The Trauma of War: Stress and Recovery in Viet Nam Veterans

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Introduction:  
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It was a steamy July day several years ago. Stan, a Viet Nam combat hero, walked into a small clothing store. He was bedecked with his war medals and carried a fully loaded automatic rifle. He took control of the store and asked everyone in it to keep calm and take cover. He carefully explored the building, firing from time to time at the ceiling.

Several hours later, after tense negotiations with local police, Stan emerged from the store. No one had been injured or even threatened. The customers and employees told a curious story, for they believed—and they couldn't say just why—that Stan seemed protective of them during their time together.

Stan gave his lawyers and the authorities a detailed history of his life before, during, and after Viet Nam, but could not understand or explain his reason for entering the clothing store. He reported that he grew up in a home which included a large extended family. He was the only son, and his impulsive grandfather frequently beat him as a child. He observed that at such times his frightened parents stood by in silence, concerned with their own physical safety and that of his two sisters. Stan grew up with unmasked rage toward his parents for their passivity. When he reached an eligible age he enlisted in the Army and became a member of a crack combat unit in Viet Nam. He was just 18 years old.

Stan reported two vivid and horrible memories of Viet Nam, memories which haunted him in the form of powerful and frightening waking experiences, and in the form of remarkably similar dreams when he slept. First, he remembered the day when a small Vietnamese girl came running toward him and two comrades while they paused for a smoke on a country road. He saw clearly that the child held an explosive, which would detonate when she released a spring mechanism she held closed in her clenched fist. Stan called to the child, urging her to throw the bomb away. She would not or did not respond,
and finally he shot and killed her when she was about 50 yards from him. When she was hit the device did detonate, and an explosion of substantial magnitude did occur. However, from that moment on he was haunted by guilty memories of what he had done.

Stan's second memory concerned an event which occurred some three weeks later. He and his platoon were caught in a Vietcong ambush, and Stan was one of three survivors. He observed his closest buddies slaughtered in cross-fire. His memories included vivid pictures of the disemboweling of these men by continued enemy fire into their dead bodies, which lay about the ambush scene. Stan recalled that a rage came over him, and—in a state of mind he could not explain, but in which he felt that he was “not really there”—he fought the enemy and almost single-handedly routed them. After the enemy had been slaughtered, he fired at their corpses, destroyed their faces with fire from his automatic weapon, and eventually had to be dragged away by his comrades. Stan added that he could not be sure, but he felt that his state of mind in the clothing store reminded him of his state of mind on that fateful day in Viet Nam. He said that his memories of the ambush were, like those involving the little girl he had killed, characterized by guilt.

Stan reported that upon his return to the United States he was still in uniform when he had an unfortunate experience with a civilian. He wanted to go to a sporting event, but he was turned away at the door because all of the tickets had been sold. Stan felt entitled to attend the event because he had sacrificed for his country in Viet Nam; he felt enraged, but he controlled his temper, muttering under his breath as he walked away. The gatekeeper noticed this, resented Stan's muttering, and challenged Stan to a fight. Stan fought this man and won; the police were called, and Stan was arrested. He was later released, but the police report which reached the Army concerning the beating Stan gave the man led to a denial of his opportunity to reenlist. Stan felt devastated.

From the day of Stan's separation from the Army to the day of his entry into the store, a period of several years, he never felt he got on track. He kept losing good jobs, such as selling real estate, even though he always did well in terms of specific employment tasks. He realized that he always felt angry at the orders he was given by supervisors, and that he never seemed able to hide this from them. He knew the firings occurred because his supervisors felt there was something distant and eerie about him, and because they were frightened by the thinly disguised rage they saw in him. Stan also reported that the same complaints were registered by his girlfriends, who also eventually
rejected him because to them he seemed forever distant and uncommitted, forever somewhere else.

Stan often felt strange; in fact he often felt as though he were back at the ambush, though in reality he might have been taking a walk, talking to a friend, or watching television. At times this strange feeling blended into a sense of déjà vu, a sense he was doing something he had done before. This, too, occurred at times most notable for being unremarkable, like when he was driving a car.

Having related part of the history of Stan, a Viet Nam combat hero in trouble with the law, it is now possible to meaningfully describe post-traumatic stress disorder (PTSD) and the psychological difficulties experienced by many Viet Nam veterans (1).

Many veterans suffer from some of the symptoms of PTSD, while a smaller but still very large number have the symptoms required for the diagnosis of the condition. These veterans were exposed to conditions of extreme psychological stress. The trauma to which they were exposed was guerrilla warfare, and many of those who are most substantially disturbed witnessed the mutilation of a close combat buddy or survived the ambush of their unit. Because they survived and now feel guilty for surviving when others did not, or for what they did in order to survive, they suffer emotionally.

These individuals frequently experience depression, with a full range of accompanying symptoms, such as loss of appetite. In addition to insomnia, these veterans experience nightmares of the traumatic event and in waking life can experience flashbacks. Flashbacks are altered states of consciousness in which the individual believes he or she is again experiencing the traumatic event. As dramatic as a full-blown flashback can be, it is but one point on a spectrum of more or less subtle alterations in consciousness experienced by those suffering from PTSD. Much of the psychic life of each of these individuals is devoted to reexperiencing traumatic events, and on an unconscious level these individuals strive to master their traumas by making them come out differently. The altered state of consciousness occurs in the service of this task. Since the disorder is so psychologically painful, many of these individuals sedate themselves with drugs or alcohol. Since at the core of the disorder is a fear of loss of loved ones and friends, these individuals keep distant from those around them to avoid the inevitable pain of departure and loss. Thus, they are impaired in their functioning with friends, family, and employers, and their divorce and unemployment rates are in excess of what would be predicted based on variables excluding combat service in Viet Nam.

The typical Viet Nam veteran with PTSD, or elements of the condi-
tion, is now aged in the mid-30s (slightly older in the case of women veterans) and saw Viet Nam combat at age 19½. The typical Viet Nam combat soldier was younger than the typical combat soldier of World War II or Korea and was therefore more psychologically vulnerable than those men. Viet Nam veterans will be poor and from an underprivileged racial or ethnic background in greater than expected numbers, given the size of their race or ethnic group in the population at large. Their chief presenting symptom may be poor vocational or marital adjustment or perhaps alcohol or drug abuse. They may report that their problems began immediately after combat trauma, or that there was a latency period of months to years (which resulted in the term “delayed stress reaction”), but they will consistently report some combination of the following: guilt over survival, anxiety, depression, nightmares, and altered states of consciousness. They may tell you that they have suffered for long years, were distrustful of the Veterans Administration, and only with the advent of the Viet Nam Veterans Outreach Center program did they consider treatment in a government facility.

Important theoretical questions about PTSD may now be considered. The question of predisposition arises, since in Stan’s life there were frequent episodes of psychic trauma throughout a childhood marred by the brutality of his grandfather. There is no doubt that predisposing factors must be evaluated in an individual with PTSD (2), but research findings in this book suggest that more important than premorbid personality and pathology is the nature of trauma, its immediate impact on the victim, and its subsequent intrapsychic meaning to the victim. Normal developmental factors are also relevant: the soldier who is a few years older than the average combatant and possesses a more integrated sense of self and purpose has greater insulation against serious trauma than does a late adolescent who is still in the process of more active maturation.

An individual’s sense of self is not only a function of maturity, but also of environmental supports. It is clear that the general lack of opportunity to discuss Viet Nam with appreciative, respectful listeners back home is a factor which contributes to the development and course of PTSD in many veterans (3). This factor, too, is further discussed in this book. Finally, for minority veterans, including women, the home environment was complicated by prejudice and, as shall also be described in these pages, even less supportive of successful readjustment.

From a metapsychological standpoint we can see that there is much to learn about the genetics of PTSD, but clearly pretraumatic strengths and weaknesses, the trauma itself, and subsequent events
and experiences are all important to an understanding of the condition.

In much of the literature on PTSD the sufferer is described as though everything relevant is conscious. Stan’s case illustrates that this is not always so—he did not have any idea why he entered and took over the clothing store—and recent work by two distinguished psychiatrists suggests that to understand PTSD the nature of unconscious process in the condition must be explored. In Chapter 14, Arthur Blank describes the unconscious flashback, observed when an individual plays out a script from the past without conscious awareness of the process. In Chapter 10, Lawrence Kolb describes PTSD sufferers who are unaware of the traumas they experienced, and who can be helped by a therapy designed to restore memory and encourage abreaction.

In psychotherapy the veteran with PTSD is able to develop insight which clarifies the existence of altered states of mind, the meaning of action in terms of reworking past traumatic events, and the meaning of patterns of interpersonal behavior. In this book the full range of available therapies for PTSD will be described, including modes of assistance for special veteran groups. The following case example is intended as an introduction to the task of the psychotherapist.

Jack was referred by a lawyer in the community after he had been charged with attempted burglary. (For heuristic purposes, in this illustration issues relating to premorbid personality and childhood will be omitted.) The most striking feature of the alleged crime was the impossibility of success. Jack was not an experienced thief, in fact he had never before been in trouble with the law, and the place he allegedly attempted to burglarize had an obvious and extensive security system. Finally, Jack reported that minutes before arriving at the building, just a few blocks away, he had been stopped by the police. Why they had stopped him was unclear, but they had, and in spite of this Jack did not alter his plans. Jack was then followed by the police and arrested as he attempted to enter the building.

During initial interviews with Jack, his most impressive characteristic was that he didn’t feel terribly concerned about being sent to jail. He felt that he had taken a chance and not succeeded, and now he would have to suffer the consequences. Furthermore, for several weeks he expressed disbelief regarding any of the psychodynamic explanations offered for his behavior. He remained cool, calm, distant, and unmoved.

Jack revealed that as a late adolescent he joined the Army, with the intention of going to Viet Nam to serve his country. He chose to become a medic because he wanted to help his comrades. He recalled that throughout his tour in Viet Nam he felt a great sense of responsi-
ility to the men he treated in the field; if one died on the way to the hospital, he usually experienced remorse and guilt. He reported feeling that if he had been able to go along on the helicopter his patients would have survived.

Upon discharge Jack was distant from others and remained so by conscious design. He traveled around the country alone, avoiding interpersonal involvement. He met a woman, became somewhat close with her, and eventually lived with her. However, they staunchly maintained emotional independence of each other. As therapy progressed Jack came to feel that his style of relating to others reflected among other influences his experience of service in Viet Nam.

A few months before Jack's arrest, he had learned that his mother was dying of a degenerative disease. At first he visited her on weekends, traveling the thousand miles to her, talking with her doctor and nurses, and returning home. He became certain that only he could provide her with the supportive care she required, and he moved her to his home. Then, as his mother continued to deteriorate physically, Jack began to experience ambivalent feelings towards her. He saw her as an emotional drain, and at times wished she were dead.

Jack experienced barely perceptible confusion over his mixed feelings towards his mother, and he became minimally aware that he was feeling “down.” His decision to enter the building was motivated by two conscious needs. First, he wanted money because he was concerned about how he would pay for his mother's care when her savings were depleted. Second, because he was feeling “down,” he hoped that success at an adventure would give him an emotional lift, making him feel happy. At the start of therapy he was not aware that his behavior was related to a need to assert mastery at a time when he felt helpless. As his capacity for insight increased, he realized that his mother's illness had caused him to reexperience painful memories of helplessness, which in part originated in his work as a medic in Viet Nam.

Efforts to explore Jack's dream life produced information concerning two repetitive dreams. Jack reported that usually he did not dream, and that these were the only dreams he could recall. In one dream, he is going to fetch something from the garage. There, he is met by a menacing bear and feels frightened. Jack awakens just before the bear reaches him. In the other dream, Jack is sleeping on the ground in Viet Nam, and within the dream he awakens with a snake on him. He immediately associated to his hatred of snakes, said that in the dream he was frightened, and added that he actually awakened in a state of panic after waking within the dream. Efforts to develop associations to these dreams were met with thoughts of actual fears: during his childhood, living in a rural setting, Jack was afraid of
attacks from animals; he really did fear snakes and had done so all his life. What was most impressive about these dreams is that in them Jack seemed to be reexperiencing something he knew and feared. Eventually, he recognized that his dream life reflected his preoccupation with real-life traumatic experiences.

Through exploration of his relationship with his dying mother, and his attempted commission of a crime which couldn’t succeed, Jack learned that he had been acting symbolically in response to feelings of survivor guilt and the need for punishment to expiate guilt. Jack realized that his anxiety dreams represented an attempt to master the scars of psychic trauma, which in large measure involved combat. He recognized that his original “war crime” was that he had survived, while failing to save his friends. He saw for the first time that he had been angry at his patients for dying, and that this complicated reaction had made him feel even guiltier. Finally, Jack realized that his style of relating to others after Viet Nam was designed to shield himself from traumas in the future.

Specifically with regard to the burglary attempt, Jack came to believe it represented a complicated effort to deal with the feelings he had about past experiences, including his experiences in Viet Nam. As time passed his memory of the burglary improved. Eventually, Jack realized that during much of the burglary he was unsure of where he was; “felt” he was back in various past situations, including Viet Nam; felt very guilty; and believed that by successfully entering the locked building he would symbolically enter the hospital to help the men to whom he had ministered in the field. He also became aware of a wish during the burglary to be caught and punished.

As Jack remembered more, he became less psychically numb, more involved with his psychiatrist, and better able to struggle with painful memories of his past and how he specifically played them out in the here and now.

There is no question that psychological treatment of PTSD is effective and that this effectiveness is explained by the oldest of psychiatric principles: the process of putting painful feelings and impulses into words ameliorates psychic suffering, and the development of an understanding of the meaning of one’s actions and memories and dreams has a healing effect. These truths explain the reason for the success, not only of individual psychotherapy, but of peer group counseling in the treatment of psychic trauma. In the group setting, the purposes of behavior, dreams and daydreams, and fantasies are well known to all who share the common pathway of stressful experience which leads to membership. This, too, is described in detail in this book.
From a psychodynamic perspective, both Stan and Jack illustrate that Viet Nam veterans with PTSD struggle with guilt (4). Such veterans fear the loss of those close to them and fear hurting anyone with whom they develop closeness. That the condition involves the repetition compulsion, the desire to rework the past and make it come out differently, is clear. Also clear is that, since the script is already written, a different outcome is not possible.

Some of the most fascinating questions about PTSD arise with respect to the metapsychological concepts of psychic energy and structure. The psychoanalytic literature proffers the idea that psychic trauma can cause a fundamental psychobiological change (5), that is, a permanent, biologically rooted change in the way the mind works or performs the range of psychological functions. Included in this perspective is the view that psychic energy is not available as before to perform mental tasks.

These theoretical speculations about psychic energy and structure raise vital questions, which can be answered through basic and applied research. Does trauma actually alter the biological activity of the central nervous system in some potentially permanent way? If so, what is the mechanism of action? Finally, how can pharmacological or psychological intervention, or a combination of the two, return the system to proper functioning?

Those who suffer from PTSD report similar traumatic dream and waking experiences. They report altered states of consciousness and a sense that they are often "not all there." They report a vague sense that they are often doing something that they have done before. All this suggests that there may be unusual patterns to be found on the EEGs of these individuals, and that this may be an area of measurement where understanding of the biological roots of behavior can be advanced.

The relationship in traumatized individuals between dreaming and waking life, for example, clearly provides an opportunity for such investigation. From a clinical perspective an attempt to rework a past traumatic event may involve an eruption of dream life, the life of the wish, into waking life. In a psychologically traumatized man, sensory conversion reactions which represented an intrusion of the dream into waking life have previously been described (6). That formulation concerning conversion leaned heavily on the work of Levitan (7) and Lewin (8).

Altered states of consciousness in the form of flashbacks, as experienced by both Stan and Jack, may represent intrusions of dreams and traumatic memories into waking life. If this hypothesis is proved correct, it would provide an explanatory mechanism for complicated, irrational flashback activity. Another traumatized patient previously
described experienced obvious hallucinations (9). While hallucinations are not described in DSM-III (10) as a part of the PTSD syndrome, they are recognized as occurring in traumatized individuals, sometimes as an intensification of flashbacks. Hallucinations are thought of as a dream-in-waking-life phenomenon by some who work with psychotic patients, so in fact the idea that the barrier between dreaming and waking life is disturbed by psychic trauma is compatible with a long tradition of theoretical psychodynamic formulation.

The recorded history of PTSD is almost as old as the history of humanity, sensitively reported by talented expert observers of the human condition. Not long ago the contemporary literature noted the poetically reported case of a European university student, who several hundred years ago was noted to have PTSD. The poet was Shakespeare and the student, Hamlet (11). Despite this long history of recognition of PTSD, it seemed that after Viet Nam even recent clinical experience derived from World War II and Korea was forgotten. Many psychiatrists simply did not recognize PTSD, even in veterans who showed dramatic signs of an unsuccessful attempt to reintegrate psychologically after a stressful war experience. This phenomenon indicates the difficulty all mental health professionals have in recognizing and working with problems related to stress. More than most patients with mental illness, those with PTSD arouse anxiety about the helping professional's own potential for psychopathology, as therapists recognize in themselves the capacity to act in savage ways under savage circumstances, and to suffer a protracted and agonizing stress disorder in response to that behavior.

Psychiatrists and psychotherapists can overcome anxiety and listen with empathy to those who suffer from PTSD. First, recognition of how difficult it is to do this work is necessary, and then professionals can learn that they do have the ability to bear the stress of working with this patient population. If therapists do create an environment in which veterans can tell their stories, the therapists will experience the special satisfaction of the healer who works well with the victim.

Finally, another result of working with those who suffer from PTSD is that therapists will learn much that is applicable to patients in other diagnostic categories. Victims of psychic trauma teach one to appreciate how in the lives of all people elements of reaction to stress are intermingled with elements of the more familiar neuroses and major mental disorders. While many of the situations which cause PTSD are clear-cut, it is my view that the experience of even a most horrible event as traumatic must be understood as a unique phenomenon in each patient or client. All human beings are unique, have had unique developmental experiences, and possess a singular set of psychological strengths, weaknesses, vulnerabilities, and potentials. Thus, by under-
standing those with PTSD, by listening carefully to their stories, much can be learned about the nature of human mental functioning, and hypotheses about psychobiology and the interplay of talking therapy and biological disorder can be generated.

Such lessons potentially advance our understanding of psychology and behavioral science and create the possibility of helping patient groups who have so far been beyond the reach of psychiatric therapy. Thus, this book has been written to serve a twofold purpose: to demonstrate the problems and needs of Viet Nam veterans suffering from the trauma of war, and to disseminate the combined experience of this book's contributors, in the spirit of aiding the advancement of psychological science and art.

REFERENCES


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