Ethics Robert Buckenmeyer

The following article underscores the fact that the essence of war is killing. Indeed, the fact of war is kill and be killed, not or be killed! This "killing" means not that the body is killed, but the spirit is killed. As the quoted psychiatrist states:

> He added, "You have to help them reconstruct the things they used to believe in that don't make sense anymore, like the basic goodness of humanity."

War creates an "enemy within" and this results in splitting a person in two!

As I told you, I taught through the Vietnam war; I am adamantly against this Republican war and my reason is simple: military training seeks and demands one thing and one thing only: kill or be killed. Military training, particularly in times of war seeks one thing and one thing only to make the enlistee into a killer of the enemy. The problem with the Vietnam war and this war is that the enemy is not a place or a visible enemy; the enemy is any and everyone, any and everyplace, so the "killer" is haunted by a universal enemy presence; such haunting, as the article below proves winds up killing the soul of the combatant enlistee. In a sense, the physically killed seem better off!

New York Times

COPING WITH COMBAT

The Struggle to Gauge a War's Psychological Cost

By BENEDICT CAREY

Published: November 26, 2005

Since returning home to Madison, Wis., after a tour in Iraq, Abbie Pickett has struggled with symptoms of post-traumatic stress disorder.

It was hardly a traditional therapist's office. The mortar fire was relentless, head-splitting, so close that it raised layers of rubble high off the floor of the bombed-out room.

Abbie Pickett, of the Wisconsin National Guard, served as a medic. Stationed near Tikrit, Iraq, she treated heavy combat casualties in October 2003.
Capt. William Nash, a Navy psychiatrist, sat on an overturned box of ready-made meals for the troops. He was in Iraq to try to short-circuit combat stress on the spot, before it became disabling, as part of the military's most determined effort yet to bring therapy to the front lines. His clients, about a dozen young men desperate for help after weeks of living and fighting in Falluja, sat opposite him and told their stories. One had been spattered with his best friend's blood and blamed himself for the death. Another was also filled with guilt. He had hesitated while scouting an alley and had seen the man in front of him shot to death.

"They were so young," Captain Nash recalled.

At first, when they talked, he simply listened. Then he did his job, telling them that soldiers always blame themselves when someone is killed, in any war, always.

Grief, he told them, can make us forget how random war is, how much we have done to protect those we are fighting with.

"You try to help them tell a coherent story about what is happening, to make sense of it, so they feel less guilt and shame over protecting others, which is so common," said Captain Nash, who counseled the marines last November as part of the military's increased efforts to defuse psychological troubles.

He added, "You have to help them reconstruct the things they used to believe in that don't make sense anymore, like the basic goodness of humanity."

Military psychiatry has always been close to a contradiction in terms. Psychiatry aims to keep people sane; service in wartime makes demands that seem insane.

This war in particular presents profound mental stresses: unknown and often unseen enemies, suicide bombers, a hostile land with virtually no safe zone, no real front or rear. A 360-degree war, some call it, an asymmetrical battle space that threatens to injure troops' minds as well as their bodies.

But just how deep those mental wounds are, and how many will be disabled by them, are matters of controversy. Some experts suspect that the legacy of Iraq could echo that of Vietnam, when almost a third of returning military personnel reported significant, often chronic, psychological problems.

Others say the mental casualties will be much lower, given the resilience of today's troops and the sophistication of the military's psychological corps, which place therapists like Captain Nash into combat zones.

The numbers so far tell a mixed story. The suicide rate among soldiers was high in 2003 but fell significantly in 2004, according to two Army surveys among more than 2,000 soldiers and mental health support providers in Iraq. Morale rose in the same period, but 54 percent of the troops say morale is low or very low, the report found.

A continuing study of combat units that served in Iraq has found that about 17 percent of the personnel have shown serious symptoms of depression, anxiety or post-traumatic stress disorder - characterized by intrusive thoughts, sleep loss and hyper-alertness, among other symptoms - in the first few months after returning from Iraq, a higher rate than in Afghanistan but thought to be lower than after Vietnam.

In interviews, many members of the armed services and psychologists who had completed extended tours in Iraq said they had battled feelings of profound grief, anger and moral ambiguity about the effect of their presence on Iraqi civilians.

And at bases back home, there have been violent outbursts among those who have completed tours. A marine from Camp Pendleton, Calif., has been convicted of murdering his girlfriend. And three members of a special forces unit based at Fort Carson, in Colorado Springs, have committed suicide.

Yet for returning service members, experts say, the question of whether their difficulties are ultimately diagnosed as mental illness may depend not only on the mental health services available, but also on the politics of military psychiatry itself, the definition of what a normal reaction to combat is and the story the nation tells itself about the purpose and value of soldiers' service.

"We must not ever diminish the pain and anguish many soldiers will feel; this kind of experience never leaves you," said David H. Marlowe, a former chief of military psychiatry at the Walter Reed Army Institute of Research. "But at the same time we have to be careful not to create an attachment to that pain and anguish by pathologizing it."

The legacy of Iraq, Dr. Marlowe said, will depend as much on how service members are received and understood by the society they return to as on their exposure to the trauma of war.

Memories Still Haunt

The blood and fury of combat exhilarate some people and mentally scar others, for reasons no one understands. On an October night in 2003, mortar shells fell on a base camp near Baquba, Iraq, where Specialist Abbie Pickett, then 21, was serving as a combat lifesaver, caring for the wounded. Specialist Pickett continued working all night

by the dim blue light of a flashlight, "plugging and chugging" bleeding troops to a makeshift medical tent, she said.

Washington Post

26 November 2005

WOUNDS INSIDE

Stress on the Front Lines

At first, she did not notice that one of the medics who was working with her was bleeding heavily and near death; then, frantically, she treated his wounds and moved him to a medical station not knowing if he would survive.

He did survive, Specialist Pickett later learned. But the horror of that night is still vivid, and the memory stalks her even now, more than a year after she returned home.

"I would say that on a weekly basis I wish I would have died during that attack," said Specialist Pickett, who served with the Wisconsin Army National Guard and whose condition has been diagnosed as post-traumatic stress disorder. "You never want family to hear that, and it's a selfish thing to say. But I'm not a typical 23-year-old, and it's hard being a combat vet and a woman and figuring out where you fit in."

Each war produces its own traumatic syndrome. The trench warfare of World War I produced the shaking and partial paralysis known as shell shock. The long tours and heavy fighting of World War II induced in many young men the numbed exhaustion that was called combat fatigue.

But it is post-traumatic stress disorder, a diagnosis some psychiatrists intended to characterize the mental struggles of Vietnam veterans, that now dominates the study and description of war trauma.

The diagnosis has always been controversial. Few experts doubt that close combat can cause a lingering hair-trigger alertness and play on a person's conscience for a lifetime. But no one knows what level of trauma is necessary to produce a disabling condition or who will become disabled.

The largest study of Vietnam veterans found that about 30 percent of them had post-traumatic stress disorder in the 20 years after the war but that only a fraction of those service members had had combat roles. Another study of Vietnam veterans, done around the same time, found that the lifetime rate of the syndrome was half as high, 15 percent.

And since Vietnam, therapists have diagnosed the disorder in crime victims, disaster victims, people who have witnessed disasters, even those who have seen upsetting events on television. The disorder varies widely depending on the individual and the nature of

the trauma, psychiatrists say, but they cannot yet predict how.

Yet the very pervasiveness of post-traumatic stress disorder as a concept shapes not only how researchers study war trauma but also how many soldiers describe their reactions to combat.

Specialist Pickett, for example, has struggled with the intrusive memories typical of post-traumatic stress and with symptoms of depression and a seething resentment over her service, partly because of what she describes as irresponsible leaders and a poorly defined mission. Her memories make good bar stories, she said, but they also follow her back to her apartment, where the combination of anxiety and uncertainty about the value of her service has at times made her feel as if she were losing her mind.

Richard J. McNally, a psychologist at Harvard, said, "It's very difficult to know whether a new kind of syndrome will emerge from this war for the simple reason that the instrument used to assess soldiers presupposes that it will look like P.T.S.D. from Vietnam."

A more thorough assessment, Dr. McNally said, "might ask not only about guilt, shame and the killing of noncombatants, but about camaraderie, leadership, devotion to the mission, about what is meaningful and worthwhile, as well as the negative things."

Sitting amid the broken furniture in his Falluja "office," Captain Nash represents the military's best effort to handle stress on the ground, before it becomes upsetting, and keep service members on the job with the others in their platoon or team, who provide powerful emotional support. While the military deployed mental health experts in Vietnam, most stayed behind the lines. In part because of that war's difficult legacy, the military has increased the proportion of field therapists and put them closer to the action than ever before.

The Army says it has about 200 mental health workers for a force of about 150,000, including combat stress units that travel to combat zones when called on. The Marines are experimenting with a program in which the therapists stationed at a base are deployed with battalions in the field.

"The idea is simple," said Lt. Cmdr. Gary Hoyt, a Navy psychologist and colleague of Captain Nash in the Marine program. "You have a lot more credibility if you've been there, and soldiers and marines are more likely to talk to you."

Commander Hoyt has struggled with irritability and heightened alertness since returning from Iraq in September 2004.

Psychologists and psychiatrists on the ground have to break through the mental toughness that not only keeps troops fighting but also prevents them from seeking psychological help, which is viewed as a sign of weakness. And they have been among the first to

identify the mental reactions particular to this war.

One of them, these experts say, is profound, unreleased anger. Unlike in Vietnam, where service members served shorter tours and were rotated in and out of the country individually, troops in Iraq have deployed as units and tend to have trained together as full-time military or in the Reserves or the National Guard. Group cohesion is strong, and the bonds only deepen in the hostile desert terrain of Iraq.

For these tight-knit groups, certain kinds of ambushes - roadside bombs, for instance - can be mentally devastating, for a variety of reasons.

"These guys go out in convoys, and boom: the first vehicle gets hit, their best friend dies, and now they're seeing life flash before them and get a surge of adrenaline and want to do something," said Lt. Col. Alan Peterson, an Air Force psychologist who completed a tour in Iraq last year. "But often there's nothing they can do. There's no enemy there."

Many, Colonel Peterson said, become deeply frustrated because "they wish they could act out on this adrenaline rush and do what they were trained to do but can't."

Some soldiers and marines describe foot patrols as "drawing fire," and gunmen so often disappear into crowds that many have the feeling that they are fighting ghosts. In roadside ambushes, service men and women may never see the enemy.

Sgt. Benjamin Flanders, 27, a graduate student in math who went to Iraq with the New Hampshire National Guard, recalled: "It was kind of a joke: if you got to shoot back at the enemy, people were jealous. It was a stress reliever, a great release, because usually these guys disappear."

Another powerful factor is ambiguity about the purpose of the mission, and about Iraqi civilians' perception of the American presence.

On a Sunday in April 2004, Commander Hoyt received orders to visit Marine units that had been trapped in a firefight in a town near the Syrian border and that had lost five men. The Americans had been handing out candy to children and helping residents fix their houses the day before the ambush, and they felt they had been set up, he said.

The entire unit, he said, was coursing with rage, asking: "What are we doing here? Why aren't the Iraqis helping us?"

Commander Hoyt added, "There was a breakdown, and some wanted to know how come they couldn't hit mosques" or other off-limits targets where insurgents were suspected of hiding.

In group sessions, the psychologist emphasized to the marines that they could not know for sure whether the civilians they had helped had supported the insurgents. Insurgent

fighters scare many Iraqis more than the Americans do, he reminded them, and that fear creates a deep ambivalence, even among those who most welcome the American presence. And following the rules of engagement, he told them, was crucial to setting an example. Commander Hoyt also reminded the group of some of its successes, in rebuilding houses, for example, and restoring electricity in the area. He also told them it was better to fight in Iraq than back home.

"Having someone killed in World War II, you could say, 'Well, we won this battle to save the world,' " he said. "In this terrorist war, it is much less tangible how to anchor your losses."

Help in Adjusting to Life at Home

No one has shown definitively that on-the-spot group or individual therapy in combat lowers the risk of psychological problems later. But military psychiatrists know from earlier wars that separating an individual from his or her unit can significantly worsen feelings of guilt and depression.

About 8 service members per every 1,000 in Iraq have developed psychiatric problems severe enough to require evacuation, according to Defense Department statistics, while the rate of serious psychiatric diagnoses in Vietnam from 1965 to 1969 was more than 10 per 1,000, although improvements in treatment, as well as differences in the conflicts and diagnostic criteria, make a direct comparison very rough.

At the same time, Captain Nash and Commander Hoyt say that psychological consultations by returning marines at Camp Pendleton have been increasing significantly since the war began.

One who comes for regular counseling is Sgt. Robert Willis, who earned a Bronze Star for leading an assault through a graveyard near Najaf in 2004.

Irritable since his return home in February, shaken by loud noises, leery of malls or other areas that are not well-lighted at night - classic signs of post-traumatic stress - Sergeant Willis has been seeing Commander Hoyt to help adjust to life at home.

"It's been hard," Sergeant Willis said in a telephone interview. "I have been boisterous, overbearing - my family notices it."

He said he had learned to manage his moods rather than react impulsively, after learning to monitor his thoughts and attend more closely to the reactions of others.

"The turning point, I think, was when Dr. Hoyt told me to simply accept that I was going to be different because of this," but not mentally ill, Sergeant Willis said.

The increase in consultations at Camp Pendleton may reflect increasingly taxing

conditions, or delayed reactions, experts said. But it may also be evidence that men and women who have fought with ready access to a psychologist or psychiatrist are less constrained by the tough-it-out military ethos and are more comfortable seeking that person's advice when they get back.

"Seeing someone you remember from real time in combat absolutely could help in treatment," as well as help overcome the stigma of seeking counseling, said Rachel Yehuda, director of the post-traumatic stress disorder program at the Veterans Affairs Medical Center in the Bronx. "If this is what is happening, I think it's brilliant."

Tracking Serious Symptoms

In the coming months, researchers who are following combat units after they return home are expected to report that the number of personnel with serious mental symptoms has increased slightly, up from the 17 percent reported last year.

In an editorial last year in The New England Journal of Medicine, Dr. Matthew J. Friedman, executive director of the National Center for Post-Traumatic Stress Disorder for the Department of Veterans Affairs, wrote that studies suggested that the rates of post-traumatic stress disorder, in particular, "may increase considerably during the two years after veterans return from combat duty."

And on the basis of previous studies, Dr. Friedman wrote, "it is possible that psychiatric disorders will increase now that the conduct of the war has shifted from a campaign for liberation to an ongoing armed conflict with dissident combatants."

But others say that the rates of the disorder are just as likely to diminish in the next year, as studies show they do for disaster victims.

Col. Elspeth Cameron Ritchie, psychiatry consultant to the Army surgeon general, said that given the stresses of this war, it was worth noting that five out of six service members who had seen combat did not show serious signs of mental illness.

The emotional casualties, Colonel Ritchie said, are "not just an Army medical problem, but a problem that the V.A. system, the civilian system and the society as a whole must work to solve."

That is the one thing all seem to agree on. Some veterans, like Sergeant Flanders and Sergeant Willis, have reconnected with other men in their units to help with their psychological adjustment to home life. Sergeant Willis has been transferred to noncombat duty at Camp Pendleton, in an environment he knows and enjoys, and he can see Commander Hoyt when he needs to. Sergeant Flanders is studying to be an officer.

But others, particularly reservists and National Guard troops, have landed right back in civilian society with no one close to them who has shared their experience.

Specialist Pickett, since her return, has felt especially cut off from the company she trained and served with. She has struggled at school, and with the Veterans Affairs system to get counseling, and no one near her has had an experience remotely like hers. She has tried antidepressants, which have helped reduce her suicidal thinking. She has also joined Operation Truth, a nonprofit organization that represents Iraq veterans, which has given her some comfort.

Finally, she said, she has been searching her memory and conscience for reasons to justify the pain of her experience: no one, Specialist Pickett said, looks harder for justification than a soldier.

Dr. Marlowe, the former chief of psychiatry at Walter Reed, knows from studying other wars that this is so.

"The great change among American troops in Germany during the Second World War was when they discovered the concentration camps," Dr. Marlowe said. "That immediately and forever changed the moral appreciation for why we were there."

As soldiers return from Iraq, he said, "it will be enormously important for those who feel psychologically disaffected to find something which justifies the killing, and the death of their friends."

Washington Post

From Wounds, Inner Strength
Some Veterans Feel Lives Enlarged by Wartime Suffering
By Michael E. Ruane
Washington Post Staff WriterSaturday, November 26, 2005; Page A01

As Hilbert Caesar told his harrowing war story one night recently in the living room of his apartment, he patted the artificial limb sticking from a leg of his business suit. "This, right here," he said, "this is a minor setback."

Eighteen months after Caesar's right leg was mangled by a roadside bomb near Baghdad, and after weeks of coming to terms with what he thought was the end of his life, the former Army staff sergeant believes he has emerged a richer person -- wiser, more compassionate and more appreciative of life.

Asked whether he would endure it all again, he replied: "The guys I served with were awesome guys. . . . I would go through it again -- for the guys that I served with. Yes. Absolutely. I wouldn't change it for the world."

Although the shattering psychological impact of war is well known, experts have become increasingly interested in those who emerge from combat feeling enhanced. Some psychiatrists and psychologists believe that those soldiers have experienced a

phenomenon known as "post-traumatic growth," or "adversarial" growth .

Although war left him with a leg of plastic and steel, Caesar, 28, of Silver Spring, appears to be among those who return home with psyche intact and a sense that they are in some mysterious way improved.

"I'm the same person," he said, "but I'm a different person now."

Combat's potential to inflict psychic wounds has been recognized as far back as the ancient Greeks, but so has its ability to exhilarate, intoxicate and instruct those who experience it, experts say.

"If you think about all of the heroes and heroines in cultures across the world . . . all of them, in one sense or another, faced some sort of a dragon," said Matthew J. Friedman, director of the National Center for Post-Traumatic Stress Disorder and a professor of psychiatry at Dartmouth Medical School. "The transformation from that encounter has been celebrated from antiquity."

University of North Carolina psychologists Lawrence G. Calhoun and Richard G. Tedeschi, who have studied post-traumatic growth for 20 years, said they are careful in describing what occurs.

"We're talking about a positive change that comes about as a result of the struggle with something very difficult," Calhoun said. "It's not just some automatic outcome of a bad thing."

Calhoun said their studies suggest that for growth to occur the trauma must be severe. "We tend to use the metaphor of an earthquake."

He said the person first ponders the details of what happened. "And then there's a much more abstract process of finding some higher meaning . . . in what has transpired," he said.

Tedeschi said there can be feelings of spiritual development, improved relationships, a sense of personal strength, a better appreciation of life and new interests and priorities.

Both men stressed that growth is not necessarily a goal, nor is trauma "good." Calhoun said: "Post-traumatic growth occurs in the context of . . . suffering. We hope everybody who goes to Iraq comes back safe and sound and doesn't have any traumas to grow from."

Although scientists continue to worry about war's impact on mental health, experts say research now shows that most people exposed to combat and other traumatic events do not develop chronic mental health problems.

"It used to be thought that virtually everybody who experienced these kinds of catastrophic events would go on to develop" PTSD symptoms, said Lt. Col. Charles C. Engel Jr., a psychiatrist at Walter Reed Army Medical Center in Washington. "That was kind of a post-Vietnam War assumption. What we've learned over time is that probably, on average, really about two-thirds to three-fourths don't develop PTSD."

Friedman, of Dartmouth, said that research on the issue has not been that extensive and that the "deleterious" effects of trauma have received the most attention.

But that is changing. "The whole field, in the last four years, has shifted to a certain extent [to focus on] resilience, on human potential," he said.

Friedman said studies of World War II veterans often showed that they valued the experience, even though they had serious post-combat stress: "Yes, I've suffered," he said men would report, "but I wouldn't have given up this experience for anything in the world. . . . The things I experienced have made me a better man today."

Studies of Vietnam War POWs have shown similar sentiments. One study, in 1980, found that 61 percent of American POWS in North Vietnam believed their experience was ultimately beneficial.

Tom McNish, a former Air Force pilot who was a prisoner in North Vietnam for six years, said: "There is no question in my mind that the experience I had in Vietnam has had an overall very positive effect on my life. But I don't recommend it for anybody else. And I don't want to have to do it again."

Wounded veterans of the Iraq war say similar things. Adam Replogle, 25, of Wellington, Colo., a former Army sergeant and tank gunner who lost his left hand and the vision in his left eye in a battle in Karbala in 2004, said that he still has ups and downs but that after his experience in Iraq, not much worries him.

"Sometimes it takes people a lifetime to realize what it's all about and what's important and what's not," he said. "And you go through something like this and it grows you up a little bit and makes you realize that stuff a lot earlier in life."

Caesar, a native of Guyana who grew up in New York City, was a six-year Army veteran and a section chief in a field artillery unit in Iraq. He was in charge of a long-range, self-propelled 155mm howitzer -- a huge vehicle with treads that resembles a tank. He was out on patrol in the self-propelled gun when the explosion occurred April 18, 2004. When the black smoke cleared, he looked down at his leg. It was flipped backward and "just dangling by the skin," he said. "It was severed at three different places in the knee. . . . The bone was splintered in different places. I knew there was no way they could put that back together."

He tried to hand his machine gun to a comrade but realized it was bent. He could hear

gunfire and yelled for the hatches to be closed. He thought: "Oh, man. This is it. My life is over."

But it wasn't. The insurgents who staged the ambush melted away. He was medevaced to safety, and six days after the attack, he arrived at Walter Reed.

There, he was all right, except when he was alone. Then he would worry about the pain -- and the future. He was an athlete but realized that he might never run again. He wondered how women would react to a man with an amputated leg. It was depressing. Again, he said he would think, "My life is over."

A few days after he reached Walter Reed, he got more bad news: Eight men from his platoon had been killed by a car bomb in Baghdad. They were men he knew. One, in particular, had been a role model. "I was really devastated," he said.

Not all mental health experts believe in post-traumatic growth. Some think such positive attitudes simply stem from individual resilience or a natural course of psychological recovery.

George Bonnano, a psychologist at Teachers College, Columbia University, is skeptical of the growth theory. He said such reactions to trauma are better explained by personal resilience.

"I'm saying most people are able to maintain equilibrium pretty well after a traumatic event," he said. In addition, "it's fine to just recover," he said. "Bad things happen, and we get over them. We get better, and we put it behind us, and we move on."

In the weeks after his arrival at Walter Reed, Caesar met other severely injured soldiers and heard stories about their recoveries. "You start to build your confidence up," he said. "You start to shift focus.

"I'm a positive person," he said. "I try to look for the best. It could be worse. I lost a few friends out there. I made it back with just one missing limb, and I'm grateful for that. I'm thankful for just being here. Period."

At the same time, he said, he believes that he has changed. "It makes me appreciate life a whole lot more. . . . I'm looking forward to settling down, having a family."

Caesar said he has a friend who lost both arms in the war. Caesar said his friend once told him: "I would give anything to lose a leg. I would give both of my legs to have one of my arms" to be able to hold a child someday, should he ever become a father.

"Things like that make you think," Caesar said. "I can't complain. I haven't lost enough to complain."

Since being wounded, Caesar became a U.S. citizen last year, participated in three marathons using a racing wheelchair that he pedals with his hands, left the Army in January and landed a job with the U.S. Department of Veterans Affairs.

His leg still bothers him, and he walks with a pronounced limp.

At times, the opaque plastic socket of his artificial limb, which fits over his stump, lacerates his skin. The stump hurts when the thigh bone pokes against the skin. And he still gets down when he thinks about his dead buddies.

"It was a long journey back," he said. "I'm still not fully there. I'm still not 100 percent. I'm never going to be 100 percent. But at the same time, I can get as close to it as possible."