The Vietnam Veteran and the family "Both Victims of post traumatic stress"

A Psychodramatic Perspective

by Michael Burge

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There has been much written about the effect of the Vietnam war on veterans; namely the development of post traumatic stress disorder. However there has been less attention given to parallel trauma experienced by veterans' families. Of particular note is the struggle for intimacy.

The present article is primarily about my experiences counselling Vietnam veterans and their families. I discuss the ways in which the Vietnam Veteran's post traumatic stress (PTSD) can infiltrate all of his family's lives. I also demonstrate the way psychodrama can be used for the diagnosis and treatment of post traumatic stress. In particular role analysis, role training, role development and role theory.

In terms of role theory, the essential premise is that individuals who have been traumatised can recover by tapping into and

enhancing their creative and spontaneous resources. This works hand in hand with the recognition, installation, and expansion of healthy life giving roles. Technically this is achieved through the complementary nature of roles. That is, a role cannot exist in a vacuum, it must essentially have a positive or

negative relationship with another role. For example nurse and patient, or teacher and student or performer and audience. The complementary nature of roles also exists within an individual's psychic system and are constantly engaging in self-talk. For example, encourager of self (positive) self critic (negative) in relation to the self goal seeking .

The therapist then, during the course of his/her intervention, can assume and enact a range of roles within the likelihood that complementary positive roles will be developed in the client. These roles may provide the client with power, safety, creativity, dignity, control, containment, meaning, perspective, emotional release and harmony – experience that is most often opposite to traumatic experience. However before focusing on these research and treatment issues a brief discussion of the symptoms of post traumatic stress disorder – PTSD – is warranted.

The most common symptoms (Ref DSM IV for full details) experienced by Vietnam Veterans – are nightmares, flashbacks, intrusive thoughts and images, depression, anxiety, startle response, aggressive outbursts, irritability, difficulty sleeping, difficulty having intimacy and withdrawal.

There are many factors that influence the capacity for the traumatised Vietnam Veteran to develop intimacy with his family. Firstly associated with the symptoms of post traumatic stress is fear of vulnerability and fear of being 'unsafe'. That is, there may be concern to the risk of one's own life, or to the family and friends lives, but there is also the fear of overwhelming emotions. In particular for Vietnam veterans are the memories and feelings of near death experiences and the loss of 'loved' mates. That is because of the many shared life supportive experiences among Vietnam veterans, including recruitment conditioning, the protection of the fellow soldier's life is very much akin to the protection of his own life. This can lead to over protection of the family in later years.

Given the close bond to his fellow soldiers the identity of the group may become incorporated in the individual soldier's intra-psychic structure. Therefore the 'loss' of mates and the fracture of the group identity could lead to the fractured self identity of the soldier – Vietnam veteran, similar to the way in which parents and siblings can be internalised within each family member's psyche.

The experience of the fractured identity, together with the general loss, can make the transition into a traumatised state rapid and enduring. If he has limited coping skills and restricted internal framework there may be too many emotions – experiences – with which to deal. Unfortunately this has direct implications for the traumatised person's family. The veteran faces the dilemma that if he were to be vulnerable enough to openly experience intimacy, the feelings consequently generated may open the proverbial 'Pandora's Box' of non-experienced and blocked emotions related to his trauma; including the unresolved grief for himself and his lost mates. In basic terms to risk 'loving' is to risk losing and to risk even greater disintegration of the identity.

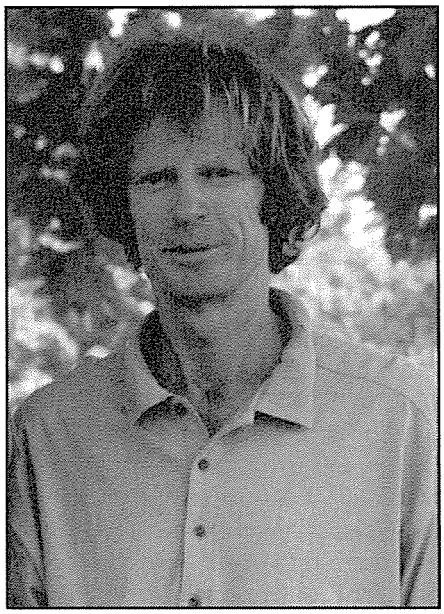
For the Vietnam veteran in particular – although not exclusively to other types of trauma victims – is the impact of unresolved family of origin issues and events after the war

that contribute to the endurance of trauma symptoms – such as poor intimacy or family enmeshment. Systemic family of origin interactive factors are in depth and complex. The patterns of withdrawal and poor intimacy and poor communication skills will impinge upon the trauma victim's capacity to recover from the trauma.

After the war many Vietnam veterans had experiences that made their traumatic conditions worse or created the traumatic condition. These experiences contributed to or created their physical and emotional withdrawal.

On return home from the war Vietnam veterans were treated very poorly by the public, government and often by his family. Rather than receiving the ritualistic and healing welcoming home, as warriors have for thousands of years, they were ostracised and abused. Moreover in many instances the partners and parents did not or could not listen to even the most peripheral of stories about the Vietnam war, thus leaving veterans locked in their misery of unresolved grief. There was no professional debriefing and little or no family and community support. There was instead abandonment. The few veterans who managed to receive family and community support report better recovery, adaptation and integration into the family and the community.

In my practice I have noted that for wives and partners of Vietnam veterans their exposure to being directly involved with the veteran while he experiences these symptoms can be highly distressful. Frequently they report being mistaken for the enemy Viet Cong during their husband's nightmares and flashbacks, sometimes being gripped by the throat or sometimes



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being in the middle of "battle" or "war zone". Often veterans would be in a state of "numbness" and then snap into aggressive outbursts with little or no provocation from their partner. In an endeavour to minimise the veterans outbursts or mood changes, partners would spend much time focusing on the veterans problems at the expense of their own needs. Consequently the partners would become depressed, anxious or have poor self esteem.

The partners would telephone the Counselling Service seeking information on how to handle the veterans; the partners were desperate, indicating that they felt responsible for the veterans problems. Some women were on the verge of leaving the relationship, others wanted couples' counselling; partners reported wanting to leave but were afraid to do so. The relationships were under great stress.

Many partners live in an uncertain and fearful situation and have to bear the full burden of running the family, due to the

veterans PTSD. This exacerbates the distress and difficulties between the couple and the whole family.

Resentments would fester. The veteran would feel his traditional role as "husband" had been severely compromised or lost, and the partner would feel she had lost her supportive husband.

A useful model for conceptualising and treating some of these couple and family difficulties is that of "CO-DEPENDENCY". Melody Beattie coined the phrase in her book Co-Dependent No More (1987). The wives may become so absorbed in the veteran's plight they defer focusing on their own psychological problems, or personal growth. The veteran's dependence provides her plenty of opportunity to administer "apparent control", rather than dealing with her own fear of losing self control. I say "apparent control" because the volatile nature of PTSD means less control in the family, more likely uncertainty and trepidation – there is the sense but not the reality.

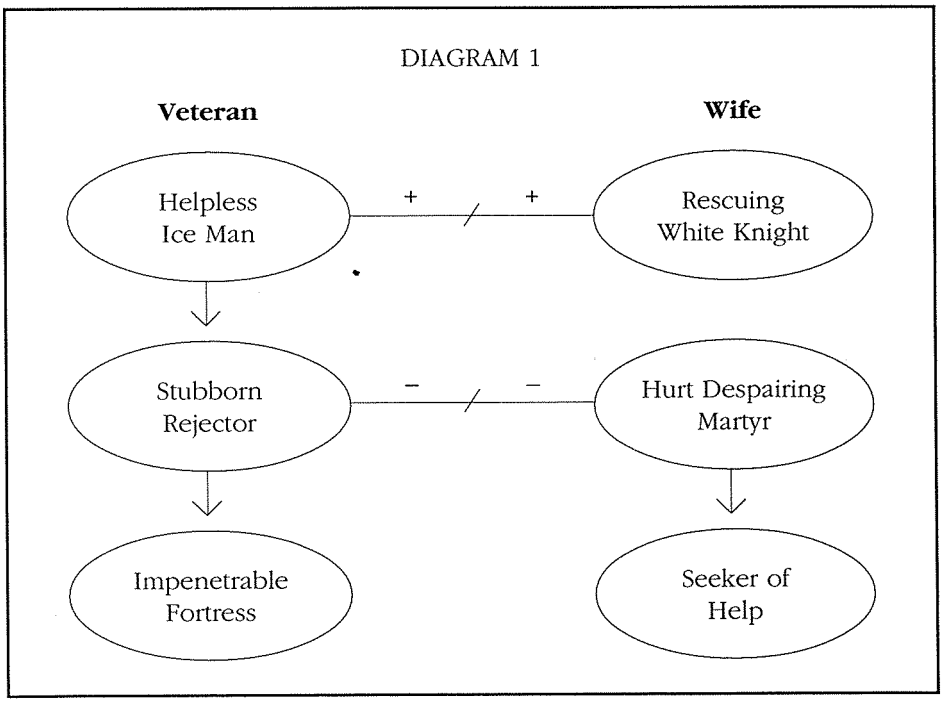
Over the years being exposed to the distress of the veterans trauma the wife develops co-dependency. I have discovered through my counselling practice that family of origin roles are an important influence in the relationship.

The existence of these old roles can lead to the initial attraction between the veteran and their potential partner. For instance the veteran who is helpless and fearful can choose a partner who has need to play the role of rescuer, problem solver, Ms Fix It, warden or

KEY TO DIAGRAM SYMBOLS

- - - - - - - Neutral
+ / + Mutually Positive
− / − Mutually Negative
− → One Way Negative
← + One Way Positive
− / + Positive Negative

DIAGRAM 1



psychiatric nurse. In the process, the veteran may become increasingly helpless or the partner could, through numerous failed attempts at helping – and other frustrated role blocks – become very helpless and victimised. Therefore she may be the one who in the end seeks "rescuing". In some instances there can be a rotation of these role states between the veteran and his partner [refer Diagram I).

Invariably the family of origin issues for the veteran and partner have to be resolved "contemporaneously" or "sequentially" through couples counselling or individual trauma treatment. Children of Vietnam veterans can be severely affected by PTSD

The difficulty for the traumatised Vietnam veteran to establish intimate relationships is a major stressor for the family, contributing to many secondary trauma symptoms.

The ramifications for the psychological well being for the children of the traumatised Vietnam veteran can be substantial. For instance, Rosenheck (1985) describes a condition that he calls secondary post traumatic stress. In one case study of a ten year old boy called Alan, Rosenheck noted that the boy was exhibiting a range of symptoms indicative of post traumatic stress. Alan had difficulty sleeping, poor concentration, had frequent headaches, was tense and confused, had numerous fears, violent at times threatening to kill his younger brother, and when he went to sleep was worried about being killed or kidnapped. His main fear was that his father would be shot like in the war (p. 538).

Rosenheck concludes that the child gained these secondary trauma symptoms through exposure to his veteran father's reliving of the war trauma. That is, through identification and from deep involvement and preoccupation in the emotional experience of his father, there was a deficiency in the child's own boundaries. Rosenheck mentions that similar symptoms exist in children of holocaust survivors. He also mentioned that treatment focused on helping the boy to disentangle his own experiences from that of his father, moreover, to gain his father's approval by doing well at school rather than imitating his father's preoccupation with Vietnam and violent behaviour.

In an extension of Rosenheck's work Laurie Harkness (1993) investigates transgenerational transmission of war related trauma. He reports that the impact of the father's PTSD on the second generation is contingent on how the family handles the situation. Therefore the pattern of family roles figure significantly.

If the veteran used withdrawal as a means of coping, excessive distance between family members develops with poor communication and poor protection. There is an absence of structure and authority. Alternatively, enmeshment patterns can develop in an effort to elude re-experiencing anxieties and vulnerabilities that were present

during the war. That is the family becomes somewhat of a fortress isolated from a "dangerous world". As part of this, there is over protection and control of family members. The down side for the family members is that they see themselves mostly in relation to their fathers problems; they have lack of autonomy and restricted personal growth. There are difficulties in relationship boundaries.

Similar to Rosenheck, Harkness found that when focusing on the father's violent potential, the children's behaviour and symptoms such as depression, anxiety, anger outbursts, are an attempt to understand the father's behaviour.

In terms of transgenerational treatment strategies it was recommended to consider the impact of social supports, poor familial communication skills, early childhood abuse, and in particular preventative programs. He considered it important to assess the family system coping ability as soon as possible after the traumatic veteran (person) is re-united with his family. It is important to create a safe intervention environment, establish a no violence contract, strengthen the ego-functions of the children and teach new ways to overcome old problems.

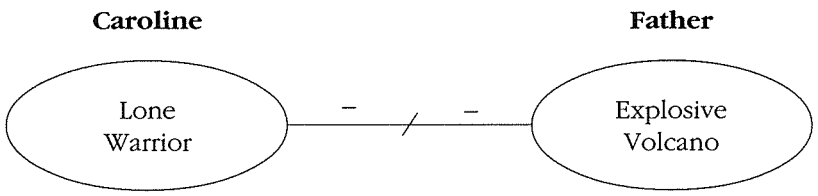
In my own practice I have found similar patterns to the above studies. The client was a young adolescent female of thirteen years of age. I'll call her Caroline. She is the daughter of a Vietnam veteran. Caroline is reported by teacher and parents to have problems of disruptive behaviour at school and to be unhappy at school.

Over approximately eight sessions Caroline indicated that she was very much alone and alienated from the other students. She described her father as a big volcano periodically "exploding" [Refer Diagram 2]. Conflict between the parents was on going. Caroline also indicated that her father was very controlling. There was an overt expression of guilt or responsibility for her father's difficulties. Although Caroline often mentioned that she had a yearning for a "closeness" to exist in the family that was apparently absent, I gathered there was oscillation between too much separation and too much enmeshment. Her older brother had a history of getting into many fights.

In the early sessions Caroline reported to have suicidal thoughts, but these disappeared through the first three sessions. Treatment consisted of mutual story telling, drawings, and psychodrama. It was interesting to observe that, in her drawings when describing alienation from her peer group, there emerged a theme of her being surrounded by hostile school students with guns wishing to do her harm. The students were of different alien facial and body features. For example, she could have a round head and they would have square shaped heads. When asked what would she need to include in her fantasy drawing to make her self safe, Caroline quickly conjured up a helicopter to rescue her from above. The helicopter then transported her to a tranquil safe place with lots of trees, away from the hostility and the treachery. [Diagrams 2, 3 & 4 show Caroline's drawings]

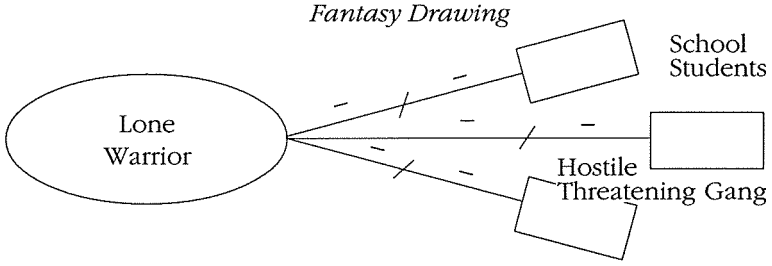
The similarity of Caroline's drawings to drawings of Vietnam veterans that I have counselled was quite remarkable. Although Caroline made no direct reference to the Vietnam war in her drawing or story telling, the studies previously mentioned (Rosenheck, Harkness)

DIAGRAM 2



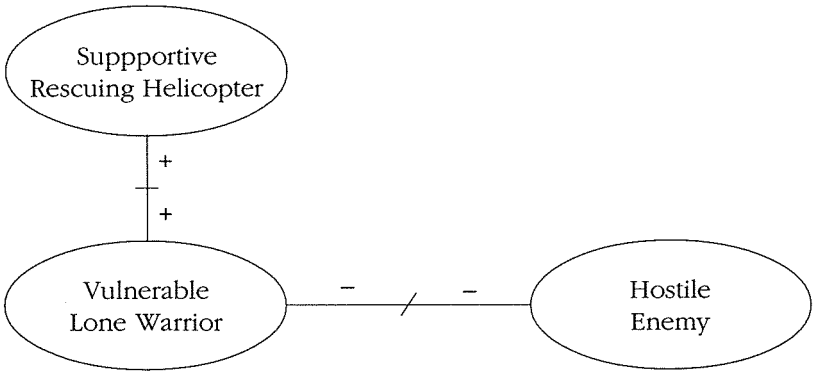
Caroline alone and against the exploding volcano

DIAGRAM 3
Fantasy Drawing



This is a diagram of Caroline seeing herself with her friends

DIAGRAM 4
Fantasy Drawing



indicate that the representation of secondary trauma symptoms of transgenerational war experiences can be unconscious. I make no conclusion in Caroline's case but note with interest the emerging patterns from her trauma. Drawing and story telling are useful means of understanding more about transgenerational trauma issues.

Treatment Using Psychodrama

As I have previously mentioned, psychodrama has been used in conjunction with Art therapy. The themes and scenes emerging in the drawing are readily adaptable to psychodramatic scenes. This is also the case for developing roles and other roles recognised through role analysis [Ref Diagrams 5, 6, 7].

I will demonstrate this interaction by reference to Caroline's psychodrama.

In the first session Caroline indicated that she was suicidal. She felt despairing, isolated, neglected and betrayed by her friends. Caroline said that her parents and teachers described her behaviour as attention seeking, defiant and withdrawing. Caroline said that she often felt hurt and let down by her friends even after trying to help them with their school work.

Through my interview of Caroline she warmed up to conflicted roles. She described herself as alone and despairing in a barren desert. At the edge of the desert was a huge brick wall. The wall had a slight hole, through which she could see a beautiful lush garden. Her trusted pet cat Felix was also in the garden, beckoning Caroline. The cat was the only one that she trusted completely. Caroline said that Felix loved Caroline and she loved Felix.

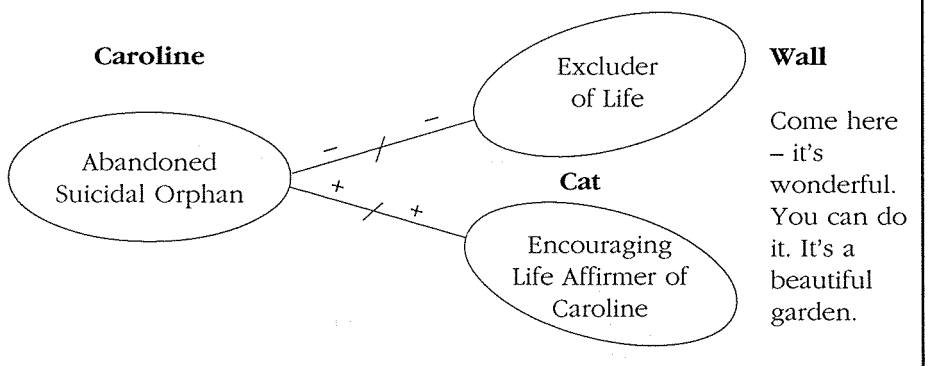
Enactment took place between the roles of Felix the cat in the garden, the wall, and Caroline abandoned in the desert. [Refer Diagram 5].

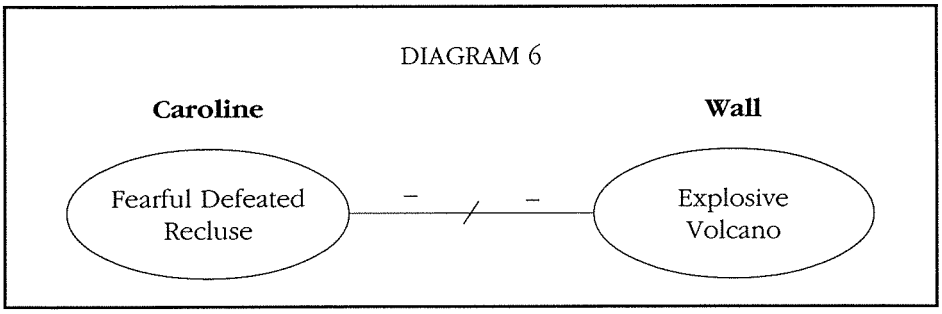
At one point during the enactment while attempting to climb through the wall Caroline retreated fearful and teary. She expressed from that role that she felt that the wall was about to explode on her, a new scene emerged [Refer Diagram 6].

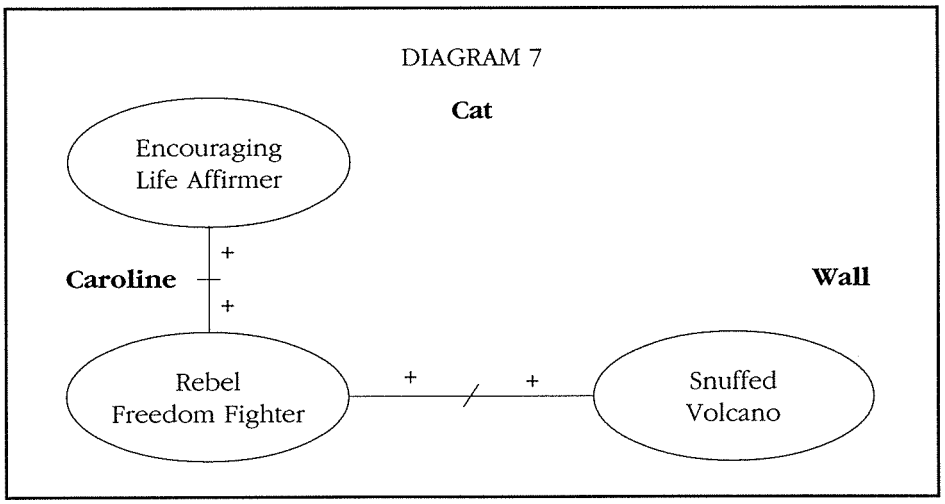
However, through my coaching and role reversals, Caroline became aware of the cat's encouragement and strength. The cat's role evolved taking on magical powers, and gave these to Caroline. Caroline then conjured up a whirlwind and blew the volcano out. These role developments are demonstrated in Diagram 7.

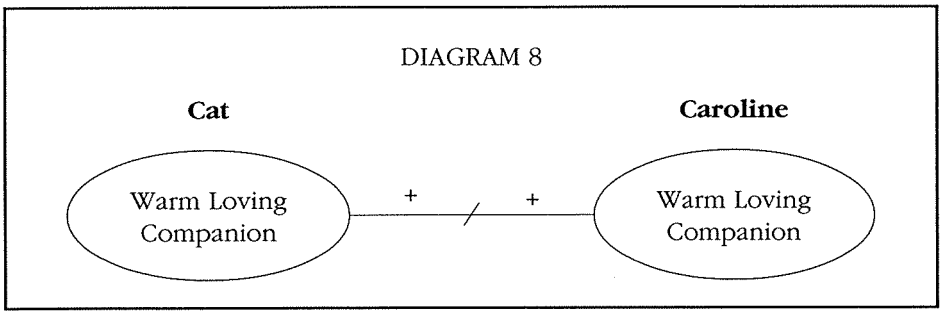
The volcano became a dormant brick wall that Caroline could easily climb through with continual encouragement from the cat. Both Caroline and the cat sat in the beautiful lush garden. The wall and the desert disappeared. The cat and

DIAGRAM 5
You must stay in the desert









Caroline sat in the garden speaking fondly to each other.

At all times I was interested, affirming and appreciative of Caroline in my role as director, producer and coach. I interchanged with Caroline's roles using doubling and mirroring. This helped maintain her warm up to her different roles, and enhanced spontaneity and creativity. When I played the role of Felix the cat I extended that role being particularly encouraging and supportive. That is, providing role training for Caroline, enabling her to choose the roles best able to assist in overcoming fearful and despairing roles. Caroline responded well to me playing her roles, responding playfully and gleefully.

In the following two sessions Caroline reported feeling generally happy, not at all suicidal and was looking forward to overcoming

Figure 1: Role System of Caroline

Progressive Roles	Coping Roles	Fragmenting Roles	
Playful funlover Artist Animal lover Problem solver	Controller Attention seeker Rebel Rescuer of others Hopeful yearner Approval seeker	Suicidal despairing orphan Victim Hurt martyr Fearful child Isolate	**A** 1st Session
Warm companion Problem solver Risk taker Artist/storyteller Freedom fighter Spontaneous actor Self-appreciator Teacher – learner Self-compassionate observer Life seeker Animal lover	Rebel Attention seeker Rescuer of self Hopeful yearner Approval seeker	Hurt martyr Isolate Victim	**B** 6th Session

school and home difficulties. Caroline was feeling firm and solid in herself.

Further work with Caroline may include role training so that she can maintain herself in her family; for example, to be aware when she is having her boundaries violated and how that can be avoided. Training in the role of systems analyst and escape artist would assist Caroline.

Role Development

There is an extensive role development in Caroline through her art and psychodrama work. These are depicted in Figure 1.

Observations of the progressive role system of Caroline indicate that the playful funlover and the artist are her most developed progressive roles. The roles of self-compassionate observer, and life seeker, and spontaneous actor, and teacher would assist in the integration of her progressive functioning.

Observation of Caroline's coping role system indicates that in many situations she deals with frustrations and despair by attention seeking and her powerlessness by rebelling or rescuing others. While these roles help Caroline cope she sets herself up for disappointment and despair; leading to the emergence of fragmented roles. However I noticed that coping roles such as rebel and approval seeker assisted in the emergence of progressive roles such as determined life seeker, story teller and self-appreciator for instance as in Figure 1.

The main role in Caroline's fragmenting role system appears to be abandoned despairing orphan.

Related to these are victim, suicidal child and fearful and defeated recluse.

Greater development of fun lover, self compassionate observer, warm loving companion, self-appreciator roles as demonstrated in Figure 1 B are likely to provide Caroline with the opportunity for better peer relationships and an avenue to a healthier state.

Finally, from my perspective and experience – counselling traumatised Vietnam veterans and a variety of other trauma victims – there is an ongoing effort for the victim to resolve the devastating effects of the trauma experience. Some of these attempts are destructive to the traumatised person and their family, other attempts facilitate healing. There are efforts to resolve the overwhelming feelings of powerlessness and victimisation bestowed upon them by the "perpetrator". The perpetrator may be, for example, an enemy soldier, a rapist, or a bushfire.

The symbolic representation of the resolution process can not be underestimated. For instance, there are many examples of Vietnam veterans engaging in counter-phobic risk taking activities such as enlisting in foreign wars, or seeking dangerous civilian jobs. These are often symbolic of embracing the trauma or may be an attempt to overcome the associated trauma fear. There are also examples of veterans having difficulty with authority figures and government institutions; the classic Rambo series of films symbolises this activity. There are implications here for second generation children of parent trauma victims such as Vietnam veterans as the case of Caroline shows.

Implications

Antisocial, withdrawal or other psychological or social difficulties may be second generation attempts to resolve the primary trauma on behalf of their parents.

The implications for the treatment of individuals experiencing primary or secondary trauma symptoms – including the whole family – could be for the counsellor not to focus on the end behaviour roles; such as trouble maker, racist, uncooperative actor, controller, self sacrificer, or aggressor. It may be more advantageous for the counsellor to focus on symbolic representations rather than the acting out behaviours.

That is, help the veteran develop the role of all-seer or systems analyst in order to differentiate between the past enemy perpetrator and present shadows or reminders. Developing a non-critical, trusting, collaborative, explorative relationship with the counsellor will assist the veteran to gain a broader perspective about the influences on their reactive

aggressive or self defeating emotions and behaviour.

Included in this could be the exploration of triggers such as authority figures, aliens, or government personnel, such exploration could move behind the triggers to uncover representations of earlier traumatic experience.

The benefits of these strategies is to assist the counsellor–client relationship, alleviate obsessive attention to the triggers, create a sense of safety with the particular intervention and to help move the client or family away from restrictive or withdrawn defensive positions towards positions whereby the 'universe' is experienced as a much safer place.

Summary

The purpose of the present article was to demonstrate treatment strategies, and the affects of, for families suffering from direct or indirect exposure to trauma. The cases presented highlighted how trauma, in particular war trauma, permeates from one generation to another. The challenge for the primary trauma victim is to work through the painful and devastating experience in a way that minimises the risk of spreading the terror or despair to his family members. The treatment strategies centred around the power of psychodrama theory and practice to effect substantial resolutions to intrapsychic conflicts and emotional pain caused through post traumatic stress. Through the strengthening of creative life giving roles, the traumatised individual can create peace with themselves and once again feel a part of the universe.

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