

Myths & Realities: Wars and Disasters [Handout]

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Please note that the following was written about war's impact for war veterans, their families and society. Almost all of this information applies to survivors of many types of trauma.

What to Say and Do Differently: It's Time to Tell the Whole Truth

We all, to include deployed members of the Armed Forces, their families and our country, are entitled to have the truth, the whole truth and nothing but the truth concerning combat stress reactions, the impact of other kinds of trauma, post-traumatic stress, and the full range of possible short- and longer-term impact of war and other trauma. Isn't this a hallmark of a democracy, to have a fully informed citizenry and to not let others decide "what is best for us to know?"

And so, just what is the "truth" that trauma survivors, to include active duty members of our Armed Forces and their families, and our veterans, and our communities, have not only the right but also the need to know? A related issue is, considering the realities and limitations of what can be done in a war-zone with psychiatric casualties, what can and should be done differently to address mental health concerns in a war-zone.

To my knowledge, important elements of following facts are not shared by the military with Armed Forces personnel and their families, nor are they shared by our government to the American people, nor are they routinely shared with survivors of other types of trauma, such as natural disasters and sexual assault. And since these are facts, I would argue that it is ethically responsible to insure that all military personnel serving in any war-zone, their families, and our veterans and our communities receive this information: ¹ Following is what I consider to be absolutely vital information to be provided directly to the active duty member or veteran; some of this is currently provided by military mental health providers yet other essential information herein is not communicated. The words would be changed appropriately if this information were being given to family members or to the community.

Myths and Realities about Combat Stress Reactions, Other Trauma and PTSD ²

There are several very important myths about the impact of trauma and of war:

Myth: Heroes & "normal" or healthy persons don't continue to have problems after being exposed to a trauma. If they do, that means that they already had problems and were "pre-disposed" to having such problems anyhow. "The trauma was merely a trigger."

¹ Some of the following is discussed in more detail in *A Vietnam Trilogy*.

² See also G. Schiraldi, *The PTSD SourceBook*, 2000.

&Reality: Trauma is so catastrophic that it will evoke symptoms in almost everyone “regardless of one’s background or pre-morbid factors,” e.g., it is abnormal *not* to have strong reactions to a trauma. As Viktor Frankl, concentration camp survivor and founder of logo-therapy stated: ³ *An abnormal reaction to an abnormal situation is normal behavior.* Indeed, trauma always has a significant impact on all who experience it, although they do not necessarily develop PTSD.

- As one Iraq war veteran stated: *My body’s here, but my mind is there [in Iraq]* ⁴
- As one Katrina survivor said: *I can’t get what happened during Katrina out of my mind; I still remember vividly how terrifying it was.*

Myth: Time heals all wounds.

&Reality: Not necessarily. For example, long-term follow-up studies of WW II, Korean and Vietnam war-veterans indicate that psychiatric symptoms not only do not necessarily disappear over time, but in a significant sub-group the symptoms have become worse, probably exacerbated by the aging process, i.e., triggered by greater likelihood of exposure to deaths of significant others as one grows older, age-related losses of job, career, health, and increased realization of one’s mortality. ⁵

Myth: My trauma was not as bad as what others suffered, so I should not be feeling as badly as I do/ Or, I should feel guilty because I was spared what others suffered.

&Reality: Comparing your trauma with those of others is a no-win proposition. Your trauma is your trauma, and what is its impact on you? If you continue to deny or minimize the very real impact of your trauma experience on you, you are lying to yourself. You must be willing to face the truth about how the trauma has impacted you--or it will always have a hold on you. And valid guilt does not come from feeling guilty over that which you had no responsibility for or control over. You can have empathy for others without having to put yourself down by denying the impact of your trauma.

Myth: I must have been bad or somehow deserved what happened to me.

&Reality: Bad things can happen to good people and through no fault of your own. However, many survivors tend to blame someone for their trauma: themselves, others, institutions---or God.

Myth: I can never trust myself or anyone else again. I didn’t respond during the trauma in a way that I feel good about, or my judgment was bad, and the environment is dangerous. So, I need to isolate and be constantly wary and careful of my surroundings.

& Reality: Trust in yourself or trust in others is not an all-or-nothing proposition. Developing appropriate degrees of trust does involve risks, yet is essential for a fulfilling life. Is living a life of isolation and constant wariness what you want?

³ Frankl, V. (1959). *Man's Search For Meaning*. Boston: Beacon

⁴ This quote is from an Iraq veteran who stated that he could not get past the memories of Iraq, and that his experience there felt unresolved. Corbett, 2004, p. 34.

⁵ See discussion in *A Vietnam Trilogy*, 2004.

Myth: My trauma (Katrina or . . .) is the cause of all of my problems that I am having. Or: I'm behaving or feeling this way just because of Katrina . . .

& Reality: No one was a “blank tablet” before suffering a trauma; we all were persons with strengths and weaknesses, positives and negatives. You may be having problems now that existed before Katrina, or that are worse in the aftermath of Katrina. If this is so, you must be truthful with yourself as the cause(s) of your current problems or you will put blame and responsibility where it does not belong and you will not address what truly needs addressed.

Myth: I did okay during the trauma and for awhile afterwards, so I shouldn't be having all of these negative feelings and reactions now . . .

& Reality: People seldom “break down” psychologically or have emotions that overwhelm and incapacitate them while in the midst of an emergency or trauma or in its immediate aftermath. Rather, most survivors suppress or “bury” painful feelings and thoughts and learn how to “detach” yourself from your own emotions in order to survive and not be overwhelmed. Thus, typically, there is a delay in the onset of problematic emotions and thoughts until sometime after the danger has passed---hours, days or weeks later; in a number of cases months, years or decades later. And so, just because you are feeling okay and in control of yourself at this time (or even in the first several weeks or months following deployment or following the ending of a natural disaster), does not necessarily mean that this will be the case months or years from now.

Myth: I must be crazy or weak to still keep remembering and still be bothered by the trauma after these many months (or years) have gone by.

& Reality: Trauma is unforgettable (unless one has psychic amnesia). It is absolutely normal to not be able to totally eradicate the memories of trauma, and to be bothered to at least some degree by the trauma---for months, years or decades afterwards. Therefore, a trauma survivor will not be able to totally forget salient memories of trauma---although a number of trauma survivors resort to artificial means such as substance abuse, psychotropic medications, constant exposure to current danger, become a workaholic or otherwise preoccupy themselves as a temporary way to forget.

Myth: If I can just forget about the (traumatic) memories, I can move on with my life.

& Reality: Since trauma is unforgettable, if you are a survivor of a trauma that happened awhile ago, you have become an expert at detachment, denial, minimization, avoidance. Because that is what you have been doing in an attempt to forget about the unforgettable traumatic experience. However, at some point the detachment/denial stops working so well. You may have become exhausted; or you have become so extreme with your detachment/denial that it starts causing other problems in your life---because you may have become too detached from your emotions and from people. And this then is an additional problem on top of the unresolved painful memories and problems from your original traumatic experience(s).

Myth: Most trauma survivors are highly motivated to eliminate or reduce PTSD-related symptoms like isolation, numbing, & physical arousal/hyper-alertness to the environment.

& Reality: A number of PTSD symptoms also are survival modes that were learned during or following the trauma; and many survivors are very reluctant, ambivalent or not interested in giving them up.⁶ They may: (1) feel that it is quite justified to stay removed and apart from others, because they are different and do not feel comfortable in many social situations; (2) believe that to let themselves feel emotions once again will only result in painful reliving of traumatic memories, and (3) believe it is wise not to trust and be wary of the environment, and so hyper-arousal is a necessary protection against a hostile world.

Myth: If I fully remember and re-experience aspects of my original trauma (through talking about it, thinking about it, focusing on it), I will lose control and either become sucked back into the vortex of that memory and never be able to come back out again—or I will go crazy, or start crying and not be able to stop crying and not be able to stop, or become so enraged that I will hurt someone or myself.

& Reality: Trauma survivors do not go crazy from remembering and talking about their trauma. But they may go ‘crazy’ trying so desperately to deny the undeniable—that the trauma happened, that it hurt then and it hurts now, that it has not gone away and that it needs to be dealt with.

Additional myths or beliefs about exposure to trauma that you have heard about?

Other Realities about War and Its Impact

- Combat, war and other traumatic experiences *always* have a significant impact on all who experience it, both shorter-term and longer-term. As one Iraq war veteran stated:

My body’s here, but my mind is there [in Iraq]⁷

- You may well have either significant “positive” and/or “negative” outcomes or impact from your war or other traumatic experiences, both while deployed and following your return. This impact may be evident immediately, later or after a very long period of time has elapsed. However, having even many positive war experiences or positive survival experiences from other trauma will not necessarily resolve or ameliorate the grief, hurt, fear or loss that you suffered or witnessed.
- Most vets feel that, overall, their military experiences were more positive than negative. For example, a study of Vietnam vets showed that 56% felt that their Vietnam War and military experiences were an entirely or mostly positive effect on their lives. However 33% felt that Vietnam and the military had an equally positive and negative impact; and 11% felt that the impact of their Vietnam and military experiences were entirely or mostly negative.⁸ Major negatives from the Vietnam experience included: loss of civic pride, of faith in America; cynicism; inability to make friends; and experiences of grief at death and suffering.

⁶ See Murphy, R.T., R.P. Cameron, L., Sharp, G., Ramirez, C., Rosen, K., Dreschler & D.F. Gusman. “Readiness to Change PTSD Symptoms and Related Behaviors among Veterans Participating in a Motivation Enhancement Group.” *The Behavior Therapist*, 27 (4), 2004, 33-36.

⁷ This quote is from an Iraq veteran who stated that he could not get past the memories of Iraq, and that his experience there felt unresolved. Corbett, 2004, p. 34.

⁸ Card, J. (1983). *Lives After Vietnam. The Personal Impact of Military Service*. Washington, DC: Lexington Books.

- To attempt to suppress or “bury” painful memories, and to learn how to “detach” yourself from your emotions while in the war-zone or while in the midst of other trauma is almost certainly helpful to be able to continue to function during continued exposure to the trauma. These strategies also will help you to be able to make it through your deployment. On the other hand, there is absolutely no evidence that doing this will have any impact on whether you will or will not subsequently develop longer term mental health problems.⁹
- People rarely break down psychologically while in the midst of an emergency or trauma, to include in a war-zone. Rather, typically there is a delay until later---after getting back to a more secure area, or hours or days or weeks later, or in a number of cases months, years or decades after leaving the war-zone. And so, just because you are feeling okay and in control of yourself at this time (or even in the first several weeks or months following deployment or following the ending of a natural disaster, etc.), does not necessarily mean that this will be the case months or years from now.
- There is compelling evidence that the more anyone is exposed to traumatic stressors, such as war, the greater the likelihood that you will eventually develop post-traumatic stress or post-traumatic stress disorder. And so, for example, the longer you are deployed in a war-zone and the more you are repeatedly redeployed back to the war zone, the risk will be *increasingly higher* that you will ultimately develop PTSD. This is the risk of being willing to repeatedly put yourself into harm’s way.

[This last-mentioned reality dictates that the following additional information be provided to acute psychiatric casualties in the war-zone who are being treated and being sent back to their duty stations if they are to be duly warned about the mental health risks they face.]

- I want to be very frank with you about what will happen by going back to duty. There is the risk that by going back to your duty station and once again being in harm’s way, you may well suffer additional psychological or emotional difficulties if you are exposed to yet more combat stressors and trauma.
- This is understandable, and you should recognize if this is happening and not think that you are going crazy or are a “weak” person. However, you must pay close attention: do what you have to do to protect yourself and survive during the remainder of your tour.
- Be aware that you may well have suppressed or delayed emotional problems and issues related to exposure to combat that can surface months or years after leaving the war-zone. But as a veteran there is knowledgeable help available through the Department of Veterans Affairs and Vet Centers.

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⁹ For example, the research data on the outcome of very brief interventions in the aftermath of disasters is very mixed, with considerable evidence that it may not be at all beneficial in reducing the risk of subsequently developing PTSD.