Vets may need help finding 'normalcy'

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Since the start of the Iraq war we have been witnessing the return of military veterans from an intense war-weary environment similar to Vietnam. Over 1.3 million Americans have been deployed. It was estimated that by 2008 more than 400,000 veterans would need mental health treatment.

Active duty suicides have become record-setting.

Mental health therapists and the US Department of Veteran's Affairs (VA) counselors are already assisting many of these men and women who are attempting re-entry into a sense of "normalcy". For many veterans, however, normalcy is elusive, and as one retired General said on public radio, "normalcy can be a moving target."

Aggravating the intensity of the stress of deployment is the extension of one year Iraq duty assignments. It is no longer unusual for veterans to be returning from their second and third tours of military duty.

Mental health therapists find themselves facing the challenges of treating this new generation of veterans, but in doing so, we can learn from the lessons of Vietnam.

Psychiatrist, Chaim Shatan (along with other psychotherapists) volunteered hours of time working with Vietnam veterans in rap groups in New York City. He was convinced that the psychological residue of military combat can be devastating for returning veterans.

He was instrumental in the American Psychiatric Association establishing a diagnosis in the first major revision of the Diagnostic and Statistical Manual of Mental Disorders in 1980. The diagnosis became known as Post Traumatic Stress Disorder.

Shatan noted a reference made by several Vietnam veterans in their rap groups in which they felt like they were living in a "split time zone," meaning their civilian environment was no longer congruent with their military environment; or put another way, the rules consistent with a military reality no longer applied to a civilian reality.

For example, soldiers who were on constant high alert in Iraq cannot easily turn off the habits of wartime survival.

As Cecilia Simon noted in her 2008 article in *Psychotherapy Networker*, "Hyperviligence has its place in a world where you're being mortared all day long, but it can interfere with life back home."

Simon went on to note, "During war, soldiers are trained to parse information, but if you can't communicate with your spouse or boss, you [can] become withdrawn and alienated—and probably divorced and unemployed."

Another psychiatrist and author, Robert Lifton, identified the vulnerabilities veterans experience once the wartime numbing and military euphoria wear off which can lead to a post traumatic adaptive lifestyle.

Unique with the Vietnam War was a re-entry process that provided military veterans a rapid return to the United States often within a span of 48 hours. This process was characterized as coming "from the foxhole to the front porch."

Now, the new theme is, "today Baghdad, tomorrow Brooklyn," and again, can occur within a span of 48 hours, leaving returning veterans with no time to begin the process of reconnecting with a sense of normalcy.

Many veterans will filter into a system of care most often with presenting issues that might not necessarily jump out as clinical indicators of some form of an adjustment issue secondary to their Iraq experiences.

Consequently, it is imperative for mental health therapists to be able to identify the underlying causes of the initial presenting issues paying close attention to the veteran's military history.

These include:

- Being sensitive to the issues of death and survivor guilt.
- Encouraging an oral history in which the veteran is allowed to share his/her experiences without being judged. In Strangers At Home, edited by Chuck Figley, the oral history sets the stage for developing a mutually responsive collaboration between therapist and veteran.
- Recognizing the veteran's sense of isolation even from his/her most likely sources of emotional support, keeping in mind that the process of developing and maintaining interpersonal relationships may need to be relearned.

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- Implementing a process that will allow veterans to integrate their experiences by benefiting from them by developing healthy emotional outlets.
- Staying alert to what may have been a pattern of guilt and violence.
- Placing a focus on helping the veteran reconnect with a reality base that is safe and secure by getting in touch with reassuring landmarks, objects, places, people and time. This process has the potential of helping the veteran re-define the value of life, understanding that while in a combat environment, some veterans adapted to a theme of viewing virtually all issues as matters of life and death.
- To be prepared to address the struggle for love, intimacy and the capacity to feel.

A key objective for clinicians will be to identify strengths and strategies that will enable veterans and their families to make the transformation necessary to re-integrate into a civilian reality, keeping in mind that what was thought of as a beacon of normalcy most likely will have changed over the course of the military deployment.

Please remember that if you are a veteran or a family member/friend of a veteran who is having difficulty with the re-entry process, you made need to seek the help of a professional.

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