

An Educational-Therapeutic Group for Drug and Alcohol Abusing Combat Veterans

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ABSTRACT: Vietnam veterans have had a high incidence of substance abuse, resulting from attempts to control posttraumatic symptoms. Their recovery from drug and alcohol dependency has meant involvement in treatment for resolution of posttraumatic symptoms. The author found that the addition of a short-term educational-therapeutic group experience, focusing on the symptoms of posttraumatic stress disorder, was helpful for the participants. They "worked-through" important war-related experiences via the following phases: (1) Breaking through detachment and establishing control over disruptive symptoms, (2) Revealing experiences of death and dehumanization (3) Describing the internal "death of self" experience, and (4) Beginning the grief response.

Among the serious consequences of the Vietnam war has been the high incidence of drug and alcohol abuse affecting its veterans. Evidence of that fact comes from the following: The results of a national survey (Presidential Review, 1979) revealing that 31 percent of Vietnam-era veterans are alcoholic, and a study of hospitalized Vietnam veteran psychiatric patients (Straker, 1976) revealing that 60 percent abused drugs or alcohol. Other unpublished observations point to an even higher incidence suggesting that effective treatment for Vietnam veterans should include treatment for drug or alcohol addictions. Similarly, treatment for their drug and alcohol addictions should include an adequate resolution of posttraumatic symptoms.

In what way do posttraumatic symptoms cause addictive problems? Lacoursiere, Godfrey, and Ruby (1980), have reported that Vietnam veterans with typical posttraumatic symptoms, including intrusive traumatic imagery, attempt self-medication with alcohol. This author found a similar pattern, i.e. that 66 percent of Vietnam veterans seeking treatment for drug and alcohol addiction complained of recurrent dreams and imagery one or more times a week, for which they used "downers" such as alcohol, sedatives, or minor tranquilizers. Furthermore, 66 percent of addicted Vietnam veterans were

found to suffer from emotional detachment, risk-taking behavior, and aggressive outbursts, for which they used substances to control aggression or to break through emotional detachment. Thirty-three percent used marijuana to control angry outbursts and 33 percent used alcohol or stimulants—frequently cocaine, Ritalin, or amphetamines to heighten emotional experiences.

On the basis of these findings, a short-term group experience was developed to enhance the effectiveness of a drug and alcohol treatment program, so that combat veterans could talk about posttraumatic symptoms and combat experiences, and discover ways to begin to free themselves from the devastating effects of those experiences. Both educational and therapeutic methods were used by the group leader to facilitate a cognitive understanding of the various symptoms in relationship to drug and alcohol addiction and to provide a supportive and stabilizing atmosphere, described by Parson (1981) as the essence of the first phase of treatment for veterans with posttraumatic symptoms.

This was an open-ended group with membership ranging from four to 12 veterans, who met three times a week for an hour, although most of them did not remain in the group beyond four weeks due to the time limitation of the entire drug and alcohol treatment program. In spite of the turnover, with occasional new members entering at the beginning of each week, the stability of the group was based on predictable meeting times and leadership as well as the retention of a few members who remained with the group longer than four weeks.

In spite of the fluctuating membership, the group process themes recurred frequently, often in predictable phases (Horowitz, 1973; Parson, 1981) and not entirely dissimilar to other Vietnam veteran "rap groups" (Blank, 1979b; Brenda, 1981; Lifton, 1973; Shatan, 1973; Smith, 1980). For example, Smith has described rap-group members with posttraumatic symptoms as described by Horowitz (1976), i.e. the emergence of intrusive imagery, denial and repetitive reworking of traumatic experiences. Lifton (1973) has described the emergence of themes related to the "death taint" in survivors of the Vietnam War.

Unique to this group process was the rapid sharing of recalled memories related to death, killing, and victimization, perhaps partly because the process was structured in a way to facilitate the sharing of detailed and emotionally charged experiences. The structure included an allotment of 25 percent of the time to the educational process: learning the common posttraumatic symptoms with individual variations. This was facilitated by the group leader

who enumerated specific posttraumatic symptoms and categories for those symptoms by listing them on the blackboard. Many individual members felt considerably more freedom to share examples from their own lives following this approach. At other times, the group leader asked members to teach him about the effect of combat on their lives. In this atmosphere of mutual learning, cognitive restructuring similar to that described by Parson (1981) provided an acceptance of posttraumatic symptoms; Vietnam veterans thus finding remarkable candor with one another.

During this time-limited group process, there were four phases which emerged as follows: (1) breaking through emotional detachment; (2) encountering death, dehumanization and "killer-victim" identifications; (3) encountering the loss of self; and (4) beginning grief and reparation.

During the first meeting of each week, the leader generally reviewed three major categories of posttraumatic symptoms, any of which may have been intensified by recent stress, environmental change, significant loss, or withdrawal from drugs, or alcohol. The various symptoms were categorized and listed on the blackboard for educational purposes as follows:

1. Intrusive thoughts, images, dreams, memories, and flashbacks of traumatic experiences triggered by current events (Horowitz & Solomon, 1978; Horowitz, 1976, Figley, 1978).
2. Hypervigilance, startle responses, aggressive outbursts, and antisocial behavior (Brende, 1982; Brende, in press).
3. Emotional detachment from the memory of past traumatic experiences and from current relationships for fear of being controlled, abandoned, hurt, or hurting someone.
4. Dissociated symptoms of fear and rage, linked to experiences of killing and being victims (Brende, in press; Brende & Benedict, 1980).

The display of symptom categorization thus facilitated specific sharing and discussion of symptoms which were of most concern. For example, during the initial phase which occurred during the first week (three sessions), members described current patterns of emotional detachment—including their use of alcohol and drugs—to suppress painful memories or heighten emotional experiences. This soon led to further sharing of most disturbing experiences, including long harbored guilt-ridden and emotionally charged memories of friends being killed.

PHASE ONE: BREAKING THROUGH EMOTIONAL DETACHMENT AND MEANINGLESSNESS

During this initial phase—lasting about three sessions—the following nine group members: C.A., I., B., C., S., M., E., L., and K., shared various experiences and symptoms as previously described:

C.A.: My main symptom is that I'm still emotionally detached. I don't feel like I'm a part of humanity. I can be walking down the street and I don't feel comfortable speaking to people. There's a wall around me. No matter how hard I want to, I can't let my guard down or be open with other people. I know that I isolate myself. Even when I make attempts to reach out, I can't let myself do that. What am I afraid of? I guess I'd be afraid of losing myself or investing myself emotionally in someone else. I'm afraid to let other people know me or let them see who I really am. They may not accept me if they knew what I've done. I got really close to the other guys in Vietnam and I've never been close to guys since that time. We ate together, laughed together, fought together, depended on each other. But I will never make another commitment to get close to others like that. I lost a lot of those guys and I might lose again. That's too painful.

Some of the members talked about the loss of meaning in their lives and jobs since returning to this country:

C.A.: No jobs have ever fulfilled me since I came back. I've held jobs as long as six years, but I've quit good paying jobs. I'm still looking for something to fulfill me and give me a sense of purpose.

I. Since I got out of the service, I've just drifted. I've never stayed anywhere longer than three months. I don't deserve to be happy. I didn't deserve to even come back from Vietnam. I don't deserve to live. Sometimes I wish I would have died there. But sometimes I think there is a reason God spared me and sometimes I think I need to find the reason. I'm still trying to find meaning for my survival.

B.: I would never be able to take orders from an employer. I've had about 20 or 30 different jobs. Then I'd quit, leave town, and start over again. Then I'd get in trouble after I started drinking again and everything would pile up on me. I was never able to be successful, or to have a sense that I was contributing anything to anyone. I've never been able to adapt again after being in Vietnam because I've always felt like an outcast.

Other members shared vivid experiences that remained imbedded as "freeze-dried" images (Blank, 1979a).

I was involved in transporting POW's back from Vietnam. They had been through something so bad that they couldn't talk about it. You could tell they

had changed. I talked with one of them who had been locked up in a cage for three years. One of his arms had become gangrenous because the V.C. would walk by and repeatedly stick him with a bayonet. Some of them looked like empty shells. They would just stare up at the ceiling. I can still see those guys.

There were occasional members who had been harboring extremely guilt-ridden memories for years and finally could not describe them. The first example was provided quite painfully by C., a medic in the Korean conflict:

C.: I was taken prisoner in 1951 in Korea. I had two wounded and one needed evacuation by a litter but the other could walk. They shot the one guy in the head who couldn't walk and the rest of us walked to a large area with constantina wire around it, where they kept us two months until they transferred us to China. Since I was the only medic, they treated me like the camp doctor for about 300 prisoners. We had a few surgical tools and medicines. My life became pretty good for awhile, and I was treated differently from the rest of the prisoners and given more freedom. Six months went by and then one night just before dark, I was brought to a long building, like a warehouse. Inside it was a concrete slab like a small swimming pool with a wheel on which people were strapped which kept turning, so that their heads were kept underwater for about 12 seconds. Many didn't make it. Some of them came up coughing and sputtering. Although it's possible to hold your breathe for 12 seconds, after a while you lose track of time and where you are so that no one can keep that up for too long. It became my duty to determine if a man could stay on the wheel or not. And if it looked like he could not take it, I had the power to get him taken off. Essentially, I had the power of life and death. But I couldn't take it. Part of my sanity left me at that time. And this went on and on. I ordered three men off. Two were already dead when they were taken off. They forced me to take that responsibility. They beat me earlier that same day and knocked out my teeth when I refused to amputate a man's leg off that had gangrene because I didn't have the proper tools and there was no anesthesia. When they knocked out my teeth, I rinsed out the teeth and the blood but it was just too much to have to go through all of that again and I got to the breaking point. I swore at God, believing that if there was a God, he would not have allowed this to happen and I said I do not believe in you and I will not believe anymore. Well, this lasted five more months before two others and I escaped, one whom I had taken off the wheel and had some brain damage. We managed to get our freedom, but I have not been free of that experience. I lost my feelings from what happened to me and I have not had any feelings for 30 years. I believe that I have committed the unpardonable sin because there has been no life for me after that.

After describing various traumatic events in detail, many of the group members found the group experience to be disruptive—cause sleeplessness and intrusive images. This same problem has been described by Parson (1981) who found that during the first phase of treatment, emphasis should be on controlling disruptive posttraumatic symptoms using cognitive reintegration

to alleviate guilt. The group members then discussed the "two-edged sword" about revealing their experiences and the educational focus, as follows:

Risks about revealing

Excessive memories and nightmares

Excessive emotional display

Guilt about revealing

Risks about withholding

Absence or suppression of memories

Emotional withdrawal

Guilt about withdrawing

A lively discussion ensued and the members described possible solutions. The educational component of the group phase centered on finding various ways to control their symptoms. These were listed on the blackboard, as follows:

1. Lengthening the times of the meetings
2. Talking about their disturbing feelings with each other following meetings
3. Working out in the gymnasium
4. Missing meetings if necessary
5. Ending each meeting on a positive note—particularly with an emphasis on improvement or recovery

The Use of Drugs and Alcohol

During the third session of the first phase, the group members described their prior reliance on drugs and alcohol; as their primary methods of controlling posttraumatic symptoms, as follows:

J: I know how lucky I am that we weren't taken prisoner. We were caught in an ambush where there were 180 of the V.C. that got killed and we got out of it. We stayed alert and didn't use drugs during combat. I came back from 'Nam, and I was training young guys to go back there. 'Nam. That bothered me and I would go to my room every night, close the door, and drink until three in the morning. I'd warn them not to use drugs or alcohol cause Charlie's gonna 'zap your ass' like he did me. Then I'd go to my room and get drunk every night. C.A.: When I go to bed, I sometimes wake in the middle of the night with night terrors and then I stay awake all night thinking about the war. I try to read something but I can't get my mind on it because everything I think about is contaminated by the memories of war experience but I keep it to myself. I don't talk about it. So I smoke marijuana, so that I can feel detached from them as if I'm observing myself.

I've had a lot of meaningful jobs. I was doing high quality work. Then I'd start thinking about the war and I would take days off from work in order to

drink. I didn't want to remember things that happened, particularly a good friend of mine that was killed in an ambush. He was driving the tank I was in and I was sitting on top. Everyone inside was killed and only I and the Lieutenant with me survived. I'm still bothered by that and every time I get to thinking about it, I go out and get drunk. I could never remember the details for a long time, but now it's becoming all clear.

K.: My whole experience is a blur. I can remember very little detail I didn't want to think about it. Everything is cloudy. I can only recall about 3 or 4 days. I used to think of what I could have done differently. And I would keep drinking. I started to use heroin. It was a good way to build up a shield around me.

C.A.: I was mixing Ritalin and Talwin and abused all the street drugs, including narcotics. I also used alcohol.

S.: I used cocaine. I would sit up all night, banging (injecting) myself every 45 minutes. (Cocaine was a stimulant that would counteract emotional detachment.)

M.: I used every kind of drug—heroin, barbiturates. My preference is barbiturates. I use it to escape. I didn't use speed because it causes you to be hyperalert and I wanted to escape. I didn't smoke weed. It makes me paranoid. I got prescriptions of Valium and Quaaludes all over town. I supported my habit by selling drugs. I started in 1973. My house looks like a pawn shop because of all the stuff people have traded me for drugs.

I.: I used heroin. I got treatment to get off it. After that I used marijuana. When LSD came out, I started dropping that. When you get on dope, you don't feel much about using alcohol anymore. Lately I used a lot of grass. But now I can't use as much as I used to. If I smoke grass and drink, my body won't navigate anymore.

E.: I used booze until eight months ago then after that the doctor gave me prescriptions for Ativan and Librium. I would go to him and he'd give me a prescription and two refills. Then I'd come back early and get a new prescription and two prescriptions when I used it all up. He'd always give me a new one. But then I decided I didn't want to take all of those medications.

L.: I used cocaine, Valium, smoked pot, but I mainly used cocaine and Valium. I used it because I like the feeling. I didn't have a care in the world.

Alcohol was also used to activate memories and feelings that had been locked away, causing the feeling of being "dead inside"—as described below:

I used alcohol to help me get my feelings back. I have still felt detached. I'd get drunk and relive what happened. Drinking didn't suppress the experience. I was living with something that was tortuous and I kept it locked up inside me and couldn't talk about it. The only time I could get in touch with it was to get drunk. One time I stayed drunk for a month. I would keep reliving the same thing over and over again. How could I have prevented them from being tortured. I had the power of life and death in my hands. Maybe if I would have done something different, they wouldn't have been tortured. I know I failed some of those men. They'd torture him again and again. I lost my sanity over there.

PHASE TWO: ENCOUNTERING DEATH, DEHUMANIZATION AND "KILLER-VICTIM" IDENTIFICATIONS

During the second week, the content became increasingly intense. On the first day the leader reviewed the three categories of symptoms described earlier. The members then began to share experiences of greater depth related to death, mutilation of bodies, dehumanization, and the formation of "killer-victim" identifications which the author has described in greater detail in a prior publication. (Brende, 1983).

T.: Death and life didn't have any meaning over there. Seeing enemy bodies had no meaning. I'd be going through an area with hundreds of bodies on the ground and just walk over them. One time, I jumped into a hole and found a bloated body of a gook in there. I had to spend a night in a foxhole with a couple of dead bodies and it didn't mean anything to me. One night, a buddy and me slept on top of a crushed body of a gook, and didn't know it was there under the sleeping bag. We spent all night finding bodies out in the field and burying them in order to get rid of the smell and only the next morning discovered this flattened body under our sleeping bags.

We never took prisoners. We didn't think of the enemy as persons. We would do things to the bodies and laugh about it. . . one time we threw a hand into a pot of soup.

I remember the first time I saw a man killed I was sitting there just talking with him about his family. He was just as calm as could be. Suddenly he stopped talking and the top of his head fell off. Apparently there had been shells or shrapnel that just sliced right through the top of his head as he sat there. I couldn't see anything wrong. We didn't know there was anything wrong. We were just sitting there talking.

The "Killer-Identity"

While frequent exposure to death resulted in "psychic numbing" (Horowitz, 1976), the suppression of fear and grief contributed to the expression of rage killing (Fox, 1974), and the formation of the "killer identity" (Brende, in press).

The educational aspects of this phase of the group process centered around a discussion of the following transition whereby fear became aggression; as follows: (1) fear; (2) detachment and numbing of conscience; (3) aggressiveness; (4) formation of an aggressive ("killer") identity; and (5) expression of aggression during civilian life.

I'll never forget the first time I killed. I killed a prisoner who was running away. I fired at him and when he fell down, I ran after him, planning to bayonet him.

When I rolled him over, half of his head was blown away. I stood there looking at him and I couldn't get that sight out of my head. After awhile, killing was nothing to me. It was like shooting rabbits. It was like working in a factory, on an assembly line, people had no meaning. Death (of the enemy) didn't affect me. One time I slept in a bunker with three dead gooks and it didn't bother me at all . . . I got used to it. And when I was in the joint, where killing went on all the time, I got used to it. I became a violent man in the service and I was violent for a long time afterwards. Most of my anger was about not being recognized. I was a good combat soldier and never got recognized for it. I can't even get cigarettes here in the V.A. When I was fighting to take a hill and we took it, I never got any credit for that. Only the commander got the credit.

I had been trained to kill in the service. But the job I was trained to do never got finished. They would not let us fight the war or finish it. I would see us continue to lose our territory. I was angry for a long time after I got back. But believe me, if you spend some time in the joint, that will cool you off. The prosecutor told the jury that I had been a paid killer during the war. He didn't present any evidence about the suffering I went through and how the war made me the way I had become.

Betrayal and "Killer-Victim" Identifications

The experience of being betrayed by leaders resulted in the identification with aggressors (Horowitz & Solomon, 1978; Shatan, 1974) as a defense against helplessness. The subsequent formation of "killer-victim" identifications and the fantasies of homicidal retaliation toward officers and other leaders by whom they felt betrayed and humiliated were meant in part to suppress feelings of helplessness and hidden "victim" identifications (Brende, in press). Thus hopelessness and homicidal fantasies emerged during the second phase, as follows:

What did I get out of Vietnam? Basically it was a waste. I still have a lot of bitterness and hate. The war still goes on inside of me. We didn't win the war. It was not finished. We were taught tactics to win and hold territory . . . but I wasn't allowed to fulfill my function—I felt victimized.

H.: There was no purpose in the decisions made by the officers. Like sometimes we'd take a load of bombs out and unload it someplace just to get rid of it. It didn't make any difference to anybody where we unloaded . . . it was just to let people know that we had been out there.

I.: I thought that being there was for a purpose. But the government didn't let us win. We could have whipped them any time we wanted to but we would have to repeatedly pull back and regroup. Our object was victory. Americans never retreat and I went into combat with that attitude. But I became confused. I wondered, what's the purpose when I see my country selling out to the enemy? The only thing you get out of it is a bunch of bad dreams and memories. If we'd

been allowed to win, we'd have been recognized for our purpose, but none of the American people have recognized it.

I was trained to be a killer. But who needs a trained killer? Now I'm a victim . . . We all became victims. We are powerless to change anything.

I still have fantasies about killing. But when I see someone or think of someone that I wish was dead, I have fantasies—detailed fantasies—about killing him. It isn't a plan but it is just a fantasy of a way to kill him.

K.: I have fantasies about that all the time. I think of ways I could have killed Nixon. I never planned to kill him but I used to sit around and imagine being involved in an ambush that would get him and a lot of other high government officials all blown away. And that's common. A lot of vets have those kinds of fantasies.

I.: I spent nine years in prison. When I was there I hated so bad that I wished the country would get blown up and me with it . . . One time I remember the time I was humiliated by the DI who asked me to put a broom on my shoulder. I refused to do it and I went to the barracks. Two sergeants followed me in there. I refused to come out and ran them out of the barracks with a bayonet. They finally got me pinned down and punched me out. And this happened after I had spent five years in active duty, serving my country.

All of the group members shared common feelings of rage about the injustice, humiliation, and infantilization they experienced at the hands of officers.

H.: I enjoyed making assholes out of officers whenever I could. And I continue to have fantasies about killing everyday. I have dreams that are violent. People get killed with knives or guns . . .

K.: I have a recurrent dream of changing things by killing. . . . it is a revenge killing of people in high positions . . . to repay for what they did. It's a messy killing that causes slow death. And that gives me a warm feeling that I finally did something good to get rid of these evil men. Something good for the world.

C.A. I was punished once by a platoon sergeant for no good reason. He asked me to dig a four-by six-foot trench and I threatened to kill him. I had a rage within me and would have killed him but luckily the company commander heard about it and transferred the platoon sergeant.

The Identity Split

As these aggressive themes became more apparent, the leader diagrammed the identity "split" (Jekyll-Hyde) on the blackboard, explaining the "split personality" which Vietnam veterans often experience: Jekyll (nice guy on the surface)-Hyde (aggression).

This prompted the members to describe their own internal splits, i.e. being observed as if they were two different persons at times. The members then

shared some experiences which they called the "Jekyll-Hyde" split within them, as follows:

I've never talked about this before to anyone. But I've been in the joint (prison) a lot. I've been very violent since I got out in '52. I was in Korea. We had a lot of combat there. I was involved in hand to hand combat.

I.: I spent nine years in San Quentin for killing my wife. I wasn't even aware that I had done it. I went to a dance and she was there with this other guy. He saw me coming and put his hands on her . . . and they told me later that I went after the guy with a knife and stabbed him . . . When I woke up in jail the next morning, they told me I had killed a guy last night.

He described his experiences in San Quentin as another war zone.

There were 7000 prisoners in San Quentin. During the month of December 1973 alone, there were 23 murders. It was a violent place. The average prisoner had four weapons. He kept one in his cell, one buried in the yard, one in the gym and one where he worked. Most of the time it was safe enough, if you knew how to handle yourself. Whenever there was a build-up to someone getting killed, you could feel it in the air. You could cut the tension with a knife. When we would go to the mess hall where there were 1000 guys eating and suddenly it got quiet, you knew something was going to happen. You didn't know exactly what or who was going to get it. All that you thought of was that you hoped it wasn't going to be you. But I knew what to expect there and I don't know what to expect when I'm out in society.

PHASE THREE: ENCOUNTERING THE LOSS OF SELF

As the group process approached the end of the allotted time the members began to talk about the loss of moral values and other aspects of loss of themselves which they identified with meaninglessness or with a death of a part of themselves.

The Dead Part Inside

I.: A piece of my mind has disappeared somewhere. I feel like something really big is missing. When I was in Korea, I learned to turn off my feelings. Now I feel like I was supposed to have died back there. I'm just one of the walking dead. My life is meaningless. I can't sleep sometimes because I'm afraid of nightmares. For example, I've had a nightmare of being completely surrounded by gooks. I've had another nightmare of turning a gook over and seeing half of his face missing.

S.: I wondered if I had lost my value system about the meaning of human life . . . to treat dead bodies so casually. But the mass burials were dehumanizing. We threw 400 bodies in a big f . . . hole. They would sometimes pull apart and we'd pull off legs. I thought it was funny then . . . with the bodies of the Vietnamese . . . but I don't think it is funny now.

C.A.: I feel that I left part of me in Vietnam. I felt it when I was getting ready to leave. It's the same feeling I've had when I'm ready to leave but then think that I've forgotten something. A part of me is still over there. I'd like to go back there. There were a lot of positive things I left behind. There were the beautiful mountains, trees, flowers, animals . . . if it weren't for the bombs and the bullets, it would have been a paradise.

C.A.: I left behind a lot of pride. I didn't get a chance to show the people what I could do as a soldier. For example, I was point man all the time I was there . . . and I liked my job. I would be out there with a machete cutting a path for those behind me . . . and behind me was a guy with a shot gun and behind him was a guy with an automatic weapon. Then there was our radio man. The rest were 50 yards behind us. We would be out there for weeks at a time . . . sometimes I had trouble with the ants and one time I ran into a beehive. But I enjoyed it. But I left behind an unfinished job. I left my pride back there. And I left behind my value system. We would always give away what we had gained . . . we always were seeking for the strategic edge over the enemy but we gave it all away.

I.: I left most of myself back in Korea and came back a shell. I left a part of me that was family oriented that went into the service. But when I came back from Korea, I haven't been able to have a family. I've left four wives. I've left trailers and paychecks behind. I've left good times, the ability to enjoy myself or go to dances or skate, or water ski. I don't enjoy anything no more. I left the original me . . . I left my soul back there. And I came back a victim.

S.: What I left behind was a large part of my value system and my capacity to care about others. I lost my sensitivity and I became cold and dehumanized. I started using drugs, prostitutes, and I sold drugs. There is a big part of me now that I don't like at all. I left behind my patriotism and the willingness to give my life for a cause. I've only been able to make two commitments since I came back and they didn't last. One time I made a commitment to stay sober and one time to a relationship. But I couldn't sustain either one of them.

E.: I left behind part of my moral values. I had a strong religious background. But I left behind most of my feelings and my memories. I had to be hospitalized from the effects that the war had on me.

L.: I lost my feelings. I lost an ability to care about people. I didn't cry, but I felt sad. Like I lost my best friend. When I'm drinking I never cry. Every night, I cry that I'm not the person I was. When someone dies, I look for something to feel, but I don't feel anything. I hear the news but I have no compassion or sensitivity. I didn't feel anything at my father's funeral. A friend of mine was killed a while back and I didn't feel anything, and that makes me feel guilty. People have reached out to me, but I couldn't respond. I couldn't be human. I wanted to hug, but it's not in me. . . . there's a coldness in me. For me it's only business as usual. I try to feel but I don't feel anything. When my mother died, I couldn't express my feelings. When I went to the funeral, I sat apart from the others. I isolated myself.

PHASE FOUR: BEGINNING TO GRIEVE

The group members had now begun to intellectually mourn the loss of significant parts of themselves, particularly their moral values, human sensitivity, and appreciation for life. For these Vietnam veterans, it was merely the beginning of a grief process that might hopefully continue as they share themselves, their experiences, and emotions with loved ones, friends, or a therapist. Perhaps they might eventually mourn the loss of close buddies and others who were innocent victims of war (Spiegel, 1981).

It was extremely important for these group members now to help one another, not only during the group process but beyond. Thus they were encouraged to "rap" with each other during the evenings and listen to each other individually, as a step toward reparation and finding meaning in life.

Termination

During the last week, they prepared for termination and discussed factors which were important for maintaining successful sobriety, listed on the blackboard as follows: (1) freedom from the effects of past traumatic experiences on self esteem; (2) emotional responsiveness; (3) control of persistent memories and nightmares; (4) improved relationships with people; and (5) a proper balance in life, i.e., including meaningful work, relationships, opportunities for recreation, a meaningful spiritual outlook, mental stimulation, and physical health.

Each of the group members were asked to rate these in the order of importance, information which stimulated mutual guidance and support.

Summary

The group process described in this paper lasted four weeks, involving 12 sessions. It provided an important component of a highly structured drug and alcohol treatment program which stabilized post traumatic symptoms by emphasizing mutual education as a vehicle to support the sharing of emotionally charged experiences. The process included the following four phases:

1. The members began to break through emotional detachment and meaninglessness, manifested by a sharing of vivid traumatic experiences, current problems with jobs, relationships, and drug or alcohol abuse.
2. They revealed experiences and images of death, dehumanization, and killer-victim identifications, manifested by the members' descriptions of

combat related deaths, dehumanization, killing, psychic numbing, loss of moral values, and victimization. During this phase, issues related to betrayal, purposelessness of the war and of life since the war, and the "identity split" were also discussed.

3. The members described the "dead part inside" as related to the loss of moral values, sensitivity to feelings, and appreciation for life.
4. The beginning of a grief response enabled the group process to come to a meaningful endpoint. The group members also began to earnestly help one another and assess each other's capabilities for remaining drug and alcohol free and to encourage one another to become survivors rather than victims.

Group members were also encouraged to seek further individual, group or inpatient treatment when it appeared that they had not achieved sufficient progress during the four-week program.

REFERENCES

- Blank, A.S. Presentation to the Operation Outreach Training Program at St. Louis V.A. Regional Medical Education Center, September 27, 1979a.
- Blank, A.S. The therapeutic process in rap groups. First Training Conference Papers of the Vietnam Veterans Operation Outreach. Unpublished manuscript, 1979b.
- Brende, J.O., & Benedict, B.D. The Vietnam combat delayed stress response syndrome: Hypnotherapy of dissociative symptoms. *American Journal of Clinical Hypnosis*, 1980, 23 34-40.
- Brende, J.O. Combined individual and group therapy for Vietnam Veterans. *International Journal of Group Psychotherapy*, 1981, 31, 367-378.
- Brende, J.O. Electrodermal responses in post-traumatic syndromes: A pilot study of cerebral hemisphere functioning in Vietnam veterans. *Journal of Nervous Mental Disorders*, 1982, 170, 352-361.
- Brende, J.O. A psychodynamic view of character pathology in Vietnam veterans. *Bulletin of the Menninger Clinic* 47:193-216, 1983.
- Figley, C.R. Psychological adjustment among Vietnam veterans: An overview of the research. In C.R. Figley (Ed.), *Stress disorders among Vietnam veterans*. New York: Brunner/Mazel, 1978.
- Figley, C.R. (Ed.) *Strangers at home: Vietnam veterans since the war*. New York: Praeger Special Studies, 1980.
- Fox, R.P. Narcissistic rage and the problem of combat aggression *Archives of General Psychiatry*, 1974, 31, 807-811.
- Horowitz, M.D. *Stress response syndromes*. New York: Jason Aronson, 1976.
- Horowitz, M.J. Phase oriented treatment of stress response syndromes. *American Journal of Psychotherapy*, 1973, 10, 506-515.
- Horowitz, M., & Solomon, G. Delayed stress response syndromes in Vietnam veterans. In C.R. Figley (Ed.), *Stress disorders among Vietnam veterans*. New York: Brunner/Mazel, 1978.
- Lacoursiere, R.B., Godfrey, K.E., & Ruby, L.M. Traumatic neurosis in the etiology of alcoholism: Vietnam combat and other trauma. *American Journal of Psychiatry*, 1980, 137, 966-968.

- Lifton, R.J. Home from the war. New York: Simon & Schuster, 1973, p. 15.
- Parson, E.R. The reparation of the self: Clinical and theoretical dimensions in the treatment of Vietnam combat veterans. Presented at Queens Psychiatric Grand Rounds, April 10, 1981.
- Presidential Review Memorandum on Vietnam-era Veterans, U.S. House Committee on Veterans Affairs, 96th Congress, first session. Released Oct. 10, 1978. Washington, D.C.: House Committee print no. 38, 1979, p. 11033.
- Shatan, C.F. The grief of soldiers: Vietnam combat veterans' self-help movement. *American Journal of Orthopsychiatry*, 1973, 43, 640-653.
- Shatan, C.F. Through the membrane of reality: "Impacted grief" and perceptual dissonance in Vietnam combat veterans. *Psychiatric Opinion*, 1974, 11, 6-15.
- Smith, J. Vietnam veterans: Rap groups and the stress recovery process. Unpublished manuscript, 1980.
- Spiegel, D. Vietnam grief work using hypnosis. *American Journal of Clinical Hypnosis*, 1981, 24, 33-40.
- Straker, M. The Vietnam veteran: The task is reintegration. *Diseases of the Nervous System*, 1976, 37, 75-69.

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