

Service men and women returning home from war and acclimating into society essay ...

[Law](#), [Criminal Justice](#)



Description the Issue of Concern

Servicemen and women returning from war feel a wave of relief within themselves when they return home. They are not only flagged by thoughts of safe life ahead but also a chance to be with their families. They are always hopeful that the experience they had in the war will pave the way for a peaceful and fulfilling life (Leese, 1997). However, this is never the case for these veterans who have witnessed inhumane events during the war. The memories of these traumatizing events often linger in their minds causing stress. It affects them psychology to the extent that their hope of having a peaceful life after war is eroded.

Post-traumatic stress disorder (PTSD) is the main issue that affects soldiers who return from war. Its effects extend to both the soldiers and the civilians who are supposed to welcome them back home. PTSD is a medical and psychological disorder-affecting victim of violent crimes and service men and women. For instance, after the First World War, reports emerged that the troops became shell-shocked after the exposure they had to bombardments (Holden, 1998). As recent as the year 2006, U. S soldiers returning from Afghanistan and Iraq have exhibited PTSD symptoms while embarking to civilian life. PSTD is traumatizing in itself, and it worsens the situation of already affected servicemen and women returning from war and their families (Armstrong, Best, and Domenici, 2006).

Definition of the Population and Issue

This review will take into account posttraumatic disorder from soldiers returning from war as well as their families. Materials used would, therefore,

be relevant to the situation of soldiers and their families. PTSD is a contemporary issue affecting many people. Nonetheless, since the society is not only composed of soldiers and their families, the review may where necessary involve the people who are more likely to interact with returning soldiers especially therapists and neighbors.

How the Issue affects the Chosen Population and to what extent

Service men and women who participate in war often anticipate actual or threatened death or serious bodily harm. During their time at war, they may experience a large number of people dying in their hands. They may have lost friends, comrades or may have been party to these events committed against the civilian population (Allen, 1995). They are always affected socially and emotionally to the extent that they can hardly express emotions. They experience recurring dreams and nightmares about traumatic events they witnessed, depression, frequent and uncontrollable anger, dissociation from family members, as well as hyper-vigilance. To make it worse, these events although related to them take place in a foreign land far from their family members who would otherwise have helped them handle the situation.

Biological Considerations of the Population

Biological consideration of the population relates to physiological difference found in the PTSD victims as compared with non-victims. Victims have more autonomic nervous systems that are reactive. There is hormonal difference that includes abnormal levels of the stress hormone such as cortisol and

epinephrine (Elbert and Schauer, 2002). These abnormalities make them hyper-vigilant even when there is no actual danger. The neurobiological difference also accounts for excessive fear reactions from victims.

Developmental issues affecting the population

The population contains people who have in one way, or another experienced a traumatizing event in their lifetime. For those who have not yet undergone such an experience will be affected nonetheless by the return of the soldiers. Men are more likely to experience these effects, but women are not spared either. The women might be affected so much to the extent of developing PTSD even though they were not in the war fields. Matsakis (1996) estimates that men have an 8 per cent risk of developing PTSD after trauma while women have a 20 percent risk. The risk of this development is more likely to occur in urban population while the most affected people will be the servicemen and women returning from war.

Biological or Genetic Theories that Explain this Group's Functioning or Behavior in Relation to the Issue of Concern

Genetics plays a huge role in PTSD etiology. Brewin (2011) argues that these genes cause certain behavioral effects at low levels of traumatic events in which case some people become PTSD victims while others remain resilient. Victims of PTSD normally suffer from memory impairment where they struggle to recall specific time and space when they experienced the traumatic events. Although it seems that PTSD is caused by environmentally stress exposure, studies show that there is an epigenetic code, which is shaped by environmental experience critical in understanding of its bio-

molecular underpinnings.

There is also enough evidence to the fact that PTSD is hereditary. It is estimated that around 30 per cent of the PTSD variance is caused by genetics (Brenda, 2009). For instance, the twin pair with a monozygotic twin exposed to combat in Vietnam had a high risk of experiencing PTSD than co-twins with dizygotic. Studies also show that PTSD has in common many genetic influences with other psychiatric disorders. For instance, panic and anxiety disorders and PTSD share around 60 percent of the same genetic variance.

Biologically, there is sufficient evidence showing that there are brain differences in victims of PTSD. The differences include a smaller sized hippocampus which is the brain structure used in processing memories and learning (Diana and Pamela, 2009). The situation is caused by an over-reactive amygdala, which is involved in the body's fear reactions and a lowly reacting prefrontal cortex, which prevents amygdala activation. These differences at times make the victims feel as if the traumatic events are occurring at the time. It also makes the victims unnecessarily hyper-vigilant.

Research and Theories that Attempt to Explain or Predict the Psychological Functioning or Development of the population

There are various theories that explain or predict how people react to traumatic events. Research also exist which assert that at first, victims of PTSD such as those under consideration in this review experience acute stress reactions that impair their concentration. Research on PTSD have been conducted on various servicemen and women populations including

those returning from World War II, the Korea conflict and those from Afghanistan who participated in Operation Enduring Freedom (OEF). Others include Iraq for Operation Iraq Freedom (OIF), and Operation New Dawn (OND) as well as United Nations Peacekeeping forces sent to other zones worldwide. From the study one theory which attempt to define PTSD. This section will rely on Emotional Processing Theory.

Emotional Processing Theory (EPT)

The theory asserts that people with more rigid pre-trauma views are more vulnerable to PTSD. Leese (1997) posits that the views could either be positive about themselves as being competent and their immediate environment as a haven. Rigid negative views may be personal as being incompetent and the world as being extremely dangerous. The situation is cured by Prolonged Exposure Therapy, which is based on the theory as a method of understanding anxiety disorders and how the exposure reduces the anxiety symptoms.

EPT is based on the notion that fear is stored in memory as a program for avoiding danger. The program appears as a fear structure that contains diverse information such as the things the soldiers are afraid of, their response, and the meaning of stimuli. Beliefs that the soldiers had before, during and after the trauma combine to reinforce the effects of PTSD (Leese, 1997). A fear structure is rendered problematic when the information it contains in the structure misrepresent the world. Thus, fear responses are triggered even by harmless stimuli causing an overreaction from the victim. There are two conditions necessary for changing this unrealistic fear

structure in a way that reduces anxiety symptoms. The first condition involves activation of a victim's fear and anxiety while the second one is to talk about realistic information that will replace unrealistic information in the fear structure (Diana and Pamela, 2009). The realistic information may include talking about the traumatic event and that it did not breakdown or kill the victim. Exposure therapy is adequately in tandem with these conditions.

The theory advocates for victims to confront trauma memories. Through such confrontation, the victims learn that they can entertain these events without harming themselves. They also learn that the anxiety they experience will decrease even when they are thinking about the traumatizing events. Brewin (2011) argue that the method of handling PTSD that has a basis on EPT helps a victim to tell the difference between traumatic events and other similar but not traumatizing events. The difference helps in the victims' rehabilitation process as they will understand that the difference between the past and the present. They will understand that whereas trauma can be emotionally draining, it is not taking place in the present and therefore there is no harm in thinking over events causing it. These changes lower the level of PTSD in service men and women who just returned from war. It also helps them to interact socially with their families in order to relieve them of these bad memories to develop a sense of mastery and competence in ordinary social affairs.

Research and Theories that Attempt to Explain or Predict the Social Functioning or Development of the population

it is natural for the human being to seek for help from their closest relatives. In the same way, returning soldiers rely on social support to recover from a traumatic experience they had during the war. Failure to get necessary social support is one of the risk factors for PTSD. Various theories posit that proper and positive social support against the development of PTSD facilitates efficient recovery process. Studies such as social support in the face of adversity: the role of cognitive appraisal conducted by Brewin, McCarthy, and Band (1989) vindicated this view. Other studies by Cohen and Wills (1985) on stress, social support, and the buffering hypothesis agree with the Ehlers and Clark's cognitive model which this section is concerned about.

Ehlers and Clark's cognitive model

Ehlers and Clark's cognitive model is a theory on social function and PTSD. It presupposes that patients feel anxious about the future when the trauma lies in the past (Brenda, 2009). It proposes that the pathological response to trauma takes place when the victims process the information in such a manner that creates a sense of the current threat. The effect is caused by negative appraisal about the trauma as well as the nature of trauma memory itself as it relates to prior beliefs and experience.

Traumatic events affect people's beliefs and assumptions. It erodes the victims' in their caregivers as well as their self. The people around reinforces this believes when they fail to offer positive support to the victim. The victims start feeling let down by the very people who should take care of

them or their superior officers. These feelings results into social friction within the family that is supposed to be united to help the returning soldier adapt to normal life.

How each Perspective affects the understandings of and works on-behalf of the population

EPT, as well as Ehlers and Clark's cognitive model, affects the understanding of and work of the returning soldier and their families in various ways. EPT whose perspective is that fear is stored in memory as a program for avoiding danger help the soldier redefine their fear structure to handle both real and imagined dangers (Brenda, 2009). Their fear structure contains information about what they are afraid of as well as their response when these things are impending. Once their fear structure is reorganized and filled with positive information, the soldiers would be able to remember their previous work without regretting traumatizing acts they engaged in while in the course of duty. On the other hand, Ehlers and Clark's cognitive model encourages the soldiers to focus on the future events while being cognizant of their past. They should not develop responses to these traumas by viewing them as the current threat; instead, they must embrace them as past events with no probability of happening in the present now that they are back in the society.

Strengths and Limitations of each of these Perspectives

The perspective on PTSD as explained by both the EPT and Ehlers and Clark's cognitive model brings out the best way that a soldier can handle PTSD after returning from war. There is no doubt that these people are highly vulnerable to post-traumatic effects especially after experiencing

dilapidating effects of war. It would be remembered that soldiers coming from Afghanistan back in the year 2006 were reported to have completely failed to settle back in their families (Armstrong, Best, and Domenici, 2006). They would not even watch the news as anger and emotions almost took control of their lives. Such characters must, therefore, be put in a program that will enable them overcome these traumatic memories. EPT and Ehlers and Clark's cognitive model provides the basic guidelines on how to do this. However, the models also have their limitations as would be discussed below.

Strength

Emotional Processing Theory encourages victims to confront trauma memories. The decision to face these memories head on helps the victims to cope with their post-traumatic effects. The service men and women can talk about their past without fearing that the events may recur. Diana and Pamela (2009) argue that through sharing this information, they can get the necessary help from all relevant people. The victims would be able to settle first in the society. They also undergo rehabilitation that enables them to adopt ordinary and fulfilling life together with their families.

Ehlers and Clark's cognitive model is the most detailed account of how to handle PTSD. It expands on the victims' understanding of various negative appraisals. It has also identified cognitive factors that help them cope with the disorder. The model has also identified an aspect of peri-traumatic processing and mental defeat that is an essential risk factor for future disorders.

Limitation

Both perspectives do not provide a comprehensive method of avoiding PTSD; they simply outline the mechanism of handling its effect. The perspective would be effective if they were preventive rather than reactive in the manner they handle the disorder.

Conclusion

Post Traumatic Disorder is harmful to any society. It impairs not only individuals within a society, but also development that these individuals would have spurred in the society. Its traumatic nature can lead to suicide if it is not handled properly. It is, therefore, imperative that further literature review be conducted to ensure there exists the most effective method of avoiding it all together. Further research is also needed to identify the mechanisms that can be put in place to prevent the disorder in the society. Servicemen and women returning from war ask for nothing more than peace and support from their families. The two requests will not be guaranteed if they are left to suffer from PTSD.

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