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Post-Traumatic Stress Disorder in Vietnam War Veterans

Mike Hoback

Southern Adventist university

### **Post-Traumatic Stress Disorder in Vietnam War Veterans**

Post-traumatic stress disorder (PTSD) is known as a particular emotional distress that can pursue a major mentally traumatic incident. This rare event would usually produce panic and anxiety in anybody who experienced it. Instances can be rape or physical attack, a natural disaster, being part of or examining a severe accident, major surgery, and time of war combat duty. Signs may begin instantly or not surface for 6 months, a year, or even longer (Boscarino, 1995).

#### **Symptoms**

Severe anxiety and fear may be only two of many signs. The individual will have recurring images of the traumatic incident, often with the similar level of nervousness as in the event itself. Or, he will abruptly feel as though the event is happening in the present. Recurring nightmares of the trauma are dramatic and distressing. Nightmares, nervousness, or despair can disturb sleep. The individual may remain nervous and tense during the day, and may startle easily (Hyer, Boudewyns, Sperr, & McCranie, 1996).

As they become more psychologically engaged with these experiences, the distressed people begin to withdraw from the world, illustrate less emotion, and become disinterested in individuals and activities that were once significant. They evade any conditions that might arouse memories of the traumatic incident. Guilt, despair, and unexpected outbursts of violent behavior may also surface. Drug and alcohol abuse develop in some as they try to control these responses (Taft, Vogt, Marshall, Panuzio, & Niles, 2007)).

#### **PTSD in Vietnam Veteran**

The biggest subgroup to experience this issue is the war veteran. In America, the Vietnam War has shaped the largest proportion of Post-traumatic stress disorder cases (Barnes, & Harvey

2000). In fact, it was after researches of Vietnam veterans were added to researches of civilian post-trauma patients that the US Psychiatric Association created, in nineteen-eighty (1980), the diagnostic group: PTSD (severe, recurring, and/or delayed).

The main task in defeating this issue is to integrate the traumatic incident into an individual's sense of the world and into his comprehension of his individual life. It is feasible that the nightmares and spontaneous reliving of the trauma are unconscious efforts to cure the psychic injuries (Boscarino 1995).

The singular experience of Vietnam War veterans shows how traumatic alters can be complicated for the mind to integrate and how this "working through" procedure is vital. The Vietnam War was like no other in US history. The standard age of the war soldier was 19, not 26 as in 2<sup>nd</sup> World War. The army flew soldiers into duty as people, not as teams. Once there, nothing appeared simple. Those previously fighting did not willingly accept new soldiers. The adversary was not easily identifiable or essentially in uniform; females and kids could kill you in the streets. Females and kids civilians were thus sometimes killed by American soldiers. There was no front line, and armed forces had to win the same territory over and over again. Leadership was young and inexperienced. The object was to kill as several individuals as possible and survive (Barnes, & Harvey, 2000).

The coming home procedure of the Vietnam soldier failed to account for the mind's need to incorporate this experience in a slow-paced way. After 12 to 13 months of war duty, the armed forces flew soldiers back to the countries in a matter of hours and, again, as isolated people quite than as teams. This is in stark comparison to the weeks or sometimes months that 2<sup>nd</sup> World War soldiers spent on ships returning to the America, while sharing time with other veterans close to them (Barnes, & Harvey, 2000).

In 48 hours the Vietnam War Veterans could go from a unit attack in which he killed 4 North Vietnamese soldiers with an M-sixteen to sitting on the front steps of his parents' house in the America. While in Southeast Asia, armed forces would dream of that day. But when it arrived they were not ready. The US citizens, for the first time in its history, turned against its battle and the returning veterans. Anti-war marches replaced ticker-tape parades. A veteran in uniform on the streets of our country might be spat on. The heroes were now the villains.

It is no doubt that some Vietnam soldiers have continued to practice chronic PTSD, since the major cause of the disorder is an incapability to incorporate the experience into existing life (Callers, Foy, Donahoe, & Goldfarb, 1998). A war soldier needs time and the support and comprehension of other individuals to incorporate a trauma of this importance. The individual with PTSD must have an opportunity to discuss the traumatic experience and, ultimately, to feel the emotions related with it. As he works through these emotions, he can begin to link the trauma with the rest of his life. Part of that link will be a capability to let past incidents remains in the past instead of ongoing to surface in the present. For the Vietnam soldier, the return to slow life can still be eased by the reactions of those around him. About six months ago I was talking with a counselor from the Veterans Readjustment Center here in Chattanooga who has worked with these males and females said that even 20 years after returning from Southeast Asia, these veterans need to hear 3 things from us that were not said so long ago: Welcome home, Thank you, and Thank God you are alive .

### **Treatment of PTSD**

Luckily post-traumatic stress disorder can be successfully treated. Behavior therapy may perform a helpful role by helping change the way a sufferer acts and decreasing avoidance behavior. Behavior therapy is often merged with cognitive therapy, which is designed to modify

primary thought patterns. These methods may be utilized in a group or in an individual setting (Callers, Foy, Donahoe, & Goldfarb, 1988).

Family therapy can assist close relatives realize and cope with the disorder. Through such therapy family participants can learn that any evident rejection by a relative with post-traumatic stress disorder is the result of the illness. Family therapy can repair interactions and help restore normal communications (Boscarino, 1995).

Support groups of people who experience post-traumatic stress disorder can illustrate sufferers that their responses to trauma are shared by several. By talking about common experiences and emotions, groups of survivors can help each other restore confidence (Taft, Vogt, Marshall, Panuzio, & Niles, 2007).

Medication can be a useful complement to other medication by relieving several of the most debilitating signs, and allowing other therapy to go forward. The consumption of medication may be needed only for a few weeks, but in serious cases it may be required for many years.

In several cases, soldiers and patients of war attempt to put "in the back of their mind" and to overlook their hurting memories. We all do this. We want to ignore the bad things that we practice in life; and we are generally effective at the minor ones. But for our major bad experiences, they are very difficult to ignore, because they type of cling to you. For the actually bad experiences we have, like the practice of war, the patients not only cannot ignore them, but instead they keep in mind them vividly and, worse, they perform it out as if the war is still going on (Hyer, Boudewyns, Sperr, & McCraine, 1996). To several of us, this unmanageable playing out of our nightmare is unnatural and terrifying. Post-traumatic stress disorder is a very uncommon illness because it seems to be the only psychological disorder that appears of the

causation from a previous event. It is indeed astonishing that a life intimidating or traumatic experience could bio-chemically influence how the brain generally functions, and develops a normal people do abnormal things (Barnes, & Harvey, 2000).

### **Implications**

Implications for this literature review suggest that PTSD is a very real issue to returning war veterans. With the current war effort, it is a problem that will continue to occur with the soldiers returning home from war. There are a number of ways that social workers can assist in the treatment of PTSD such as counseling and training, however it is clear that more needs to be done to ensure the proper re-integration of war veterans. Implications for future research include better post-war assessment tools, improved diagnosis techniques, and more rigorous re-integration programs. As a future social worker, this means that I have a mandate to advocate for returning war veterans. My experience as a soldier is an important asset in my ability to relate to soldiers suffering for PTSD and will help me be an effective social worker to the current soldier treatment effort.

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