

# **The Impact of War on Soldiers and Military Families: A Necessity for Behavioral Health Treatment**

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“For almost the entire first decade of the 21st century, the United States of America has been at war as evidenced by the Wars in Afghanistan and Iraq. The United States and NATO coalition forces attacked Taliban and Al Qaeda forces. The War in Afghanistan began in 2001 after the September 11th attacks in the United States. As of 2014, United States personnel started withdrawing from the country, ending over a decade of fighting.” (Vermilya, Daniel, n.d.) “The Iraq War started in 2003 and ended in December 2011. According to the Department of Defense, 4,487 service members were killed in this war and more than 30,000 were wounded. In all 1.5 million Americans served their nation at war.” (CNN, 2011) .These wars have and continues to impact our military families and the United States of America citizens and government.

Our military families are directly impacted by emotional and economical turmoil as a result of these wars and oftentimes not knowing when their soldiers will have to get re-deployed. With the beginning and ending of the Iraq and Afghanistan Wars, our military force and families continue to experience the trauma and separation of family members during wartime. Many of our soldiers have done multiple tours in Iraq, Kuwait, Afghanistan, and other countries to name a few and each time our soldiers must leave their loved ones to do this honorable thing, to protect the freedom that we cherish as a country and to prevent all acts of terrorism in the United States.

This article will focus on the impact war as on soldiers, spouses, significant others, family members, and children from a psychological and familial perspective. Common symptoms of Post Traumatic Stress disorder (PTSD), mental health symptoms, and substance use and abuse impact on soldiers and family members will also be discussed. The soldier and family experience many changes prior to and during the deployment phase. A “New Normal” occurs because both the soldier and family members have experienced many changes as a result of war and therefore the family has to learn how to adjust to a new life after the war and make the necessary changes that is needed for the family to cope with these changes. The reader will have a better understanding of the “New Normal” and why it is necessary to help soldiers and family members learn how to adjust to changing events that impact their lives from all phases of deployment.

Military families must learn how to not only acknowledge problems, but they must learn how to work through problems as they develop their "New Normal." It is oftentimes necessary for military families to get professional treatment that includes counseling and coaching from mental health professionals to help them work through marital and family problems, and the trauma and sometimes guilt associated with war.

The United States of America citizens will always remember the 911 tragedy that changed all of our lives. "Following 9/11, the federal government moved quickly to develop a security framework to protect our country from large-scale attacks directed from abroad, while enhancing federal, state, and local capabilities to prepare for, respond to, and recover from threats and disasters at home. A key element of this framework included the creation of the Department of Homeland Security (DHS) in March, 2003, bringing together 22 separate agencies and offices into a single, Cabinet-level department." (Rouse, 2013) The implementation of Homeland Security continues to be a driving force in securing the safety and avoidance of terrorism in this country. We must also focus on how war and terrorism has and continue to impact the men and women who so bravely fight to protect this country and allow us the citizens of this country to have freedom.

It is necessary that we have a better understanding and knowledge of how war has impacted our military force, families, and communities from a psychological, familial, economical, and community perspective. I have spent several years of my career serving in the role as a Mental Health Consultant for the United States Navy Reserve to assist our men and women who have served and continue to protect our country during and after war with getting mental health and substance abuse counseling and coaching services, and assisting them in linking to resources in their communities. It is my hope and belief along with the great men and women both reserve and active duty commanders, clergymen, mental health licensed professionals, and administrative staff to help them cope with the tragedies they experience in war.

I have listen to many sad and amazing stories from our Warriors about their positive, negative, and frightening experiences during their deployments to various countries to include Iraq, Afghanistan, Fulesio, and other countries. They have taught me a great deal about honor, comrade, loyalty, love of family and country, and the "New Normal" that they must adapt to and learn upon their return home from war. The emerging of the "New Normal" occurs from the pre-deployment phase (Warrior anticipation of what will happen during war and actual deployment experiences.) and post-deployment phase (Events during the deployment impact on previous life experiences.). Family members also experience a new normal because their lives are also impacted during the pre- and post deployment phases. This new normal requires the warrior and family members to make changes in their life styles and behavior as a result of previous experiences during and after the war. Many of our soldiers want to go back to the war ground and finish their unfinished business once they return home to the United States. Is there

something wrong with this need to return in harms way to protect our country from War? I have learned to appreciate and understand why many of these brave men and women want to go to war and finish the “unfinished business.” Their loyalty and love for each other helps me understand why they are willing to risk so much to return back to the war ground to protect the United States of America and their loved ones.

The families of these Warriors are truly amazing people. The wives, husbands, significant others, and extended family members of these Warriors take on the responsibility of not only supporting their active duty soldiers, but they take on the entire responsibility of being the parent for the children, working outside the home, and running the household from day to day while their soldiers serve in the War. This is a tremendous task for family members who must “keep it together” while the warrior/soldier goes and serve his/her country. The children of these Warriors also experience behavioral problems, mental health, substance use, anger, and frustration with the family member who is serving in the War and frustration with the parent who is left behind to manage the family. Military families’ children struggle with the fear of death of the active duty Warrior during deployment. It is necessary to help children work through their anxiety and fears around war.

When I initially started my work as a consultant with the United States Navy Reserve Command ten years ago, I quickly learned a great deal about how the war impacted the warrior and family members as each of them told their stories from the time of hearing about their loved one deployment to the post deployment phases. The warriors oftentimes describe their feelings that were associated with receiving initial orders they received from their Commanders and the struggle with how to tell their loved ones that they were getting deployed. I have heard a range of feelings from excitement to fear and anxiety about what to expect when the Warrior arrive at his/her destinations. I have also heard the warrior talk about problems related to marital and relationship problems with spouses and significant others, conflict with raising children, unemployment, and financial problems prior to and after deployment. Many of the Warriors I have worked with have minimized the Post Traumatic Stress related to flashbacks from losing their comrades while fighting, to bombs blowing up in various places, and the many sleepless nights they experience as a result of their experiences. Their family members are oftentimes eager to tell those of us in the mental health field about their observations of the PTSD experiences they oftentimes witness once their warriors return home. Family members also struggle with wanting to know what happened to their Warriors while they were deployed. Many of our family members complain that they do not know how to help their warriors once they return home. Family members also struggle with the reintegration process and communication. While the family is attempting to readjust to changes, the warrior continues to have difficulty adjusting to leaving the war.

Many warriors identify feelings related to loneliness because they miss the comrade and brother and sister hood of their fellow warriors although, they are glad to be back home with their families. The male warriors at times appear to be more comfortable talking about their desires to return back to war to finish the business associated with war and most commonly they want to get rid of the guilt associated with leaving their buddies in the war zone. Female warriors appear to have some difficulty with acknowledging this desire to return back to war and it leaves them feeling some type of guilt associated with war. I recently talked with a female warrior, of whom I will not identify her name, and she stated that she wanted to go back and finish the business, but became tearful when she talked about some of the guilty feelings associated with this desire. Gender roles impact these female warriors' feelings about war and their desires to return back to the war ground. Female warriors also have different issues when they return home from war. They have difficulty re-adjusting to their roles as mothers and they have some difficulty measuring up to their views and society's views of females as warriors. In our society, men traditionally are the responsible persons to leave the family and go serve in war, not females. While our society has made good progress with women warriors serving in wars, there continues to be some degree of reservations about women serving in active duty combat war zones.

"The invisible injuries of service members resulting from our nation's war on terrorism pose complex challenges for military families, especially military children. With injuries such as post traumatic stress disorder (PTSD) and mild-traumatic brain injury (mTBI). There are often dramatic changes in personality and behavior without a change in one's appearance. This "injury duality" looking the same, but not acting the same are troubling for family members, friends, and co-workers, and can be particularly confusing for children who thrive on parental consistency, trust and safety."(brainline.org). Adults like children are oftentimes traumatized by events that happen to the warrior during deployment. Depression, anxiety, sleeping problems, poor eating habits, excessive worrying, hostility toward family members and others, abuse of alcohol and other drugs to include prescription drugs, and in severe cases suicidal thoughts become major problems for the warrior. Secondary trauma comes into play with family members and children. "Children and family members mirror the same or similar traumatic behaviors of the warrior." (brainline.org).

Children oftentimes experience behavioral and emotional problems when the warrior goes on multiple deployments. The cumulative impact of deployment on children and their parents is a particularly salient issue for a professional military at war for a long duration. "Developmental differences have also been reported. For example, infants and toddlers may be particularly sensitive to caregiver distress, and preschool aged children may exhibit behaviors they had previously outgrown." (Murray JS, 2002). "Preschool children with a deployed parent exhibit higher levels of both internalizing and

externalizing behaviors than those without a deployed parent.” (Chartrand MM, Frank DA, White LF, Shope TR, 2008) “A recent report indicated higher anxiety in adolescents of deployed parents, with risk increasing as duration of deployment increases.”(Chandra A, Lara-Cinisomo S, Jaycox LH, et al, 2010) Parents and children oftentimes feel out of sync with warrior, experience fear and emotions, anxiety, sadness, curiosity about what happened while the warrior served, and uncertainty about how to adjust to new and changed roles in the family. These military family members and friends oftentimes do not know when to help the warrior and where to get help.

“Common mental health problems warriors experience are; Attention Deficit Hyperactive Disorders (ADHD), Bi-polar Disorder (Manic –Depression), Major Depressive Disorder (MDD), Post -Traumatic Stress Disorder (PTSD), Sleep Disorders, and Substance Dependence. Many Veterans experience physical symptoms that may appear like psychological symptoms. The Warrior oftentimes has difficulty coping with life and will commonly use alcohol and prescription drugs to self-medicate or avoid dealing with the psychological and physical pains of War. “Soldiers are often not willing to admit that they are having trouble and will make efforts to ease their symptoms. Some veterans use alcohol to “relax” and any “upper” (caffeine, nicotine, amphetamines, etc.) to help them stay awake and/or alert. Excessive and prolonged use of depressants and stimulants begin to add to existing problems.” (Veterans’ Families United Foundation, 2007-2017)

It is imperative that mental health professionals have specialized training such as trauma training, skills in individual and family counseling, and know what resources are available for military families. Clinicians also need to understand the cultural and environment of military families and knowledge of the military command. “Counselors need to understand (1) the impact of the military culture on family dynamics and counseling, (2) the common sources of family conflict when service members return to the family structure, and (3) the specific counseling strategies and interventions that have demonstrated effectiveness in dealing with veterans and their families, and (4) available resources within the VA, such as the Strength at Home Programs (National Center for PTSD, 2010) for service members and their families struggling with anger, conflict and readjustment post deployment.” ( Warchal, J. R., West, P. L., Graham, L. B., Gerke, S. B., & Warchal, A. J., 2011. P-3).

War has a tremendous positive and negative impact on our military force and their family members from a psychological, emotional, and economical perspective. Those of us in the mental health field have a responsibility to assist our soldiers and their family members with getting the counseling, coaching, and resources they need to help them fully integrate into their “New Normal” lifestyle along with their family members. Our government and political leaders have a responsibility to assist our soldiers/warriors with providing the necessary resources to ensure that our military force is combat ready

for war. After all, without a combat ready military force, we are truly at a disadvantage in ensuring the safety of the United States and its citizens.

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