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Atrocity

William Niederland, a psychiatrist in New York who has worked with survivors of the Nazi holocaust since 1945, once began a lecture on the concentration camp survivor syndrome by saying "I am here to speak to you about matters of great sadness."

We are here to talk about matters of great sadness.

One evening last week, while working on this conference, I heard about a Viet Nam veteran who revealed during his work with a therapist that among the 140 Vietnamese he thinks he killed in Viet Nam, there were 34 children, whom he machine-gunned by accident. He estimates they were all under 10 years of age. When I heard this I stopped writing and tried to think about the event. I was overcome with what felt like endless horror and a feeling of hopelessness. How could I or anyone be helpful to that person, how could anyone ultimately acknowledge his humanity, in the face of such a terrible act? I despaired of ever being able to relate to him.

I thought then of all the Viet Nam veterans who live with the memories of similar cruelty, and wait for someone to help them return to civilized living. I wondered how this program can possibly deal with all that confronts it. There seemed to be no point, and I thought perhaps we would all be better off not trying. Maybe the U.S. Congress was right the several years it voted down this program, and not this year when it passed it. After a time spent in this vein of despair and hopelessness, I noticed the dates of the man's tour in Viet Nam. They were about the same as mine. Because of other data, and without much stretch of the imagination, it became clear to me that I may well have seen this man in Viet Nam for a therapeutic interview or two, and, as a result, he may have been helped to return to duty, and, the next week, or month, or whenever, kill the children.

Strange as it may seem, that thought has helped me a great deal. It has helped me see once again the most essential truth about how we are trying to help ourselves and each other: we are doing it because we are all in this together. Most obviously, all of us who were there; but everyone else too, who worked to earn the money to pay the tax to buy the gun and the ammunition, and the airplane and the fuel which got the soldier there. Every American taxpayer paid an average of \$3300 for the Viet Nam war. If you don't yet quite see how connected you were, eventually you will.

I want to prepare you for the feelings that are going to come forth here, in us and in you. We are speaking of matters of great and terrible sadness, and there should and there will be much feeling.

Terror, Terrorism, Terrified, Terrific, Terrible

The following is from Dispatches, by Michael Herr:

"Maybe you had to be pathological to find glamor in Saigon, maybe you just had to settle for very little, but Saigon had it for me, and danger activated it. The days of big, persistent terror in Saigon were over, but everyone felt that they could come back again any time, heavy like 1963-65, when they hit the old Brinks BOQ on Christmas Eve, when they blew up the My Canh floating restaurant, waited for it to be rebuilt and moved to another spot on the river, and then blew it up again, when they bombed the first U.S. Embassy and changed the war forever from the intimate inside out. There were four known V.C. Sapper battallions in the Saigon-Cholon area, dread sappers, guerilla superstars, they didn't even have to do anything to put the fear out. Empty ambulances sat parked at all hours in front of the new Embassy. Guards ran mirrors and "devices" under all vehicles entering all installations, BOQ's were fronted with sandbags, checkpoints, and wire; high-guage grilles filled our windows, but they still got through once in a while, random terror, but real, even the supposedly terror-free safe spots worked out between the Corsican mob and the V.C. offered plenty of anxiety. Saigon just before Tet; guess, guess again....

"Those nights there was a serious Tiger Lady going around on a Honda shooting American officers on the streets with a .45. I think she'd killed over a dozen in three months; the Saigon papers described her as "beautiful," but I don't know how anybody knew that. The commander of one of the Saigon M.P. battalions said he thought it was a man dressed in an so dai because a .45 was "an awful lot of gun for a itty bitty Vietnamese woman."...The ground was always in play, always being swept. Under the ground was his, above it was ours. We had the air, we could get up in it but not disappear into it, we could run but we couldn't hide, and he could do each so well that sometimes it looked like he was doing them both at once, while our finder just went limp. All the same, one place or another, it was always going on, rook around the clock, we had the days and he had the nights. You could be in the most protected space in Viet Nam and still know that your safety was provisional, that early death, blindness, loss of legs, arms, or balls, major and lasting disfigurement—the whole rotten deal—could come in on the freakyfluky as easily as in the so-called expected ways; you heard so many of those stories, it was a wonder anyone was left alive to die in firefights and mortar-rocket attacks.

"After a few weeks, when the nickel had jarred loose and dropped and I saw that everyone around me was carrying a gun, I also saw that any one of them could go off at any time, putting you where it wouldn't matter whether it had been an accident or not. The roads were mined, the trails booby-trapped, satchel charges and grenades blew up jeeps and movie theaters, the V.C. got work ~~in~~ side all the camps as shoeshine boys and laundresses and honey-dippers; they'd starch your fatigues and burn your shit and then go home and mortar your area. Saigon and Cholon and Danang held such hostile vibes that you felt you were being dry-sniped every time someone looked at you, and choppers fell out of the sky like fat poisoned birds a hundred

times a day. After a while I couldn't get on one without thinking that I must be out of my fucking mind."

And the following is from a shrink's notebook, Capt. A.S. Blank Jr., Medical Corps, U.S. Army, as written down in Viet Nam 1965-66. Most of these men were not hospitalized, not evacuated, not treated, and were sent back to duty within a few hours.

"(1) The night before admission this 20 year old black male infantryman returned to base camp from a 19 day operation during which he averaged 4 hours of sleep per night; at base camp he became intoxicated, violent, assaultive, and threatening; he was subdued with injections of thiorazine.... (2) Patient, who works on the Tiger switchboard, was driving a truck at night in Saigon three days ago; he passed near a scene where a grenade had just gone off, and stopped to assist. He at that time brought three wounded children to this hospital, and when he returned to his unit he became nauseated; vomiting and marked anxiety have continued for two days....

"(3) Patient was involved in an altercation in a Vietnamese laundry at 1700 hours. A friend of his was killed by some ARVN soldiers; as the patient was attempting to escape the scene he was hit from behind. He and others then took the wounded friend to the 93rd Evacuation Hospital, where the friend was found to be dead on arrival. Patient is admitted now for confusion, disorientation, and head tremor....(4) Patient admitted for anxiety...on river patrol duty since he arrived in-country four months ago. Two weeks ago his boat was attacked by the VC. The craft ran aground, one of the 7-man crew was killed; the others hid out on shore until after dark, after which they swam for three hours to safety. Patient was hospitalized for one week at Vung Tau for jellyfish stings....(5) Patient was well until afternoon of admission, at which time he drank at least 6 ounces of whiskey; this was in a Vietnamese bar, and there is some possibility that a local national put some kind of drug in one of his drinks. At approximately 1600 hours his friends found him retching, in respiratory distress, unable to talk, and combative....

"(6) This sergeant has just completed his tour here (he is now past his DEROS [date of expected return from overseas]) and was at the Replacement Company at Tan Son Nhut awaiting a plane flight to the US when he became markedly agitated, stated that numerous people were trying to kill him here, and ran in and out of various offices. Patient states he has not slept or eaten since he came down from Cam Ranh Bay three days ago. On admission he slept for 22 hours and subsequently was completely clear and non-anxious....(7) This officer has been well until two weeks ago, when a senior NCO working under him shot and killed himself....Since then patient has been anxious and fatigued....

"(8) This 20 year old E-2 draftee was brought in because soon after arriving by plane at Tan Son Nhut from the US, he was found lying on the ground motionless and mute; he would say nothing at all except "Mana".... (9) Patient is an air traffic controller with 16 years active duty. Just after arriving in the Republic of Viet Nam he fell through a skylight; that required one week's hospitalization here; shortly after release from the hospital, he was within earshot of a shooting incident at Tan Son Nhut gate. Since that time, he has become progressively more anxious, with mild

depression. These feelings were focused on his fright at being in Viet Nam, and fear of getting injured by the VC....(10) Patient has been in the service for one year and in RVN for 5 weeks. He works on a minesweeper in the Delta, and approximately 72 hours ago was shot at for the first time. Subsequently he has had headache, passed out, and was non-communicative and withdrawn for several hours....(11) Patient is an 18 year old PFC referred by battalion surgeon for ulcer symptoms. He developed anxiety, burning pain, and loss of appetite 8 days ago when he was in a 6½ hour firefight near Lai Khe; 400 VC were killed. A close friend of his was shot and killed by machine gun fire while standing about 10 feet from the patient. Pt. went on to help pile up VC bodies; he estimates about 100. That night the bivouac area was mortared; pt. slept through the attack, whereas his buddies made for the bunkers. His sgt. woke him up afterwards. Since that time he has been afraid to go to sleep.

"(12) 25 year old aircraft mechanic caught in bombing at a tavern yesterday. No injuries, but dazed, shaking, nauseated since. Handled a burned child a blast scene....(13) STATEMENT: Having been informed of my rights under Article 31 Universal Code of Military Justice, I Private 1st Class John Jones hereby make the following statement: On the morning of xxxx 1966 I was sitting on the side of my cot. I put one sock on and then saw Sergeant _____ pick up his carbine. He had the carbine in his right hand, facing the west wall of the hootch. He bent over, all of a sudden he put his right hand on the carbine in the vicinity of the trigger. That's when the round fired, and he fell down. The carbine was pointing toward the ceiling of the east wall....(14) This is a report of psychiatric examination in the case of Brown, John H., Lieutenant, of the XXX Military Police Battalion. On November 14 Brown has 3 to 4 oz. of alcohol, states that he felt sad, angry, and depressed about his girl friend's impending engagement to someone else back in the States. He wanted to talk with some Vietnamese friends across the street from the compound. He talked with the officer of the day and the sergeant of the guard, and was told that he could not leave because of curfew. He seemed to observers to be satisfied with the reason given, and returned to his bunker, where he says he suddenly became enraged and anxious. He loaded his rifle, went outside the bunker, and shot the sergeant of the guard dead....He said that he and the sergeant previously had a friendly relationship and that he did not intend to shoot him; he simply shot the first person he saw on leaving the bunker....

Next case. "(15) In this case I agree with the diagnosis of tension headache. This 20 year old private has his headaches worsen since arrival in Viet Nam; he said that he had constant fear about being here. He is not directly involved in combat, though recently a convoy of vehicles he was in ran over some mines. His own vehicle was not involved....

"(16) This is a 35 year old Sergeant First Class with an advisory team in the Delta. His complaints are of fatigue and shortness of breath for about two months. Two months ago, it turns out, he had some near misses from sniper fire and mortar rounds. Then, while wading in a river with the commander of the Team, he suggested they stop for a rest, which the Major agreed to. In about 10 seconds, a mortar round landed in front of them, about where they would have been if they had not stopped to rest. Patient and the Major talked about how lucky they were to have stopped. He then forgot about the incident. A few weeks later he developed the syndrome of fatigue and shortness of breath, which led him to have to stop and rest

frequently....(17) Patient is a 24 year old PFC referred because of two weeks of sleeplessness, dreams of smashing people, and irritability. This started one week after a firefight in which three close friends were killed. In the recurring dream he is hitting someone with an ax. Then someone runs him over a cliff. The firefight occurred in the Ia Drang Valley. The patient's squad ran into two VC companies; with artillery help he and his buddies were able to get out, though 11 were killed and 5 wounded....

"(18) Patient is a 22 year old E-3 admitted after he shot himself in the upper chest with his M-16. Patient shot himself in an effort to get transferred out of this theatre and is being seen for psychiatric screening before being sent back to duty....(19) Patient was seen because of anxiety, nightmares, hand tremor, headaches, occasional amnesia, trouble sleeping, and loss of appetite. All this began the day he was riding a cycle in downtown Saigon near the Victoria BEQ, when the front of the building was blown off by plastique(the April 1st attack). Patient was thrown from the cycle, had amnesia for the ensuing 30 minutes. His symptoms were stable until two months later, when, upon arrival in Danang at the time of the Buddhist uprising, he was shot at by a machine gunner while riding in a deuce-and-a-half in the city....(20) Patient is a 22 year old in RVN 7 mos; brought in by chaplain because of anxiety and depression, is preoccupied with combat experiences, especially deaths of buddies, and one recent incident in a fire fight when he froze when he came face-to-face with a VC. He shot him reflexly only after the VC fired at him. The image of the Vietnamese soldier's face and eyes stand out in his mind with particularly intensity. Patient has considered going AWOL and hiding out until the war is over....

"(21) When seen today this patient is obviously anxious. He states that he was on his way here yesterday when the helicopter engine blew out, with the result that the passengers and crew were downed in the jungle 8 miles south of Saigon. They received hostile fire during the time before rescuers came....(22) Patient is a 20 year old E-2 who arrived in RVN two days ago. Last night after drinking four beers, he became unaware of what he was doing, dimly recalls becoming convinced that he was with a group of people who were chasing someone. He then crawled under a fence at Camp Alpha and was shot at by a guard. He was not hit....

"(23) Patient is a 19 year old E-2 in RVN for five months. On two occasions since he has been assigned to artillery, big guns have blown up. Once at Ft. Sill Oklahoma and once here. On the second occasion, two or three people known to him were killed. He is referred because of suddenly attacking people without any provocation, episodes for which he has amnesia....(24) Patient was admitted because of crying and depression. He said that he had seen the body of a dead Vietnamese woman a few weeks ago; she had a cold, he touched her foot. He wanted to bury her but wasn't allowed to by his C.O. Since then he has been seeing religious visions, is hypersensitive to noise, cries, is suicidal....

"(25) Patient referred himself because he says for the past 2½ months

he has been shooting recklessly and needlessly at women and children, cattle, already dead VC, and he states that a few days ago he killed an ARVN ranger...."

That is the end of the shrink's notebook.

Yes indeed, coming in on the freaky-fluky, anywhere, anytime. There were two kinds of zones in Viet Nam, combat zones and non-combat zones. Except the only non-combat zones were on some pacification director's map in the Embassy.

The atmosphere in Viet Nam comes through nicely in the cool formal language of a medical report (Medical Bulletin, USARV, 1967):

"At 0505 hours on April Fool's Day 1966, Viet Cong terrorists, after killing the guards and two other MP's, drove a Citroen truck loaded with an estimated 500 pounds of plastique up to the front door of the Victoria BOQ in downtown Saigon. The resulting blast demolished the center sections of the first three floors of the building and inflicted varying injuries on 141 of the 157 officers present in their rooms....In our survey one hundred and twelve injuries were believed by the patient or the doctor to have been caused directly from glass. Thirty seven others were the result of injury by bricks or plaster....Investigation was then made as to whether or not the victims were safer in the bathroom or in the bedroom...."

So trucks drove up to buildings and blew off the front with plastique, grenades with only a rubber band holding the handle on were quietly dropped in a parked jeep's gas tank, to explode and burn up the whole package and its human contents a while later after the gas ate through the rubber band. You could be mortared anywhere, drive over and explode yourself with a French convoy mine buried for 18 years, dig it, 18 years, get yourself shot away by friendly fire way out in the boonies or down an alley in the village by some juiced GI who wanted to be there even less than you did.

Or you could have yourself a sniper's round while brushing your teeth outside the hooch in the gentle light of dusk, or would you prefer it riding along a fast road at high noon in the chaplain's jeep? Or you could allow yourself to get more and more comfortable working in a big big hospital over the months as the thick layer of support units built up around you, until your friends the colonels located a 10 acre fuel dump right beside you and your hospital, which, when mortared and burned the way gasoline will do, took care for another year of any idea that you were in home-sweet-home.

There was masking tape in the form of big X's criss-crossing every glass window of every US building in every major town and city. Checkpoints, fences, sandbars, guards, floodlights, dogs, mirror on handles—like some insane giant artist tool—for the NP to check out the underside of your truck or jeep, ambulance, for a bomb. On and on it went, so that no matter how quiet it had been for how many weeks, the message was always right there in front of you: Any Time Now.

And just so as you wouldn't feel too smug about your general health, there was, amongst the Vietnamese people; bubonic plague, a touch of cholera now and then, typhoid and typhus (what do you think you got all those shots for?) and behind it all a reasonable amount of tuberculosis--cough cough.

The dogs had rabies. The dogs, the monkeys, the bats, and who knows what other of God's creatures, had rabies. Sitting on top of the REX BOQ in Saigon, out on the nice-safe-nine-stories-up terrace, drinking away, reading in the Saigon Post about people dying of rabies. And be sure to be nice to that dog when you go back out on the road.

There were two kinds of cobras--poisonous, and two kinds of krait snakes--poisonous; the two krait snakes were nicknamed one-step and two-step, for how far you walked after they bit you. Walk around in the grass for a while with that on your mind. Go ahead, just walk across the road and through that grass strip, it's only 30 feet, on your way to the next base camp. And tigers, for Christ's sake; gi's in Viet Nam were sometimes attacked by tigers. The place was not friendly.

Sometimes the long end of the afternoon was the worst; it suddenly hit you that the night was going to come again, once the sun got down just enough so you could no longer think it would stay up there forever. And a lot of people got the night and the dark equated with catastrophe, in Viet Nam. Mommy, please put on the light, I want the light on.

Viet Nam was poisoned with terror. I think that the massive success which the National Liberation Front had in creating an atmosphere of terror for Americans in Viet Nam accounts for many aspects of the psychological problems which have followed being there. All the stresses of war were present--the trauma and immersion in death of combat operations in the field, the deep guilt from surviving, the tenuousness of one's feeling of life, after close calls and dead buddies.

But behind all that was the experience of being immersed, bathed, swamped, soaked, surrounded totally by an environment permeated by attack. Booby-trapped babies. Live ones. Think about it.

I think the background of terror affected us all to some degree. It was a little like having lived through the Black Plague, or successfully hiding out for a year in a Nazi-occupied town. The terror remains, in the Viet Nam veteran, in long lasting effects like irritability, an enduring sense of not being safe, a deep feeling that life and the world are basically hostile places to be in. And then in endless fantasies of destruction and sudden death, which one may have during the course of an ordinary day in 1979. The basic idea I am stating here is that wherever he was, and whatever he did, and whatever happened to him, in Viet Nam, every Viet Nam veteran is to some extent a terrorized person. What differs only is the extent, and the length of time it is taking for the terror to melt away.

The fear, like grief, can be frozen in place, for years; we must

therefore make room for the fear in the treatment process. It is useful to know also—and this is another long topic—that the terror may have led to a lasting depression in some Viet Nam veterans, which can be understood in at least two ways: firstly, that the pervasive and overwhelming situation of menacing danger may have been internalized in the individual, unconsciously, and secondly, that the experience of being in Viet Nam for some caused a profound loss of the sense of basic security about existing which we obtain very early in life, as infants.

* * * * *

It is useful, in attempting to learn about the stresses of duty in Viet Nam, to at times simply list concretely what may have happened to a person in Viet Nam.

Combat: fire fights, all-out shooting perhaps at the end of long waits or searches. Ambushes, mines, and booby traps. Being shelled by your own guns, or shot at by your own forces, or your own helicopters, or bombed by your own planes, by mistake.

Prolonged time in the field, under bad conditions, those of the jungle, paddies, mountains, etc. Problems with rations, lack of sleep.

The aimlessness of some operations, ie taking the same area again and again.

The apathy or hostility of supposedly friendly Vietnamese, civilian or military.

Accidentally killing buddies, witnessing the killing of buddies by the VC. Accidentally killing non-combatants, including children.

Various bizarre physical insults or dangers: malaria, leeches, encephalitis, plague, rabies.

Chronic noise from working on big guns. The fear of big guns exploding. Working next to, or sleeping next to, ammo magazines on ships.

The climate—hot hot, and, half the year, wet wet.

Turmoil or losses amongst those close to you back home—death of parents, illness of spouse, Dear John letters.

The overall chaos, confusion, and disorganization of the American effort, the futility being experienced at all levels much of the time.

Friends killed by ARVN soldiers, by mistake, or in an argument.

No job for months, nothing productive or constructive to do for long periods of time.

The actual presence of, or fear of harmful chemicals or substances in food or drink served in a Vietnamese establishment, eg, ground glass in bottled coca-cola.

Suicide or suicide attempt by a buddy.

Terrorist bombing of one's hootch, villa, barracks, or vehicle.

Handling bodies; piling up Vietnamese bodies after a fire fight, carrying out dead buddies, sometimes in pieces. Exposure to maiming and mutilation, sometimes inexpressibly gruesome, exposure to overwhelming suffering in severely wounded people.

Working in graves registration--moving and cleaning bodies; from bags to boxes.

Hospital duty: a stream of injured, dying, and dead. Triage: when surgical personnel are overtaxed, deciding who is to be left to die.

The frustrating forced inactivity of those in an observer role, who must take in much of the war, but can react only very slightly: journalists, psychiatrists, guards, clerks, photographers, military information personnel, chaplains.

In some cases, no time off, sometimes for months.

And now, a stress discovered only in retrospect: Agent Orange.

This is a partial list.

Time, and Time Again

In this paper I shall deal with eight topics of central importance in the process of recovering from psychological sequelae of the Viet Nam War experience. They are

1. The freezing of experience and holding it unprocessed for later retrieval
2. Dreams
3. The working out of grief
4. The differentiation between temporary and permanent losses
5. Marijuana and its role in handling stress
6. The hidden reality of revolutionary Viet Nam and how we are haunted by that
7. Accepting irresistible changes in identity resulting from the war experience
8. Clients who don't know that they want help

What is a delayed stress reaction, and what does it mean to get over it? I will start with a clue from Michael Herr:

"Talk about impersonating an identity, about locking into a role, about irony; I went to cover the war, and the war covered me; an old story, unless of course you've never heard it. I went there behind the crude but serious belief that you had to be able to look at anything, serious because I acted on it and went, crude because I didn't know—it took the war to teach it—that you were as responsible for everything you saw as you were for everything you did. The problem was that you didn't always know what you were seeing until later, maybe years later; that a lot of it never made it in at all, it just stayed stored there in your eyes. Time and information, rock and roll, life itself, (and) the information isn't frozen, you are."

We are talking now about freeze-dried memories, frozen in the eyes. Because of the conditions in the war zone, what the soldier has to do and wants to do to survive, much of what he sees and hears is stored (this notion is related to Lifton's concept of psychic numbing, though there the emphasis is more on the conscience and moral issues), stored somewhere—in the eyes, the sensory cortex of the brain, who knows where? It is as if a camera took a faded, ghostly, black and white photo of a brilliantly colored, intensely lighted landscape, and the unprinted part of the intensity and all the colors and all the sharpness of definition, were still somehow stored in the camera, to be put onto a new print from within the camera at a later time.

We can understand this concept by considering flashbacks, those bed-rock, everybody's got them experiences. When one has flashbacks, the first impression is simply that of a sudden recall of a traumatic event, or place, or person, or state of mind. But more carefully analyzing the experience often reveals that in the flashback, one is in fact having a new perception, a new experience. It is a memory, but something about it is there for the first time in conscious awareness: some color, some

smell, fantasy, sharpness. The flashback may thus be a first-flashing of something. When perception is frozen in the eyes, it is later experienced as to some extent coming in from the eyes—thus the quasi-hallucinatory quality of flashbacks, different both from hallucinations and the awakening of a memory from the unconscious. They seem to be flashing in from the eyes, have more of an outside quality than the usual memory or fantasy. And, especially with milder flashbacks, where there is not a large amount of anxiety and the individual is therefore free to note more of the details of the experience, the flashback does indeed somehow seem to come from within the eyes, recognizable as a representation of outer reality, in Viet Nam, but not seen as a hallucination, and recognizable as connected to a memory, but not emerging from the preconscious or unconscious as a memory.

Freeze-dried memories, quick flash-frozen memories, just add water—tears—and the original color, flavor, and consistency is restored. Or sometimes add just a little blood (rage). So there is a bed-rock perception level to the process of embedding of stress and its resolution. In general, workers with Viet Nam veterans need to be prepared for vivid and unusual sensory experiences of various kinds.

It is not clear to me why some Viet Nam veterans were literally not able to fully perceive what their senses brought in. Perhaps this was caused by the continuous distraction and interruption of attention of the terrorizing environment, the fact that (unless you were able to pretend, deny that you were there) you were continuously preoccupied with signs and signals of danger, and thus not really free to see, hear, smell what was all around you. It may be, for example, that when some veterans now experience, say when falling asleep, vivid visual imagery, felt as literally coming from the eyes, of events in Viet Nam, that this is in fact the un-freezing of images actually seen at Viet Nam, which could not until now be processed.

There is much more to be said about that topic, but now I go to dreams and what is to be made of them during the healing process from war trauma. Dreams are felt to be important by many Viet Nam vets during the process of working out war experiences. First it needs to be noted that absence of any direct dreaming about a seriously traumatic event a wound, a near miss, etc.—sometimes has a very important meaning, namely, that the incident fell on such loadedground within the individual's personality that it has not been able to be worked out at all. It connected with something crucial in a person's early life. If you ask the question, have you ever had any dream about so & so, and the answer is no, it is likely that the incident and its repercussions are monumental and will take much time to work out. This situation calls for gentleness and no hurry at all from the counsellor or therapist.

Also important are the dreams a client had just before going to Viet Nam, or while on the way, or just after arriving there. These may well be remembered clearly even though they occurred many years ago; some clients may have written them down, or put them in letters home which were saved. These dreams from the beginning of the war experience may point to the fundamental personal meaning of the tour, and may connect with later difficulties.

By the way, some people have written down many dreams about Viet Nam over the years, and this catalog may be useful in the treatment-healing process, even dreams many years old. Talking about dreams in rap groups or individual sessions can have an activating function, serving to enliven, stimulate, invigorate the client's dealing with Viet Nam and its impact. This can go on without any particular interpretation, and only needs the counsellor or therapist to be respectful of the dreams and their depth. Sometime, you or the client may have ideas about the meaning of this or that in a dream, especially when the dream is unusually intense or unusually old.

It is now well-known that behind many continuing problems from Viet Nam is frozen grief; grief and mourning which have not been fully expressed and worked out. This may be due to the depressive mechanism, especially if the client is obviously depressed. The situation may however be one where there is not that much depression, but where the work of mourning has had to wait for more psychological growth of the individual to take place, perhaps requiring years, before the expression of grief and the mourning could occur. There are other reasons for this delay; one is that some particular events in a person's life may have to happen before it really feels safe to confront the Viet Nam experience.

To give just one of many possible examples, a veteran who was deeply patriotic, in a way totally identified with his father, and who still carries some of that around with him, although his conscious political orientation may have changed enormously since Viet Nam, may not really be able to confront the war until his father dies. In that instance, the loss is a liberation and that facet of it may be more crucial than the loss aspect. In general, we know that many veterans become severely affected by the Viet Nam tour only after some major change in their world, such as death of a family member, birth of a child, loss of a spouse, or job. What is important here is for us to note that the meaning of the event in relation to the war may not be obvious, and may only be understandable with reference to the individual's particular history.

Viet Nam veterans have many things locked up inside apart from grief, however—screaming, shaking, trembling, shivering, running away, lashing out, fire, atrocity, rage and hatred, may all be locked up inside. Like grief, we have to be prepared for the emotion in these other instances.

Another part of the process of recovery is learning to distinguish exactly and clearly between what one has lost permanently, what can never be gotten back again, and what losses are not permanent and can be regained. Not that we can know finally, but sometimes a distinction can be made. Confucius' saying used by AA asks for the courage to change those things I can change, patience to accept those things that can't be changed, and the wisdom to know the difference. For our purpose I would re-word it, May I grieve enough to finally give up all those things which are gone forever, may I struggle fiercely to get back those things that can be found again, and may I have the wisdom to know the difference.

Now a word about marijuana. There is at least one book waiting to be

written on the psychological function of marijuana for people in Viet Nam and since. For many, veterans and others, too much smoking causes troubles, shutting off problems which need to be faced, and it can profoundly interfere with psychotherapeutic treatment of certain problems. But for many others, the drug has been a help—a needed shield, a protective distancing, which in Viet Nam one used to put oneself in another world, a way of calling a temporary truce, or getting out for a while from the crazy, absurd, meaningless, violent, death swamp one was living in; like massive doses of some immunizing agent against very powerful Indochinese bad vibes, Dr. Salk's vaccine against political polio, Dr. Jenner's vaccine against small pox marks in the psyche, the kind that come from months of waiting to die when it doesn't happen and won't happen.

Part of the distancing effect came also from the temporary liberation of the smoker from time, that is, from the stone wall prison of 365 day time, 365 days, no more, no less until something happened that you didn't want to happen. With marijuana, many could go forward or backward in time to some other place where it was definitely better, or where you could get some kind of perspective on right now, which was definitely not at all satisfactory. It is vital for us to understand that while for some marijuana is an obstacle to change and interferes with experiencing feeling, for others it may be a necessary modulating factor in coping with the backlog of memories, emotions, and stress which the veteran has to contend with; especially grass may be used as described earlier to shut off dreams. This is particularly important to understand when clients come in stoned or drunk; the sophisticated worker will understand that the situation may be an attempt to move forward, cope and deal with inner problems, that it may be a positive event.

Next I want to mention the hidden reality of revolutionary Viet Nam and its role in the healing process. When we were in Viet Nam, we knew that the V.C. were everywhere. And everywhere meant right in front of us. Every time an American passed Vietnamese in a city, town, or village, on a country road or in the paddy, he saw V.C. and he knew that, at some level of awareness. We knew there were tunnels under us everywhere; in the towns we knew there were back rooms everywhere, or cellars, where there were supplies, meetings, the whole process of the revolution going on right there where we were, but out of sight. In a very real sense, we were on a stage set in Viet Nam, an artificial stage set; the real Viet Nam, the one of the future, was behind the scenes; out of our sight were the real power and the real Viet Nam of the future. As I mentioned earlier in the week, some kind of discovery of the reality of that Viet Nam may be necessary to a full recovery from the war.

Many of us have gone along for years trying to put into more manageable form, more realistic form, that other Viet Nam, which we knew we were in but never saw. Tim O'Brien does this beautifully in Going After Cacciato, during the magical mystery tour which the troopers take through the huge

V.C. tunnel complex with Major Li Van Hgoc, of the 48th Viet Cong Battalion. Paul Berlin asks the questions we have all had, somewhere:

"How did they hide themselves? How did they maintain such quiet? Where did they sleep, how did they melt into the land? Who were they? What motivated them—ideology, history, tradition, religion, politics, fear, discipline? What were the secrets of Quang Ngai? Why did the earth glow red? Was there meaning in the way the night seemed to move? Illusion or truth? How did they wiggle through wire? Could they fly, could they pass through rock like ghosts? Was it true they didn't value human life? Did their women really carry razor blades in their vaginas, booby traps for dumb gi's? Where did they bury their dead? Which of all the villages were V.C, and which were not, and why were all the villes filled with old women and kids? Where were the men?....Which trails were mined and which were safe? Where was the water poisoned? Why was the land so scary—the cris-crossed paddies, the tunnels and burial mounds, thick hedges and poverty and fear?"

In the healing process I am coming to think that veterans need to learn about that backstage, the one which the whole time you were there you were afraid of but couldn't see. So reading about Viet Nam since 1975, anything one can find, may be helpful, to learn more of the reality against which one can regulate and work out the fantasies. Some men have found the book Giai Phong! The Fall and Liberation of Saigon (Tiziano Terzani, Ballantine Books, 1976, New York, paperback, 334 pages, 32 pages of photos) the story of the first several weeks of the N.L.F. takeover in the South, written by an Italian journalist, to be very helpful.

Recovering from Viet Nam involves for some people accepting changes in the self which have occurred because of the war but which until now have not been accepted and integrated. Many men are changed markedly—one has a different self than when one went. This is seen externally by changes in vocation, radical shifts in life style, career patterns, etc.. These are external indicators of inner changes in identity and self-concepts. Some men suffer because they have not accepted the ultimately irresistible impact of the Viet Nam experience on who they are and what they want to do. And acceptance and understanding of those changes by the veteran and others in his life can often lead to a reduction in symptoms and to fulfillment. The power of this struggle is conveyed in a poem from Demilitarized Zones by Stuart Smyth:

BACK HOME

How small is the town where I was born.
How little the people have grown
Bob Green hasn't changed that re-checked shirt
in all the years I've been away and Reverend Brady
still chalks his sermons on the church door.

It has hardly altered, not the houses,
the billboards, the people or the beech-lined avenues.
Only the size is different; everything is
suddenly smaller and I am a giant

striding through my kingdom, looking down
on places I once owned, people I once knew.

Who can say if I would be down there, among
the miniatures had I not enlisted?
Who can know if I would not have blended with
the vistas, roared by motorcycle down Main at two A.M.,
fell in love, married, bought a house
and entered the urban establishment.

It is too late to speculate; I am infected with Asia
and can never live with the dwarfs
of my hometown in quiet middle-age.
There have been too many new sensations,
provocations to thoughts I might never have had,
too many agitated tauntings of loves and
fears I never knew existed.

I am not the same pink-faced boy
who left the town to fight for his country.
The town gave me roots:

But I flowered in Asia.

There are many changes in self, identity, and underlying orientation towards life which have occurred in Viet Nam veterans, which grow directly out of the experience there, and the non-acceptance of which may be a major obstacle to be overcome in the healing process. A few of these are: (1) Lasting unusual sensitivity to death and violence, manifested by a raw and immediate perception of the details of mutilation and death where they may or do occur; (2) The isolation and sense of alienation about being different from others because of the openness to that destructive and death-laden side of life; (3) A permanent loss or partial loss of identity as a citizen; many veterans will never love or respect this country again, and acceptance of that may be healing; (4) A kind of uncertainty or fundamental skepticism about the goodness of human nature, perhaps qualitatively similar to the attitudes of concentration camp survivors; this may be a derivative of both the betrayal by our government and the immersion in terror provided by the V.C.; and (5) A resistance to wholesale or deeply enthusiastic involvement in or commitment to any kind of cause, now that one knows how totally wrong a seemingly good cause can be.

I return now to another issue about clients; you will all see veterans who put themselves in touch with you, and are asking for help, but who do not know that. They will come to you after meetings, volunteer to help out (this group will include mental health professionals; by the way), they will identify themselves as having been in Viet Nam, say little if anything about having any difficulties themselves, will give off general vibes about wanting to participate in the activities of your center in some way, they may be unclear as to just how. Along with other motives, these will be people who need and want help, who have dissociated stress reactions which are perhaps just slightly beginning to loosen, to shift a little, in response to the as yet-untested promise of understanding

which Operation Outreach holds out. The death, fire, grief, bombs, and rage are in there; they will come out someday, but maybe not just yet; maybe not even while you know the person. Maybe you will be helping along a development which will take still more years to be fulfilled. Whatever, you can send the message that you are there, ready whenever he is. The man needs you to relate and wait, respectful of his inner timetable. If it's a long time to wait, you can be busy because you can always use the time to get yourself more ready for the fear and trembling, the pain, and the noise.

MEMORY BOMB

I expect to remember other things.
But it is always the color that comes first.
The incredible greens, almost sinister
in their growing. The flowers, red or yellow,
silk-like, sick-sweet and potent. And with
their shells of fine art, the insects
dancing insanely in the gross heat.

I should recall
faces edged with fear.
The foolish, brave talk of young men.
The lies told as bedtime stories.
The panic spreading like fog,
whenever the incomings cut the dark
with red, hot light. And Death
always there, always waiting,
the lecher on the nude beach.

Those I can hardly see, barely conjure.
Yet they are in me.
A sleeping seed waiting to grow.
A piece of metal itching to travel.
A book of pictures dying to be seen.
And someday they will move on me
like murderers in the dark.
The bomb of memory will explode
into a red, hot thing.
And no screams of pain, pleas for mercy,
or barring of inner doors
will be able to keep out the fire.

(R. Joseph Ellis,
Viet Nam, 1966-67)

Lifton's concept of animating guilt suggests that we get well when we turn the experience of the war to good ends, become keepers of the garden. There are many ways to use what was learned. One is to use what every Viet Nam veteran knows about the Third World, because of having lived in it, knows about how power does not guarantee any wisdom at all about how to use it, to use such knowledge to work for peace in whatever corner of the world you can do that in.

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Biographical Note

I was drafted into the Army after finishing medical and psychiatric training in 1965 and shipped to Viet Nam as the psychiatrist for the 93rd Evacuation Hospital, which was being built at Long Binh, app. 22 miles northeast of Saigon and 3 miles east of Bien Hoa, on Route 1A. I was at that facility from October 1965 to April 1966.

The 1st Infantry Division and the 173rd Airborne Brigade were in the immediate area, and the 101st Airborne Brigade and the 25th Infantry Division were nearby. We established the evacuation center for psychiatry for the southern half of the country, with the 935th KO Specialty Team, at the 93rd Evacuation Hospital in December 1965, and began receiving patients from all over South Viet Nam.

In April 1966 I was transferred to the edge of Saigon to the 3rd Field Hospital across the road from Tan Son Nhut Airport. 3rd Field was at that time the southernmost Army hospital in Viet Nam, and received casualties from the Mekong Delta and the Iron Triangle toward Cambodia.

During 12 months in Viet Nam I saw 483 persons for psychiatric evaluation and/or treatment, coming from Long Binh, Bien Hoa, Quinohn, Nha Trang, Ia Drang Valley, Pleiku, An Khe, Kontum, Cam Ranh Bay, Xuan Loc, Sa Dec, Di An, Cu Chi, Phuc Vinh, Vung Tau, Bac Lieu, Bear Cat, Can Tho, boats on rivers in the Mekong Delta, Vinh Long, Lai Khe, ships in the south China Sea, Ben Cat, Soc Trang, My Tho, Canh Thanh, Phu Loi, Tam Ky, Cat Lo, and Dac Tho.

On return from Viet Nam I worked at Ft. Dix, taking care of basic trainees, cadre from the post, and air-evacuated persons from Viet Nam via McGuire Air Force Base.

During the past several years, I have worked with Viet Nam veterans in group treatment, consultations, individual psychotherapy, and supervision of psychotherapy, at the VA Medical Center, West Haven, Connecticut, and in private practice in New Haven.

Deck
Keil

Anger and Violence in Viet Nam Veterans

I come now to my main topic about rap groups and counselling, anger and violence. I want to begin by going to the sources of anger. That is, by listing all the reasons I can think of for the anger of Viet Nam veterans. There was a great deal to be angry about and many of us are very angry, and we can best begin to understand what to do about that by experiencing it deeply and learning what it is about. Different reasons for different people; I want to help make it clear what there was in the experience there to get angry about. Of course in treatment we go on to deal with what in an individual's personality and life before the war contributes to his anger, but first the origins in the war must be exposed. I will use the second person to help us get into a bit. These are the reasons for anger; so far I've been able to think of thirty.

1. You may be angry that your body was hurt, maybe bad, maybe for good. Or because a part or parts of your body were taken away from you for good.
2. Or you may be angry because a part of your body, wounded, is still hurting.
3. You may be angry that you were split from your comrades by the politics of the war—you couldn't even have some solidarity. You were alone and lonesome in what you thought about the war. If you were there early, and were against the war, you were alone. If you were there late, and were for the war, you were alone.
4. You're angry because you may be getting cancer, from Agent Orange.
5. You are suffering from a medical condition that began in Viet Nam.
6. You may be angry because, although your treatment now is good, you are being helped in a rap group, you are furious that it didn't happen long ago—either it wasn't there or you didn't have the courage to find it before now.
7. You are furious because you are so disabled psychologically—you can't work, sleep, make love, or do much else right, or your mind is tilted in one or another way. I had a patient who was in a coma for six months, repeat, six months, then woke up with total amnesia—for everything; he had no idea who he was, and recognized no one. Gradually over a few months just about everything came back; he stayed angry for a number of years.
8. You may be angry because you wanted to fight harder, and your government would not allow you to fight to a victory.
9. You are angry because you had friends killed in Viet Nam, good friends.

10. You are angry because your government lied to you—you were given to think you were going to Viet Nam to serve the cause of freedom; in fact you did a disservice to freedom by going to Viet Nam. Being deceived into a war makes you angry.
11. You are still angry about the suffering of combat in the field—the exhaustion, the filth, the terror, the injury, the death, the boredom, the deprivation; it shouldn't happen to a dog.
12. You are still angry at the training you got that made you a real killer; you don't want that any more but can't get over it.
13. You are furious because you still feel like you are living in a hostile environment, more hostile than it really is anyway.
14. You are angry because you did terrible things in Viet Nam—you killed children or old people, or looked on while someone else did. You are angry at yourself for not holding onto your morality better, and especially angry at your country for getting you to the place where you would be so corrupted.
15. You loved and still love the military, and you feel it was used in Viet Nam, used by the civilian leaders of government.
16. You may be angry because there was no honor and no glory there, the only things which make it possible to cope with a war; you ache with anger because we had no higher purpose.
17. You may be angry because you feel like you've lost your country—you can no longer feel proud to be an American, either because we didn't win, or because we shouldn't have been there at all. You feel like a man without a country, maybe forever.
18. You are still angry at the intense frustration of the war as you knew it—you fought over and over again for the same bit of territory, you never secured anything for long, and you felt the whole time like the position of our side was relentlessly sinking (which it was).
19. You are, alas, doomed to be one of those who is always looking at the big picture, and you are furious because what you see is that, after all the pain, suffering, loss, death, the situation on the ground today in Viet Nam politically is exactly as it would have been if not a single American has ever gone there.
20. You may be still angry because of petty harassment you received in Viet Nam—arrests for marijuana in the Sixties, for example.
21. You are furious because you have a bad discharge, which you have because the only way you could get out of getting killed was to goof off enough to get kicked out.
22. You are angry because in Viet Nam you discovered that you will die,

discovered that more fully and more finally than most people your age have had to, and you therefore lost a brief moment of innocent youth, whose joyful sense of immortality we can otherwise have for a while; you aged more than a year in Viet Nam, and that still makes you mad.

23. You lost something else deep inside, in Viet Nam—the capacity not to see and not to think about death and destruction, the denial that helps make life bearable. And so you shall never again take a plane ride without vividly imagining the results of a crash, or read fleetingly in the newspaper of an accident without vividly imagining what happened to people's bodies. It is just not possible to shut out danger and mutilation any more the way most people can, because you lived for so long where your life depended on smelling out danger like the most sensitive instrument. And now the instrument is too sensitive for your for your life and surroundings back here in The World.
24. You may hate yourself because you are sadistic, and you are sadistic because the only way you can stop feeling like a victim for a moment is to make someone else into a victim.
25. You are vengeful, you thirst for revenge for what happened to you and others there, and you hate yourself for being vengeful.
26. You are angry because you have identified with the victim, American and/or Vietnamese, and so you feel dead; and that doesn't feel good. You are angry because you feel dead.
27. You may be angry because of the alienation that has been yours about Viet Nam. Since you returned, you have gotten no thanks, no apologies, no real serious questions, no lasting interest about what happened to you, from family or friends; the shroud of silence has descended, and you feel like a member of a different species.
28. Or you may be angry as a defense against sadness. It hurts less to be angry than it would to cry—you feel too weak if you cry.
29. You envy and are angry at your friends and the professionals in your rap group who have achieved much more than you have.
30. And finally, you are angry because since you left Viet Nam, you have not been able to visit or hear much about that place that became a part of you.

A few sources of anger, just for background. Now for some thoughts about anger and violence in working with clients, in and out of groups. I want to start at ground zero, and to try to talk about some things that will help you see to it that you don't get killed. I think we had better start right there, since it is always back there, in the tree line. War is about getting killed, or almost getting killed, or killing, or waiting around for a year trying as hard as hell not to get killed, and thinking about that most every hour. So killing is right here in the air, here,

today, right here all around us, still in some of us. And please, when you start in your various ways to meddle in the human mind's delicate balancing act, walking a high wire with someone down through some years, a decade maybe, away from Southeast Asia but maybe not yet even more than halfway across the Pacific to California, when you start wading into the Big Muddy with someone, into all this shit, please don't get killed. Not that it will be an active issue every day, it won't be. Operation Outreach centers will be de-militarized zones, sort of. For many of you it will never be a real issue, but for some of you it may be once, and you want to be all ready to handle it when it is. All I am saying also applies to keeping your clients from getting killed by themselves, if possible.

There are different things people do to tune up for this problem, getting light on the feet, or trying to learn more about just keeping quiet and cool; learning enough about yourself so that in fact you won't ever again be, at bottom, really cold with someone; knowing how to let your caring show through, no matter what else is happening; becoming humble and easy about calling in help, asking for advice and consultation from a friend; becoming more shrewd about when someone's reality sense is slipping. There are these and many other things one can do to not get killed. But we need to think and talk about it. And especially we need to allow ourselves to feel fear, to let that in, so that you know when there is danger around, and learn more about being constructive with the fear. You and others will also be less likely to get hurt if you are not intrusive, if you let the client set the pace and whenever possible, ask his own questions, if you don't push.

Usually when people are ready to start working on their problems, they start, and all the counsellor or therapist has to do is welcome them, not push.

I think it is also important to make sure, think about it for a while, that getting hurt is not what you're looking for. Punishment—if you're looking for it, you may get it.

Also, when something slips in a client's reality sense, you must learn how to help it get back into place. When you hear yourself being hated uncontrollably for something you are not, or for something you did not do, when the client can't make distinctions between people, you may learn how to help restore the reality sense by saying who and what you are.

My point is that violence, homicidal or suicidal, often happens in a situation where an individual's reality sense is overwhelmed and he is reacting as though he were in another situation; you can learn much about how to address this; sometimes it is useful to be very specific—"that's no longer something you have to do," "it isn't dangerous here," "that's over, it's in the past," "the time for that is over," "the war's over," "you don't want that," "give yourself some time," etc..

I think it helps the rap group facilitator or the individual counsellor deal with anger and violence also if he or she can develop

enough tolerance for it, for letting it in, actively, in words, including the feelings being directed against oneself, in words. In my own experience, this always means, becoming more able to let hurtful anger in always means being able to suffer a little from it oneself. I do not think it is possible to hear a person's intense anger therapeutically without hurting a little, without some amount of fear and anxiety, some few bad dreams. I think it is also very important for us not to take any kind of absolute stand about banging on property; people maybe, but not property. It does not help Viet Nam veterans to get uptight about a door being kicked or a chair shoved into a wall, or a broken coffee mug, or whatever. That kind of thing, usually, shows such an enormous climb toward civilization, from the level of violence which characterized daily life in the Viet Nam War, that it merits not uptight responses but silent (at least) congratulation.

It helps a lot in groups for the leader to make distinctions clearly amongst various emotions related to anger—hatred, rage, jealousy, envy, paranoid suspiciousness, bitterness, contempt, fear anxiety, to encourage the veteran's learning of these discriminations and refining the appreciation of the emotions in themselves. Horowitz and Solomon, in Figley's book, discuss also the building of controls in persons whose lack of them is a leading difficulty.

The anger of Viet Nam veterans is a war stress for people who work with them. You will have symptoms about that, probably, and working with them will enhance your humanity.

There is often a relationship between anger and grief. Tears are sometimes felt unconsciously as clean anger—tears of rage may be extremely helpful, and crying from anger may be something to welcome as a part of important growth in a group or individual. There are other kinds of crying—relief, joy, frustration, a sense of contact and authenticity, sadness. It is good to be able to sense the anger involved sometimes in crying, though you may never say much about it.

Shouting and yelling are important too, and something to be considered in site selection, soundproofing, and in running groups. My experience is that usually people shout because they want to be heard, a healthy wish which requires respecting.

This now leaves us with two other important topics (at least) which we can get to later: what the leader does about expressing his own anger, and the problems of what to do when clients have weapons.