



Grief, Trauma and Combat

by Michelle Lewis, MSW

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Vet Centers are a program within the U.S. Department of Veteran’s Affairs that provide counseling services for combat veterans. Vet Centers work with all eras of combat veterans to assist in readjusting to their families and society. The process of readjusting to life and re-integrating into the family after deployment can be problematic for any veteran. A veteran who has experienced death and killing on the battlefield will often find this transition even more challenging.

In 1980 it was estimated that anywhere from 18-54 percent of the 2.8 million veterans that served in Vietnam had post-traumatic stress disorder (PTSD) (Grossman, 1995). The experiences of Vietnam veterans in their deployment, homecoming and lives as civilians have led not only to high rates of PTSD, but elevated symptoms of complicated mourning. The veteran’s grief comes from two different combat experiences: 1) the death of fellow soldiers and the loss of their own assumptive world and 2) sanctified and rewarded killing. The death of a soldier in Vietnam was different than in any previous war. When soldiers in the field were wounded, helicopters were flown in and the soldier was taken away. The rest of the unit normally did not know if the wounded survived. Infantry units that spent the majority of their time in the field did not have the ability to mourn their deceased and wounded friends. Typically the emotions were buried and the fighting went on. A soldier who took time to grieve was a soldier who put himself at greater risk of being killed. Once the soldiers’ tour was over, they tried to return home their previous lives, but that was lost also. Many then turned to outlets like work or alcohol to avoid thoughts about Vietnam, the friends left there and their own loss of self.

As Vietnam veterans age, their previous outlets become less practical and therefore at age 55 and older many are coming to Vet Centers in search of counseling for the first time. Although most show the classic signs of PTSD, there are often additional symptoms present. Due to the inability to mourn while in combat, many infantry veterans experienced inhibited mourning, a condition frequently associated with complicated mourning (Rando, 1993). Through counseling many veterans have begun to work through the first three “Rs” of the mourning process: Recognize the loss, React to the

separation and Recollect and Re-experience the deceased and the relationship (Rando, 1993). One of the common ways veterans have found to mourn is the Vietnam Memorial Wall in Washington, D.C. Therapeutic trips to the Wall are arranged by Vet Center counselors to help assist in the mourning process.

There are several challenges when facilitating a trip to the Wall. Seeing the names of friends who were killed etched into the wall aids in the beginning process of recognizing the loss. Often in Vietnam, full names were not known and only nicknames or last names were used to identify friends. When a name cannot be located, it can inhibit the beginning processes of mourning. Another challenge for a veteran who is in the process of reacting to the separation is the emotional environment at the Wall. For a veteran who is just beginning to acknowledge the pain of the losses he has experienced 30 years ago, a trip to the Wall can be more traumatizing than beneficial.

During combat the purpose of an infantry soldier is to kill the enemy. The act of killing is the hardest part of combat for most veterans to cope with. Through various tactics during basic training soldiers are programmed to pull the trigger (Grossman, 1995). When it comes time during a real-life situation, pulling the trigger becomes automatic. It is the effects from the bullet that leave a lasting impression. Throughout history warrior societies have provided types of purification rituals for veterans coming home from war. It is felt that rituals give the veteran a way to get rid of the stress, grief and guilt that are associated with killing (Grossman, 2003). During the Vietnam era society lacked rituals to welcome home and reassure our soldiers. Although our society has many rituals that symbolize life transitions, there are no communal rites for sanctified killing (Neimeyer, 2000). Typically the veteran is thought to grieve for lost friends, but not for those that he has killed. Therefore, veterans who have killed in combat are disenfranchised grievers (Doka, 2002). If veterans are not identified as grieving for those they have killed, society and counselors will be unable to successfully offer rituals to help them begin the mourning process.

Even as a society with a long history of combat, veterans have not always received adequate nurture when they have returned home. Veterans have the greatest capability for healing when the profound grief and the traumas experienced are both acknowledged and cared for.

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