AFTERMATH OF, PSYCHOANALYTIC ASPECTS

War by its very nature is violent, and psychoanalysis offers perspectives on the effects of that violence on combatants and civilian victims, their family members and communities, and subsequent generations (descendants) of those exposed to the trauma of war. It has been observed that the psychological aftermath of war trauma is similar in these diverse groups, and that theme—that the human psychological response to the violence of war is similar in all who are involved, directly and indirectly—is the central focus of this essay. From the point of view of the clinical psychoanalyst, in war there are no victors, for everyone suffers comparable psychological damage. A distant and popular American war may have almost no obvious effect on an individual in the United States who does not lose a loved one, while another who directly experiences a loss will be clinically affected in ways more apparently similar to combatants or those living in the countries where combat took
The Story of a Veteran of War

What follows, in vivid detail, is a description of how a veteran of war might manifest the aftereffects of battle.

Sam is a fifty-one-year-old man who fought in Vietnam in 1965 and 1966. He suffers from post-traumatic stress disorder (PTSD), a condition once referred to as shell shock or battle fatigue. The course of Sam’s illness has been severe and chronic for over three decades. In the past he has had brief encounters with psychiatrists, but only recently did he decide to pursue treatment again, this time agreeing to weekly psychotherapy in addition to medication. When Sam came to a Veterans Administration hospital six months ago he described enduring and haunting memories, symptomatic of PTSD. He had gone to Vietnam at the age of eighteen, after joining the military at seventeen with his parents’ permission. While in Vietnam he repeatedly witnessed death and injury to his fellow soldiers and to the Vietnamese soldiers he was fighting against, but he also sustained serious injury and believed that he would die. He remains particularly horrified about witnessing the death of a woman and a child, and he continues to harbor anger at a fellow soldier, a combat buddy, who attempted suicide by shooting himself after participating in a battle in which civilians were slaughtered.

Sam describes feeling vilified by his community and some of his family upon returning from Vietnam. He felt alternately rejected and misunderstood by his father and his father’s friends and associates and smothered by his mother’s attention to his physical wounds. Unable to cope with both the rejection and the intense nurturing of his parents, he joined a motorcycle gang and began a chaotic and violent period in his life.

For the next ten years, 1967 to 1977, Sam experienced intense emotional distress, which he tried to self-medicate with alcohol and drug use. He got married, and he and his wife had a child, a son, during these years. He recalls telling his wife that she should leave him because of his turbulent behavior. Later, his condition would be diagnosed as PTSD, but at the time he did not understand what was wrong with him and felt that he was out of control. He experienced diffuse rage and extreme violent behavior, and his wife eventually divorced him after eight years of marriage.

Over the next five years, between the ages of thirty and thirty-five, Sam moved multiple times, starting and either leaving or losing multiple jobs as a low-level manual laborer. He preferred to work outdoors, where he did not feel trapped or crowded, and this kind of work allowed him to avoid almost all social interactions, which made him anxious. A very brief second marriage ended (continued)
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in divorce. Following the breakup, he did not attempt to form any further relationships, including friendships, feeling strongly that he could not trust anyone enough to risk even a casual relationship.

At age thirty-seven Sam attempted suicide by shooting himself, and while in the hospital for medical care he made a second unsuccessful attempt to kill himself. He was then transferred to a psychiatric unit, but after being discharged he stopped taking his medications and refused further psychiatric treatment of any kind. He did, however, pursue his education, becoming a licensed vocational nurse like his mother, at age forty.

For the next nine years Sam worked at a Veterans Administration hospital as a nurse, with some success. But eventually his PTSD symptoms caught up with him, and he was asked to take early retirement based on medical disability. He then moved to live with his son and grandson.

Sam describes a life in which he is tormented by the trauma of war, a life in which he believes he is guilty of both inflicting violence on others and wrongly surviving retaliatory violence directed at him. (Survivor guilt is central to PTSD, which is also known as the survivor syndrome. Even noncombatant victims of war experience guilt over having done whatever they did to survive. They believe that their survival was achieved at the expense of others.)

Sam is tormented by persistent reexperiences of war trauma in his dreams, intrusive recollections of Vietnam, and in vivid flashbacks that he finds difficult to separate from real life. He says that he cannot bear to think about Vietnam, that he must put such thoughts out of his mind, and that he cannot associate with other veterans or celebrate Memorial Day. He also describes being emotionally numbed and incapable of intimacy.

Psychoanalysts believe that the trauma of war may create a fundamental psychological change in its victims, and Sam shows signs of what may be such change: he has trouble sleeping, is irritable and hypervigilant, is easily startled, and has a bad temper. These symptoms have been hauntingly persistent and have caused significant impairment in every aspect of Sam's life. His struggle has been a long and difficult one, and now, after so many years, he is tentatively willing to begin a treatment that will at best be similarly stressful, but possibly healing.

This description is typical of the severe symptoms that are seen in a traumatized combatant. However, it must be emphasized that noncombatants who were exposed to the trauma of war violence may suffer similarly from PTSD. In others who are traumatized, the clinical picture may be less severe, but nevertheless significant guilt over survival. In addition to other symptoms, may be present.

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dren to make or avoid war when they become adults.

This essay is based on clinical observations of those who have experienced war trauma, and the study of reports by clinicians who are experienced in making such observations. The sidebar contains a detailed description of a veteran of war, but it should be understood that a noncombatant victim of war, such as a concentration camp survivor or the child of a combatant or survivor, might present a similar clinical picture. Similarly, the specific nature of the conflict does not seem to substantially change the symptoms of psychological trauma observed: violent confrontations in cities in the United States between members of gangs and law-enforcement officials produce clinical pictures similar to those displayed by combatants and victims of conventional battlegrounds.

The Contagion of War Trauma

The effects of war violence are visited upon family members and upon the communities and descendants of those directly affected by the experience of war. Living family members of concentration camp survivors, for instance, often feel guilty for surviving such violence even if they were thousands of miles away in America when the Nazi Holocaust took place. The children and spouses of war veterans can suffer from the same reactions to war violence as their soldier relative and show similar symptoms of post-traumatic stress disorder. Psychoanalytic understanding of this phenomenon indicates that the actual war survivor subtly imparts the imperative to these family members that they must participate in the central survivor’s suffering. Psychological processes such as projection and identification take place, resulting in a psychological contagion of war trauma. All those touched by war—combatants, civilian victims of fighting and efforts at extermination, surviving family members, and descendants—show similar psychological stigmata as a result of the violence of war.

Some of the most interesting psychoanalytic ideas about the nature and causes of war involve hypotheses about how such mechanisms of contagion work within communities, even nations, and operate transgenerationally, causing old conflicts to resurface from generation to generation. Thus, the children of individuals who fought in a war might feel that there are old scores to settle, and would, when they reach maturity, be more likely to promote a similar conflict so that they can take up the cause for which their parents struggled and justify the psychological and physical suffering of their families, their communities, and themselves. Personal psychological traumas, connected to both personal, family, cultural, ethnic or national myths can in that way be transmitted even to those unborn at the time of a war, perpetuating old hatreds, old sources of guilt, old needs for guilt expiation and self-justification, and in the end leading to new outbreaks of violence.

Perceptions of Danger in the Aftermath of War

Another area that has been explored by psychoanalysts and psychologists is the nature of perceptions of danger and instability in the aftermath of war. Such perceptions are another effect of war violence and trauma on societies, and can predispose them to future outbreaks of violence. The Cold War between Russia and the United States was an example of this, and the United States practice of nuclear deterrence a central political and military policy through which this could be observed. Nuclear deterrence required the development of a nuclear force of sufficient strength and flexibility that any nuclear attack against the United States would be answered by a successful in-kind attack against the perpetrator.

The policy reflected what for the United States was a fearful experience with the Soviet Union after World War II, as the Soviet military repressed dissent in the block of nations it controlled. The direct threat to the security of the United States during the Cuban Missile Crisis was a particularly galvanizing national experience. But nuclear deterrence also reflected an awareness of the destructive power of the nuclear weapons employed against Japan at the end of World War II, as well as those subsequently developed. The trauma of war violence created national guilt in the United States; the national anticipatory reaction concerning destruction of the world also reflected fears of punishment that were in part related to guilt over using the atomic bomb against civilian populations in Japan. Here, a psychological effect of war violence was significant in its effect on national policy.

From the psychoanalytic perspective, one recognizes that such overwhelming guilt-based traumatic anticipation had to be controlled on a long-term basis, so that people did not live in a constant state of panic. Deterrence policy therefore had to be a self-perpetuating dogma, though it began as a set of potentially useful guidelines after the Su-
viets had developed their own nuclear capacity. Influenced by unconscious psychological forces, policy makers reasoned that the only way to control devastating weapons of mass destruction was to continue the development of weapons that were even more destructive than those possessed by the other side. A preoccupation with technology developed, and efforts were made to determine and match the numbers of weapons and the delivery systems operated by the Soviets.

Rather than consider other models, especially models that would promote conflict resolution, nuclear-policy makers in the United States assumed that the Soviets would behave reasonably only in response to the threat of force, the awareness on their part of the American capacity to successfully retaliate. Those who disagreed with that perspective were declared naive or accused of operating under false assumptions.

In retrospect, many international relations experts such as Robert Jervis and Patrick Morgan have come to recognize that nuclear deterrence brought the superpowers closer to war, by increasing the level of mutual suspicion and distrust and creating a destabilizing, perpetual arms race. But at the time that deterrence was accepted as the best way to prevent a nuclear war, U.S. experts were sure their ever-vigilant weapons development programs minimized the effect of destabilizing technological advances. Psychoanalysts, on the other hand, would suggest that deterrence was a policy based on a mythology, and in many ways a response to the societal effects of war violence, which operated outside of the conscious awareness of national leaders and the population at large. Contemporary psychoanalysts would further suggest that such thinking and behavior by individuals and groups of individuals at times perpetuates intergroup tensions, and unknowingly contributes to violent or potentially violent interactions between nations.

BIBLIOGRAPHY


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See also Nonviolence; Post-Traumatic Stress Disorder; Prisoners of War; Victims of Violence; Vietnam War.