After Crossing the Threshold: War, Stress, and Suicide

Kenneth Fuchsman—University of Connecticut

War brings death and destruction, danger and devastation. Amidst the carnage, some are killed or maimed; others suffer acute stress, while many find ways of surviving and functioning. For a good number of those who make it back, the aftermath of war and military service, the transition from combat to civilian life, can be hazardous.

A recent combat veteran of Iraq said there is "a defining moment for any soldier, but once you cross that point and stop fearing death, how do you change back to a normal person?" Also, "once you get home, you don't want to give up that courage about death…You're back, and you're still fighting a war."[1] What the soldier did not mention is that it is also the rage, the hatred, and the intensity of combat that are often brought home by soldiers, who are in one reality but still feeling that they are in another. Jason Haines, after returning from serving in Iraq, told a reporter: "I'm not afraid of going to war…I'm afraid of coming back home."[2] While there is widespread familiarity with post-traumatic stress disorder (PTSD), traumatic brain injury (TBI), and physical disabilities of veterans, the full range of the psychic damage of being in war and the military is not well known. This paper will detail the areas where disorders and dysfunctions are prevalent among those who served their country, explore the reasons for the suffering, and why some become emotionally wounded and others do not.

It is the period after the threats to life and limb are diminished that pent-up stress comes out. While many who serve in combat zones return home physically and mentally stable, others do not. Veterans of the military have higher

rates of certain disorders than non-veterans. For instance, according to a report by the government-sponsored Mental Health Advisory Team (MHAT), 28% of Soldiers and Marines in high combat in Iraq experienced acute stress or PTSD.[3] Other anxiety problems are present in veterans, whether or not they fought in a war. A 1999 Veterans Health Study discovered that 31% of veterans had depressive symptoms, which is two to five times that of the general public.[4] Veterans make up 11% of the general population over age 18; but in 2007 they accounted for roughly 26% of the homeless.[5] Wartime service, at least in Vietnam, led to issues for many soldiers on coming home, for example, 44.5% of male Vietnam veterans reported at least one significant postwar problem with readjustment. More than a decade after the 1975 fall of Vietnam, one in four of those who had served in Vietnam still had at least one serious adjustment problem. For those male Vietnam veterans with PTSD, at least one of their children is more likely to have behavioral problems than the offspring of male Vietnam veterans without PTSD.[6] The sufferings of the fathers are passed on to the children.

The serious problems that haunt some soldiers after they are out of the military can lead to extreme actions. In data from 45 states in 2005, 120 veterans killed themselves per week, making 6,256 for the year. In that same year, the highest suicide rate for veterans is among 20- to 24-year-old population, two to four times the rate of non-veterans their own age, and higher than any other age group among veterans.[7] These youthful suicides are soldiers who have served in the era of the Iraq and Afghanistan wars.

Taking one's life is a problem that impacts soldiers from all periods. In a 2007 study comparing male veterans and male non-veterans in the whole population, Mark Kaplan and colleagues found that "over time veterans were twice as likely (adjusted HR 2.13, 95% CI 1.14 to 3.99) to die of suicide compared with male non-veterans in the general popula-

tion."[8] A 2003 study reported that over "30 percent of all suicides were committed by military veterans…In fact, the suicide mortality rate for veterans, 18 per 1,000, exceeds all other groups." [9] Serving in the U.S. military can be dangerous to your mental well-being; spending extensive time in war can be more risky than just fighting an enemy. One of the great paradoxes of human existence is that much of human civilization is an alternation between cooperation and conflict, diplomacy and combat. Warfare, historian John Keegan claims, "reaches into the most secret places of the human heart."[10] Gwynne Dyer asserts, "that war may be an inescapable part of our genetic heritage."[11] Yet for all the ways that victory in war has helped cultures survive and prosper, set an example of heroism—brave men excelling in dire circumstances—it has come with the most serious emotional and health consequences for many immersed in war's brutalities.

Why War Hurts

Tolstoy said that war is "the vilest thing in the world, and we must understand that…The aim of war is killing, the instruments of war are espionage, treason and…the ruin of the inhabitants."[12] War is one of the more primordial experiences known to humanity. The imminence of being maimed or killed is ever present to combatants and enemy civilians. The threat of the instantaneous arrival of the dreadful means the soldier in a war zone is always ready. As the saying goes, in war it is the quick and the dead. It is not only the fear of your own demise that is frightening; in combat soldiers depend on each other, in a matter of life and death. Witnessing your buddy standing right besides being blown into little pieces can be devastating. Unwanted flashbacks and nightmares of these horrifying events can haunt many veterans for decades.

Amidst all the anxiety of combat, what focuses the soldier is the connection with the other soldiers in his squad.

The band of brothers in combat is envisioned as a protective united outfit. It is reminiscent of the symbiotic days of infancy when the mother was seen as nurturing and keeping the baby from being endangered. The wounding, maiming or killing of a "brother" in war is a repetition of the anxiety and outrage an infant feels when separated from his mother. The same fear of death and demise the youngster feels is now a reality in the death-drenched realities of combat. Being nurtured and being frightened of separation, loss, and extermination are often part of the same repeating dynamic.

Psychologist Jeffrey Simpson wrote: "Across all human cultures and even several primate species, young and vulnerable infants tend to display a specific sequence of reaction to separation from their…caregivers. Immediately after separation, infants often protest vehemently, crying, screaming, and throwing temper tantrums as they search for their caregivers."[13] Ian Suttie says that self-preservative instincts lead the infant to be "dominated from the beginning by the need to retain the mother—a need, which, if thwarted, must produce the utmost extreme of terror and rage, since the loss of mother is, under natural conditions, but the precursor of death itself."[14] The fury at the loss of the mother can be reactivated amidst the dangers of the battlefield. Disappointment, loss, anxiety, rage, and mortality weigh on many of us from infancy to our eventual demise. Warfare is where the imminence of death is ever present. The alternation between the fear of being attacked and the furious readiness to waste others is at the heart of war, and is at the dark edge of what it means to be human.

War is a haunting operation that can traumatize one emotionally and damage one neurologically. During war, the body adjusts to the fear of attack; it helps us survive mortal threats, but often at a cost. Physician J. Douglas Bremner explains that, "Our bodies have biological systems that respond to life-threatening danger, acting like fear alarm sys-

tems that are critical for survival." When danger is imminent, "a flood of hormones and chemical messengers is released into our brains and bloodstream almost instantly… This stress-responsive activation of biological systems helps us" in "doing whatever it takes to survive." Yet functioning under high stress is not easy. Bremner writes that, "The short-term survival response can be at the expense of long-term function." This can include various kinds of neurological damage and trauma-related psychiatric disorders. The "same biological systems that help us survive life threats can also damage the brain and body."[15] Bremner adds: "Like a car engine that burns out on the excessive speeds of the Autobahn…our bodies can become irreversibly damaged by our own stress responses."[16]

However, a puzzle remains: some men are susceptible to wartime trauma and others show few ill effects from the stress of war. A combination of genetic predisposition and experience impacts on the likelihood of negative responses to war. The brain levels of serotonin, a chemical messenger regulating thought and mood, are important in how a person responds to stress. Those who have the short transporter gene are more likely to be anxious when under pressure. Turhan Canli reports that in the absence of stress someone's transporter gene did not budge depression. As the number of stressors increased among those with at least one short copy of the transporter gene, the chance of depression and suicidal thoughts increased. Canli writes: "after four or more traumatic occurrences, 33 percent of the subjects who carried at least one short transporter became depressed as compared with just 17 percent of those who bore two copies of the lengthier blueprint, suggesting that the long gene protects against depression in the wake of acutely negative experiences."[17] While genetic predisposition is important in protecting against depression, it is also connected to the level of stress. As the MHAT reports, the level of PTSD increased in

soldiers and marines depending on the intensity of combat they experienced and the length of time they spent in a combat zone. Those who served more than one tour were more likely to have PTSD than those with comparable exposure to danger who served shorter tours of duty.[18] It is not only experiencing high levels of combat that matters, but what kind of combat a soldier experienced. Psychiatrist Judith Herman writes: "it was…the participation in meaningless acts of malicious destruction that rendered men most vulnerable to lasting psychological damage…Years after their return from the war, the most symptomatic men were those who had witnessed or participated in abusive violence. Confirming these findings, another study of Vietnam veterans found that every one of the men who acknowledged participating in atrocities had post-traumatic stress disorder more than a decade after the end of the war."[19]

Conclusion

Those who serve in the military are much more likely to die by their own hand, to be depressed, to be homeless, and to suffer from post-traumatic stress and for those with PTSD to have children with behavioral problems than are the general population. The impact of being in the military and war are long lasting, and for many, severe. You will not see these facts on any military recruitment poster or television commercial. As there are with cigarettes, there ought to be a warning on these advertisements: the military can be hazardous to your health. However, while there may not be any good reason for smoking, there can be justifications for war and for joining the service. Still, in too many instances, war has scarred people's lives and will continue to do so.

It is the shock of violence and the perpetration of abusive violence that upsets the balance of stress for many and produces these high incidences of depression, suicide, homelessness, and post-traumatic stress in veterans. Humans appear to have both a taste for and an aversion to the personal

experience of violence that is endemic in war. We are a paradoxical species in that for many men who survive war, it can both strengthen and traumatize them.

Kenneth Fuchsman, EdD, *is a historian who teaches interdisciplinary studies at the University of Connecticut, where he has been faculty and an administrator. Dr. Fuchsman writes on the history of psychoanalysis, and the nature of the Oedipus complex. He may be reached at ken.fuchsman@uconn.edu.*

---

[1] Rinker Buck, "New Breed of Counselors Deals With Veterans' PTSD," *Hartford Courant,* February 22, 2009.

[2] Ann Marie Somma, "Lawmaker: Courts Should Take Veterans' Problems Into Account," *Hartford Courant*, February 22, 2009.

[3] Mental Health Advisory Team (MHAT) IV, "Final Report" (Washington DC: US Army 2006), 21-23.

[4] E. J. Mundell, "Younger Veterans at Greater Suicide Risk," *Washington Post,* October 30, 2007.

[5] Mary Cunningham, Meghan Henry, Webb Lyons, "Vital Mission: Ending Homelessness Among Veterans," (Washington D.C.: Homelessness Research Institute, 2007), 3.

[6] Richard A. Kulka, et al, *Trauma and the Vietnam War Generation* (New York: Brunner/Mazel, 1990), 145, 152.

[7] Armen Keteyian, "Suicide Epidemic Among Veterans," CBS News, November 13, 2007.

[8] Mark Kaplan et al, "Suicide Among Male Veterans: A Prospective Population-Based Study," *Journal of Epidemiology and Community Health,* 61: June 14, 2007, 619.

[9] R. Rogers, J. Denney, P. Krueger, R. Hummer, "Adult Suicide Mortality in the United States: Individual and Contextual Covariates," September 29, 2003, Southern Demographic Association Annual Meeting, Arlington, Virginia, 13.

[10] John Keegan, *A History of Warfare* (NY: Vintage Books, 1993), 3.

[11] Gwynne Dyer, *War: The Lethal Custom (*New York: Carroll & Graf, 2004), 65, 82.

[12] Leo Tolstoy, *War and Peace* (New York: Alfred A. Knopf, 2007), 775.

[13] Jeffrey Simpson, "Attachment Theory in Modern Evolutionary Perspective," in Jude Cassidy and Phillip R. Shaver (editors), *Handbook of Attachment* (New York: Guilford Press,1999), 115.

[14] Ian Suttie, *The Origins of Love and Hate* (London: Free Association Book, 1935), 15-16.

[15] J. Douglas Bremner, *Does Stress Damage the Brain?* (New York: W. W. Norton & Company, 2002), 3-4.
[16] Ibid, 6.
[17] Turhan Canli, "The Character Code," *Scientific American Mind,* February/March 2008, p. 55.

[18] MHAT, 2006, 21-23.

[19] Judith Herman, *Trauma and Recovery* (NY: Basic Books, 1992), 54. ❑

Heroes as Mentors and Role Models

Peter Petschauer—Appalachian State University

The persons who we choose as heroes say as much about us as about them. They may even be projections of our better selves or the hopes for these better selves. Our choices may also say much about the stage of life at which an individual has arrived and this stage's aspirations and hopes. No doubt, the selection of heroes has shifted as well because of the modern means of communication,

In a more traditional society the horizon most likely enlarged from childhood to adulthood, but today even at a young age heroes can be persons who are not necessarily close physically. In a traditional society young individuals tended to choose persons in their immediate surroundings; even adults most likely chose persons in these surroundings; and as seniors they fell back on admired persons of their childhoods while retaining the ones of the earlier adulthood. Because of modern means of communication, individuals can chose persons to be admired from their immediate environ-