The impact of war, any war, on combatants and civilians always is profound and unforgettable. What steps are required to go beyond merely surviving war and move on to enhancing the post-war lives of veterans of all eras, their families, and our country? There are choice-points that all veterans have the ability to choose—and yet far too few have actualized: to allow and promote an ever-widening inclusion of people, relationships and positives into what here-to-fore has remained largely outside the healing circle of many veterans . . . Otherwise, the healing circle is arrested.

Manual-Based Treatment: Avoidance of the Core Aspects of War and Readjustment
The trauma-focus treatment intervention technologies as a whole have been very impressive in terms of offering substantial relief. However, there are significant limitations on such manual-driven approaches and focusing primarily if not exclusively on the “core” DSM criteria for PTSD.

Interpersonal Aspects of Healing Distinctive and Critical for War Veterans
War trauma, by definition, is embedded within the context of the veteran’s military peer group, the small operational military unit. Veterans almost never have a solitary experience of war-trauma; rather, war-traumas are inextricably enmeshed within the remarkably powerful interpersonal influences and interactions among military comrades; hence peer-group therapy is pivotal.

Racism, Sexism and Gender-Based Trauma and Homophobia
- Potentially serious contributions to post-war angst are particularly likely to impact three special populations of war-veterans. Unfortunately, the potential salience of issues for these three special populations during deployment, post-deployment & post-active duty is often overlooked.

- There wasn’t racism out in the bush, but that there sure was back in base camp.
- Racism is inherently infused in the prevalent conditioning that military personnel are subjected to in training to function in combat: dehumanization of the enemy.
- I was co-investigator of a precedent-setting study of exposure to race related experiences by Asian-American and Pacific Islander Vietnam vets (Loo et al). The bottom line: exposure to race-related experiences was the single strongest predictor of the subsequent development of PTSD, even more so than exposure to combat stressors.

- There still are many male military personnel who have strong beliefs that no women should be in a war-zone. As one woman veteran told me: “Many of the male military personnel considered all of us women who were in the military to be either promiscuous whores or lesbians. Why else would a woman want to be in the military?!”

Gender-Based Trauma. Many women veterans who have been treated in various VA PTSD programs have described a litany of sexual harassment, demeaning attitudes and behaviors, sexual assaults and/or gender-based violence towards them while on active duty and in the war-zone.

- Virulent homophobic attitudes & behaviors were very prevalent when there was a draft, against male military personnel who came across as effeminate. Such personnel tended to be harassed unmercifully by
many peers, to include demeaning names in basic training such as “little girl”, “queer” or “faggot”, having your very manhood questioned. And it could be extremely dangerous to your personal safety to admit that you were gay. Is it any different today?

**Medical Evacuations both within and From a War-Zone**

- There is a fourth salient interpersonal experience of war that, if you don’t ask, you won’t be told: the series of profound stressors that characterize medical evacuation between different sites in a war-zone and between a war-zone and arrival state-side for those who were wounded or injured seriously enough in a war-zone to require them to be medically evacuated. [Steve Tice, physically disabled Vietnam veteran colleague and I have written about this experience in some detail in the second book of *A Vietnam Trilogy.*]

    *People just don’t know how traumatic the whole med-evac process was. Each time we were transported somewhere else was a trauma in itself.*

- Various elements of the evac process & experiences typically experienced and then not discussed, include: at the immediate scene where one has been wounded or injured; the evacuation from the immediate scene to the first acute receiving & stabilization med resource; experiences and events at the first acute receiving and stabilization medical resource and subsequent, if any, transfers that occur in-country; the med evac flight out of the war-zone . . .

- Also, there are issues re the medical evacuees relationship with health care providers and health care institutions and practices—military, then the VA and other civilian providers. This is a critical interpersonal element in an expanded circle of healing.

**Fractured, Alienated and Voided Relationships**

There is one thing that you never believe: if any veteran ever says to you that “combat had no impact on me.” Why? Because it simply and absolutely is not true. The unmitigated reality is:

    *Combat always has an indelible impact on all of its participants.*

For too many veterans this indelible impact of combat is a legacy embedded within for decades that contains, to varying degrees, hatred, bitterness, anguish, resentment, loss, grief and/or alienation.

    *Such veterans have not sufficiently, if at all, expanded their healing circles to positively and increasingly include relationships that have been fractured, alienated or voided.*

**From An Intra-to an Inter-Personal Journey**

- Most war-veterans who require substantial healing from their war and post-war readjustment experiences take their initial steps on the path to post-war recovery in a way that is quite intra-personal, deeply private in focus—although this path oftentimes involves the guidance and/or support of a trusted companion such as a counselor, clergy or spiritual guide, a family member or very special friend. Putting this into the framework of the healing circle:

    *The veteran needs to be facilitated to expand his or her healing circle to include existing significant relationships.*

1 My thinking about the veteran’s healing circle is indebted to important sources. One is my American Indian (Seneca Tribe) heritage that perhaps has made me particularly receptive to the traditional American Indian healing circle ceremonies, in which the power of giving testimony and bearing witness as warriors share their war experiences in a supportive circle. Of course, the circle has even more ancient roots as both a physical and symbolic unity. See J.P. Wilson, *Trauma, Transformation & Healing.* New York: Brunner/Mazel., 1989. Also, there is the very insightful and more recent writing of William Glasser that I have become familiar with in using his work as a text in my graduate social work advanced interventions course. Glasser’s viewpoint is that satisfying relationships are the essence of a healthy and fulfilling life. Also, readers will note my adaptation of Glasser’s “the solving circle” in my discussion of the circle of healing. My thinking about the healing circle obviously has parallels to Glasser’s solving circle and relationships constructs. See W. Glasser (1998), *Choice Theory. A New Psychology of Personal Freedom.* New York: HarperCollins Publishers, Inc., 94-106.
others in his or her current life---if any such relationships are still active at all---such as a partner, parent, child or other relatives and close friend.

- For many veterans the most likely persons that the veteran will allow initially into his or her healing circle are not so much family members but rather a select number of other veterans. [The identity of being a veteran oftentimes literally transcends or overshadows identity based on gender, age, race, ethnicity, religion, and socio-economic status.]
- The strong initial tendency for war veterans is to mingle with other veterans of the same era, generation and war---World War II veterans with other World War II veterans, etc.
- For too many veterans, this is where the expansion of the healing circle stops.

**Can and Should the Veterans’ Circle of Healing Be Expanded?**

- Who if anyone else does the veteran most need to allow to enter into a particular veteran’s circle of healing, the relationships relationships that are required to help true post-war recovery?
- Many veterans continue to deny or have been unable to recognize and appreciate the paradoxical relationship that they have had and will continue to have: that there is and will remain forever an impermeable bond with certain relationships---with the bad and with the intrinsic positives that remain infused together in such relationships.

**Expanding the Circle of Healing**

The specific relationships that are fractured and the nature of the toxic elements contained within each such specific fractured relationship that are distinctive for war veterans:
- veterans of different eras, theaters and generations
- non-veterans
- alteration of relationship and issues of betrayal with the veterans own government and country
- crucial relationship b/w the veteran and the people of the country that he/she fought a war in
- the need to both eliminate “negative” or painful symptoms and promote the potential positive aspects of trauma survival that are embedded within salient negative aspects of war-trauma.
- altered relationship with a higher power or God; or absent such beliefs, the inevitable alteration or impact concerning beliefs about the inherent goodness and interconnectedness of humankind

**Veterans of Other Generations, Eras and Theaters**

- If veterans are going to let some other people into their inner circle of healing, it tends to be with veteran peers of the same era and war. Even this level of association can be limiting if the veteran does not allow him- or her-self to be open to inter-connections with veterans of eras different than his/her own---such as was reflected in a unique 20-session trauma-focus outpatient trauma-focus therapy group that I co-facilitated with veterans of World War II, Vietnam and the Persian Gulf Wars. 

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2 Unfortunately, the VA National Center for PTSD did little to let people know of the availability of these dramatic professionally edited educational video-tapes of these 20 treatment sessions and an accompanying 66 page companion monograph. The three-set videos and companion monograph provide a rare video and written resource and have proven quite helpful to sensitizing people to the dynamics of war-related issues across three eras of veterans. In addition, these tapes have proven invaluable in illustrating some of the therapeutic strategies and interventions that can be helpful. Clinicians and others can observe first-hand live clinical sessions in which amazing communication and healing processes were achieved with several of the group participants through a Gestalt/Existential trauma-focus approach applied in a peer group modality across three generations of combat veterans. See: *Journey of Healing*. R. Scurfield, I. Powch and A. Perkal. Department of Veterans Affairs: National Center for PTSD, Honolulu, HI. Copies of this three-tape video series can be obtained free of charge as long as copies are available through the educational branch of the Honolulu office of the National Center for PTSD. Contact Allan.Perkal@med.va.gov.
• Besides a therapy group, vets can become mentors with the “new” Iraq and Afghanistan veterans who are facing many of the very same kinds of post-war challenges and issues.

**Non-Veterans**

One of the fractured and toxic relationships for many veterans is with non-veterans:

> A wife of an Iraq War veteran described how difficult her adjustment has been to “what the war did to her husband.” She couldn’t help feeling left out since her husband seemed to prefer being with other soldiers than with her, and she is very aware of the distance between them that she cannot seem to bridge: know there’s a lot of things that he can talk to his (soldier) friends about . . . But I’m sitting here thinking, ‘Why can’t he talk to me?’

And yet, sadly, almost all veteran treatment programs that I am aware of never move the veteran beyond the veteran-to-veteran circle—a mixed veteran & non-veteran treatment or support group in order to facilitate discovery of the universality of humanness & trauma experience?

**The US Government and American Society**

The government sends us to war, the military uses us in war, and society forgets us after war.

> Ray Scurfield

A natural extension of allowing non-veterans into one's healing circle is related to the distinctive and powerful relationship between active duty military personnel and veterans on the one hand, and our government and political leaders and society on the other hand. This is based on one compelling factor: our government, our military leaders and our society sanction the members of our Armed Forces to do something that is otherwise both forbidden by society and severely punished: to maim and kill other human beings (albeit in defense of our country).

• This singular, compelling factor is interwoven with a covenant between our society and the veteran: a life-long commitment to honor, support and assist active duty military & vets in recognition & various forms of benefits for this extraordinary risk

• This covenant is crucial to a successful post-war readjustment for many war veterans—the belief that our country will fully honor the promises that were made to our nation's active duty military personnel while they were being recruited and after they entered active duty.

• However, a number of active duty military & vets & their families experience this as an empty promise, that this trust relationship has been voided by our government, our leaders & by society and that they have been betrayed. This is a central issue for many vets & families and this betrayal must be addressed, to include challenging the veteran to consider what he or she is willing to do about this issue, rather than to continue to wallow in rage, mistrust and alienation.

**The People and Land of the Country You Fought In**

At yet another level of a healing circle, two return trips to Vietnam have taught an invaluable lesson. This is the unique & precious opportunity to both witness & experience how an entire land and people have survived and regenerated, a land & people once ravaged by war. And this learning and opportunity will be just as relevant to veterans of Iraq and of Afghanistan in the coming years.

• It is not just any land or country, but the land and country in which a war was waged in considerable part by Americans against and with very specific peoples in a distant land. Taking Vietnam vets as an example:

> The people and land of Vietnam have been excluded by many Vietnam veterans from their circle of healing. This exclusion typically is based on the veterans’ personal and continuing fixation on associating the Vietnamese people and land with negative and horrific experiences from the war---and remaining fixated on hatred, bitterness, or marked discomfort towards Vietnamese people and Vietnam.

Many Vietnam veterans, and other Americans, have continued to refuse to admit to ourselves that:
There is an impermeable bond between our veterans and country and the Vietnamese people and land and country: We are bound together, forever, through the profound experiences that were forged in the crucible of death, blood, mayhem, loss, comradeship, courage, thrills and other absolutely unparalleled polarities of peak-life experiences that have remained compressed within each veteran’s personal history of the war and between two nations.

For veterans who deny the reality of this impermeable bond, here are two tests:
1. Relate to Vietnamese-Americans living here in America (or Iraq vets to Iraqis in the US).
2. Consider going back to peace-time Vietnam (or view videos of the same or talk with vets who have returned) and allow yourself to simply observe or become immersed in the Vietnam of today. This presents new indelible positive memories to juxtapose alongside the decades-old war-memories. You may discover that the most extreme elements of negatives and positives, have been bonded within for decades---and will continue to be, forever.

And yet, so many veterans try so hard to not accept this unmitigated and indelibly imprinted reality: that my fellow and sister veterans, and our country, are, indeed, war veterans of both “The Vietnam War” and “The American War.” And so are the Vietnamese people and country.

This realization has been necessary for me & other vets to be able to integrate & synthesize within ourselves the formation of a more complete gestalt, to help make each of us more whole.  

Both The Negatives and The Positives

Many vets remain fixated, preoccupied with the hurt, the losses, the horrors of war. However, it is essential to also give appropriate attention to the opposite of those hurts and losses; this is something that the veterans may be very resistant to want to acknowledge—the potentially positive aspects of the war-related traumatic experiences. Typically, these positives have been embedded beneath negative preoccupations and are largely if not completely overlooked or minimized by the survivor—unless a reframing is facilitated to enable self-acknowledgment that the positive aspect also is true and relevant to them.

To come to recognize, and then to accept, both elements of the following polarities is a dramatic expansion of the veteran’s circle of healing.

<table>
<thead>
<tr>
<th>Negative aspect</th>
<th>Positive aspect</th>
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<tbody>
<tr>
<td>“Nothing means anything anymore.” Profound feelings of confusion, despair, not being clear about what is valued in life, or where I am going with my life; versus Priorities: “What is really important now?”</td>
<td>Development of very healthy questioning and/or a reaffirmation of my values, what my priorities are, what is &amp; is not important and meaningful</td>
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<tr>
<td>Profound sense of loss, grief, and preoccupation with hurt; versus Comradeship may have occurred at an extraordinary level, indeed to a degree that has never been attained before or since the trauma. The fact that such comradeship occurred at one time means not only that I have the potential, but that I have actualized such a bonding at least once in my life---and have demonstrated the ability to achieve it again.</td>
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<td>Difficulties arise in dealing with “everyday” stresses; versus</td>
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4 G. Schiraldi, *The PTSD SourceBook*, took my original explication of these trauma polarities (Scurfield (1994) and composed them into this tabular format that this section is adapted and elaborated from.
5 Such is described by Bob & Penny Lord (1989) as the one positive that can be grasped when one’s physical body has been ravaged by disease. *Saints and Other Powerful Women in the Church*, Westlake Village, CA: Journeys of Faith, pp. 387-88. I would add that this potential positive applies equally to the aftermath of exposure to human-induced trauma.
<table>
<thead>
<tr>
<th>Positive aspect</th>
<th>Negative aspect</th>
<th>Positive aspect</th>
</tr>
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<tbody>
<tr>
<td>Knowing that I have and can remain committed and proficient under the most trying</td>
<td>Very low self-esteem, shame and/or guilt at the fact that I was “imperfect” during the war as part of</td>
<td>Appreciation of the strength and courage that it took for me to survive both the war and the difficulties since the war.</td>
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<td>of circumstances.</td>
<td>surviving, and there has been continuing difficulty to adjust to post-war life; versus</td>
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<td></td>
<td>Positive aspect: Disturbing loss of trust and loss of faith in our country’s institutions (military,</td>
<td>Development of a very healthy questioning of the motivations and behaviors of those institutions, realizing that when such institutions become immoral, everyone suffers, and that they need to be held accountable.</td>
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<td></td>
<td>law enforcement, government); versus</td>
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<td></td>
<td>Positive aspect: Having little tolerance or acting out when confronted by depersonalized and</td>
<td>The development of very strong convictions that I am not just a number and am entitled to be treated with dignity and respect.</td>
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<td></td>
<td>insensitive behaviors of authority and institutions; versus</td>
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<td></td>
<td>Positive aspect: Becoming isolated and alienated, feeling that others can not possibly understand my</td>
<td>Rediscovery of the shared bonding with others who have survive war, a special ness that would not be possible without having had the war experience to begin with [“For those who have fought for it, freedom has a taste that the protected will never know”]---and also discovering that there are others who have not been through the experience of war who somehow have a very special understanding and bonding with me</td>
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<td>trauma experience and neither what I have gone through nor what I am going through; versus</td>
<td></td>
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<td></td>
<td>Positive aspect: Morbid dwelling on the fact that I should have died, or should not have survived, or</td>
<td>Every moment, every breath since surviving the trauma has truly been “bonus time.” It is extraordinary that I did survive, that I am even here and have the opportunity to appreciate, indeed cherish and take advantage of this remarkable opportunity to make the most out of this “second-chance” and the limited time I have here on this planet.</td>
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<td></td>
<td>are deeply resentful of the physical and emotional pain and loss I have had to suffer and endure and</td>
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<td></td>
<td>remember all these years; versus</td>
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<tr>
<td></td>
<td>Positive aspect: It is terrifying to take risks or be exposed to dangers, or I am an “adrenaline</td>
<td>I appreciate the thrilling and peak experiences that did occur in the war, and I am willing to promote “healthy and safe” stimulations to enhance my life today.</td>
</tr>
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<td></td>
<td>junkie” who is constantly exposing myself to dangerous, unhealthy or unnecessary risks; versus</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Positive aspect: I continually bemoan and resent my post-war difficulties and deprivations and how</td>
<td>I have a deep appreciation of the value of freedom and my abilities to persevere in the face of extraordinary and unrelenting pain and obstacles.</td>
</tr>
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<td></td>
<td>“life isn’t fair”; versus</td>
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</tbody>
</table>

6 The concept, “bonus time,” is something that my good friend and veteran colleague, Steve Tice, a severely physically disabled Vietnam veteran, has described to me on several occasions. Steve can elucidate this concept much more powerfully than mere words on a piece of paper can.
Negative aspect: I am in deep and unrelenting pain, and believe that I am weak or sick because I repeatedly remember the troubling and horrible aspects of what happened (to me and/or to others); versus

Positive aspect: I understand and appreciate that it can be a sign of health and virtue not to forget what happened. Those experiences and the lessons of war that should have been learned must not be forgotten by anybody or by our country----or we will be doomed to have them repeated, again and again. After all, if I and my fellow and sister survivors do not remember, who will?

Negative aspect: Accepting total or exaggerated degree of responsibility for the trauma that occurred in the war zone; versus

Positive aspect: I now realize and appreciate that when a nation goes to war, everyone in that nation bears some responsibility for all that happens in that war.

In facilitating the recognition and acceptance of these polar truths, the discovery is made that:

Aspects of both negative preoccupation and the accompanying positive dialectic are valid, and even the most horrid traumatic experiences also can and do contain extraordinary lessons about life and extraordinary growth possibilities.

One More Relationship to Consider: Formation of the Last Gestalten

Negative aspect: Loss of belief in God, religion or faith in humanity; versus

Positive aspect: Marked positive changes in outlook, expansiveness of world view, and profound insights, perceptions, & quasi-religious or religious/spiritual insights, potential for religious/spiritual rebirth &/or renewed optimism for humanity.

Why was I allowed to live? It’s luck . . . we all traded bullets with the enemy for a heck of a lot of times, and we’ve seen a lot of buddies go down and I think God was with me . . . That’s why I’m here today.  

- Some veterans believe that their survival was totally a matter of luck, of random chance Your time didn’t come. My time didn’t come. Their time didn’t come.

- Ancient beliefs included recognition of war gods instrumentally interconnected with chance:
  
  I’m just glad you’re here instead of being [blown to] smithereens. Things like this [why you survived and others didn’t] are why the ancient cultures had war gods and worshipped them the way they did. Because they were the gods of chance. These were the things that people recognized. It was either you, or them . . .

- Homer’s Greek soldiers clearly attributed good and bad luck in combat to the gods:
  
  “Damn this day,” he said. “A fool would know that Zeus had thrown his weight behind the Trojans . . . As for ourselves, no luck at all, our shots are spent against the ground.”

Many war veterans have had the opposite experience: the trauma of war has led to a crisis of faith, and for some an alienation, a fracturing, of their relationship with God.

“Why God? Why Me?” “This is God’s will?” “How could you let this happen, God?”

- Those veterans who remain obsessed with the question about “why” or the cause of their problem (“What did I do to deserve this?” “What is God trying to tell me?” “Am I being punished?”) often turn

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7 Journey of Healing video. Clinical excerpt with Chuck a World War II veteran infantryman.
8 17F:713ff. Quote from the Iliad in J. Shay, Achilles in Vietnam, pp. 139-140.
against God. Conversely, there are vets who focus their attention not on the cause but on their response to the trauma—their individual responsibility for their own responses and trust in God despite the pain.  

- A quality like perseverance only develops in the midst of trying circumstances. We rejoice not with the fact that we are suffering, but in our confidence that the pain can be transformed—what we make out of it. And survivors who are able to view the pain as not meaningless lead to rejoicing in the object of their faith, a God who can effect that transformation.

In this vein, Steve Tice likes to challenge physically disabled persons as part of their healing process: Think about a miracle occurring—your physical disability completely disappears—and you are able-bodied once again. Along with this miracle, what is the one thing that you have gained out of your experience of having been wounded and physically disabled that you would not want to give up? For me, it is my (enhanced) relationship with God.

Even without a belief in a higher power or God, survivors can still be helped immeasurably by understanding the negativity, entrenchment, self-defeating attitude and behaviors that result from focusing on the “cause” of our pain rather than on our response, what we are doing about it.

Inclusion of this most profound and transcendent of all relationships into one’s circle of healing, if this is part of your belief system, is an absolute requirement if one is to be able to complete the formation of the last gestalten: Making gestalts is making wholes. It is the process of unifying disparate elements in one’s being, in one’s life.

And, as your journeys and mine continue, perhaps one day each of us, if we have not already, will be able to increasingly and inexorably expand our circles of healing towards the last gestalten:

Growth consists of being able to form gestals of greater and greater complexity—enlarging our possibilities, we constantly create solutions that are more encompassing and more complex. Making gestalts is making wholes. It is the process of unifying disparate elements. As we grow, we become capable of organizing more and more of the field into wholes. Functioning freely, we do not stand apart from this process. The wholes we make include ourselves. We are part of the unity of the field.

The farther reaches of this process are traditionally matters for philosophy and religion; this direction is toward the last gestalt. In the more advanced stages of this process, we are embracing ourselves and the cosmos. The gestalt is: I and the universe are one.

The last gestalt is beginning to know the immensity of the extent of our interaction with everything else. As we read, we move our eyes—and the whole interconnected universe moves. The last gestalt is apprehending this viscerally, body, mind, and soul, to the depths of our being, leaving nothing out.

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Pax mentis and Semper fi

“Doc” Ray Scurfield

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9 Yancey, p. 106.
10 Ibid., pp. 106-108.
11 Ibid., p. 108.
13 Joel Latner, The Gestalt Therapy Book, 225-227