# INFORMATION SHEET ON SOLDIER’S STRESS RESPONSE TO COMBAT

## GETTING PREPARED, STAYING PREPARED

### SOLDIERS’ STRESS RESPONSE TO COMBAT

<table>
<thead>
<tr>
<th>COMMON REACTIONS/RESPONSES</th>
<th>SIGNS AND SYMPTOMS</th>
<th>KEY FACTS</th>
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</thead>
</table>
| **Combat and Operational Stress Reaction (COSR)** | **Physical**  
- Exhaustion  
- Inability to fall asleep or stay asleep  
- Sweating  
- Heart pounding  
- Nausea  
- Frequent urination or diarrhea  
- Jitters, trembling or jumpiness  
- Numbness | **Mental**  
- Difficulty concentrating  
- Inability to make decisions  
- Nightmares  
- Memory loss  
- Flashbacks  
- Loss of sense of what is real  
- Hallucinations or delusions | - Reaction is in response to intense fear, horror, helplessness, violation, or pain of combat  
- Normal short term reaction to combat and combat experience  
- Also referred to as posttraumatic stress |
| **Emotional**  
- Fear  
- Worry  
- Irritability, anger  
- Mood swings  
- Despair and sadness  
- Feelings of isolation | **Behavioral**  
- Carelessness, recklessness  
- Outbursts of anger or aggressiveness  
- Staring into space  
- Inability to do job  
- Increased use of alcohol or drugs  
- Misconduct or crime  
- Complete unresponsiveness to others |
<table>
<thead>
<tr>
<th>Traumatic grief</th>
<th>Depression</th>
<th>Somatization; Health complaints</th>
<th>Chronic fatigue</th>
<th>Anxiety</th>
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</table>
| • Intense grief or severe distress for prolonged period  
• Frightening memories of traumatic event  
• Sense of meaninglessness of life | • Change in appetite  
• Sleep problems  
• Lack of energy  
• Withdrawing from people  
• Trouble concentrating  
• Feelings of hopelessness  
• Uncontrollable crying | Chronic bodily symptoms (i.e., aches and pains) of no medical origin | Persistent overwhelming fatigue unrelieved by rest and sleep | • Excessive anxiety or worry  
• Restlessness  
• Easily fatigued  
• Difficulty concentrating  
• Irritability  
• Difficulty sleeping |
| • Reaction to experience of a sudden loss of significant and close attachment  
• Reaction may also be attributed to any of the following:  
  – experiencing multiple losses  
  – survivor guilt  
  – not being able to show emotional vulnerability  
  – exposure to death (civilian casualties, friendly fire or accidents)  
  – concern about having caused death or harm to civilians  
  – feeling powerless in not being able to prevent death  
  – anger at others who are thought to have caused death  
  – tasks of survival taking precedence over grieving (i.e., delaying grief)  
• Signs of prolonged grief (i.e., intense grief after six months), traumatic grief (i.e., acute symptoms of distress), and masked grief are all issues of concern | | | |
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<th>Posttraumatic stress disorder (PTSD)</th>
<th>Reexperiencing Symptoms</th>
<th>Avoidance and Emotional Numbing Symptoms</th>
<th>Increased Arousal Symptoms</th>
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<td>Posttraumatic stress disorder (PTSD)</td>
<td>• Distressing memories; flashbacks</td>
<td>• Extensive avoidance of activities, places, thoughts, feelings, or conversations related to or arouse recollection of trauma</td>
<td>• Trouble sleeping</td>
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<td>• Nightmares of the event or frightening images</td>
<td>• Feeling detached from others</td>
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<td>• Exaggerated emotional and physical reactions to triggers</td>
<td>• Loss of interest in activities</td>
<td>• Irritability or outbursts of anger</td>
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<td>Avoidance and Emotional Numbing Symptoms</td>
<td>• Exaggerated emotional and physical reactions to triggers</td>
<td>• Restricted emotions</td>
<td>• Hypervigilant</td>
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<td>Increased Arousal Symptoms</td>
<td>• Repeated use of substances that leads to harmful consequences such as:</td>
<td>• Reaction to identifiable traumatic experience or combat exposure</td>
<td>• Hypervigilant</td>
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<td>– failure to fulfill role at work or home</td>
<td>• Some Soldiers show these symptoms shortly after returning from war (i.e., PTSS); 12-18% reported in a study of Soldiers after Afghanistan and Iraq (Hoge et al., 2004; Litz, 2005); However, some Soldiers may show these symptoms later; Wolfe et al., (1996) found an increase in percentage of Soldiers reporting PTSD symptoms one year after ODS/S</td>
<td>• Exaggerated startle response</td>
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<td>– substance-related legal problems</td>
<td>• PTS symptoms typically lessen in intensity within first 60-90 days following return from deployment</td>
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<td>– driving while intoxicated</td>
<td>• Over time, a small percentage continue to show symptoms that meet PTSD diagnosis (following ODS/S, 9% showed PTSD) (Ursano &amp; Norwood, 1996)</td>
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<td>– persistent social or relationship problems</td>
<td>• PTSD occurs when combat-stress reactions symptoms are not dealt with or do not improve over time</td>
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<td>• Symptoms of PTSD are similar to combat stress symptoms, however the symptoms are directly related to a traumatic event</td>
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<td>• PTSD is indicated when certain clusters of symptoms are present and these symptoms are interfering with Soldier’s functioning</td>
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<td>• When diagnosed as a chronic psychiatric condition, symptoms will be seen throughout life</td>
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This table was compiled from information presented in the following research articles, publications and web sites.

**Research and publications:**

USUHS’ PTSD brochure.

**Web sites:**
Military One Source, Deployment Health Clinical Center, and Combat Stress Reaction video on MilitaryHomeFront.