

IMPACT OF VIETNAM WAR

10,000 Day -
Kerr Lee
- Levi Lee

- Tonight: announcements: (1) Ron Godwin -- rooms Geology 1100
Psychology 1824
Broida 1640
- (2) next week -- Judy Coburn
- (3) Sunday -- 1724 Santa Barbara St., 4-6 pm

warmup -- conference last week

describe it ----

POST TRAUMATIC STRESS DISORDERS

Point 1 -- Post Traumatic Stress not restricted to survivors of Vietnam War.

- other cases: -survivors of the atomic bomb at Hiroshima, Nagasaki
-survivors of a flood at Buffalo Creek, West Virginia
-survivors of the Nazi persecution in World War II
(Sophie's Choice -- an example...)
-- veterans of the Vietnam War...

what all of these situations have in common:

- (a) profound exposure to experience of death
(b) experiencing that one's own life has been threatened

Symptoms all of these situations have in common:

- (a) individual (survivor) re-experiences elements of the trauma in (1) dreams
(2) uncontrollable and emotionally distressing images
(3) dissociative states of consciousness
(4) unconscious behavioral re-enactments of the traumatic situation...

- ramifications: (1) psychic numbing --
(2) depression
(3) loss of interest in work and significant activities
(4) survivor and moral guilt
(5) sleep disturbances
(6) loss of intimacy
(7) mistrust
(8) rage and anger
(9) feeling of helplessness.....

How widespread is this? 30-70% of Vietnam veterans are presently suffering from PTSD (based on latest research)

Psychologists are going after this one: call these THE SEVEN DIMENSIONS of PTSD

isolated seven orthogonal factors (orthogonal = determining factors....
significant variables)

these things happen together:

- (1) depression, search for meaning, identity confusion
- (2) physical symptoms, memory impairment
- (3) stigmatization, alienation, cynicism
- (4) sensation seeking, authority conflict
- (5) anger, rage
- (6) intrusive imagery of Vietnam
- (7) intimacy conflict.....

next question: what stimulates it....?

why do some have more of it than others....?

what are the catalytic factors.....?

psychologists answer: (1) there are certain stressors (items that create stress)
and all of these pertain to one's proximity
to death and dying in Vietnam

(2) psychological isolation during the first six
months at home

(3) pre-morbid personality traits --
(e.g. anti-social, paranoid, narcissistic
tendencies before Vietnam)

political point: some say Vietnam veterans
had a predisposition to PTSD before
Vietnam. Ones who suffered worst
were ones with this disposition....

findings: only 4% of incidence of PTSD
can be accounted for this way....

But what the inquiry did find was that concern
about PSYCHOLOGICAL TASK OF IDENTITY FORMATION was
very much in operation....
but this is not pre-morbid personality trait,..
it is a normal developmental task of young adulthood....

Finding: identity formation -- a normal procedure at age 19 -- was interrupted by Vietnam.....

or had to be enacted within the terms of the war.....

average age of Vietnam combatant 19.2

NEXT: persistence of emotionally distressing trauma demonstrates

that the event has not been processed to completion.....

remains in active memory storage.....

in active memory storage...is a potential determinant of behavior....

e.g. in dreams: experience comes back in dreams, flashbacks....

person may feel trapped....overwhelmed by a flood of images....

confused and disoriented as to time and space...

psychically overloaded with intrusive imagery...

Now: how do people react to this...?

(1) avoidance mechanisms,.... e.g. repression, denial,

blocking of intrusive imagery.....

sleep a lot ...

alcohol.....

drugs....

"action junkies"

what happens: trauma is returned to active memory storage...

by coping mechanisms....

but eventually coping mechanisms are not great enough to keep the experience under control....

and it breaks forth.....

how does it break forth.....?

in grieving --- sobbing, telling the story.....

in a reenactment of the original event -- doing it all over again.....

hence, this syndrome is often associated with assaultive and violent actions....

(both Bill Mahedy and Shad Meshad told me that

the dangerous part of their work is that their

or:

lives have been threatened.....repeatedly)

OR: SENSATION SEEKING --

maintaining level of arousal similar to that experienced in combat activity....

engaging in dangerous, risky and challenging activity --

parachute jumping, flying, skin-diving, motorcycle riding, etc.

all "living on the edge" of contest between life and death....

another way to do it: by experience that who the veteran is now, after the experience of Vietnam, is "a walking shell of a former self that died in Vietnam."

way this gets expressed: depression, severe depression.....

person feels that he is a victim of fate...
a mere pawn of the government.....

lots of anxiety.....

can become suicidal.....

can encourage criminal behavior.....

wherein person acts out his anger toward the government or toward authority.....

threatening a police officer.....

The psychologist say: once the veteran enters into a survivor mode of functioning, he is different from his usual self... and may utilize the survivor skills learned in combat to deal with the normal stresses, tasks, and responsibilities of daily living...-

he may respond to a situation the same way he did when he was in the war zone.....

(Bill Mahedy -- I spent two years in Vietnam....and I know how to kill.....)

In this altered state of consciousness, the individual may commit aviolent or non-violent crime depending on what happened to him in Vietnam...

Now, there is another side to this....

point: people refer to this as Post-Traumatic Stress Disorder

PTSD..... but the word "disorder" may be inappropriate.....

It is not a disorder, although there are disorderly ways of dealing with post-traumatic stress....-

But the post-traumatic stress itself is not a disorder.....

as strange as this may seem, there are successful assimilations of the trauma.....

Big questions here: how do people handle stress? by normal coping mechanisms,....

Vietnam = a situation in which stress overwhelms coping mechanisms....

[some say: it don't mean nothing....
no assimilation possible.....]

But psychologists say that there are favorable conditions....through which the trauma can be brought to a successful outcome....

what are these conditions? -- a supportive recovery environment

-- a supportive significant other (ones who had a wife or a girlfriend who understood had better time....

fellow at Venice Vet Center, she said:
"he's my love..."

rationale for establishing Vet Centers: to create supportive recovery environment

rap sessions = a means of creating supportive recovery environment.....

individual "works through" the trauma to a successful outcome....

some work it through by working in Vet Centers...by associating with the Vietnam Veterans organizations.

=

most of the people in the Veterans programs have suffered post-traumatic stress....

Now, psychologists know what constitutes an effective recovery environment:

these ingredients: (x) emotional, social, medical, psychological, and community support for the survivor....

Now, what I've said so far belongs to a summary of the situation.....

But the researchers have gone further.

They have asked questions like:

IS THERE ANY ONE THING ABOUT VIETNAM THAT HAS MORE INFLUENCE THAN
ANY OTHER IN THIS SITUATION?

for ~~example~~ answer: exposure to injury and death is the
most important stressor encountered in combat...

included here: the experience of actively killing
another human being
search and destroy missions
hand-to-hand combat
mortar bombing

also: passive sides

-- just seeing war
-- seeing a dead person
-- participating in body count
-- watching villages destroyed

Conclusion: exposure to injury and death is most
important stressor encountered in combat....

How about additional environmental factors:

Here, the unpredictable nature of the jungle terrain
is the most important stressor.

didn't know where the enemy was
couldn't tell if Vietnamese people were friends or enemy
booby traps -- location difficult to determine
onset of enemy attacks by ambush, surprise,
reliability of ARVN troops
ecological nature of the jungle itself (insects...
rice paddies...hot weather, jungle teeming with
insects, rats, leeches...)

Another very significant factor: called the SHORT-TIMER SYNDROME

profound psychological effects involved in having
everyone on a rotating 12-13 month tour of duty
in a combat zone where each had a different date
by which to rotate back home....

this, together with political controversies and the combatant's
own questions of the morality of the war, led to the development
of survivor mentality

primary objective: just to survive the war (not to win
the war)

More information on homecoming experience:

homecoming period -- defined as first six months home from the war....
(this is the important time)

- what the survivor needed:
- (1) support from significant others
 - (2) an opportunity to talk freely about what happened
 - (3) the social and institutional mechanisms to facilitate a rapid return to normal psychosocial functioning....

when these aren't there:

individual feels more and more isolated, lonely,
anxious, depressed, and alienated from
others and retreats to the reality of his
inner ~~of~~ world of "the nam."

and all of the other things we talked about....

Psychological testing has also produced a profile of who the American combatant was. What was he like? What was his predisposition? How did he feel about himself and his world and his nation, etc.?

Findings:

- (1) vast majority of combatants were ordinary, decent, youthful, innocent, and well-intentioned Americans
DOING WHAT THEY THOUGHT THEY WERE SUPPOSED TO DO....
- (2) regardless of variations in military training, the typical soldier was not IDEOLOGICALLY OR EMOTIONALLY PREPARED TO FACE THE COMPLEX AND SURREAL NATURE OF JUNGLE COMBAT
(back to the point about the jungle environment)
- (3) very important: trauma involved in killing and taking another's life: MOST AVOIDED THIS AS LONG AS THEY COULD... DIDN'T EVEN DO IT UNTIL THEY HAD NO OTHER CHOICE.... EVIDENCE SHOWS THAT NO ONE WANTED TO DO IT....
- (4) another important finding: vietnam-war combatants became narcissistic at age 19 -- when narcissism usually happens when a person is in his 30s and 40s....

why narcissism: because ~~xxxxxx~~ psychological task at age 19 is need to find a positive sense of personal identity.... means for it were not available....

leads to self-absorption on the part of the individual....
problem: individual doesn't have the psychological equipment to enact this successfully...., too heavy....

~~xxxxxx~~
~~xxxxxx~~

personal identity must be effected in terms of traumatic experiences.....

traumatic experiences overwhelm the psyche.....

as a result: the individual becomes preoccupied with his own world.....

intense preoccupation with his own world....

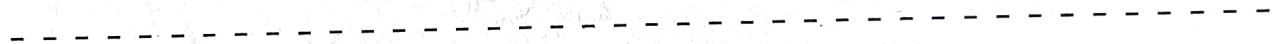
the normal developmental process has been aggravated by overwhelming trauma....

And individual has the ~~xxx~~ doubly difficult task of having to establish a positive sense of personal identity after returning from Vietnam.....

and the supports aren't there either.

identity must be achieved by persons who are in the midst of experiencing psychic overload....

(5) finally, recovery environment includes the attitude of society.....
when the attitude of society is conflicted...or negative....
things go much harder....



Religious implications;;;;

tell of experience in San Diego

read Thomas Merton --

Atonement
Thomas Merton