

THERAPIST IN THE COMBAT ZONE

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"O for a Muse of fire, that would ascend/ the brightest heaven of invention....," Shakespeare implored to open Henry V, his historical drama of war and kingship. The bard was striving to bring a kingdom, an epoch, and its apocalypse and restoration, into the space of a small wooden theater. Could we but join him in unleashing the full powers of our imaginations:

Then should the warlike Harry, like himself,
Assume the port of Mars; and at his heels,
leashed in like hounds, should famine, sword and fire
Crouch for employment....

I, too, have often prayed for a Muse of Fire to express the conflagrations of agony and courage, terror, rage, and brotherhood that I have seen and shared as psychotherapist for Vietnam veterans. I, too, have trembled before the march of destruction that famine, sword and fire have made through the psyches of my clients, our nation, and humankind. I, too, feel small and unworthy to adequately express and explore so great a subject as war and its devastation. And, mysteriously, I have felt blessed beyond telling in the presence of those flowers that sometimes bloom even in the deepest pits of hell.

I have been a psychotherapist in general private practice since 1975. In 1979, a year before Post-traumatic Stress Disorder was established as a diagnostic category and included in DSM-III, I began treating Vietnam combat and non-combat veterans. Over the years such treatment has become not only one of my clinical specialties but, more profoundly, an obsession with which I labored greatly until I was able to master its negative motivations and impact and transform it into a life-affirming calling (Tick, 1986).

This calling appears all the more unusual because, during the Vietnam War, I was college deferred, an active anti-war protestor, had no friends or relatives fighting in Vietnam, became a vegetarian, considered myself a pacifist, was preparing my conscientious objector plea to avoid military service, and was considering leaving the country if drafted. All my adolescent and early adult year experiences, on the surface, appeared to mitigate against my becoming a specialist in treating the psychological wounds of war. But war and its aftermath can make bedfellows and brothers of men who otherwise would never have met, loved, or struggled together with the deepest wounds of heart and soul.

Elsewhere, I have chronicled the full story of my therapy work with Vietnam veterans and other war-wounded, and my transformation from anti-war college student to post-war homefront medic and healer (Tick, 1989, 1992). Herein I wish to explore, from an experiential and intrapsychic perspective, some of the dangers and hazards to the psychotherapist of work with war veterans and others suffering Post-traumatic Stress Disorder. Psychotherapy with clients suffering PTSD is arduous work, and has striking similarities to its generative traumas. It is full of dangers, surprises, and inevitable losses and sorrow, and demands that the therapist discover and utilize what is best in him or herself. It necessitates that the therapist look at aspects of the self and the human condition that we would rather leave unexamined and that the public's

conscious awareness, for the most part, denies. It inevitably creates in the mind's eye of the therapist a similar landscape of pain, horror, and hell as the one burned into the client's. Such a landscape is most difficult to survey without turning away in revulsion and fear. Unlike Shakespeare's play of war, it does not disappear with the final curtain, but goes on and on over the years of intensive psychotherapy with the war survivor, for long periods of time becoming more ingrained in and vivid to the therapist as therapy proceeds and deepens.

Such therapy, requires that the therapist examine denied aspects of the self - aggression, fear, rage, revulsion, past personal experiences - and own them in a self-disclosing manner far beyond what is usually demanded by the therapeutic process. Ultimately it requires and engenders changes in the therapist's character structure that are, perhaps, best expressed in psycho- or mythopoetic terms as the loss of innocence, initiation into the underworld and transformation from novice or initiate into warrior and king. Such transformation is hard-won and, as many contemporary writers on masculine psychology such as Robert Bly, Robert Moore, Michael Meade and others argue, is necessary for the achievement of mature adulthood. But many are the dangers and pitfalls, and many the temptations to turn away from such a process of willingly exposing oneself to horrific trauma.

JUNGLE DREAMS

Recently I was asked to consult with a men's counselor facilitating a group for inmates, guilty of homicide and other major felonies, incarcerated at Shawangunk Correctional Facility in New York State. After over a year of highly successful work in establishing a first-of-its kind Men's Prison Council (Clines, 1993), the counselor began having nightmares in which he relived some of the inmates' crimes as well as a recent prison uprising in which guards were stabbed. In his most terrifying nightmare, he saw himself as the victim of brutal violence such as he had heard about from these men but never encountered in actual experience. I recognized that he was undergoing an initiation into the ways of the psychic underworld.

The prison counselor's experiences closely paralleled my own in working with war veterans. In both instances, a middle-class white Jewish male counselor, who had never previously experienced personal violence of severe brutality, became involved with men from different, less privileged, socioeconomic backgrounds who had been immersed in physical and emotional violence during critical periods of their lives and who had perpetrated it themselves.

I began having dreams of my Vietnam veteran clients' battles, beginning with my third vet client, Ron. He was a reconnaissance patrol squad leader, the first survivor of fierce jungle combat with whom I worked. His stories - of hiding behind fallen comrades in firefights, of finding his lieutenant decapitated, of hiding in a cave while captured friends screamed for his help while being tortured in the jungle nearby - exposed me to levels of horror and brutality I had never encountered or even imagined (Tick, 1985).

At first, like the prison counselor, I dreamed Ron's battles. As we continued in therapy, the sheer brutality of the imagery assaulted my ordinary defenses in a way that I thought must be similar, but far less immediate and severe, than what Ron had experienced in combat. Our ordinary defenses are adequate for protection from the ordinary assaults of civilized living, but are meager, inadequate, and can only provide limited protection for a short time when assaulted by a relentless bombardment of brutal experiences, such as war veterans experienced, or imagery, such as therapists of veterans experience. The field of military psychiatry has studied this problem. Military psychiatry categorically affirms that exposing anyone, even the most

healthy and stable human being, to more than a few days of unrelenting combat will inevitably lead to traumatic collapse and inability to function (Gabriel, 1987).

My second stage of dreamlife occurred when I began to see myself in Ron's and other vets' battles. At this stage, my dreams were fairly close replications of what vets had described in therapy, but I became a character in the dream. I was, intrapsychically, making these dramas my own. I was, imaginatively though not consciously, giving myself a vicarious experience of what my clients had experienced. I felt fear, anger, confusion. I lost much sleep. Daily life, current events, the entire world - these were beginning to seem more warlike than ever before. This gave me a strong taste of the degree to which veteran clients unconsciously perceive contemporary life through the lens of their war experiences.

A third stage of dreamlife occurred when, after several years of work with numerous combat veterans, I had the following significant dream:

I am at the bottom of a barren, steep hill. I am alone and in fatigues. I am unarmed. I am hiding behind a small log, just a little higher and longer than my own body. Hordes of enemy soldiers are charging down the hill right toward me. They are screaming. Their rifles are blazing. They want me dead. I am trapped behind the log while bullets smash into it and chew it away. I cannot run. I cannot fight back. Soon, inevitably, I will be overrun and either taken prisoner or killed.

I awoke from this dream in sheer terror such as I had never felt before. I had seen myself in mortal danger unarmed and alone. I felt what it was like to be threatened by death, but could not see myself armed and killing. While I had crossed over into the terrain of danger and brutality where my vets lived, I still remained the pacifist and protestor, the innocent. After years of vet work, my personality resisted the total transformation necessitated by life in a war zone. I clung to my old values and hovered in a limbo before the horrible and necessary choice that every combat soldier must ultimately make - the decision to kill or be killed. At this stage of my evolution as therapist, I resisted the necessity of ever having to make such a choice, thus denying my own aggression and survival instinct. I was left with terror, and the shocking and uncomfortable realization that, unable to make such a choice in a situation that demanded it, I myself would be killed.

On the symbolic level, the dream indicated how I felt specializing in work with the neglected and dishonored population of America's Vietnam veterans. I felt "unarmed and alone, as I tried to walk this jungle path on American soil where the Vietnam War still raged long after the Vietnam War had ended" (Tick, 1992, p. 179).

For a long time, I perched on the edge of my denied aggression. By this time I had integrated horror enough so that I could relate to vets with much greater calm and equilibrium, with much less of my own pain or revulsion present. I had learned to stand before images of brutality and horror with vets and not flinch. I had learned to listen to tales of napalmed children, burned villages and massacred families without judgement. I was learning the rules of life during warfare: The order of civilization is reversed, destruction rather than creation, death rather than life, insanity rather than sanity, are the norms. I had learned not to flee from this invisible line of horror, to stand there while my vet clients approached it a second time through therapy, and to help them see what they had seen, this time with their hearts.

But I held on fiercely to my pacifism, as if it were a last line of defense that could protect me in the inner jungles. Then I had this dream:

I am being pursued down a steep hill by enemy soldiers who, armed with AK-47s, are firing wildly at my retreating form. I am in fatigues and armed with my own M-16. I flee amid bullets kicking up dirt around my feet. I run breathlessly until I come to a school building. I bolt into the building, up the stairs, through all the rooms, desperate to find a safe hiding place. The enemy soldiers follow me into the school and begin a room to room search, poking their AKs around desks, under tables, in closets. There are so many of them, I fear I am doomed.

Finally, I run into a bathroom, then into a toilet stall. I stand on the toilet seat so that my feet will not be visible from below. I ready and clutch my rifle and wait with bated breath. I hear my enemies coming closer, getting louder. My breath is caught in my throat. My heart is slamming. I am sweating like a faucet. Then the soldiers crash into the bathroom, screaming for me, poking their guns under the stall and pointing them at my door, slamming against the stall to try and get me out.

I am in abject terror. My heart hurts more than ever in my life. I poke my gun under the stall and scream, "No! No!" over and over. They keep pushing, shooting, banging. I scream "No!" again and pull my trigger. I pull and pull and shoot, wildly, desperately, trying to kill my enemies not out of anger or hatred or vengeance, but just to save my own life.

In that dream, after years of struggle and denial, I finally saw myself making the choice to kill another human being rather than passively letting myself be killed. At that moment, I overcame a passive response to life-threatening violence conditioned in me in part by my Jewish heritage, especially as a child of the generation of the holocaust. I also achieved a breakthrough in my understanding of the motivations that drove most men to kill during warfare. Previously, I had worked with vets on their killing rages, their desire for vengeance, the blind, dehumanizing hatred that awakened in people who saw their own best friends blown to shreds or riddled with bullets or skewered with bungee sticks. But, with this dream I realized that hatred and rage were not necessarily core human motivations but rather reactions conditioned by the war environment. More basic, more healthy, and more important for vet clients to recover was the fundamental human response to the horrible conundrum soldiers were placed in: When put in a situation of kill or be killed, many, perhaps most of us, feeling the terror of our own imminent death, would kill. I finally recovered such a basic, previously disowned, survival instinct in myself. For the first time in my life, I saw and felt that I would choose to kill rather than be killed.

Significantly, after this recovery, I experienced several important and surprising personal changes. First, my nightmares ceased. At about the same time, I gave up vegetarianism, became generally more assertive and self-valuing, experienced subtle but important shifts in my value system and, ironically, became less temperamental. It was as if the recovery of my survival instinct and concomitant overcoming of my inhibition against any and all killing allowed a final integration of previously disowned, externalized and projected male warrior energy that accompanied the experience of horror.

Combat vets confirmed my insight. "You don't kill because you want to hurt somebody," one Marine combat veteran told me. "Only sick people do that. It isn't a killing rage really. It's just a rage to save your own life. You're trying to stop the other guy from killing you while at the same moment he's trying to stop you from killing him. In the bush, you don't kill from rage. You kill from fear." This insight is echoed by Richard Gabriel (1987), who stated that only sociopathic personalities can endure the stress of modern warfare unaltered.

From the time of this dream I used this new awareness in my therapy work with vets. I worked to help them recover their true feelings at the moment they first killed. With much struggle, many were able to open their hearts to the overwhelming degree of sheer terror for their lives that they had felt. Previous to re-experiencing the terror, psychically numbed vets tend to think of themselves as cold-blooded killers, dangerous, enraged, sinful. But when they recover their original terror, they realize that they were, in fact, just utterly terrified young men trying desperately to save their own lives in the only way available to them. With that realization, guilt and self-condemnation lifts off from them and their own rehumanization process proceeds. It was only possible for me to guide them through such a transformation home after I had intrapsychically experienced this warrior-like transformation away from civilization and into primitivity myself.

REFLECTIONS ON THE INTRAPSYCHIC DIMENSIONS OF VETERANS WORK

This history of my dreamlife spanning approximately the first six years of my work with combat veterans demonstrates an initiation process I had to undergo in order to do healing work for vets as well as to mature aspects of my own personality. It can be summed up, as in Joseph Campbell's (1949) psycho-mythical analysis, as initiation.

Campbell explains that the psychomythic hero's journey is a cyclical process of three stages. The first stage is the departure from the ordinary shared world and the descent into a world that has its own unfamiliar rules and dimensions. People who leave the daily life of our civilization for a combat zone certainly experience this departure. Military training attempts to provide them with the martial skills necessary to perform and survive. But they remain woefully, inadequately prepared, psychologically or spiritually, for what they will encounter in the other world. Further, if they are too young for the encounter, still developmentally immature, they will not even have a fully developed personality structure with which to resist trauma or into which to integrate it. Then the trauma itself becomes, simultaneously, developmental experience and a rupture of the established self and world orders. This was the case with the vast majority of men in Vietnam combat, whose average age was 19, compared with the average age of World War II combatants being 26.

The therapist, too, in the hours spent with such clients, experiences a departure from the ordinary world and a descent into a psychic space with its own rules, demands, and dangers. The first stages of my dreamlife represented this departure, and showed the rupturing of my unconscious order and its saturation with previously unknown or distanced violent imagery.

Initiation is the second stage of the hero's journey. During the initiatory stage, we must survive a succession of difficult, challenging and often life-threatening ordeals. We must master the ways of the underworld, the alternate reality in which we are now traveling, and allow what we experience there to destroy our old conceptions of life. We must find the strength and skills within ourselves and the help from without and beyond ourselves to survive the intolerable, horrible, and the threatening. We must be broken and broadened.

Such initiation ought to be a rite of passage. There is a great emphasis in American popular culture, promoted by movies, television, books, and legend, on viewing the experience of warfare *per se* as a rite of passage transforming boys into men. However, in the modern combat zone, no rite of passage actually occurs. It remains incomplete because there are no elders, no initiators present, who can guide and ceremonialize the personality transformations of the soldier. The incomplete initiation, the failed rite of passage, the seeker stuck in the

underworld and needing to be guided to light and maturity, is very often what the therapist encounters when a veteran presents him or herself for therapy. A great deal of what we call Post-traumatic Stress Disorder may best be understood as development arrested through its encounter with terror and horror.

Initiation cannot occur when the guide or elder has not been initiated. Thus, in the therapist too, initiation must occur. Therapy with combat veterans cannot occur under the guidance of a therapist who has not learned the ways, not necessarily of the literal combat zone, but certainly of the psychic combat zone. My first dream of being attacked represented my immersion in the psychic underworld of combat while still resisting its demands, still clinging to my final defense - the denial that I, too, had an inner killer.

My denial prevented my learning an essential lesson of the underworld - that killing rage is really, except perhaps in sociopathic personalities, the rage to live and the terror of violent death, and that all of us have planted in our minds and cells such a rage to live that we very well may, if confronted with the ultimate choice, kill rather than be killed. This is not more than the application in extremis of Spinoza's dictum that every creature seeks to persist in its own being. We each want to live. Almost all of us are capable of killing in order to preserve our own lives. Truly realizing this in a personal way, we become one with those who have killed and can help them regain their humanity. My final dream, in which I saw myself as killing in order to live, represented a dark epiphany, a necessary transformation through dream experience and thus into my awareness, of the denied killer in myself.

The final stage of the hero's journey is the return to the shared world with wisdom gained and the intent to give that wisdom, in some form, to the culture.

In all traditional and classical societies, returned warriors served many important psychosocial functions. They were keepers of dark wisdom for their cultures, witnesses to war's horrors from personal experience who protected and discouraged, rather than encouraged, its outbreak again. During wartime they turned outward to meet threats from other peoples, but during peacetime they turned inward to protect against and keep under control the outbreak of violent and aggressive behaviors between their own people.

As a society we have not initiated and thus transformed our veterans into warriors. Belated praise and parades notwithstanding, we have not truly welcomed them home and not helped them heal. Perhaps most destructive and telling of all, we have no class of citizen-warriors within which returned warriors can serve or function. Our veterans are alone with the memories of and traumas from their combat experiences as well as with the skills gained and courage demonstrated.

As a therapist for combat veterans, I am in the strange and uncomfortable position of trying to help bring men home to a country that has no class or clan or society in which they can serve and belong. The mythopoetic cycle, as outlined by Campbell, is meant to transform us from uninitiated, innocent, and naive young people into mature, competent, wise elders who are the heroes of our own intrapsychic adventures and who, simultaneously, have invaluable service and wisdom to offer our cultures. In a tragic sense, it is impossible to complete such a psychological mythopoetic journey in a culture that denies the initiates' experiences and fails to provide pilgrims with an audience, a set of rituals, or a social class to which they can return.

Thus, the final stage of psychotherapy with war veterans must often be the empowering of both therapist and client to find meaningful ways of carrying traumatizing memories and experiences as well as creating experiences that will foster the return stage of the hero's journey and the societal homing veterans have been denied.

TAKING A PLACE IN HISTORY

There are inherent psychohistorical dimensions in conducting therapy for Vietnam veterans in which both therapist and client participate. Though I participated in the anti-war movement during the 1960s, I was left with a sense of rage, mistrust and impotence regarding my ability to significantly effect the course of national history. But by conducting therapy with veterans, I have been able to transcend these feelings and gain the sense that I have successfully taken my small place in history. Though I could not stop a war, I could, finally and truly, help "bring the boys back home."

By conducting therapy with Vietnam veterans, I discovered the parts of myself that were wounded by the times we all lived through as well as the parts of myself that were inadequately developed. Thus, through struggling in consciousness with every issue and dream that arose for me during the conduct of therapy, I was able to heal the personal wounds that occurred as a result of my own coming of age during the 1960s. Further, I was able to complete some of the psychological maturation that did not occur because of my own lack of certain transformational experiences and the absence of elders to guide it. Finally, I was able to contribute to healing the rift that had opened in the Vietnam generation between those who fought the war and those who protested it. I attained a deeply satisfying brotherhood with men from whom I had previously been alienated and estranged.

I am left with the conviction that therapy is inevitably a psychohistorical enterprise. As therapists, we treat those suffering from our collective social wounds. By agreeing to treat them and experiencing secondary trauma from exposure to their memories, we, too, are wounded and we, too, must heal. On however small a scale, we are participating in the diseases and the healing not only of our clients but of ourselves and our culture. Psychotherapy is too young a profession, and our social problems too vast, for us yet to determine whether it can actually change the direction of history. But inevitably, as therapists, we take our places in history, standing with those most affected for better or worse and discovering, in the process, how we too are survivors of that same history.

In introducing Henry V, Shakespeare apologized for his unworthiness at attempting to accomplish so great a task as portraying the full scope of war and kingship in so tiny a space:

...But pardon gentles all
The flat unraised spirits that have dared
On this unworthy scaffold to bring forth
So great an object...

It is, as the bard said, truly impossible to reduce so large and terrible a story as the Vietnam War and its effect on our generation and nation into so small a space as a book chapter or the therapy hour. But each of our minds are much more than the stage on which the great dramas of history and culture are reenacted. By practicing psychotherapy in the combat zone, I have in my own way been to war and back and have found my way of participating in the greatest and most monstrous adventure of my generation.

REFERENCES

- Campbell, J. (1949). *The Hero With a Thousand Faces*. New York: Meridian.
- Clines, F. (1993). "Men's Movement Challenges Prison Machismo." *The New York Times*, Feb. 23, 1993, B1 & 6.
- Gabriel, R. (1987). *No More Heroes: Madness and Psychiatry in War*. New York: Hill and Wang.
- Shakespeare, W. (1978). *Henry V* in A. L. Rowse, ed. *The Annotated Shakespeare*, Vol. II. New York: Potter.
- Tick, E. (1985). "Vietnam Grief: Psychotherapeutic and Psychohistorical Implications." *The Psychotherapy Patient*, 2:1, 101-116.
- Tick, E. (1986). "The Face of Horror." *The Psychotherapy Patient*, 3:2, 101-120.
- Tick, E. (1989). *Sacred Mountain: Encounters with the Vietnam Beast, Volume One: 1979-1984*. Santa Fe, NM: Moon Press.