

Impact of Combat Experiences on Veteran Students in Adult Learning Environments: Two Research Perspectives

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Abstract: Multiple combat tours have impacts on combat veteran students performance in the adult education classroom. This paper reports the results from research that details challenges such students face.

The stress of multiple combat tours has created a combat tested but combat weary Army (Ricks, 2009; Shea, 2010). While the impact of combat on soldiers has been studied over the past few years, little research has focused on the impact of cumulative combat stress in a learning environment. Over 2.2 million U.S. service members have been deployed to either Iraq or Afghanistan (Belasco, 2009). Many have been deployed up to four times, which increased the incidence of combat stress. While most have coped with combat stress, many return home with problems (Moore & Penk, 2011). A Rand study (2008) showed approximately 300,000 veterans suffer symptoms of PTSD, major depression or traumatic brain injury. Additionally the study found correlations between combat experiences and mental health issues. The American Council on Education (2012), has indicated over 2 million student veterans will attend post-secondary institutions in the near future. Veterans Benefits Administration (2012) reported 1,146,276 Global War on Terrorism veterans received education benefits for participating in some sort of adult education since September 11, 2001. Two doctoral dissertations examined the effects of multiple combat tours on the learning of majors attending the Army's Command and General Staff College (CGSC). Focused on the academic skills that a mid-level Army major needs to serve successfully as an officer, Command and General Staff College (CGSC) is an accredited institution of higher learning. While the population examined in this study might appear unique, research conclusions of these studies reflect findings in other research on the impact of combat and may apply to the general student veteran population. The theoretical framework for this research included research conducted by a group of Army psychiatrists led by Charles Hoge (Hoge, Castro, Messer, McGurk, Cotting, & Koffman, 2004; Hoge, Auchterlonie & Milliken, 2006; and Hoge, 2010), and the RAND Study (2008).

Combat Effects in the Classroom: A case study

The first research project, (Shea, 2010), a qualitative case study examined effects of combat-related stress on the learning experiences of 11 purposefully selected Army majors attending CGSC. The case study also included interviews with Army staff, CGSC faculty and medical personnel at Fort Leavenworth, where CGSC is located. Average age of the students was 35.9 with an average time in service of 12.3 years. Students averaged three combat deployments, with 23 total months of deployment. Six of the eleven would deploy again within six months of graduation. Five themes emerged as factors that impacted CGSC participants' ability to learn:

academic stress, sleeplessness and lack of concentration, flashbacks, alcohol usage, and dual enrollment.

Academic Stress

Academic stress impacts many returning adult students, but in CGSC students was exacerbated by a recent move, family reintegration, lingering effects of combat and fear of academic failure leading to separation from the Army. Major A stated, “I hadn’t written a paper in years... you’ve got to get your head back and thinking the right way academically, and reading and citing stuff and the proper way to format things. Dr. Peter, a psychologist, echoed his statement, “I know a lot of guys come here, they report academic stress, they haven’t been in an academic setting for a long time, and their academic skills are rusty, and maybe they had a tough time when they were in college anyway...and so these are the guys that have the high stress.”

Sleeplessness/Concentration

Sleeplessness led to memory and concentration issues both in the classroom and when attempting to learn at home. The Army Physical Fitness Research Institute at Fort Leavenworth surveyed 747 CGSC students and found that 65.1% reported sleep problems (Diggs, G., (2010). Students spoke about waking up in the middle of the night and not being able to return to sleep. They had difficulty adjusting their sleep patterns because of changes in eating habits, sleeping conditions, living and operating conditions and daily routines. Dr. Peter made the following observation about sleep. “I see a lot of, a lot of sleep difficulties, a lot of sleep difficulties...and in some ways the guy’s sleep just hasn’t reset yet.”

Flashbacks

Flashbacks could not be predicted and could occur at any time triggered by a variety of factors. One major spoke about mentally being back in Afghanistan for up to 20 minutes or more of class time, and that it was not an isolated ‘visit.’ Bill, a CGSC faculty member, described “Last year I showed a video clip from *Saving Private Ryan*. He (the student) became so emotionally distraught; that he had to leave the classroom. Bill went to check on this student and asked if he was OK, the student replied, “Sir, I can’t watch stuff like that, I had a kid (Soldier) die in my arms four years ago. I don’t do those kinds of movies’ anymore.” Major E had a parallel experience based on the loss of a Soldier in her unit, who as she said, “basically died in my arms” during one of her three IED incidents. “I know we had at least one video of an IED strike in a vehicle, and it kind of made me shut down for the remainder of the day.

Alcohol Usage

Seven students reported an increase in alcohol usage on their return from theater. Major B said he drank more after returning from his fourth deployment, in order to forget. Serving as the escort officer for a deceased Soldier, “Probably hurt me the most when I went to his funeral and I saw his dad who was a retired Marine pick up his ashes and put them in the internment, and it just hit me like a ton of bricks. You know what if it was me up there putting my son into that thing, and shutting the door.” Major E said she, “was using alcohol, to try to get to sleep which is not necessarily-I understand it’s a depressant...It’s not a great idea, but it’s a technique and it does not require a prescription, and you don’t have to talk to anybody. Finally, Dr. Ted the Army psychiatrist, said, “substance abuse which is certainly quite common in people with PTSD or PTSD sort of symptoms...A lot of people if they’re having trouble sleeping, the bottle will be one of the places they’ll go, and if they’re on edge all the time, if they’re irritable, a lot of Soldiers, especially junior Soldiers, will turn to drinking.”

Dual Enrollment

Dual enrollment at CGSC, pursuing a master's degree while attending CGSC, added to academic and marital stress. Major C said, "I mean we've had arguments at home. You come home and you start reading books for XX University whoever, and writing stuff on the paper for XX University. Major F offered some insight when he said, "If the combat related stress makes your home life, personal relationships more difficult, and argument prone that will negatively impact learning." Another student, Major D said, "The work load quickly overwhelmed me. During this time, my wife was pregnant. She was having a difficult time, she experienced severe nausea her entire pregnancy...stress from the schoolwork coupled with her sickness strained our marriage. On average, I would sleep two hours a night. I was very irritable and I stopped doing physical training which made me more irritable."

The Brain, Stress, and Memories

Soldiers face many stressors in their lives and prolonged stress or chronic stress can have a deleterious long term effect on cognitive ability, and the capacity to remember and recall information. A clinical study measured the effects of stress on cognition of 184 Special Operations Soldiers attending survival school. In this study, the 184 Soldiers were randomized into one of three assessment groups. The ability of the stress group to copy and recall was significantly impaired in comparison to the pre-stress and control group. This clinical study concluded that the stress exposure of these Soldiers impaired their visual-spatial ability and working memory (Morgan, Doran, Steffian, Hazlett & Southwick, 2006). Prolonged exposure to stress or chronic stress increases the risk to cognitive, emotional, or physical illness.

Combat Effects in the Classroom (2013) Survey Study

The second study, a survey research model which had seven focus areas: 1) Demographics; 2) Combat Experience Types; 3) Classroom Effects; 4) Effects on Assignments, Reading, and Memory; 5) Coping and Recovery Time; 6) Overall Effects; and 7) Informing Educators – an open-ended opportunity for participants to provide recommendations. Surveys created by Hoge, et al (2004), and RAND (2008) served as the foundation of the survey instrument with additional questions added to solicit responses on learning. The overall survey received a .888 Cronbach's Alpha for reliability (Clark, 2014). Surveys were sent to 990 CGSC students. 235 students fully completed the survey for a 24 percent response rate with a confidence level of 95 percent with a margin of error of ± 6 percent.

Combat Experience Types

Eighty-five percent had experienced a nearby explosion that could be physically felt, 63 percent had experienced one or more Improvised Explosive Device (IED) explosions. Seeing human remains was reported by 77 percent and smelling decomposing bodies was reported by 55 percent while 44 percent had to handle or uncover human remains. Sixty three percent had been attacked or ambushed and 55 percent witnessed a friend become a casualty. Some witnessed the loss of several friends. Fifteen percent were wounded and 37 percent reported being responsible for a death. The RAND (2008) study found that "an individual who experienced five of the listed traumas is at more than 4 times the risk for both PTSD and depression relative to someone who experienced none of these traumas but who is otherwise similar in age, gender, rank, ethnicity, branch or Service, deployment length, etc." (p. 101). This study found that ninety five percent of all participants had at least one combat experience type, while 86 percent experienced five or more combat traumas, 39 percent had eight combat experiences, four officers had a combination of fourteen experiences, and one individual had fifteen of the sixteen combat experience types.

Vaterling et al. (2010) found that higher levels of stress during deployment resulted in greater increases in PTSD symptom severity after deployment.

Classroom Effects

Participants reported adverse reactions in class to include anger, irritability, alienation, and emotional numbness. Descriptions of disturbing combat memories, being easily distracted, hypervigilance and being tired were common among participants.

Effects on Assignments, Reading, and Memory

Inability to complete assignments and concentrate on reading were difficulties experienced by these combat experienced students. Eighty-three percent had to read information more than once and believed their combat experience negatively affected their ability to remember what they read. They had difficulty remembering what was taught in class as well. Nearly half of them forgot when assignments were due and had difficulty remembering how to complete the assignment. Their concentration was disrupted by intrusive combat memories and anxiety. Twenty nine percent agreed that “Though I know what to do, I can’t seem to do it.”

Coping and Recovery Time

Officers have developed multiple coping skills, yet some acknowledge it is difficult at times and some days are better than others. Some officers may need more than a few minutes and some events may take longer to recover from. Some will not be able to return to normal within a short period of time and may need more than a day. Twenty percent claimed, “Sometimes I feel like I will never be normal again.” As one officer pointed out, “What is normal? This is the new normal.”

Overall Effects

Seventy four percent agreed that “combat has changed the way I view the world” and 72 percent agreed “I am a different person than I was prior to combat.” More than half believe their deployments increased personal stress levels and 32 percent believe their combat experience changed the way they learned, and eleven percent marked “my combat experiences now interfere with my participation in education.” Flashbacks were reported by 32 percent of participants and 25 percent described getting angry about what happened during combat. Some have difficulty moving on with life and feel they can’t relax anymore while 23 percent claimed “there are times when it feels like I am watching my life from the inside rather than fully participating in it.”

Open-Ended Question: If there are other effects not mentioned, please share them.

Some officers reported memory difficulties, such as “I am suffering from short term memory loss and sometimes I enter class and for a moment I don’t know where I am” and “personally dealing with memory issues brought on by concussions.” One individual wrote, “Not sure if my memory trouble is tied to my combat experience, but my memory and concentration ...have changed since (first deployment).” One individual says, “My mind will block out information when I get stressed. I can’t stop forgetting.” One stated, “I’m definitely less disciplined than I used to be... It’s often almost like I’ve developed ADD...” Three officers mentioned issues such as “Cannot concentrate during lectures or when someone is speaking directly at me.”

Informing Educators

The majority of participants cautioned educators to avoid overgeneralization and consider each student based on their specific experiences and needs, Factors to keep in mind; realizing the threshold for frustration is lower after war and discussions regarding ethics, death, or the requirement to talk about their combat experiences may incite personal emotions. Attitudes of people with no combat experience can trigger hostility. Additionally, it is important to realize that there are good days and bad days; more breaks may be needed to help them get through the

bad days. It is helpful “to get the opportunity to walk out of class during a difficult subject” but it is helpful to provide a new direction for class removing the situation causing the trigger. Some students cautioned educators not to treat the combat experienced veterans like victims and instead hold them accountable for clear expectations. Several students mentioned a writing assignment that allows them to speak about their experiences would be helpful. This is consistent with Shay’s (2003) discussion regarding narrative as a strategy for expressing those experiences that must be dealt with in the healing process. Many students also spoke of the positive effects of their combat experiences, “teach one the value of life and specifically the value of time. Their combat experiences shaped them and their worldview is positive. “In addition to increasing the diversity desirable in any student body, the veteran population brings a rich and unique set of experiences to the classroom” (Hermann et al., 2009, p. 174).

Conclusion

Educators are on the front lines of post-secondary institutions and can serve as a link to campus services (Shea & Fishback, 2012). Veterans’ success will depend on their transition into the campus community. Educators can assist with the integration of these veterans into their classrooms. When they begin entering the academic world, whether it is at a full-time school in a college setting, a vocational school, or an occupational institute, they will bring memories with them. They will also bring into the classroom the stresses caused by those memories. Schools need to be prepared to recognize this and to have a plan for dealing with it through some form of outreach or counseling or the formation of supportive veterans' groups.

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