

# War on a Sunny Afternoon

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As I walked into the windowless seminar room at 9:30 am on a sunny day at Fielding Graduate University in Santa Barbara, CA., to teach Psych 711: Iraqi War Vets and their Families, I worked hard to muster energy for the day. I felt sleepy, nervous, and painfully aware that a sandy beach and blue water lay just across the street from the hotel.

The nine students and I were there to understand more about the psychological consequences of combat on soldiers and their families, and ways to respond therapeutically to such trauma.

I'd enlisted for this mission because I'd become acutely aware of its absence in our psychology curriculum. The decision to invade Iraq in 2003, combined with operations in Afghanistan, means that approximately 1.5 million U.S. troops have served in battle.<sup>[1]</sup> By the end of 2006, a quarter of discharged Iraq and Afghanistan veterans have filed disability claims; over 60,000 have been for mental health issues. The Veterans Administration estimates that about 30 percent of those who spend time in a war zone develop symptoms of post-traumatic stress disorder.<sup>[2]</sup>

We took two books by Dr. Jonathon Shay, a psychiatrist at the Boston VA hospital, *Achilles in Vietnam* and *Odysseus in America*, as our readings for the day. Shay's books explore the impact of combat on the character and identity of soldiers. He focuses particularly on how combat experiences and the sense of betrayal by leaders leads to shattered personal narratives about "what's right" and a breakdown in the very social trust that might be healing to the trauma vets have experienced.<sup>[3]</sup>

Reading Shay's work, I wished that such understanding had been in place when I had done my psychology internship in the VA system in 1970. Back then, we really didn't know about what is now called PTSD. Vietnam vets were flooding the VA system and we had no clinical language for what we were seeing. The term "PTSD" didn't appear in the DSM until version III in 1980. The internship had a profound, conflictual impact on my professional identity as a psychologist. As a 25-year old intern with a draft exemption (as a graduate student), I felt helpless, overwhelmed, guilty, and inadequate to provide help to vets who had endured experiences I could only imagine (or, actually, couldn't). I hoped the Psych 711 seminar would provide support to students and help me understand more deeply the contemporary challenges of working with vets and their families.

As we began with introductions around the seminar table, the way war touches on the families of combatants became very clear and present. One student cried as she told the group about her husband's continuing flashbacks to his Vietnam trauma, and how his compromised sleep brought back memories of her mother's lifelong anxiety after the firebombing of her German city during World War II. Another student related that both her uncle and her father are Vietnam Vets. Her father hardly speaks of his experiences, while her uncle seemed marked by whatever happened to him and has had difficulties in his relationships and work life; he, too, doesn't talk much about it. The student works now with vets at a Midwestern VA hospital. Another student, now in his forties, told us

that he was born while his father was completing several tours of duty in Vietnam. His father didn't come back to the states to live with his family until his son was two years old. "I really didn't know what to make of who he was, which made it hard between us. I think my reactions when I first met him really hurt him." When older, the student tried to have a conversation with his father about that experience, "but he didn't say much and I got very emotional, began to cry, and that left me embarrassed. We haven't spoken about Vietnam since." His father went to Vietnam as a career officer, but upon his return decided to leave the service, never explaining why.

The level of feeling came up quickly in our seminar room. The tears were unexpected. "I hadn't realized the impact of this on me," one student observed, referring to having a relative in the combat. I thought of my uncle who'd been in the Seabees during WWII and was part of one of the first units involved in the occupation of Japan in 1945. He never talked about what he saw there. My father, in contrast, taught navigation to Army pilots stateside during the war and told me the thing he was proudest about was "teaching men how to survive: to get themselves and their planes back to base." He never mentioned, and I never asked, how he felt about the bombs the pilots were dropping on the enemy.

By one estimate, taking into account extended family networks and Milgram's famous six degrees of separation between people (grandparents, aunt and uncles, etc.), over 42 million people may know a vet directly.<sup>[4]</sup> We encounter vets every day in our lives, walk past them on the street. Some live there: current estimates are that one-third of the homeless are vets.<sup>[5]</sup>

The heartfelt "go-around" in the seminar room led us to contemplate "the unspoken" in the lives of vets and their families. We discussed what vets cannot say and what they do not say about their experiences when they return, and how this silence maintains and protects whatever trauma may have been experienced. One of Shay's central points is that character is a community of values and there is a shrinkage in the social horizon for vets who have experienced what their loved one back home cannot know, may not be able even to imagine. How to talk about war experiences that are beyond comprehension?

"Picture this scene: A Vietnam combat veteran goes to a family wedding some ten years after his service....The band plays a Jimi Hendrix piece that reminds him of a dead friend, blindsiding him with emotion. He tries to conceal his tears, but a rich relative notices and says, 'Why aren't you over that Vietnam stuff yet?' Anyway, that war was all about oil—and damn right, too, or we'd be paying \$5 a gallon for gas.'

"Saying that to one of the veterans I worked with at such an emotional moment would provoke an explosion of rage. He might tip the table over in the man's lap. The veteran's relative is intimidated, stammers an inaudible apology and rushes away. The veteran looks around feeling like someone has just peeled his skin and every nerve ending is naked and exposed. Everyone in the church hall is silent; everyone is watching him....He walks slowly from the room and out of the church. His wife is weeping with mortification, fury, and self-blame that she didn't catch this in time. She is torn between

her love for and loyalty to her husband and the ten-year family consensus that the veteran is a dangerous psycho.” [6]

A student points out Shay’s observation that one impact of learning to become a soldier does not exactly prepare you to return to a peacetime civilian life. “A career that war exactly prepares veterans for upon return to civilian life is a *criminal* career...” [7] One line of contemporary psychological work on soldiers has discussed the increasing and practiced de-humanization of the enemy necessary to convert men and women into soldiers willing to kill others in contraction of their own moral standards. The act of shooting a rifle at another person counters the ways in which many have learned to think of ourselves as “good people.” Several of the students in the seminar presented for discussion studies of the ways in which the army has used psychologists and psychological research to train soldiers.[8]

The morning discussion had left us now in a precarious position in our seminar. We understood that the experience of combat leads to shattered assumptions about the world, particularly beliefs about the fairness of the world, about oneself as a “good person,” and the trustworthiness of others. Shay and others who write about PTSD discuss the maladaptive ways vets develop to handle the breakdown of basic trust in the world.

In the seminar now, though, we were struggling now to acknowledgement challenges to our trusted assumptions about ourselves and the world we lived in.

We discussed the role of our own profession of psychology in the development of techniques that are destructive to the character of soldiers. We talked about the bitter battle within the American Psychological Association to pass a resolution condemning the participation of psychologists in “enhanced interrogations” at Guantanamo Bay and in Iraq. The resolution passed recently, but the APA has been slow to implement it. We discussed the recent APA presidential election, in which a candidate who wanted the APA to take a careful look at its ethical guidelines around interrogations came in third in the balloting.[9]

We returned to the vets’ experiences of coming home after encountering realities that shattered their sense of trust in the world, trying to communicate that to a husband or wife, to children, or to a society that insists they are either “baby killers,” as some Vietnam vets were called (one seminar participant who works at a VA recalled a vet relating that he’d been spat on in his college class in 1972 when an instructor revealed he was a Vietnam vet) or as “heroes” back from Iraq. The “hero” label, when felt undeserved, can lead to disjuncture and silence. One Iraqi vet revealed to a seminar member the pain he felt at being given a medal for his behavior during a vicious firefight where he’d wet his pants he’d been so afraid and just barely managed to “remember to pull the trigger.”

Does the culture really want to listen to the human pain of vets? Just before we broke for lunch, we wondered, too: did *we* in the room want to hear it? Did we want to acknowledge the challenges to some of our trusted assumptions?

Returning from lunch in the bright sunshine, we turned to therapy with vets and their families. We were all interested in knowing how to help, of course. And the students, many of whom worked in VA or other settings with vet populations, wanted to know what works and what doesn't. We talked about Prolonged Exposure Therapy, Cognitive Processing Therapy and CBT, psychodynamic approaches, both individual and group. As we wound through our menu of techniques, I found myself wondering if our highly energized post-lunch discussion was a bit trauma-based, whether we were like soldiers trying to armor ourselves for a battle, armoring ourselves against a helplessness for which ultimately there is no effective armor.

Shay observes that “healing from trauma depends upon communalization of the trauma—being able safely to tell the story to someone who is listening and can be trusted to retell it truthfully to others in the community. So before analyzing, before classifying, before thinking, before trying to *do* anything--- we should *listen*. Categories and classifications play a large role in the institutions of mental health care for veterans, in the education of mental health professionals and as tentative guides to perception. All too often, however, our mode of listening deteriorates into intellectual sorting, with the professional grabbing the veterans' words from the air and sticking them into mental bins. To some degree that is institutionally and educationally necessary, but listening this way *destroys* trust. At its worst our educational system produces counselors, psychiatrists, psychologists, and therapists who resemble museum-goers whose experience consists of mentally saying, ‘That’s Cubist...That’s El Greco!’ and who never *see* anything they’ve looked at. ‘Just listen!’ ...”[\[10\]](#)

Technique is important, but without our ability as caregivers to bear both the distress of the vet and our own distress, how effective can we be? If we are de-humanized to ourselves, how human can we be? I thought back to my own work as an intern almost forty years ago with a 20 year old Vietnam vet from rural Vermont assigned to me for weekly individual psychotherapy. Two weeks into his tour, he'd stepped on a claymore mine and blown his right leg off. Now he was hospitalized with an “acute psychotic reaction.” At that point, rather classical psychoanalytic approaches were still in vogue in the VA system (believe it or not). I sat with the vet and wanted to uncover the developmental roots of his withdrawn, confused and confusing behavior. “You have to get to the oedipal implications of that wound!,” my supervision growled at me mysteriously. It wasn't that I didn't get the reference to my patient's damaged sense of masculinity (I'd read most of Freud by then and was in analysis myself) but my cognitive and affective ability to understand was compromised by the fact that I was frozen emotionally. What I think I needed at that time was a supervisor who'd sit with me and *listen* and then talk with me about grief, terror, the loss of meaning— either for my patient or for me, preferably both of us. My own sense of damaged masculinity at what I saw every day around me in the hospital, in the news (the invasion of Cambodia) and in Harvard Sq and downtown Boston (daily anti-war protests). How frozen I felt back then, how locked into my own psychic bunker. Perhaps we all were—staff and patients. Perhaps we could not acknowledge our own shock and despair and sorrow. The psychoanalytic concept of parallel process and its role in organizations is useful here: the relationship between interns and senior psychiatric staff mirrored the disjuncture between combat soldiers and their leaders-- both given missions for which they were inadequately

prepared. The patient and I were locked together in our shared experience of helplessness and disjunctive experiences in our therapy and my supervisor and I were locked in the same pattern. I wish I'd been able to say to the young patient—barely younger than me—that I doubted I could imagine what he's been through and I'm not sure how I can help but I wanted to listen and would respond as honestly as I can.

In our Psych 711 seminar, the animated conversation about techniques and EVT's and validity studies and reliability went on. Were we cataloguing paintings in a museum, in Shay's words? Were we going to "de-humanize" the vets and ourselves, finding all kinds of techniques but losing the lived experience of the men and women we were trying to help, as well as our own? Just hours ago we'd identified "the unspoken;" how experience disappears when you can't find the words, or courage, to say it. Would we lose *our* experience?

The group, as often happens, provided an answer. One participant who works with vets off-handedly commented on a patient's assumption. "No one in the whole VA system cares about what happens to me," he yelled at her one day. "Even me?" she responded to him.

We were brought back to our own emotional presence in the therapeutic relationship, how it is co-created by both parties. Do *we* care? Can our caring strengthen their caring and sense of being cared about?

What does it mean for us to care? It means wanting to listen, of course. To listen to what may feel intolerable. It also may mean acknowledging what is intolerable in us: everything from the part of us that may not want to hear to the reality that we asked these men and women to do what we may not have wanted to have to do-- to protect us, to fight for us.

In the seminar, we returned to the incomprehensible. One student spoke of her mix of anger and astonishment at a seemingly "insane" behavior a returning vet told her about. During a firefight in Iraq he stuck an arm out of his Humvee to take pictures of the firing with his cell phone, against orders and his own safety. "'That's crazy', I thought, and didn't know what to say to him, except how could he do such a stupid thing."

There's the point: *how could he do something so incomprehensible to us?* Insane? Crazy? Stupid? The student hadn't asked the vet to tell her his understanding of why he did it. Yet restoration of narratives means being able to retrieve and integrate experiences held at a distance. In treatment it may also mean acknowledging the disjuncture between our experience and theirs. We contemplated with the student what relationship of trust is needed for her to *ask him and listen to his answer*. "That that sounds crazy to me, you could have lost an arm, but your thinking may be different, your experience different. Tell me how you see that." Or words to that effect.

As the seminar wound down, I was so impressed with the courage of the students, who allowed their feelings to surface during their day, and who were willing to share their thoughts and experiences so openly and directly with each other. We returned to the unspoken and the value of giving voice to trauma that may have happened even years

ago. A student discussed James Pennebaker's research, indicating that putting experiences into words may in itself have a healing effect.<sup>[11]</sup> We returned now to Prolonged Exposure Therapy, to Cognitive Processing Therapy, to psychodynamic groups. Now technique had life to it. We discussed each as a way of trying to help restore narratives within a caring relationship. What would that relationship consist of? How do you listen carefully and not assume you know?

The student who'd first met his father at age two and found the conversation stalled back then, now reflected on the fact that he'd only asked him about the war once and had come away feeling so ashamed himself and so alone that he hadn't dared ask again. "We're both older now, maybe I can try again."

The student's words felt symbolic of the broader experiences of trying to talk about war and its consequences. Under the silence or maladaptive behavior may be experiences and feelings for which we don't have words. How to find them? We reflected on the burden of having to appear strong when you don't feel strong. Vets know that experience. Psychologists do, too. We may have a lot to learn from each other. What does it mean to be strong as a therapist? Having "the answer"? Mastering techniques? Or being able to sit with overwhelming pain and not deny or dissociate from it?

The seminar ended with the recognition that we are both in a relationship, those who go to battle and those who stay home. It's a relationship of shattered assumptions, of guilt and shame and hope on both sides. Both sides may want to deny and dissociate from what happened and both need to find a way to restore a healthy narrative that encompasses their shared and different experiences.

Our patients need that new narrative. We as caregivers need one, too. The American Psychological Association needs one. Our country does, too, as we come to terms with what we ask of men and women when we send them into combat.<sup>[12]</sup>

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[1] Meagher, I (2007) *Moving a Nation to Care*, Brooklyn, NY: Ig Publishing

[2] US Dept of Veterans Affairs: National Center for PTSD, "What is Posttraumatic Stress Disorder?," July 20, 2006, [http://www.ncptsd.va.gov/facts/gernal/fs\\_wah\\_is\\_ptsd.html](http://www.ncptsd.va.gov/facts/gernal/fs_wah_is_ptsd.html). The Pentagon's continued refusal to award the Purple Heart to veterans suffering from PTSD has led one former marine officer to proposal a new medal, a Black Heart, "awarded to those whose minds and souls have sundered by war." See "Boudreau, T, "Troubled Minds and Purple Hearts, *New York Times*, Jan 26, 2009.

[3] Shay, J (1994) *Achilles in Vietnam*, NY: Scribner, and Shay, J.(2002) *Odysseus in America*, NY: Scribner

[4] Cogan, D. "Since He's Gone, I Don't Laugh Anymore," *O Magazine*, June 2007.

[5] Meagher, I, *op. cit.*

[6] Shay (2002), p. 16

[7] Shay, J. (2002), p. 26

[8] Grossman, D. (1996) *On Killing: the psychological cost of learning to kill in war and society*, Boston: Little-Brown; Grossman, D. (2007) *On Combat: the psychology and physiology of deadly conflict in war and in peace*, Illinois: PPCT Research Publications; Nadelson, T. (2005) *Trained to Kill: Soldiers at War*, Baltimore: Johns Hopkins University Press

[9] "Psychologists weigh torture ban," *The Boston Globe*, Aug 19, 2007; see also [www.reisnerforpresident.org](http://www.reisnerforpresident.org)

[10] Shay (1994), pp. 4-5

[11] Pennebaker, J.W. (2004). *Writing to heal: A guided journal for recovering from trauma and emotional upheaval*. Oakland, CA: New Harbinger Press. See also, Pennebaker, J. W. (1997). *Opening up: The healing power of expressing emotions*. New York: Guilford Press.

[12] A number of scholars are addressing aspects of these questions. See Bacevich, A (2006) *The New American Militarism: How Americans are Seduced by War*, NY: Oxford University Press