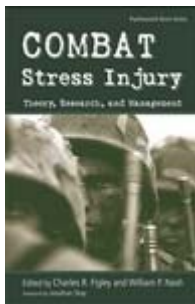


## The Mental and Emotional Wounds of War: Shifting the Paradigm for Understanding Combat Stress Injury

A review of



### **Combat Stress Injury: Theory, Research, and Management**

by Charles R. Figley and William P. Nash (Eds.)

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Reviewed by

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Experiencing combat changes your biology (Bremner, 2007). If one accepts this basic premise, it follows that mental, physical, and emotional changes may reach a culmination point when an individual's internal resources and ability to sustain himself are exceeded by the demands and stresses he confronts. If reaching that culmination point results in soldiers re-experiencing the recent traumatic events over and over; if it results in their avoidance of

people, places, or feelings that remind them of the events; and if they report feeling keyed up or on edge for weeks or months after the event, clinical providers apply a common diagnostic label—posttraumatic stress disorder (PTSD; American Psychiatric Association, 2000). However, what if we were to view this constellation of signs and symptoms of combat stress and, too often, the resulting PTSD as an injury? What if we were to view it as an injury sustained much like the shrapnel wound from the explosive device that helps contribute to the traumatic memory of self and others' destruction?

Army Chief of Staff Gen. George Casey helped to reinforce this premise when he recently commented that “combat is inherently brutal and difficult, and it impacts humans in different ways” (Army News Service, 2007, ¶14). General Casey went on to emphasize that although “we have made significant improvements in the identification and treatment of PTSD and mild TBI (traumatic brain injury),” we must also aggressively work to provide research, prevention, and treatment “of these injuries” (Army News Service, 2007, ¶14).

In their tour de force book titled *Combat Stress Injury: Theory, Research, and Management*, Charles Figley and William P. Nash have made a significant and cogent contribution that helps to frame combat stress injury and interventions in a refreshing and helpful paradigm. Jonathan Shay, author of *Achilles in Vietnam: Combat Trauma and the Undoing of Character* (1994) and *Odysseus in America: Combat Trauma and the Trials of Homecoming* (2002), helps set the stage with a powerful overview for why he agrees with viewing combat stress as an injury that confronts body, mind, society, and culture.

Figley, a Vietnam veteran, is currently a social work professor and director of the Florida State University Traumatology Institute. His past work is well known and highly respected. He is the founding editor of the *Journal of Traumatic Stress*, the founding president of the International Society for Traumatic Stress Studies, and the editor of one of most influential books on

the combat stress disorders faced by an earlier era of combat soldiers, *Stress Disorders Among Vietnam Veterans: Theory, Research, and Treatment* (1978), a book that is often credited as the genesis for the study of combat trauma and that helped to establish the foundation for the criteria used in the diagnosis of PTSD. Figley also contributed to *Strangers at Home: Vietnam Veterans Since the War* (Figley & Leventman, 1980).

Nash, a senior Navy psychiatrist, served in Iraq with the First Marine Expeditionary Force in Al Anbar Province during 2004–2005 and currently serves as the combat/operational stress control coordinator at the Marine Corps headquarters in Quantico, VA. Nash brings a wealth of operationally relevant and recent combat zone experience and insight; he frequently highlights his clinical observations by drawing on his own experiences in treating and managing combat stress injuries in Iraq.

There can be no doubt that war is waged in the human dimension. Figley and Nash have done an impressive job of arraying 30 professionals whose contributions help frame the complex interplay of the mental and emotional wounds that too often result from the trauma of combat, and these authors identify ways to prevent and/or manage the potential consequences of operational deployments.

Figley and Nash note that their intent is “a book that is highly readable and of immediate use to those who train, lead, and care for warfighters” (p.1). The editors have challenged their contributors to help military commanders by providing those leaders, who bear primary responsibility for the welfare of their war fighters, with the necessary tools to help preserve the fighting strength and protect the long-term health of the military member and his or her family. Figley and Nash also hope their book will serve as an important resource for mental health professionals, the clergy, and medical professionals, all of whom should collaborate for the greatest benefit to accrue when the trauma of war challenges an individual's mental, spiritual, and physical health. They also hope to influence policy makers and law makers

to improve warrior training and management; and finally, to help the warrior and his family who wish to gain a better understanding of the stress and strain of warfare to help avoid another generation of those who suffer in silence (Figley & Leventman, 1980). On all accounts, Figley and Nash have powerfully and significantly achieved what they set out to do.

Importantly, Figley and Nash address five fundamental questions:

1. What are the positive and negative short- and long-term consequences of war fighting for the war fighter?
2. What are the precombat factors that affect these consequences?
3. What are the factors during and following combat that affect these consequences?
4. What are the psychosocial and medical programs, treatments, and interventions that mitigate the negative consequences of combat and enhance the positive consequences?
5. What can be done to utilize the answers to these questions in order to more effectively educate, train, lead, and care for our future military combatants? (p. 3)

Section I of this book helps to establish the theoretical orientation and underpinnings of how war is waged in the human dimension. One chapter focuses on the stressors of war and then is followed by an excellent, informed, and “been there, done that” first-person account from an operationally focused psychiatrist (i.e., Nash) who effectively describes the experience and challenge of combat across the sensory, psychological, and social processes within the human dimension of warfare. He goes on to provide the basis for concerns and biases against combat stress reactions within the military culture. This is a powerful chapter for anyone who really needs to understand the conflict and interplay of the

sense of duty and how individuals attempt to deal with their own manifestations of combat stress reaction.

## **Operational Combat Stress Reactions and Injury**

Another chapter within this section provides an excellent overview for differentiating operational combat stress reactions and injuries from stress adaptations in general. This chapter helps to frame the concept of a *stress injury* resulting from exposure to the trauma of combat and then is followed by a chapter that reviews the competing and complementary models. The chapter maintains there is no one conceptual model that can effectively answer all the questions posed as the objectives for this book.

Section II focuses on various research contributions to combat stress injuries and efforts made to try to assess the tremendous physical health toll that is too often found with PTSD, and the complex and heart-rending finding that combat injury significantly increases combat stress injury and the potential for PTSD. Another chapter focuses on the secondary traumatization of wives and family members (Dekel and Solomon). The lives of these returning warriors are changed forever; many now exist as wounded warriors who carry home the vestiges and aftermath of a spirit that has been breached, a spirit that must now reconcile their old reality with their new one and that exists as only a shadow of the past they once knew. For many, this makes them feel like a "stranger in a strange land," as they live their current reality, a reality that is filtered through memories and experiences that represent the cruel reality of war that few who have not been there can ever understand.

As a result, the reach of war extends from the battlefield back into the warrior's social network, and the warrior's spouse too often becomes a second, indirect casualty. The chapters in this section bring forth strategies to improve treatment protocols, more effectively manage combat stress injury, and lessen the

psychological and emotional burden on the spouse. The final chapter of the book, Chapter 15, returns to this important issue and addresses timely research regarding the reestablishment of family connections when warriors return home from the war zone.

## **Combat Stress Management Programs**

The third section focuses on combat stress management programs and contains eight chapters that begin with an overview of what is currently being done on the ground in Iraq to manage combat operational stress reactions as explained by two extraordinarily talented and resourceful army clinical psychologists (Moore and Reger). Another chapter by Rizzo, Rothbaum, and Graap provides an excellent overview of virtual reality methods that have been adapted to focus on combat stress and PTSD interventions, addressing the advantages and disadvantages offered by these applications. Another chapter offers a step-by-step guide for the use of virtual reality applications, linking together the cognitive, affective, and behavioral coping skills necessary for the treatment of PTSD (Spira, Pyne, and Wiederhold).

Another extraordinarily useful chapter, one that commanders will find helpful in understanding both combat stress reactions and their treatment, is the chapter by Clayton and Nash that addresses medication management for combat and operational stress. This concise and clearly written explication of the medications used to help manage combat stress reactions will assist warriors, their leaders, and those who try to help both in understanding what treatment options are there to provide some measure of relief for the suffering of war-weary warriors.

Other important chapters provide an overview of an innovative, warrior-developed social support program that Canadian forces use to transition warriors to civilian life following their exposure to combat stress. The last chapter addresses existential issues. Many individuals who experience war-zone

trauma struggle to reconcile their spirituality, their faith, and their war-zone experiences. Consequently, by understanding the increased risk for these problems that often go to core of one's meanings for life (Baumeister, 1991), one is more prepared to leverage spiritual growth as another healing resource.

## **Issues and Emerging Areas**

There are few shortcomings with this book, and these are minor distractions such as missing references (e.g., Kulka et al. [1990] missing from references, p. xvi), a few typos (e.g., "operational stresses can injury [*sic*] the brain," p. 3), and the assumption that only "wives" will have to confront the burden of caretaking for returning warriors (e.g., Chapter 7).

Some review of the increasingly important area of mild traumatic brain injury (mTBI) and the efforts to sort out combat stress injury from underlying traumatic brain injury would have been useful. According to the Defense and Veterans Brain Injury Center, an estimated 30 percent of all veterans entering Walter Reed Army Medical Center in Washington, DC, suffer from mTBI as either a primary or secondary injury. The army has recently directed that 100 percent of their personnel complete, no later than October 30, 2007, a chain teaching program that targets soldiers, leaders, and family members to ensure increased understanding of combat stress, PTSD, and mTBI. This is an unprecedented effort and expression of concern by the senior leadership of our nation's army, and it places command emphasis on educating military members and their families about these problems with the hope that better information will help ensure the best health care possible. As General Casey noted, "Our Army is doing everything possible to come to grips with a very challenging and complex issue. This is not a medical problem; it is an Army problem" (Army News Service, 2007, ¶4).

## **Operational Fatigue and the “Gathering Storm”**

There is one immutable fact that we as a nation and profession must confront: There is a growing number of combat veterans who are expressing the need for some type of intervention. Indeed, according to one recent army report (Katz, 2007, ¶12), some 45,000 veterans of Operation Enduring Freedom (Afghanistan) and Operation Iraqi Freedom have sought care in the first half of 2007. To effectively position health-care providers, the clergy, and commanders to handle this collective expression of operational fatigue and stress, Figley and Nash offer the right paradigm at the right time. Their view that combat stress injuries are the result of the immediate and long-term physical and psychosocial consequences of war makes a great deal of sense for all parties involved.

Historical efforts to understand how combat impinges on the psychological, emotional, spiritual, and physical well-being of those who must endure it have often, perhaps unknowingly and inadvertently, adopted the fundamental attribution error of blaming the victim, taking the opportunity to explore vulnerabilities within the individual while ignoring the complex interplay of situational demands along with the perceived and real resources of the individual. Figley and Nash's book makes a significant contribution that insightfully and cogently arrays evidence that will help us avoid this error by peeling back the patina of the PTSD diagnostic category and exposing us to the underpinnings of a new paradigm of combat stress injury that allows us to more accurately view the immediate and long-term physical and psychosocial consequences of war. As “Johnny and Janey come marching home,” many beset by combat stress injury, we had best become better prepared to greet and intervene with these men and women using the most effective strategies available. They deserve no less. Toward that end, Figley and Nash

offer us a truly remarkable and significant contribution that helps better position us to achieve that goal.

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