



# Wounded Spirits, Ailing Hearts

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

## 4. Cultural Formulation of a Clinical Case of PTSD – part 1

A Clinical Case presented by Spero M. Manson  
THE WOUNDED SPIRIT: A Cultural Formulation of Posttraumatic Stress Disorder  
Clinical History

### A. Patient identification

J. is a 45 year old Indian male, married, the father of 4 sons and 3 daughters, ages 8 to 20. He, his wife, and 5 of their children live in a small, rural community on a large reservation in Arizona. His wife has a part-time job in a tribal human services program and sells craft items which she makes. J. is sporadically employed as a manual laborer. The family maintains some sheep and relocates to a seasonal camp during the summer months. J. served as a Marine Corps infantry squad leader in Vietnam during 1968-69. He most recently was seen on an outpatient basis through the Gallup-based VA medical program, where he participates in an all-Indian posttraumatic stress disorder (PTSD) support group.

### B. History of present illness

In 1990, shortly after the death of his father due to a heart attack, and threatened by the possible loss of his wife and children, J. was admitted to the local Veterans Administration Medical Center (VAMC), having been referred by an Indian-operated residential alcohol treatment program in a distant city. He was evaluated extensively and confirmed as alcohol dependent. J.'s daily drinking substantially affected his ability to secure and hold a job, led to frequent fist-fights, and was consistently related to the physical abuse of his wife. His driver's license had been revoked for numerous violations. He reported blacking out and having "the shakes" while incarcerated in the reservation and nearby county jails. J. initially was treated for this condition in the VAMC's residential alcohol program.

J.'s symptoms of alcoholism were discovered to have begun in early 1969, while he was in Vietnam. He spent most of his tour in the bush, on patrol, conducting ambushes involving heavy combat. J. reported some racial discrimination, notably being called "Chief," always expected to serve as point on patrols because he is Indian, and encountering several near brushes with death when he was mistaken for the enemy by his fellow infantrymen. He was wounded, suffering serious



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shrapnel injuries of the chest, right arm, and hand, of which he recovered only partial use.

During treatment for his alcohol dependence at the VAMC, it became apparent that J. experienced intrusive thoughts almost daily, displayed marked hypervigilance, and exhibited a range of avoidant symptoms. He acknowledged feeling alienated from others and having gradually withdrawn from extended social contact. J.'s affect was restricted; he struggled to avoid thinking about traumatic events. The possibility of dying at any time preoccupied him. His sleep was seriously disturbed; J. reported distressing dreams, often awakening drenched in sweat. He became noticeably irritated, often angry. Sudden flashbacks of combat were common and unpredictable. J. placed the onset of these symptoms as occurring soon after his wounding, concurrent with the significant alteration in drinking behavior. A provisional diagnosis of posttraumatic stress disorder was made. J. completed treatment for his alcoholism at the VAMC and was transferred to an inpatient unit specializing in the treatment of combat trauma.

### **C. Psychiatric history and previous treatment**

Whereas J. previously had drunk alcohol in binge-like fashion, in 1969 while recovering from his wounds he began to drink heavily on a daily basis. This abated somewhat once he returned home. From 1970 through 1990, his drinking remained highly problematic, characterized by frequent multi-day binges, with intermittent periods of sobriety. J. reported numerous occasions on which he would lose consciousness while drinking. He denied more than experimental use of marijuana and cocaine. From 1970 through 1990 he was arrested repeatedly for assault, public intoxication, and D.U.I.

On at least five separate occasions between 1975 and 1990, J. was treated for alcohol dependence through tribal outpatient programs and the urban Indian residential program that referred him to the VAMC. Previously unsuccessful attempts to treat his alcoholism were due, in part, to a lack of aftercare and enmeshment in dysfunctional peer relationships.

### **D. Social and developmental history**

J. was born in an Indian Health Service (IHS) hospital on his reservation; there were no complications during delivery. He grew up in a small, rural community with his parents and 7 siblings, of which he is the second oldest, living in a housing cluster that included his maternal grandparents and two maternal aunts and their immediate families. J. experimented with alcohol on several occasions during his early teens but reported no serious consequences. He attended boarding school some distance from his home. J. disliked school, describing it as "very difficult" and the teachers as "harsh." Upon further inquiry, he reported frequent and severe beatings by school staff with a belt for being disobedient, like many of the other





boys. J. quit mid-way through his junior year in high school to "help out at home." Eighteen months later, like his father and two uncles before him, he enlisted in the Marines. He married in 1971, shortly after his return to the U.S. with an honorable discharge from the military. J. and his wife established a household near her parents, approximately 70 miles from his natal home, where they continue to reside. He recently began taking GED classes at the tribal community college, he works seasonally in construction, and he plans to seek vocational training.

## **E. Family history**

J. acknowledges alcoholism among two of his four brothers and his father's likely history of PTSD, a World War II combat veteran who served in the Pacific Theater. Several male members on both sides of J.'s family have obvious alcohol problems; currently two younger siblings suffer from "liver" problems, presumably cirrhosis, for which they have been hospitalized on past occasions. His father also appeared to suffer from PTSD, plagued by nightmares, displaying unpredictable irritation, and avoiding certain activities. J.'s father, though previously alcohol dependent as well, had been sober for the 20 years prior to his death.

## **F. Course and outcome**

After attending one month of a 12-week course of treatment, during which the provisional diagnosis of PTSD was confirmed, J. left the VAMC's PTSD in-patient unit against medical advice, sober, but still experiencing significant symptoms of trauma. He returned to the reservation. Some months later, through local outreach, J. learned of a Gallup support group, which he has attended off and on - except during summers - for three years.

The VAMC treatment environment had enabled him to examine his use of alcohol as it related to his military experience, one of the first times that he reported talking about the latter outside of his circle of "drinking buddies," virtually all of whom were themselves Indian Vietnam combat Veterans. However, being the only Indian in the PTSD in-patient unit, its greater intensity of intervention, and protracted absence from family led to his early departure from this residential program. J. remains open to counseling for his combat-related trauma and, as noted, attends a local VA support group.

J. has remained sober, but periodically experiences difficulty sleeping, flashbacks, and bursts of anger, albeit less frequently than before. He continues to feel "on guard" and "a little uneasy" around people. J. still dreams of his dead soldier companions who call for him to join them. But he knows that he cannot. He occasionally hears his father's voice "speaking Indian" to him, which is more comforting than fearful, but nonetheless troublesome.





## **G. Diagnostic formulation**

### **Axis I:**

309.81 Posttraumatic Stress Disorder, Chronic 303.90 Alcohol Dependence with Physiological Dependence, Sustained Full Remission

### **Axis II:**

Undetermined

### **Axis III:**

959.4 Injury, hand

### **Axis IV:**

Current: Marital difficulties, moderate; Residual grief for loss of father, mild Past: Combat-related trauma, extreme; Marital difficulties, extreme; Unemployment, extreme; Childhood physical abuse, moderate; Poverty, moderate; Racial discrimination, moderate

### **Axis V:**

Highest past year: GAF = 75; Current GAF = 80

