



Wounded Spirits, Ailing Hearts

PTSD and the Legacy of War Among
American Indian & Alaska Native American Veterans

2. Posttraumatic Stress Disorder

The risk of exposure to trauma (e.g., combat or rape) is a risk of the human condition. A possible consequence of trauma is Posttraumatic Stress Disorder (PTSD). Historical accounts and world literature provide us with many illustrations of trauma and its sequelae. One example is Homer's ancient story of the battle between the Greeks and the Trojans. In a more modern-day work, Shakespeare's Henry IV appears to have met many, if not all, of the diagnostic criteria for PTSD. Yet, as familiar as clinicians and the general public have become with PTSD in general, knowledge about its prevalence, incidence, comorbidities, treatments, and cultural aspects specific to American Indian and Alaska Native peoples remains relatively underinvestigated and undissemminated.

This section contains information about PTSD and various topics:

- Causes, Risk and Prevalence of PTSD
- Making the Diagnosis of PTSD
- □ Is PTSD Different for Native Veterans?
- Impact of PTSD on Social Readjustment
- Impact on Quality of Life
- Impact on Family, Social and Work Relationships
- Impact on Mental Health
- PTSD, Alcohol Problems and Drug Abuse
- PTSD and Physical Illness





Causes, Risks and Prevalence of PTSD

What Causes PTSD?

The major factor that determines the development of PTSD is the amount of exposure to combat or other life-threatening trauma. Other aspects of a veteran's personal background before and after the war can make him or her vulnerable to PTSD, as discussed below. However, it is traumatic experiences, not any weaknesses or defects in a person, that cause PTSD.

Prevalence

The estimated lifetime prevalence of PTSD among all adult Americans is 7.8%, with women (10.4%) twice as likely as men (5%) to meet criteria for PTSD at some point during their lives. This, however, represents a small proportion of those who have experienced a traumatic event (60.7% for men, 51.2% for women).

The findings of the National Vietnam Veterans Readjustment Survey (NVVRS) estimated lifetime prevalence of PTSD among American Vietnam theater Veterans is 30.9% for men and 26.9% for women. An additional 22.5% of men and 21.2% of women have had partial PTSD (some symptoms) at some point in their lives. Thus, more than half of all male Vietnam Veterans and almost half of all female Veterans have experienced clinically significant reactions to traumatic stress.

However, the National Vietnam Veterans Readjustment Survey underrepresented members of certain minorities. Therefore, to more accurately measure the impact of war on Native American, Asian American, and Pacific Islander Veterans, the Matsunaga Vietnam Veterans Project (MVVP) was undertaken.

The MVVP report, like its predecessor, focused primarily on prevalence of PTSD, comorbid psychiatric diagnoses, readjustment problems, and clinical utilization. The MVVP has two components: American Indian and Alaska Natives and Native Hawaiians and Americans of Japanese Ancestry.

Of all segments of Native American Veterans assessed, Northern Plains Indians had the greatest lifetime prevalence of PTSD (57.2%), followed by Southwest American Indians (45.3%). In all population groups, war-zone experience was the best predictor of PTSD prevalence, explaining between 26% and 39% of the variance.

Risk factors

Risk factors that affected the likelihood of developing war-zone-related PTSD included: a family history of substance abuse, physical abuse as a child, a negative





relationship with parents, childhood deviant behaviors, lower educational attainment, non-officer status in Vietnam, and heavy combat experience. After the effects of combat trauma were accounted for, American Indian and Alaska Native Veterans were no more likely than any other Vietnam Veterans to develop PTSD.

Making the Diagnosis of PTSD

PTSD is unique in that one cannot make the diagnosis unless the patient has experienced a traumatic stressor. The framers of the initial formulation of PTSD conceptualized traumatic stressors as those that were outside the range of normal human experience (e.g., war, torture, rape, and natural disasters). The dichotomization between traumatic and other stressors was based on the assumption that most individuals have the ability to cope with ordinary stressors (e.g., divorce, major financial losses). It was assumed that the adaptive capacities of almost anyone are likely to become overwhelmed when confronted by a traumatic stressor.

When faced with life-threatening stressors such as rape or combat, it is normal to feel terrified or shocked. It also is normal, after exposure to such traumatic events, to experience unwanted memories, to have difficulties with anger, to feel a continuing sense of danger, or to feel emotionally distant and "cut-off" from other people. PTSD occurs when these normal reactions become chronic and fail to improve with time. Symptoms of PTSD may be experienced for many weeks, months, or years.

Current conceptualization of PTSD in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV; American Psychiatric Association, 1994) recognizes that traumatic stressors are, in fact, common experiences in many societies today. Considering the widespread nature of traumatic stressors, the DSM-IV specifies that four diagnostic requirements be met before a diagnosis of PTSD can be made. First, the individual must have experienced, witnessed, or been confronted with an event or events that involved "actual or threatened death or serious injury, or a threat to the physical integrity of self or others," and the individual's response must have involved "intense fear, helplessness, or horror." Such events include rape, war combat, and childhood abuse. The other three diagnostic criteria address the major types of PTSD symptoms:

- ☐ Intrusive reexperiencing of traumatic memories;
- ☐ Avoidance; and
- ☐ Increased arousal.





Each described further below.

Intrusions/Reexperiencing

Individuals with PTSD often describe repeated, intrusive imagery of their traumatic event(s). These intrusive memories may be sudden and unexpected multi-sensory experiences, such as "flashbacks," during which the individual may feel that the trauma is reoccurring. In addition, intrusive reexperiencing in the form of unwanted memories and feelings from the trauma experience(s) can occur during sleep (i.e., nightmares). Thus, the trauma survivor is unable to stop "reliving" the trauma and experiencing associated thoughts and feelings.

"...there's noises that bring on [memories] ... even the summer heat, so, I think it's a situation that stays with me constantly. There's not a single day that goes by without some recurring memory or even feelings that come out of it. [I have] dreams where we were running through the jungle. I can actually feel the bark stinging my face, my arms, as we're running through the jungle. I can hear the gunfire behind us. And the talking, sometimes laughter of the VC or NVA or whoever's out there. And they're chasing us and we're running and stumbling."

Avoidance

In order to try to minimize intrusive reexperiencing, the individual avoids many trauma-based cues--interpersonal situations, people, places, thoughts, and emotions. Unfortunately efforts at avoidance often dominate--and can destroy--a person's life and relationships.

"I always remember that feeling. I'll never forget it. It's the one of helplessness ... It's a feeling that I don't care for very much. And to this day, I avoid situations that would bring that feeling back up again."

Physical tension and over-arousal

A person with PTSD is physically tense. This hyperarousal may manifest itself in problems with sleep, irritability and anger, concentration, and "hypervigilance." Hypervigilance is the feeling that it is never safe to relax because something terrible is just about to happen. However, it is impossible to stay "on alert" constantly without becoming mentally and physically exhausted, irritable, and unable to concentrate on tasks or activities.

"My household is a miniature base camp. I've got lights everywhere ... locking windows and, even though I know that all of these things are in place, I still tend to--for no reason--I'll stand up and I'll go over and I'll look out and look around."





And I'll go to the back door and do the same thing, you know. And then, I'm up and around, you know. I'm moving and I'm looking."

Is PTSD Different for Native Veterans?

The psychological, physiological, and behavioral manifestations of PTSD are different for each individual trauma survivor and are dependent upon the life experiences and the social world of the trauma survivor. Therefore, to understand how PTSD affects American Indian and Alaska Native Veterans, families, and communities, we must consider each veteran's unique personal, social, and cultural experiences.

The following sections highlight common situations and issues that Native American Veterans experienced during and after military service:

- □ Prejudice and stigma
- □ Moral compromise
- □ No Homecoming

Each is described further below.

Prejudice and stigma

The trauma of war may have been worsened by encounters with racial or cultural prejudice during or since the military. Native traditions and history often prepared Veterans for military service as an honor and sacred duty. Many became disillusioned when they encountered prejudice and disrespect in the military. Due to their somewhat similar physical appearance, American Indian and Alaska Native Veterans were, at times, mistaken for the enemy. Such experiences not only made the traumas of war more terrifying, but they were also a betrayal of personal trust.

Moral compromise

War often forces or leads soldiers to violate their own ethical rules or spiritual beliefs. For some Native Veterans, past failure to uphold these moral standards feels like a failure that can never be made right. Past killing of civilians--including women, children, and elders--can be a source of terrible shame and guilt for some. In addition, such experiences are reminders of the brutality that many American Indian and Alaska Native peoples experienced in the past.

"When I got back, I was ashamed of what I did, because ... even our own people, as we walked down the hallways ... they'd whisper to us ... "Baby killers", "junkies"... And to this day, I still feel that guilt. And I felt like I did something terrible."





No homecoming

Tribal practices and beliefs honor the warrior's path as a courageous and selfless way to serve and protect the entire community. Tribal practices honor and serve the veteran warrior in an equally important way--they welcome the warrior home with cleansing ceremonies to enable him or her to resume a peaceful and dignified role in the community. Some Native Veterans either were not offered or felt they could not accept such healing after Vietnam.

"I got home and oddly enough, ... they didn't really shun me, but [it] seemed like they were always scared or apprehensive to be around me. It made me real uncomfortable. I felt really like I didn't belong there anymore. And yet that was my home. And so, I tried to talk to some of 'em about it, and see why they were treating me that way. And finally, one of the ladies that lived a couple blocks down from me said, "Well, a lot of people think that you're a baby murderer and you murdered civilians."

Impact of PTSD on Social Readjustment

Native Vietnam Veterans report more social readjustment problems than do white Vietnam Veterans. Identified problems include difficulty finishing school, difficulty finding or holding a job, inability to earn a sufficient income, difficulties with a spouse or children, and trouble with the law.

PTSD is often the key to readjustment problems. Native Veterans with PTSD are very likely to isolate themselves not only from their families but also from their co-workers, neighbors, former friends, and society in general. When they do have contact with people, frustration and conflict often arise as a result of feelings of vulnerability, intense anger, alienation, and guilt. Often, Native Veterans with PTSD describe feeling profoundly demoralized - like outcasts who have been banished or exiled forever from a safe home or community.

"It seemed like the life I had before Vietnam, it didn't exist anymore. The harder I tried to find it, the further away it got. When I realized that I could never go back, I got pretty tore up, pretty sad. And ... I didn't know how to deal with who I was. I couldn't go back."

Impact of PTSD on Quality of Life

PTSD profoundly affects the psychological and physical health of American Indian Veterans and their families. In many ways, PTSD interferes not only with enjoying life, but even with "having a life." PTSD can involve an endless struggle with:





- Guilt "Why am I alive if I didn't do enough to save my buddies, and if I am no good to my family?"
- Grief "I can never stop thinking of the men we left behind."
- Distrust "We were lied to and used by the country we were trying to protect, so how can I trust anyone?"

Impact of PTSD on Family, Social, and Work Relationships

A constant sense of facing life-threatening danger can lead Veterans to be emotionally distant, constantly on-edge, and overprotective. Consequently the veteran may be unable to listen attentively or speak calmly, may engage in war-like behaviors in and around the family home (constant "perimeter" checking), and may avoid responsibilities in a number of important areas (such as wage-earning, parenting, or lawful behaviors). Families often feel that they now live in a "war zone."

"I was taking counseling sessions at the vet center ... The counselor asked about [my husband], how long he was in Vietnam.... And I said, 'I went there, too.' He said, 'You were in Vietnam?' So I said, I don't think you understand. I'm in Vietnam sixteen years, every day. I gotta live with it every day."

In some cases family members or friends have been directly traumatized by the veteran's violent rage, or by witnessing violence done to others. In other cases they were not exposed directly to trauma, but have had to alter their entire way of living, feeling, and thinking in order to adjust to the veteran's PTSD. Intimate partners often find themselves living with a cold, withdrawn, or hostile stranger instead of the person they used to love and be loved by.

"[My husband] experienced a lot of ... they're called flashbacks. They were scary.... One night we were sleeping. And all of a sudden, I'm slammed out of sleep, because he grabbed me and threw me down. And I remember looking into his eyes. They were, like, dead. No feeling. I just had a horrible feeling like he was gonna kill me. And then, he kind of snapped out of it."

Symptoms of PTSD often interfere with work and education by disrupting attention and concentration. The irritability and anger problems that result from trauma can create difficulties with co-workers and bosses, attendance, and job performance.

Impact of PTSD on Mental Health

At the time of the survey more than twenty years after the war, thirty percent of American Indian and Alaska Native Vietnam Veterans suffered from PTSD. This is twice the rate as that among white Vietnam Veterans. Fully half of the Native





Veterans have had PTSD at some time in their lives since Vietnam - again at least twice as high a rate as that for white Vietnam Veterans.

PTSD rarely occurs alone. This complicates the symptom picture and often makes diagnosis and treatment complex tasks. Common comorbidities include depression, panic disorder, and substance abuse. As many as 1 in 10 American Indian and Alaska Native Veterans are seriously depressed - four times the rate for white Veterans. Further, 1 in 12 Native American Veterans have had panic disorder at some time since Vietnam. This is more than four times the rate for white, black, or Hispanic Vietnam Veterans. Again, PTSD is the key factor. Native Veterans without PTSD rarely experience severe panic attacks.

Approximately 90% of those American Indian and Alaska Native Vietnam Veterans with PTSD also suffer from alcohol problems. Among all those seeking treatment for PTSD, up to 80% have at least one additional psychiatric diagnosis in these major categories:

- Alcohol abuse or other chemical dependency [60-80%]
- Affective disorders [26-65%]
- Anxiety disorders [30-60%]
- Personality disorders [40-60%]

PTSD, Alcohol Problems, and Drug Abuse

"My first medication was alcohol ... when I was dead drunk, I would talk about these things. One time, I brought a foot locker home, and I had a North Vietnamese backpack in there, and I had two North Vietnamese pistols ... and a Cambodian flag and Cambodian medals, and some Cambodian pictures. One morning I woke up and I found that trunk all full of holes. And ... everybody was tiptoeing around.... I asked my mother. I said what happened? What happened to my trunk? ... She said 'You were talking all this crazy stuff, and you took a gun and started shooting that trunk up. Then you put holes in my wall and my floor and everything, I had to take that rifle away from you.'"

The combination of PTSD and alcohol abuse is devastating and may lead to loss of control and family or community violence. A vicious cycle may develop, with drinking to relieve tension, frustration, or unhappiness providing temporary relief, at the cost of worsening symptomatology and increasing tension. Native Veterans are vulnerable to excessive alcohol use for several reasons:

- Drinking as a means to "socialize"
- Drinking as a means to share trauma
- Drug abuse





Drinking as a means to "socialize"

Alcohol is readily available in American Indian and Alaska Native communities, and drinking is considered to be one of the few ways available to be sociable. Drinking is also a well-entrenched aspect of military culture.

"... I walked in my aunt's place, and they're all in the basement. There was a party going on. My aunt and uncle, they're all drunk downstairs ... And so my coming home was more or less into the world of alcoholism."

Drinking as a means to share trauma

Alcohol use is often condoned as a socially acceptable way of facilitating emotional release and the sharing of traumatic memories. Yet, intoxication only creates a false sense of numbness that prevents the experience of genuine healing. Alcohol problems also can become a way to hide PTSD from oneself and from the world. Healing does not occur unless the veteran and family deal with the symptoms of PTSD without covering them up with alcohol.

"And I really dreaded the question of talking about it.... Probably the first time I ever said anything about the war--I came home drunk.... that was the only way I could tell my dad anything, tell him about what it was really like over there, when I was drunk... Later on, I felt real ashamed of it, you know... that I had to tell something under the influence of alcohol."

Drug abuse

Although not as common among Native Veterans as alcohol abuse, drug abuse is a serious problem for as many as 1 in 7--more than twice the rate for white Vietnam Veterans. Native Veterans diagnosed with PTSD are much more likely to abuse drugs than are those without PTSD.

PTSD and Physical Illness

PTSD can have a devastating effect on physical integrity and general health. No group of Vietnam Veterans is more susceptible to physical illness than American Indian and Alaska Native Veterans. Native American Veterans surveyed in the MVVP reported an average of two to three chronic illnesses, including heart or lung disease, cancer, high blood pressure, diabetes, and severe skin, eye, or gastrointestinal conditions (twice the rate for all other ethnocultural groups of Vietnam Veterans). Native Veterans who also suffered from PTSD complained of symptoms of even more chronic physical illnesses. They often experienced so many debilitating physical problems that their bodies seemed to be completely breaking





down. It is possible that PTSD creates a chronic state of physical and emotional tension and exhaustion, thus setting the stage for physical illness.

A combination of PTSD and chronic health problems is the key factor in leading American Indian and Alaska Native Veterans to seek VA outpatient medical care. This group seeks care approximately five times as often as other Vietnam Veterans.

A combination of PTSD and chronic physical illness also predicts especially high levels of medical disability among American Indian and Alaska Native Veterans. The Native Vietnam Veterans who were considered disabled by the Department of Veterans Affairs at the time of the MVVP study had an overall disability evaluation due to PTSD and physical illness of almost 50%, compared to a 25-30% average level for all other Vietnam Veterans.

