual arousal, a result of physiological changes resulting from wartime service.”

**Mild Traumatic Brain Injury (mTBI):** This author also touches on mild traumatic brain injury (mTBI) or concussions which may occur in war zones. On the mild side, these are concussions from which the human brain may self-heal. On the extreme end, TBI may involve chronic and lifelong functional challenges.

“Full recovery is expected even if you’ve had more than one concussion during deployment. The brain has a remarkable ability to health itself through growing new connections between nerves, a process called ‘plasticity’ that goes on continuously in the brain. Areas of the brain that are damaged can be replaced or reconnected through growth of other neurons. Things that helps with healing include good sleep and avoidance of alcohol or drugs...The brain is a living organ that can show remarkable healing capability even after very serious injuries, and certainly after concussions or mTBIs from any cause.”

**Military Sexual Trauma**

Given the huge gender imbalance in war zones, where the male to female ratio is 10:1, female warriors may find themselves in a male-oriented environment with “sexual banter, sexually explicit humor, or exposure to pornography, even though this is prohibited in the war zone.” They may experience “unwanted advances, touching, or rape,” with these types of traumas all the more debilitating because of the sense of violation and betrayal by a fellow warrior.

**No Fast “Resetting”**

Human beings need time to transition between different life circumstances. However, the back-to-back deployments and continuing wars in Afghanistan and Iraq mean that warriors and their families are stretched and stressed. They do not “reset” well between the different conditions without sufficient professional and personal support.

**References**


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