Insights from Working with Combat Veterans

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It is a travesty that veterans have higher instances of unemployment, homelessness, and suicide than the civilian population. These are the men and women who willingly volunteered to put their lives in harms way so that we can live free and safe. It is unsettling to learn that nearly 40% of returning U.S. combat soldiers will suffer from psychological related illness such as depression, anxiety, and posttraumatic stress disorder. Mental health issues negatively affect psychosocial adjustment and development, and significantly increase the probability of unemployment, poverty, criminality, domestic violence, homelessness, and suicide among the veteran community. These veteran issues are quickly coming to the forefront of mental health awareness, and I feel it is our obligation to assist veterans in need. Within this article are several insights I gained from working with veteran clients during an equine facilitated retreat.

**Insight one**. My first insight revolves around how gracious and thankful the Veterans were to have us provide them with the equine retreat. At first I dismissed their behavior as courtesy and tact, however the meekness of manner hinted at something deeper. I hypothesized that this behavior (albeit they were genuinely grateful) came from a place of low self-esteem, insecurity, and feelings of worthlessness. Low self worth often is a byproduct of posttraumatic stress disorder. My instinct suggested that these Veterans were experiencing dissonance about why so many resources were being spent on them; this dissonance birthed from a place of deep-seeded worthlessness. When working with Veterans, practitioners must investigate whether low self-worth stems from traumatic events, from worth and esteem issues or, a combination of both. My second insight sheds more light on this.

**Insight two**. The Diagnostic and Statistical Manual of Mental Disorders is fairly comprehensive about posttraumatic stress disorder. An academic database search will also provide a plethora of information. One monumental insight I had when working with combat veterans, an insight that seems to elude current PTSD literature, is that combat related PTSD may be very closely related to what a Veteran personally did as a combat soldier. As one veteran put it, “God did not make me a killer.” A lot of the veterans I work with question their morality and their worth as a human being. This seems to be a result of the actions they took as combatants. “I did things,” an army veteran stated, “things I want to forget. Things I am not proud of. Things I have to live with.” Practitioners must understand the dual relationship of these constructs and how it relates to the etiology and treatment of PTSD in combat Veterans.

**Insight three:** The loss of purpose and identity is something many veterans struggle with. As a veteran myself, I can relate to this. I empathized with one of the veteran participants of the equine program when he stated that his name was, “Sargent” and he felt like he was still living in Iraq. For many years, I continually identified myself with my former military life. This caused many problems and unnecessary strains in my life. Veterans typically have trouble shedding their military mentality. The military does a fantastic job of creating a military mindset, but lacks significantly when it comes to re-civilianization, or humanization. The Veterans Administration has very effective reintegration programs, yet only a fraction of military personnel will have the opportunity to go through one when they separate from service. Mental health workers assisting veterans must recognize this attachment to the military identity and help the veteran establish his or her new civilian identity. I have found that this can be accomplished by helping the veteran redefine their life and their purpose.

Many veterans went in to the military when they were in their late teens or early twenties, before they had the opportunity to discover certain things abut themselves. Helping a veteran to discover what they like and what they are good at—linking their passions with their attributes—can greatly redirect a veteran’s life and assist in creating a new civilian identity. Building on former skills taught in the military can assist this process. Using a strengths perspective and highlighting the veteran’s already existing strong points, but redirecting those strengths towards civilian pursuits, will help the veteran de-identify with the military and identify with his or her true, genuine self.

As I worked with the aforementioned veteran on redefining himself and his life, three things were asked of him after we had worked on connecting his passions with his strengths: 1) what vision did he have for his life, his future, and himself as he moved forward from this point, 2) what aspects of himself did he need to let go of and leave behind to be able to move forward and create this vision, and 3) what did he need to let go of for all of this to happen. After the equine program finished, this veteran revealed that for the first time in many years he no longer felt like “Sargent,” but instead he felt like, “Patrick.”

**Insight four**: Mental health is mental health! Although their are many special circumstances to consider when working with a combat veteran, the building blocks of psychological well-being are the same. A Maslowian viewpoint can help extrapolate on this point.

Maslow’s hierarchy of needs can help explain why some combat veterans suffer from psychological issues while others are psychologically sound. Veterans who have their physiological, safety, and love and belonging needs met—the first three tiers of Maslow’s hierarchy of needs—when they separate from service, seem to be inoculated from combat related psychological dysfunction. Helping to establish at least the first two tiers in a suffering veterans life is paramount to their recovery.

**Insight five**. A person’s disposition prior to military service can greatly contribute to and predispose a soldier to combat related mental health issues. For this reason, it is also helpful to consider the pre-military life the veteran lived. Comprehensive psychosocial assessment many times reveals that veterans already were suffering with psychological issues prior to service. Working through childhood issues and helping the veteran to resolve the past can greatly assist in the healing process.

**Insight six**. Veterans revealed that practitioners do not understand them and are not able to help with their issues. This dialogue brought about the insight that combat veterans respond to a direct and matter-of-fact approach. No need for kid-glove. Veterans revealed that practitioners are hesitant to broach the subject of PTSD with them, perhaps because they do not want to distress them further. As mental health professionals, we understand that inadequate training and experience levels in dealing with specific problems can derail the therapeutic alliance and be counterproductive to the client. Veterans are well aware of their issues, and they appreciate a practitioner that is direct and is able to respectfully challenge them to take responsibility for their own healing journey. As one Veteran so elegantly put it, “Can we just get to the therapy already...”

**Conclusion**

With the growing unrest across the planet, the issues of Veteran mental health will continue to swell here at home. Practitioners must fully understand combat related mental health issues and have the knowledge and experience to effectively help their Veteran client. The insights herein are only the tip of the iceberg, and any practitioner working with Veterans is highly encouraged to learn what they can about how to treat combat related psychological issues. It is my hope that these insights will shed some light on the issue and assist practitioners that are currently working with the veteran population.