

1 When Johnny and Jane Come Marching Home: The Problem

An abnormal reaction to an abnormal situation is normal behavior.

—Viktor Frankl, *Man's Search for Meaning*¹

I had read every word in the book of poems by the handsome, physically strong David E. Jones about his time at war in Vietnam before I met him at a Starbucks on January 19, 2010, so I should have thought of this, but it never crossed my mind. We met, and I got my drink first and went to a corner table that had one side against the wall and three chairs placed around it, one on each of the other sides. As I stepped between the seat on the far left and the one facing a wall, I was vaguely aware that Dave had come over and had somehow shifted his weight to one side. Only partly consciously, I sensed that I was about to take the wrong seat, assuming it was because we had just met, so it could be awkward for us to sit at right angles from each other. So I moved toward the seat on my left. “Fine,” I thought. “Now he can sit across from me rather than next to me.” But Dave shifted again, and once again, I sensed that I had gone to the wrong place, so I moved toward the seat on the right. Dave swept swiftly into the seat on the far left and sat down. Ah, yes! It struck me then: He needed his back against the wall, and he needed to face the door. I have seen this before in people who have lived in danger. Dave’s war had ended three and one-half decades ago, but the psychological wounds of war can last as long as the physical ones, which Dave also has. To sit with someone whose sense of danger is immediate and palpable, who needs to be on guard even in an American coffeeshop all these years later, is to experience something most of us are graced never to have to feel originate in us. I do not believe that I can fully understand what Dave was feeling as he tried to be polite and gracious while finding a safe seat that day, but I know that if you are feeling calm while sitting quietly in a room with another person, and you suddenly feel anxious, you can be sure that it is because the other person

suddenly became anxious.² Anxiety is communicated instantaneously and wordlessly to anyone in its presence. How much more true that is for hypervigilance—and for fear.

That day with Dave E. Jones came years after the beginning of my concern about what would become of the veterans of the United States' wars in Iraq and Afghanistan. I had already been alarmed by the building tragedy of massive proportions for the veterans, their loved ones, and many others. I had already been worried in principle that we knew too little about what would help the vets, given the appalling *current* statistics about homelessness, suicide, violence against others, relationship breakdowns, drug and alcohol abuse, fear, and despair in veterans of wars from decades past. But beginning with that stunning recognition of the intensity of Dave's need to take a particular seat, I felt completely overcome by the magnitude of what war does to one person's life, for the rest of that life, and when I tried to imagine it multiplied by the millions of veterans in this country and in others, I felt the kind of nausea that arises when one feels helpless in the face of unnecessary suffering. Like many vets' actions, what Dave did just after I met him wordlessly showed me at least part of how it feels to have been in physical, mortal danger. And like many vets, when he speaks, as he did for three straight hours that day, he makes it possible for us to learn about the emotional, moral, and spiritual wounds of war.

By far the most common way Americans describe the emotional suffering of war veterans these days is to say they have Posttraumatic Stress Disorder (PTSD), a label that is listed in fourth edition of the *Diagnostic and Statistical Manual of Mental Disorders*, or *DSM-IV*, sometimes called the psychiatrist's Bible³ of diagnoses of mental disorders. But to call the psychological effects of war mental illness is to sanitize the effects of war, to make them seem to constitute clinical entities or diseases, and to set apart those to whom we give clinical labels as different and thus separate from the rest of us. In 2005, Dr. Terence Keane, the director of the behavioral science division of the VA's National Center for Posttraumatic Stress Disorder, actually said, "the most powerful predictor of mental health problems is the intensity of the war, and this is a very intense war."⁴ Consider: If "mental health problems" result from war's intensity, should we really be calling them "mental health problems," as though they were medically caused or brain-based disorders, rather than calling them "pain," "suffering," and "devastation"? Similarly, military psychiatrist Colonel Elspeth Ritchie and her colleagues have said that experiencing combat, seeing dead and mutilated bodies, and feeling helpless to stop a violent situation lead

to normal reactions of emotional upset.⁵ A user posting an email under the name “Cory” in response to a National Public Radio (NPR) broadcast wrote, “The human mind is not meant to bear this sort of burden.”⁶ Culture analyst Elaine Showalter has written that, according to “most military psychologists and medical personnel, if not generals,” the emotional suffering of war is caused by the “warfare itself, by chronic conditions of fear, tension, horror, disgust, and grief.”⁷ Finally, Barry Romo, National Coordinator of Vietnam Veterans Against the War, notes that war trauma is a normal reaction to an abnormal situation.⁸ It does little or no good sweepingly to label the wracking emotions caused by war “PTSD” or other labels for mental illnesses, and it does veterans considerable harm, often increasing their isolation and always adding to their burdens by conveying the message that their reactions to war are somehow overreactions, that they should have been “over it” by now, and that the problems arose from within them. (Are feelings of terror and a need for constant vigilance after a powerful hurricane or an automobile accident illnesses?) As a result, veterans are often unthinkingly classified as Other, as different from the rest of us rather than (in some way, paradoxically) as people like us who have been through kinds of hell that we have not. This makes it harder for us to understand and empathize with them and therefore makes it harder to hear what they really need. In chapter 2 I discuss this extensively, including some of what the veterans feel and where it comes from other than mental illness, but first it is important to look at what the sheer numbers at this stage show us so far about the magnitude of the suffering of Iraq and Afghanistan vets.

As we begin our journey, it is important to keep in mind this context: As a nation, we have failed to learn from previous wars what soldiers and veterans need to help them grapple with the emotional devastation that so many suffer. The sight of the poor and deeply troubled veterans who haunt our cities, sleeping on sidewalks and in doorways or holding pieces of ripped cardboard with signs saying “Homeless Vietnam Vet” and asking drivers at stop signs for a dollar, makes us want to look away—or give them a dollar, look away, and drive on. What drives us to avert our gaze is partly our feeling that we are powerless to help them. But we are not powerless. Let us remember that as we look at some indications of what needs to be done, realizing that all of us can help. Let us also remember that, because fewer than 1 percent of Americans currently serve in the armed forces, it has been too easy for most citizens to remain innocent of the effects of war,⁹ and something similar is true in Canada and many other countries.

As waves of veterans come home from war, an emergency of massive scale is building fast. Early on, people who work with first responders such as police officers and ambulance drivers sounded the alarm. They warned that soldiers from Iraq and Afghanistan would come home traumatized by actual combat or by the terror of knowing that anyone may turn out to be the enemy, and that an improvised explosive device (IED) could blow them up anywhere, at any moment; they foresaw that the rates of suicide, homicide, domestic violence, poverty, drug abuse, and homelessness would skyrocket. So did advocacy groups, such as the National Gulf War Resource Center, whose executive director, a twenty-year Army veteran, Stephen Robinson, warned in 2004 that “There’s a train coming that’s packed with people who are going to need help for the next 35 years.”¹⁰ As noted above, the Association for Women in Psychology decided just before the Iraq War began to issue a warning in an official white paper. For a long time, these voices were ignored. Then the evidence of the gathering storm began to be harder to ignore. Because of the George W. Bush administration’s decision to extend soldiers’ tours of service and then President Barack Obama’s expansion of the war in Afghanistan, only a small proportion of those soldiers who will ultimately return home have done so, yet the troubles of many are already known. We face a building disaster of enormous magnitude. To help forestall this disaster, we must look immediately and head-on at the psychological carnage inflicted on Americans involved in the wars in Iraq and Afghanistan and tell the truth about the causes and nature of that carnage, as well as the truth about what will—and will not—help.

Neither the military nor the VA has learned the lessons it should have from Vietnam and the first Gulf War, and the last thing we want is still more veterans who struggle with broken families, homelessness, drug and alcohol abuse, rage, violence, and despair. As just one example, as Vietnam vets enter their sixties, the number seeking treatment for emotional trauma from the war is actually increasing.¹¹ As another, as of 2008, the VA still had nearly one million veterans from the Vietnam War, more than 200,000 from the Gulf War, more than a third of a million from World War II, and more than 160,000 from the Korean War on disability pay.¹² If the alarm is not sounded, and sounded soon, we will be overwhelmed by the problems of the veterans of both sexes from current wars, as well by the problems of their families. As the vets return, and as their numbers increase and the effects of their war experiences spread through society in waves, almost no one will remain untouched by the pain, anguish, and terror that these vets bring home.¹³ But we can create an “army” of Americans who can help, and later in this chapter, I will begin to look at how we can.

The realm of reactions to *physical* injuries warrants an entire book on its own, but it is important to keep in mind that many of the veterans described here as struggling with the emotional consequences of war are also dealing with the physical ones. My focus in this book is on the emotional ones because so little work has been done to uncover the limitations of the treatment of emotional trauma from war and because that realm involves so much jargon, mystification, and pseudoscience.

What Is Happening to the Veterans?

Many years ago, a woman who had for decades been a close friend (and had certainly never been to war) confessed to me that she had had a dream that made her feel ashamed, and she said that she could never tell anyone what it was about. It was just a dream. From the way she referred to it, I had the sense that it was something sexual. I told her I could not imagine judging people harshly because of a dream they had, as opposed to something terrible they had actually done, but that made no difference to her. She has never told me the content of her dream. To her, it is unspeakable. For veterans, who have confronted mortal danger and the lowest depths of what people, perhaps themselves and perhaps others, can do—purposefully or not, knowingly or unknowingly—how much more fear and shame can weigh them down, make them believe that what they experienced must never be told? They will tell you that they feel it is unspeakable partly in the sense that the stories are so harrowing that they do not want to burden friends and family even by alluding to what happened, and they feel it is unspeakable partly because they believe it reveals terrible things about them, such as that they were unable to save another soldier's life, or they discovered that the "enemy" they had killed without seeing them turned out to be infants, children, and the very old. Imagine a vet who is utterly devastated from having seen a best buddy blown to bits by an IED or from having unintentionally killed an Iraqi or Afghani child. Is utter devastation not a profoundly, movingly human response? Are nightmares and terror and guilt not understandable ways to feel? And is it not completely comprehensible for those feelings to plague the vet for weeks or months or years, even for decades? What do we gain if we call these reactions mental illnesses and send the sufferers into the increased isolation of therapists' consulting rooms? This is not to say that some therapists will not be helpful by listening with compassion and understanding and by offering insight, but one must be aware of the risks of sending vets into therapy, both the risk of calling their reactions to war pathological and the

risk of treating them as Other by implicitly or explicitly encouraging them to save their talk of war for the therapist's office.¹⁴ If their reactions to war are to be called mental illnesses, then what exactly would we call a healthy emotional response to war's shattering events? In *Man's Search for Meaning*, Viktor Frankl describes what he calls the mortification of normal reactions, the extinction of normal responses through punishment of them¹⁵; examples related to war would be the suppression of feelings such as fear and of certain moral considerations in the service of training soldiers. Harvard University psychiatrist and anthropologist Arthur Kleinman asks how, in the face of horrific events, one could *not* be devastated, and in this connection he suggests that many veterans' reactions are more usefully and accurately called *moral disorders* than mental ones.¹⁶ To the extent that the vets' troubled feelings reflect spiritual or existential crises, what are the consequences of throwing emotion-numbing and mind-numbing psychiatric drugs at them, suppressing their capacity to grapple with and work through those crises? As we will see in this book, it is not that the military, the VA, and the mental health community do not wish to help. It is that far too much of their efforts, time, and money are going into initiatives that fit within the traditional box of classifying reactions to war as mental illnesses.

Because so many veterans feel such pressure not to speak of what they have been through, the following statistics should not surprise us. A 2006 article in the *Journal of the American Medical Association*¹⁷ reveals that the percentage of vets from Iraq and Afghanistan experiencing serious emotional difficulties was by then already far higher than the percentages from any previous wars. A 2007 Army report showed suicides to be at their highest point in twenty-six years and revealed a significant correlation between suicide risk and the number of days deployed.¹⁸ July 2008 brought the announcement¹⁹ from the VA that 22,000 vets called its suicide hotline during the previous year. According to Department of Defense press releases,²⁰ eighty-two active duty Army personnel had committed suicide in the first five months of 2009, and by June 2009, soldiers were "taking their own lives in record numbers, and Army leaders [were] struggling to understand why,"²¹ though the DOD cited "failed marriages, financial problems, military disciplinary actions and upcoming deployments" as possible contributing factors.²² According to Aaron Glantz, no one really knows the numbers of former soldiers who kill themselves, because the VA refuses to track these people, even though those with military experience have been shown to be twice as likely to kill themselves as those with no military experience, and this is true for veterans from World War II, the

Korean War, the Vietnam War, and the Gulf War.²³ The Department of Veterans Affairs estimates that 107,000 veterans are homeless on any given night and that 260,000 are homeless at some time during the year,²⁴ and the National Coalition for Homeless Veterans reports that veterans account for about 23 percent of all homeless people.²⁵ About 5 percent of homeless vets are women, and roughly 56 percent are African-American or Hispanic, although these two groups account for only 12.8 percent and 15.4 percent of the U.S. population, respectively.²⁶ Although most homeless vets are from wars that preceded the current ones, estimates in early 2010 were that during that year, there would be 419,000 homeless vets from Iraq and Afghanistan.²⁷ In addition, there is some evidence that Iraq War veterans are becoming homeless sooner after their military discharge, even immediately, than those from Vietnam.²⁸

According to a 2010 *New England Journal of Medicine* article,²⁹ warfare in Iraq and Afghanistan differs greatly from that of, for instance, the 1991 Gulf War, which ended quickly. The current wars have involved intensive combat on the ground, attacks by insurgents, and many deaths and injuries to American troops. This has increased the burden on families of soldiers and Marines, and the authors of the article say that these burdens are not as well understood as those of previous wars. For longer periods of time, spouses back at home have to maintain the household, function as a single parent, and try to cope with strains on the marriage because of the physical separation, and the duration of separation is often unpredictable. These problems have led to increased marital dissatisfaction, divorce, unemployment, and decline in emotional health.³⁰ And, the authors note, the strains occur before, during, and after deployment. (The Bush administration's use of "stop-loss," or cancelation of scheduled dates to return home from deployments when soldiers' enlistment times were due to end, increased those strains.³¹) In spite of this, they say, associations between these intense pressures and emotional problems of various kinds have not been studied well in military families.³² In their own large and sweeping study, the authors note that the majority of active duty servicemen are married, and they report that wives of servicemen who had prolonged deployments were more likely than others to receive psychiatric diagnoses. Putting aside for now any discussion of the unscientific and potentially harmful nature of such diagnoses, I wish to emphasize here that these women sought professional help because they were suffering. The nature of their suffering included troubling moods, anxiety, and sleep problems.

Reports are starting to come in, including from the Pentagon itself, about children of servicemembers experiencing intense fear, anxiety, and

behavior problems, with 60 percent of military parents telling researchers that their children feel more fear and anxiety when the parent goes to war. This unsurprising result gives the lie to any belief that parents can protect their children when the former are heading for dangerous zones.³³ It is instructive to contrast the cheery broadcasts of servicemembers home on leave surprising their children at school or sports events with the hard fact that even young children know that their deployed parents may die, and that even if the departing parent says, "I'll be back in time for your baseball season," no one really knows whether or not that will be true. One out of four of the more than 13,000 military spouses in the Pentagon study said their child coped poorly or very poorly, and one in three said the child's grades and behavior in school were problematic. Furthermore, research suggests that even one year after their parents returned from combat, nearly one-third of children continued to have serious emotional problems.³⁴ Since at the time of the study, nearly 900,000 military personnel with children had gone to war since 2001, and since the Pentagon estimated that in 2009, 234,000 children had a mother or father at war, the scale of this problem is massive. Furthermore, as of the middle of 2009, according to Army records, about 600,000 active duty soldiers had deployed once since 2001, 110,000 had gone twice, 38,000 had gone three times, and 8,000 had gone four times.³⁵ The numbers for all of these problems in soldiers and their families are especially alarming, because some emotional consequences and some practical consequences of war for veterans (such as unemployment or homelessness) arise or come to light only after a delay of months to years, so the percentages are almost certain to increase above those cited here.

Although the focus in much of this book is on veterans from Iraq and Afghanistan, almost everything in *When Johnny and Jane Come Marching Home* also applies to veterans from earlier wars. We need to learn from listening to vets of earlier wars in what ways we have failed to help, what has helped them, and what has made their lives even harder than they would otherwise have been. The military and the VA had changed little or nothing from their treatment of Vietnam vets to their treatment of vets of current wars until the Obama administration came into office,³⁶ and since then, too little has improved. The longstanding treatments include ineffective therapies and the heavy use of psychiatric drugs, including sleeping medications, antidepressants, and stimulants, with all three kinds often given to the same patients. According to veterans advocate Ray Parrish,³⁷ the new administration has begun to do a better job of bringing on board more peer counselors for vets, and that may be helpful; however, that has

by no means displaced the more traditional approaches. Furthermore, according to a recent article from VA Watchdog,³⁸ the VA is putting veterans diagnosed with PTSD on “a potentially deadly drug” that “has been linked to the deaths of soldiers returning from war,” and the drug is often combined with other psychiatric drugs, increasing the risks of harm and even death from drug interactions that have been studied little or not at all. The drug is Seroquel, which is approved by the FDA to treat psychosis, not to treat PTSD, which is *not* even classified as a psychosis.

As the wars in Iraq and Afghanistan have continued, the numbers of suffering vets have increased, and even when the military and the VA have made announcements about providing additional help and implementing new policies, what they—and laypeople—have mostly continued to rely on are the old, inadequate ways of responding (see chapters 4 and 5 for more detail). That these ways are inadequate is reflected in the statistics about veterans from earlier wars. A study by Yale University professor of psychiatry and epidemiology and public health Robert Rosenheck and his colleagues shows vets from previous wars to be disproportionately more likely than nonveterans to be homeless, unemployed, substance abusers, and incarcerated (including for crimes of violence).³⁹ Homeless women are far more likely than women who are not homeless to be veterans, and they are far more likely than homeless male veterans to be single parents and more likely to fall through the cracks of those providing services.⁴⁰ The National Coalition for Homeless Veterans notes that what leads veterans to homelessness, in addition to the complex set of factors that can lead to homelessness for anyone, such as an “extreme shortage of affordable housing, livable income and access to health care,” are often the effects of trauma and substance abuse, “compounded by a lack of family and social networks.”⁴¹ As the nation’s economy fell apart while the wars in Iraq and Afghanistan continued, the *New York Times* carried the report that the “newest veterans are hit hard by economic crises, especially foreclosures.”⁴² Related to this was an NPR report about the many women and men who joined the military as a path out of poverty but returned to poor neighborhoods as veterans reeling from the emotional trauma from war and ended up homeless.⁴³

In the past few years, a spate of media stories has reflected society’s growing awareness that there is a problem, that vets are plagued by heavy emotional burdens. However, these stories, with their emphasis on diagnosing vets as mentally ill, especially using the PTSD label, lead us to pathologize the emotional consequences of war and show that there is still virtually no understanding of what the problem really is.

Unfortunately, most Americans, including those in the military and the VA, believe that all the vets need, once diagnosed, is to be sent behind therapists' closed doors, to be cured through psychotropic drugs or psychotherapy or both. But that did not work for vets of earlier wars, and it will not work this time. This is well known by many therapists but rarely discussed. Like most people, many therapists prefer to focus on the times their work is effective rather than on their failures. But the above statistics cry out that the problems of vets have yet to be solved by therapists or anyone else, and this is true for many, regardless of the severity of their suffering and degree of their disorientation. It is not possible to know how many may have been helped by the traditional methods, partly because there is no reliable tracking of vets who get help outside the military and VA systems and partly because tracking of vets within those systems is seriously flawed. The point is not that traditional methods have never helped anyone but that we know for certain that enormous numbers of vets continue to suffer despite the use of traditional therapies and of psychiatric drugs.

The current, misguided efforts of the military and the VA are simply part of our overall society's wrongheaded attitude toward and beliefs about trauma, emotions, mental health, mental illness, and the search for ways to help suffering people feel better. We live in a technologically oriented society in which we are urged to treat every feeling other than happiness as mental illness so that there can supposedly be a quick fix, usually with medication. Americans as a whole society—including therapists—long to believe the myth that therapists can mop up the emotional carnage wrought by war, and all will be well. But all will not be well unless we therapists acknowledge our limits and unless all Americans know there are many, often more effective things that ordinary citizens can do to help heal our returning veterans. This can be difficult: People who become therapists often do so because they want to help, but the mission of helping to alleviate human suffering can be daunting; it is perhaps understandable that many therapists therefore stick to the safety of the techniques they learned in their training or approaches with which they are most comfortable, finding it hard to think outside the box even when what they are doing does not work. The task is made more difficult by what most people who train therapists instruct them about the limits of their mandate and by the trainers' failure to address problems that are primarily caused by major events external to the individual, such as war.

Consider how the labels for the emotional effects of war changed during the twentieth century: in World War I they were called *shell shock*; in World

War II they were called *battle fatigue*; and after the Vietnam War they were called *Posttraumatic Stress Disorder*.⁴⁴ Note the vivid presence of war in the first two terms through use of the words *shell* and *battle*. But *Posttraumatic Stress Disorder* masks the presence of war, even more so when we use only the initials, *PTSD*. Certainly, many people know that the trauma referred to in *PTSD* is often from war. But since language helps shape thought, the precise words we use are important. Even in the VA's *Iraq War Clinician Guide*, one finds the suggestion to use the term *war-zone stress reaction*, which "carries more meaning and is less stigmatizing to soldiers"⁴⁵ It is poignant that the *PTSD* term, which was developed with the important and worthy aim of drawing attention to the suffering of Vietnam veterans, now helps to hide the source of so much of the suffering of servicepeople. It points us too much in the direction of thinking of veterans as individuals struggling with individual problems (stress), rather than looking at the ultimate cause of so much torment: war.

What Drives People to Believe That Therapists Can Fix the Emotional Damage Done by War?

Americans cannot bear to look at the consequences of war, especially wars that their own country has initiated and sends its citizens to fight. One devastating consequence of this turning away is that it leads us to isolate, silence, and pathologize the veterans of those wars. It is human to turn away in horror from death and damage, but for all the exhortations one hears in the United States to "support our troops," the country is engaged in a massive—though largely unrecognized—cover-up of the true nature of the damage done by our wars to our troops, a cover-up executed in the ways we decide to label, categorize, and treat the vets.⁴⁶ Even the messages from the administration and the military about the deaths of *troops* rather than *people* helps with the masking, making it easier to avoid letting it register fully within us that these are human beings with families and friends in whose lives their deaths leave gaping, gnawing holes. The administration's and the military's frequent assertions that "they did not die in vain," without necessarily making it clear exactly what they did die for, what benefit their deaths brought, can create an emperor's new clothes experience for the families of those who died. Furthermore, if they do not feel pride and elation about the sacrifice of their loved ones but instead explode with grief and rage, then they make us as a country wriggle with discomfort. The cover-up also is likely fed by what Glantz describes as the majority of Americans' belief that the Iraq War was a mistake and their wish to put it behind them, based on "a kind of collective exhaustion."⁴⁷

It seems likely that a similar disaffection and exhaustion will characterize most Americans' feelings about the war in Afghanistan by the time this book is published, if not before. In fact, the major lobbying group for psychologists, the American Psychological Association, actually encourages Americans to look away from war: In describing what it calls the measures needed for the public to "develop resilience during the war in Iraq," the APA explicitly urges Americans to limit their exposure to war-related media coverage.⁴⁸

It helps us ignore the effects of war if we can believe that it's fairly easy to provide the help that suffering veterans need and that therapists can do most of that work. Why do so many of us need to ignore what war does? Two major reasons come to mind, one fairly simple, the other more complex. The simpler one is that much of war is foul. No one *wants* to think about it. Why not reduce the pain in one's own life by looking away from the pain in the lives of others? And why not feel that we are safe because of being different from those Others who are mentally ill?

Related to wanting to protect ourselves from troubling images and information, there is a human need to feel that the world is safe—at least for us. In some ways, the government's reactions to the events of 9/11 and subsequent threats have played on this need: Sometimes it implements showy but often strikingly ineffectual measures, such as some security procedures at airports, reflecting our need, nearly a decade after those attacks, to return to feeling safe. With rare exceptions, Americans have gone along with these procedures, participating in the fiction that passengers' removal of shoes and belts and Transportation Safety Agents' confiscation of carry-on jars of honey and hand cream that violate the three-ounce limit will make us safe. For similar reasons, it is hard to look head-on at the nature and scope of the suffering of the war veterans who live in our midst and to recognize that many are not getting the help they need. If the world is not safe for them, perhaps it is not safe for us either.

Now we consider the more complex set of reasons for nonveterans' looking away. To begin with, no one who has much power is trying very hard to force us to look at the realities of war. In fact, those with the greatest power—the government, the military, politicians, big business, the mental health establishment, the drug companies, and many in the mainstream media—prefer for their own varied reasons that we not look. Many of their resources are arrayed in ways that enable us, pressure us, seduce us into turning away. One of the most heartbreaking techniques used to turn us away from looking at and questioning war is the citation of numbers of soldiers who have already died for the cause and the assertion

that we do not want them to have died in vain. As an empathic psychiatrist in Pat Barker's brilliant World War I novel, *Regeneration*, wisely observes, "The casualty lists were too terrible to admit of any public debate on the continuation of the war."⁴⁹ Politicians and military leaders have long advocated continuing to prosecute their wars with the twisted logic that because some have died for their causes, still more lives should be sacrificed, even when it is by no means clear that still more deaths will further those causes. Indeed, soldiers themselves are encouraged to advocate the continuation of the wars in which they fight: they are often made to feel disloyal to their fellow soldiers who have died if they question the value or even the likely success of the enterprise. Big business profits from war, as the materials required for battles and troop movements increase demand for goods and services. And whatever traumas or disasters increase human suffering, the mental health establishment and the pharmaceutical companies benefit from persuading us that the suffering is best labeled mental illness and best treated through the methods of therapists' guilds and drug suppliers. It makes sense that government, politicians, and military leaders do little, if anything, to interfere with the labeling of veterans' suffering as mental illnesses requiring primarily psychotherapy and drugs rather than direct consequences of war itself. In-depth investigative journalism is rare; combined with the secrecy of much in the military and with financial reasons for journalists to avoid writing or broadcasting much about war—publishers will tell you that books about current wars do not sell—this leaves many in the media functioning as purveyors of upbeat Department of Defense press releases about the war and the military's and VA's supposedly effective treatment of war trauma.

Most people recognize most of these factors, but many cease to question or challenge them, feeling too small and helpless to effect any change. Most people are probably less aware that therapists' lobby groups and Big Pharma (major drug companies) may not have soldiers' best interests at heart (see chapter 3). Thus, in our society, although we rush to call suffering vets mentally ill, we do not take the obvious next step of saying, "If we are going to say all these suffering vets are mentally ill, then that means that war is causing mental illness on a massive scale, so we had better consider the implications of that. Perhaps we need to focus more on ending war, or at the very least changing some of its conditions, such as lengthy and unpredictable deployments." In the meantime, that definitely is *not* happening, so for the most part, each veteran (and, for those who are lucky to have loved ones, this applies to the loved ones as well) is left to feel, "The problem comes from within me. I need to be fixed."

What helps maintain this set of interlocking structures is the inclination (perhaps more heavily promoted in the United States than in many other countries) to believe that our country is morally superior to others and that to raise questions about it is unpatriotic and even, as some politicians claim, un-American and treasonous. As an American who loves much about her country, I was nevertheless delighted to raise my children in Canada, where political tradition dictates that the political parties not constituting the majority have an obligation to function as the loyal opposition, a term that in the United States often seems oxymoronic, because it means that if you are a good citizen and a member of a minority party, it is your duty to raise questions about what the majority wants to do. This attitude may be one reason why, for instance, Canada managed to enshrine in its Charter of Rights and Freedoms a provision declaring that everyone is to have equal rights with everyone else, something that the United States has not yet managed to do. One way that Canada achieved this was through its greater willingness to acknowledge its history of racism and sexism and thus the need for such a provision. In the United States, people are too often treated as unpatriotic or as mindless rebels if they assert that not every war we fight is a “good war” like the one against the Nazis or that we are fighting a war that may be based partly on irrational hatred of foreigners,⁵⁰ especially those whose appearance or culture or religion differs from that of the majority of Americans. Furthermore, dominant culture in the United States includes a knee-jerk defense of capitalism and the free market, often whatever the cost; this makes it difficult for those who see a profit motive as part of what drives us into war to speak up. Capitalism is often treated as though it were as sacred as freedom. For these reasons, too, then, it is important for the powers that be to drive the realities of war out of the consciousness of most citizens. Otherwise, our country runs the risk of leaving its xenophobia and the ravage of the excesses of its capitalism naked for the world to see. As Kurt Vonnegut wrote, “The darkest secret of this country, I am afraid, is that too many of its citizens imagine that they belong to a much higher civilization somewhere else.”⁵¹

When we fail to recognize what vets need, we participate in concealing the true consequences of war. The cover-up has been remarkably easy to achieve, because to acknowledge the consequences of American wars is to risk raising questions about whether America is truly the world’s greatest nation. How many people, especially starting with the events of 9/11, have feared that simply to name honestly the consequences of our wars is to

risk being considered unpatriotic, even dangerous? Think of the furor senior newsman Ted Koppel caused on April 30, 2004, when his *Nightline* on ABC carried the names and photographs of more than seven hundred men and women who had died in the war in Iraq.⁵² Sinclair Broadcasting Corporation had ordered its stations not to air the program, and it is telling that they did not issue such an order when *Nightline* on the first anniversary of the 9/11 attacks aired the names and photographs of those victims. What Sinclair did is an example of the greater aversion many people feel to focusing on people who have died through violent acts in wars prosecuted by their own government than on people who have died through other kinds of violent acts. Sinclair president and CEO David Smith had declared that the airing of the list of war dead was an antiwar act, because ABC did not accompany it with a discussion of the “benefits of military action and the events that precipitated that action.”⁵³ In other words, the deaths of American soldiers must be presented in a context that justifies the war in which they died. Otherwise, many people do not want to hear about it, just as they do not want to hear about the problems of war veterans.

It is hard for most people to question what the powerful and interlocking institutions do to mask the effects of war. This is both because secrecy shrouds so much of their functioning that we often lack the information even to know what to ask and because we feel so small in the face of mighty structures, such as the government and the mental health establishment. Furthermore, once we start raising questions about what they do, overwhelming questions come up quickly: Who gets to decide when we go to war, do we want to change that, and how do we make the change happen? Who decides what mental illness is and who has it, and do those who make those decisions do more good than harm? Do we want to change that, and if so, how do we begin?

A further factor greases the path to swerving away from the effects of war. This is the belief that war is part of human nature and thus unavoidable. If we believe this, why not go to war rather than take on the admittedly onerous burdens of trying to find ways to make peace in a world run by those who deal with problems by rushing into battle? UNESCO in 1991 published “The Seville Statement on Violence”⁵⁴ with commentary by Dr. David Adams; the statement begins as follows:

The Seville Statement on Violence is a scientific statement which says peace is possible, because war is not a biological necessity. The Statement was written by an international team of specialists in 1986 for the United Nations sponsored

International Year of Peace and its followup. The Statement was based on the latest scientific evidence, and it has been endorsed by scientific and professional organizations around the world.⁵⁵

On February 21, 2010, while I was deeply immersed in writing this book and might have said I now knew quite a bit about the realities of war, I attended an exhibit of Goya's Disasters of War series of aquatint pictures at the Art Gallery of Alberta. Looking at his black-and-white images, I was struck by how many aspects of war I had never thought of. I wondered how much of that was because I am a woman and never played with toy soldiers as a child, never served in the military. But then I remembered that I have never spoken with a veteran who failed to say that the realities of war had stunned him, even those who had had hundreds of toy soldiers or even World War II memorabilia collections. Like Goya's illustrations, the veterans' stories begin to teach us the specifics of war, and through these exposures we experience countless moments of shock at the *inhumanities* of war that stun because they do not match what all but the most violent and sadistic among us have imagined. For us to explore the ultimate question of whether war is inevitable, more an essential part of human nature than seeking peace, one place to begin is not just to learn the names of generals and their battles and strategies but to seek intimate knowledge of everything that is war.

At a somewhat more mundane level, what feeds the separation of veterans from other Americans is the high rate of geographic mobility in the United States, because it has meant a loss of the kind of small-town or neighborhood cohesiveness and of extended families living near each other that were more common decades ago. Thus, as veterans advocate Barry Romo has said, people may be as likely to fear their neighbors as to ask them for help or offer help to them, and that includes vets asking that their stories be heard and nonvets offering to listen.⁵⁶ Further, Romo points out that since veterans are expected to return to functioning like their prewar selves, when they try to do so and put up a good front, they *look* just fine and attract no helpful attention; if they do not function well, then family and friends are often quick to say, "Get over it. Put it behind you. Just move on."

Other factors in the realms of individual psychology and social trends impede our vision and comprehension of the emotional consequences of war. These include:

1. a discomfort with intense feelings that is prevalent in much of American culture;

2. a lack of confidence in the ability of ordinary citizens to help people who are in emotional pain; and
3. contemporary American work and family life pressures, such as the dramatic increases in single parenthood, in standards all parents are expected to meet, and in the numbers of hours the average American works,⁵⁷ which make the prospect of taking responsibility for listening to veterans' stories feel overwhelming.

The Good News: Starting to Think about How to Help

You have opened this book, so you care about the veterans from the wars in Iraq and Afghanistan and other wars and are willing to think about what they need. What I have to say about America's war veterans strikes me as simple, even obvious, and rather middle-of-the-road, but I know from long experience that many will call it wrong, insensitive, even heretical. I ask you, as you read, to keep firmly in mind that this book comes from deep concern about the ways veterans are suffering and is an attempt to break the bonds of conventional thinking by mental health professionals and the public in order to look at what will help alleviate that misery. In a nutshell, this book is not only about the good news of how every one of us can help the vets but also about what makes it hard to see what they really need.

What makes it even harder, for those who have not gone to war, to recognize veterans' problems is that in significant ways, veterans are truly different in important ways and are wrongly assumed to be different in other, important ways from people who have not been to war. Very briefly, the actual differences include the obvious ones, such as that, unlike most other people, veterans have been exposed to mortal danger and have lived for years in highly regimented environments with extremely hierarchically based functions and standards of conduct focused primarily on building team-based forces whose purposes are to defeat, capture, and kill. Actual differences also include abrupt (and, for many, unpredicted and undesired) departure from a job (even, for some, a career), family, friends, and surroundings that, whatever their drawbacks might be, are at least familiar. Soldiers' departures from home and their returns are often fraught with difficulties, including those of:

- switching first to and then away from a mindset focused on violence, in which violence is considered to be necessary and even good, whereas tenderness and compassion, even the capacity to see shades of gray, are considered signs of weakness and even of danger;

- first entering and later breaking out of the hierarchical systems and authoritarian approaches of the military;
- focusing intensely on avoiding mortal danger and later trying to focus on something other than avoiding mortal danger;
- learning to think constantly from within a dichotomized framework of winning/losing and friend/foe and later needing to switch out of that framework; and
- leaving important people and jobs and the fears and risks associated with these separations and the possibility of losing them altogether, and later the difficulties of trying to reconnect with those people, reenter one's original community, and get one's job back or find a new one.

What nonveterans share with veterans is everything involved in our fundamental, common humanity, including an understanding of the importance of connection, empathy, support, mutual education, and making a better world.

There is so much that ordinary citizens can do to help. No special training or expertise is needed. It is ironic that in our highly psychiatrized society, the pervasive belief is that all negative feelings and behavior stem from brain or chemical problems and require professional treatment. Researchers have shown over and over again that what helps not only vets but most people experiencing emotional pain has been remarkably and beautifully ordinary: a listening ear from a person who can show respect, concern, understanding, and patience, as well as the community's offering of acceptance, support, and reintegration.⁵⁸ Furthermore, when laypeople provide this, whether to vets or to others in pain, those who are suffering are often spared the additional heavy burden of being classified as mentally ill. And, as with veterans from previous wars, many of their problems, such as unemployment and homelessness, simply are not the sorts of problems that can be fully addressed by drugs, good therapy, or even a listening ear and community acceptance, although the latter two are necessary. For these kinds of needs, diagnosing vets as mentally ill can take the focus off the practical needs that anyone can have and that make employers, rental property owners, and loan officers likely to shy away from them.

We can feel encouraged and energized to know there are steps that every citizen can take to get us out of the powerless funk into which so many have sunk as a result of the miasma of these bewildering wars. This is the case no matter what one's position about the wars might be. It is good to know that all of us can provide at least some effective caring and assistance, that we need no special training or expertise but only the most touching

elements of humanity, which have too often been lost in our technologically oriented society. And until we reach out to help, the suffering of the vets is the elephant in our living room, casting a huge and haunting shadow as we try to go about our busy lives as though the elephant were not there.

Precisely because our society is so psychiatrized, many laypeople mistakenly believe there is little they can do to help, because they wrongly assume that specialized training and high-level knowledge are required. But often that is not the case. In fact, the more we confine the emotional effects of war to the province of professionals, the more unjustifiably mystified the enterprise of helping veterans becomes, simply because there are fewer stories to share about someone's friend or family member having been helpful. The focus on individual therapy also cultivates a culture of silence and mystery that furthers the alienation and disempowerment of everyone. It may also tend to promote certain kinds of privileged relationships that can get in the way of reconnection with and reintegration into a community. And it promotes blindness to the limitations of therapists' expertise and power to bring about change. Of course, there are times when some special information or powers (such as the authority to physically confine people who are clearly dangerous to themselves or others) may be important, but this book is not about those times. In fact, a cardinal rule of a preventive approach is that early intervention, support, and understanding can keep problems from escalating to the point at which physical and legal restraints must be called into play. This book is about nothing less than transforming the cultural landscape in ways that are likely to reduce veterans' suffering and thus the frequency with which extreme measures may be needed.

It is helpful to start by assuming that we can find ways to understand what veterans experience, that a great deal of that understanding requires no special training or powers. For instance, any college student returning from a junior year in another country can explain that being suddenly immersed in a culture and community with very different rules, standards, and practices than one's own, followed by rapid reimmersion in one's original culture and community, can make one feel isolated, alienated, disoriented, and profoundly confused.⁵⁹ A brilliant, resourceful college senior who had always been able to go with the flow, adapt to changes in her environment, and who had easily made the transition from high school to a high-powered university told me that when she returned from her junior year in South America, she experienced emotional vertigo from the changes in culture: She was profoundly disoriented, thrown by the

pressures on her to act and feel as she had before she left, despite having adapted well to the increased freedom and cultural variety she found in her travels and wanting to hold on to what she had gained. So shaken was she that she began to question who she really was—the person she had felt like before going away or the changed person into whom she had grown while away—and this led her to question her abilities every time she had to complete even the slightest task. As a result, she became despondent and extremely anxious and came close to dropping out of school. Of course, vastly more disorienting, terrifying, and mortally dangerous than a junior year abroad or most civilian life in the United States are the communities and cultures of the military, contemporary Iraq and Afghanistan, and war itself. Let us consider the added effect of the horrors of war on veterans' tasks of the immersion in those different communities—the military community itself and, to a greater or lesser degree for different soldiers, the local community in Iraq or Afghanistan—but for many, an environment of danger, unpredictability, and violence. Add to this the burdens of rapid reimmersion in their home communities, and the combination is clearly more than enough to make returning soldiers feel isolated, disoriented, and profoundly confused. It should come as no surprise that vets feel alone, bewildered, and despondent, but it takes no expertise for anyone to hear a vet describe these differences between home and war and the suddenness of their uprooting and return home and to understand these feelings. A woman like the college student described above—and in fact, anyone who has ever started a new job or moved to a very different place—will have some idea of at least part of what the vets are going through, and this can be one example of a base from which connection and help can begin.

I want to emphasize here that it would be a mistake to conclude from anything I say in this book that I am opposed to psychotherapy, that I think it never does anyone any good, or that I am opposed across the board to psychiatric medication, for veterans or anyone else. In a quarter century of writing about mental health and emotional problems, I have always taken a middle-ground position—that all people who suffer have the right to all available information about the possible causes of their suffering, the entire array of potentially helpful approaches, and the pros and cons of each. People who are totally opposed to traditional mental health approaches have often mistakenly assumed that I support traditional approaches across the board, and some in the mental health establishment have mistakenly said that I oppose across the board everything they do.

No matter how many times or how forcefully I explain that neither is the case, that my concern is with full disclosure to everyone so that the individual can make *informed* decisions by learning to *think critically* rather than accepting claims from those who hold either extreme position, my own position is assailed from both sides.⁶⁰ I say this here in the fervent hope that readers of this book will understand its most fundamental underpinnings.

A crucial caveat: Nothing that I have said means that no veterans had serious problems before they joined the military. Nor do I mean to say that war trauma cannot precipitate something beyond what could be called a normal, understandable response to the horrors of war. But we need to think long and hard about where to draw the line between a normal, understandable response to war and one that is otherwise. Since war itself is made up of extreme events, how shall we choose which responses to those extremes should be categorized as mental disorders? It is an exceedingly difficult task, and I can offer no easy way to achieve it. In chapter 3 we will see that therapists themselves disagree about how to define the overarching category “mental illness”; it is no simple matter for anyone to decide who is mentally ill. Even if we draw the line at some point between what we do and do not want to label mental illness, there remain serious questions about how to provide help, and ultimately, whether or not a person is called mentally ill. The label has little benefit but can lead to considerable harm.⁶¹ We cannot say that if a therapist is helpful, then the patient must by definition have been mentally ill. To acknowledge that therapy itself sometimes helps is light years away from mistakenly labeling as mental illness the effects of war that should *not* be said to constitute mental illness. And the common response of “If they were at war and are now upset, they have a mental disorder” means we mislabel hordes of vets as mentally ill, leading us far from the best path to helping them heal.

War is hell, no argument there. But are the ways that war’s horrors affect those exposed to them mental illnesses? What does it mean if the answer is yes, and what does it mean if the answer is no? What is gained, and what is lost by these different answers? And how do the different answers help or hurt those who are suffering, their families and friends, and indeed society as a whole, America, and the world?

The next chapter is a description of some of the major forms veterans’ suffering takes. Chapter 3 is about the psychiatrizing of society and the wizard behind the curtain, revealing the profound flaws in the mental health system that limit our ability to help veterans within that system

and make it hard for us to see what will help outside that system. Chapters 4 and 5 are about the military's efforts to help current soldiers and the VA's efforts to help veterans, as well as which initiatives are helpful and which are inadequate, terribly misguided, or harmful. Chapter 6 is a description of what every citizen can do to help, and Chapter 7 affords a brief look at the dangers that await us as individuals and as a nation if we fail to ask new and difficult questions about how to help veterans deal with the emotional consequences of war, as well as the important, potential gains we forgo if we fail to listen to what veterans have to tell us.