

OUR SHELL- SHOCKED SOLDIERS

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Combat Stress Reaction, commonly known as Shell Shock, was a term that was used during World Wars I and II to categorize the long-term results of the stress suffered by those who have experienced the conditions of war. Various other terms have been used over the years to describe this condition, dating all the way back to The Civil War. The term we use today to describe this condition which affects many of our military returning from Iraq and Afghanistan is Post Traumatic Stress Disorder or PTSD.

What is PTSD and what causes the symptoms of PTSD which include flashbacks, nightmares, panic attacks and hypervigilance or the sense of always being "on guard"?

In order to truly understand PTSD, we have to understand what "ego defense mechanisms" are and, in particular, the defense mechanism of "dissociation." If we think of the ego as the core of one's self, this core self- not unlike a knight in armor- sometimes takes on defenses in order to protect itself when it feels threatened. In addition, just like a knight uses a helmet and a shield and armor and a spear or javelin when going into battle, the ego, too, when it feels threatened or under attack might make use of one or more of these defenses in order to protect itself when it feels under siege. Some of these ego defense mechanisms we have heard about or know about firsthand, such as denial or repression, or suppression or projection or intellectualization or dissociation.

The use of our ego defenses unnecessarily is maladaptive, but sometimes we need to use them in order to survive. Sometimes they are necessary and appropriate. For example, in the case of suddenly hearing of someone's death, we may go into a state of denial until our psyche is able to absorb the reality. We may use one or several defenses if we are presented with material that we might perceive as being too overwhelming for us and threatening to our emotional and/or physical survival. A healthy adult ego may temporarily utilize a defense as a form of protecting itself until it feels safe enough and

really ready to absorb whatever the reality and feelings are. In the case of war and dissociating from its horrors, however, the psyche may never feel safe enough or ready!

PTSD is caused by remaining in a state of dissociation long after the trauma has occurred. Dissociation is a defense whereby certain emotional material that the psyche has determined to be too overwhelming for the ego to handle, is put aside and not processed in a conscious or preconscious way. It is separated from the rest of the psyche. The memories do not disappear, however, and they then reside in some other part of our psyche- a part to which we do not have access. The trauma remains, just like unclaimed baggage that we are unaware of, which is waiting at an unknown terminal.

Our military uses dissociation as a defense against the horrors of war. In fact, long before our troops are sent to war, they are actively "taught" to use dissociation as a coping strategy. They are shown movies of the dead and dying again and again until they become "de-sensitized" to the suffering of humanity. They are sent to places like The Mojave Desert where amputees volunteer to enact scenes of mock villages filled with wounded and dead enemies. Even before they see any real "action" so to speak, the men and women in our Armed Services see some pretty horrendous things!

Still later, they may actually witness the injuries and deaths of other beings- often friends. They may have to see dismembered bodies. War, needless to say, is incredibly traumatic. What actually could be more traumatizing than the threat of being murdered, witnessing murder, or committing murder- even if it is "sanctioned"? As troops in the midst of battle, they are not able to register all that is going on or to feel all the feelings associated with their experiences. If they do, they will not be able to continue to fight and survive. They might register some of the events and feelings. Alternatively, they might register some of the events without feelings or the feelings without the memories of the events. Perhaps they hardly register anything at all in order to continue on and to survive.

The memories and feelings that are associated with seeing these horrors—the visual images and the feelings of fear, pain, and anger become dissociated and placed in some other portion of their psyches and, after they return from war, they no longer have access to these feelings and memories. If the events and feelings that they have

dissociated from could simply disappear, if they could just evaporate, there would not be any subsequent problems. But they don't disappear and evaporate. They remain imbedded some place in their psyches; in a part that is separate- an un-integrated portion of their lives and experience, where they threaten to break through to the conscious mind by re-living, re-creating and re-traumatizing until it is addressed.

This un-integrated piece of life experience threatens to become known to the conscious mind by presenting our veterans with symptoms—symptoms such as nightmares, flashbacks, anxiety, depression and panic. They have no idea what these symptoms are about. They have no idea where they are coming from. For example, a veteran may come home having dissociated from much of the horror of war in an attempt to try to stay away from the feelings associated with it. He then might later walk down the street and, suddenly, a car backfires. The sound of the car backfiring then triggers the dissociated memories of gunfire and the soldier finds himself crouched in the corner; terrified but with no understanding of why. Or, perhaps he is hyper-vigilant and whenever someone walks up behind him, he startles intensely. In other words, the terror is there, but he is not connecting it to its source.

These responses, the symptoms of PTSD, must be treated by highly specialized counseling in which one must learn to bear the slow and painful process of going back to the war and to the events as they really happened, including the feelings that would have been there if they could have been borne at the time. When the dissociated thoughts and feelings are re-integrated, this new "wholeness", albeit painful, helps greatly to diminish the symptoms of PTSD. Once the feelings are re-attached to their source, they will not be triggered by cars backfiring, people approaching suddenly, nor will there be quite as many nightmares. The reality of the full extent of what they have experienced must be reintegrated into the psyche and become part of the veteran's conscious memory. Medications, such as anti-depressants and tranquilizers, are often absolutely necessary.

Our Armed Services, more often than not, fail to recognize and/or treat the phenomenon of PTSD. They refuse to fully acknowledge the nature of war and the need to resort to dissociation, when they themselves have helped to actually "induce"

dissociation prior to sending our troops to war! If they created it, and they continued and controlled it., wouldn't you would think they would take more responsibility in attempting to cure it? Many of our veterans may be home physically, but they will never really be "home" again until the true extent of the trauma they have endured and the need for more adequate care is addressed. How many stories do we need to hear over and over and for how many decades before we finally acknowledge that the veterans who were "never really themselves again" were suffering-SUFFERING- from PTSD?