

Myths & Realities: Wars and Disasters

Raymond M Scurfield, DSW, LCSW raymond.scurfield@usm.edu 228.867-8766

[*Myths & Realities War & Disasters* 3 pgs 3.10.08]

The following myths and realities are about war's impact on veterans. Most of this information also applies to survivors of other types of trauma, such as disasters.¹

Myth: Heroes & “normal” or healthy persons do not continue to have problems after being exposed to a trauma. If they do, that means that they already had problems and were “pre-disposed” to having such problems anyhow. “The trauma was merely a trigger.”

Reality: Trauma always has a significant impact on all who experience it, although it does not necessarily result in Posttraumatic Stress Disorder (PTSD). In fact, it is abnormal *not* to have strong reactions to a trauma.

- An Iraq war veteran: *My body's here, but my mind is there* [in Iraq]²
- A Katrina survivor: *I can't get what happened during Katrina out of my mind; I still remember vividly how terrifying it was.*

Myth: Time heals all wounds.

Reality: Not necessarily. Long-term follow-up studies of WW II, Korean and Vietnam war-veterans indicate that psychiatric symptoms do not necessarily disappear over time. Indeed, in a significant sub-group the symptoms become worse, probably due to the aging process:

- greater likelihood of exposure to deaths of significant others as one grows older
- age-related losses of job, career, health
- increased realization of one's mortality.³

Myth: My trauma was not as bad as what others suffered, so I should not be feeling as badly as I do. Or, I should feel guilty because I was spared what others suffered.

Reality: Comparing your trauma with traumas of others is a no-win proposition.

- Your trauma is your trauma.
- You must be willing to face the truth about how the trauma has impacted you--or it will always have a hold on you.
- You can have empathy for others without having to put yourself down by denying the impact of your trauma.

Myth: I must have been bad or somehow deserved what happened to me.

Reality: Bad things can happen to good people and through no fault of your own. However, many survivors tend to blame someone for their trauma: themselves, others, institutions---or God.

¹Adapted & summarized from Scurfield, R.M. (2006). *War Trauma: Lessons Unlearned From Vietnam to Iraq*, and *A Vietnam Trilogy. Veterans and Post Traumatic Stress, 1968, 1989 & 2000*. Both by Algora Publishing. See also G. Schiraldi, *The PTSD SourceBook*, 2000.

² An Iraq veteran who could not get past the memories of Iraq. Corbett, S. “The Permanent Scars of Iraq.” *New York Times Magazine* (2004, February 15), 34.

³ See discussion in *A Vietnam Trilogy*, 2004.

Myth: I can never trust myself or anyone else again. I didn't react well or my judgment was bad (during the war or Katrina . . .), and the environment is dangerous. So, I need to isolate and be constantly wary and careful of my surroundings.

Reality:

- Trust in yourself or trust in others is not an all-or-nothing proposition.
- Developing appropriate degrees of trust does involve risks, yet is essential for a fulfilling life.
- Is living a life of isolation and constant wariness what you want?

Myth: My trauma (war or Katrina . . .) is the cause of all of my problems that I am having. Or: I'm behaving or feeling this way just because of the war or Katrina . . .

Reality:

- No one was a "blank tablet" before you went to war or before Katrina; we all were persons with strengths and weaknesses, positives and negatives.
- You may be having problems now that existed before the war and/or that developed because of post-war or post-Katrina experiences.
- You must be truthful with yourself as to the cause(s) of your problems or you will put blame and responsibility where it does not belong.

Myth: I did okay during the trauma and for awhile afterwards, so I shouldn't be having all of these negative feelings and reactions now . . .

Reality:

- People seldom "break down" psychologically or become overwhelmed while in the midst of war or a Katrina or in the immediate aftermath.
- Most survivors "bury" painful feelings and thoughts and learn how to "detach" from emotions in order to survive.
- Typically, there is a delay in the onset of problematic emotions and thoughts until sometime after the danger has passed. This could be hours, days or weeks, or possibly months, years or decades later.

Myth: If I can just forget about the (traumatic) memories, I can move on with my life.

Reality: War and Katrina trauma are unforgettable (unless you have complete amnesia).

- To ease the pain and as a temporary way to forget, some survivors resort to abuse of prescribed or illicit substances, constant exposure to danger, become a workaholic, etc.
- If your trauma happened awhile ago, you have become an expert at detachment, denial, minimization, avoidance in an attempt to forget the unforgettable.
- Typically, at some point the detachment/denial stops working so well; you may have become exhausted or your detachment/denial is so severe that it starts causing other problems in your life along with continuing unresolved pain from your traumatic experience(s).

Myth: Most trauma survivors are highly motivated to eliminate or reduce PTSD-related symptoms like isolation, numbing, & physical arousal/hyper-alertness to the environment.

Reality: A number of PTSD symptoms also are survival modes that were learned during or following the trauma. Thus, many survivors are very reluctant, ambivalent or not interested in giving them up.⁴ They may:

- feel that it is quite justified to stay removed and apart from others, because they are different and do not feel comfortable in many social situations
- believe that to let themselves feel emotions once again will only result in painful reliving of traumatic memories, and/or
- believe it is wise not to trust and be wary of the environment, that being constantly on-alert is a necessary protection against a dangerous world.

Myth: If I fully remember and re-experience aspects of my original trauma (through talking about it, thinking about it, focusing on it), I will lose control and either become sucked back into the vortex of that memory and never be able to come back out again—or I will go crazy, or start crying and not be able to stop crying, or become so enraged that I will hurt someone or myself.

Reality:

- Trauma survivors do not go crazy from remembering and talking about their trauma.
- But they might go “crazy” trying desperately to deny the undeniable—that the trauma happened, it hurt then and it hurts now, it has not gone away and it needs to be dealt with.

Myth: The impact of war on former combatants or a Katrina on disaster survivors is mostly negative.

Reality: Typically, war (and a Katrina) has significant “positive”and “negative” outcomes or impact while deployed and following your return. One study showed that: 1) 56% of veterans felt that their war and military experiences were an entirely or mostly positive effect on their lives; (2) 33% felt it was equally positive and negative; (3) 11% felt an entirely or mostly negative impact.⁵

- Positives from war include: increased sense of pride in serving our country, developing patience and self-confidence, and powerful bonds of comradeship with other veterans.
- Negatives include: loss of civic pride, of faith in America; cynicism; inability to make friends; and unresolved grief or anger from exposure to repeated death and suffering.
- Positive outcomes from Katrina have included: (1) a reaffirmation of what is really important in life—not material possessions but family, friends, faith . . . ; (2) a bringing-together of neighbors and communities; (3) a shared sense of connections through tens of thousands of volunteers.⁶

To better understand and accept both the negatives and positives is part of the healing process. And relief is possible if you find someone you trust to talk with who understands your experiences, such as a qualified counselor or chaplain/minister.

END

⁴ See Murphy, R.T., R.P. Cameron, L., Sharp, G., Ramirez, C., Rosen, K., Dreschler & D.F. Gusman. “Readiness to Change PTSD Symptoms and Related Behaviors among Veterans Participating in a Motivation Enhancement Group.” *The Behavior Therapist*, 27 (4), 2004, 33-36.

⁵ Card, J. (1983). *Lives After Vietnam. The Personal Impact of Military Service*. Washington, DC: Lexington Books.

⁶ Scurfield, R.M. “Post-Katrina aftermath and helpful interventions on the Mississippi Gulf Coast,” *Traumatology*, 12(2), June, 2006, 104-120; Scurfield, R.M. “Post-Katrina Storm Disorder and Recovery in South Mississippi Over Two Years Later.” *Traumatology*, in press, 2008.