ECRONICON OPEN ACCESS

EC PSYCHOLOGY AND PSYCHIATRY
Perspective

Returning from Battle: Misgivings and Forgiveness

Barbara G Melamed*

Program on Negotiation participant at Harvard Law School, Behavior Medicine Associates LLC and University of Hawaii at Manoa Psychology, USA

***Corresponding Author:** Barbara G Melamed, Program on Negotiation participant at Harvard Law School, Behavior Medicine Associates LLC and University of Hawaii at Manoa Psychology, USA.

Received: May 26, 2022; **Published:** June 29, 2022

Soldiers returning from battle are fatigued, fortunate, and hopefully reclaimed by their loved ones…but sad. Sadness of a type that is hard to share. They have seen their buddies injured or killed. They have followed orders which resulted in killing of the enemy--- meaning other dads, moms, brothers of other children. Then they often realize the enemy is within themselves, their countrymen and the givers of orders, and underneath lies the forces of "evil" perhaps justified by need for defensiveness, but often yielding shame and guilt.

As found in a quotation by an Army Engineer, Colonel Charles Hoge in his book "Once a Warrior Always a Warrior": --"After we come back, many of us were only back in body. Our souls stayed over there" [1].

What do we know? In addition to physical wounds of war including amputations or brain injuries, there are more invisible wounds including: posttraumatic stress disorders (PTSD), anxiety, and depression. Many former military members do not seek help out of embarrassment or lack of resources. The Veterans Health Administration now has Care in the Community program which allows retired service men and women to access a provider outside of the VA. This program encourages practitioners not associated with the VA directly to reach out in the treatment of the men and women who do come forward for help from the surrounding community in which they live and work. Their families also need guidance as many do not want to burden them with what they did or saw during military service. But to provide the love and ability to repair and return these soldiers to their own useful lives, they need to understand how the triggers of PTSD and the anxiety and depression, which often come home with their veteran, make it difficult to pick up where life was left off. In a Special Issue of the *Journal of Clinical Psychology in Medical Settings* entitled: Strengthening Our Soldiers (SOS) and Their Families: Contemporary Psychological Advances Applied to Wartime Problems a varied group of professional civilians and military personnel address most of the issues faced by our returning veterans. It specifies which treatments are available to build resilience and decrease the ever-climbing rate of suicidal thoughts and actions which we have seen in the last three years. The screening devices and protocols which are available to detect mental problems and behaviors, such as access to guns, overuse of alcohol, pain medications, and separation from loved ones which heightens the risk. A Comprehensive Soldier Fitness program could be used prior to service to pinpoint areas of weakness and shore up problem-solving abilities prior to service [2]. Also, on the otherside of war, we need to evaluate what our soldiers have learned about resilience [3]. The Posttraumatic Growth Inventory which affirms human strength takes ones spirituality into account.

And, so I address this issue by asking my veteran patients the following questions:

Penname:_____ Age /Age you feel now? Sex MALE identity_____ State/City of residence_____

1) Why did you join up?

2) What did your loved ones say?

3) What were you fighting to win?

4) Did you lose any partners? And if so…Why not you? Did you feel guilt?

5) How can you justify hurting others? Do you feel shame?

6) Did you want to say something about the usefulness or uselessness of war?

7) What Is your current need for therapy? Marriage issues, sleep problems, anxiety, depression, use of alcohol or other drugs.

8) Any other thoughts, feelings or comments? Should you erase everything you regret having done when you return home?

McGeary., *et al*. [4] show the role of comprehensive treatment for military personnel with chronic pain and PTSD. The prevalence of this co-morbidity has been well established [5,6]. These are observed in military personnel returning from deployments in Iraq and Afghanistan. There has also been an association of depression, lower life satisfaction and poorer community functioning. Persistent pain serves as a constant reminder of traumatic events and triggers memories with arousal and avoidance. Often minimal Traumatic Brain Injury (mTBI) must be attended to. There is a need for developmental approaches to providing treatment which involves knowledge about the history of the "patient" how they cope and what forms of therapy they can accept whether it be religiosity, mindfulness, meditation, yoga or other forms of psychotherapy including systematic desensitization, flooding or implosive therapy. Today there are Virtual Reality approaches in which stored traumas can be released by putting the person back into the environment with headsets to revisit and overcome what has occurred with a better outcome [7,8].

Bibliography

1. Hoge C. "Once a Warrior Always a Warrior: Navigating the Transition from Combat to Home, Including Combat stress, PTSD and mTBI". Rowman and Littlefield (2010).

2. Peterson C., *et al*. "Assessment for the U.S. Army Comprehensive Soldier Fitness Program: The Global Assessment Tool". *American Psychologist* 66.1 (2011): 10-18.

3. Tedeschi R. "The Posttraumatic Growth Inventory: A Revision Integrating Existential and Spiritual Change". *Journal of Traumatic Stress* 30.1 (2017): 11-18.

4. McGeary D., *et al*. "The evaluation and treatment of comorbid pain and PTSD in a military setting: An overview". *Journal of Clinical Psychology in Medical Settings* 18.2 (2011): 155-163.

5. Otis JD., *et al*. "Complicating factors associated with mild traumatic brain injury: Impact on pain and posttraumatic stress disorder treatment". *Journal of Clinical Psychology in Medical Settings* 18.2 (2011): 145-154.

6. Pain Management Task force. Final report, providing a standardized DoD and VHA vision and approach to pain management to optimize care for warrior and their families. Washington D. C. Office of the Army Surgeon General (2010).

7. Melamed BG and Castro C. "Observations and Insights About Strengthening Our Soldiers". *Journal of Clinical Psychology in Medical Settings* 18.2 (2011): 210-223.

8. Melamed BG and Cubic B. "Strengthening Our Soldiers (SOS) and Their Families: Contemporary Psychological Advances Applied to / Wartime Problems. Why Now? Why Us? Why Next?" *Journal of Clinical Psychology in Medical Settings* 18.2 (2011): 109-115.

Volume 11 Issue 7 July 2022