



PTSD and Children of Survivors

By Aphrodite Matsakis, Ph.D. From Vietnam Wives: Facing the Challenges of Life with Veterans Suffering Post-Traumatic Stress, by Aphrodite Matsakis, Ph.D. Copyright 1996 by Sidran Institute Press. Not to be reprinted without permission of the publisher.

When Dad left (for Vietnam) I was not told too much why he had to leave and what he was going to be doing. . . . I cried terribly when he left, and emptiness and fear flooded my body and mind.

My father came home with a hearing impairment. . . . His resentment today toward his deafness is still eating him up inside, because it has gradually gotten worse over the years. He had changed a great deal when he got home. His nightmares and diving in the bushes from his fear from the war were a few things I heard and saw. His drinking got a lot worse, and so did his anger. Violence entered our house for the first time roughly a year later from his return from 'Nam. He physically abused me and the rest of the family. Verbal abuse almost all the time. I never, never knew what to expect. . . . Him being so unpredictable aroused a tremendous amount of paranoia in my daily living.

It seemed like he had his own war he was fighting inside himself, and with the effect of alcohol he couldn't control his unbelievable rage that would explode in front of anybody. My resentment toward my mother grew also. I felt she didn't care for us kids or else she would protect us from this insane man. It was terrible, horrid fear in her eyes and face when Dad would lash out and attack us as if we were the enemy.

A lot of bitterness, hatred, anger, resentment, and absolutely no pity for him was all I felt for quite a few years. I felt I was trapped in a vicious circle of fear with no way out and no one around to understand me and talk with. I became an extremist for destruction and hate

and blame toward myself. I held myself responsible for my father's behavior, because I felt I was unacceptable and hated in his eyes.

For over 10 years it never dawned on me my father's behavior might be caused by what he went through in Vietnam.

I was ashamed of myself and felt extremely guilty for all the years of condemning my father to hell when he was already in a living hell of guilt, remorse, and hatred toward himself.

I can assure you I have been deeply affected directly from the war in Vietnam. I couldn't be excused from it because it came home with Dad and lived in our house for a good portion of my life.

Today, though, I am trying to learn and understand the destruction the war placed on our combat vets and Vietnam era vets. It tears me up inside to see their unmistakable misery within. I have seen it with my own eyes with my Dad.

I will never forget the craziness and insane behavior from both myself and my father in the past. But my awareness and acceptance is the biggest asset I have today. I am working on all those feelings I have suppressed for several years and to me, this is the best thing I can do for myself. To keep trying and keep loving him for who he is and where he's been, and to understand it was not me who should be responsible any longer for his behavior.

—Kid of a vet

When Adolescents Express Anger

Adolescence is a time in life when children try to establish an identity of their own—apart from their parent's expectations of them. This process of separation and personal growth is called individuation. The tendency of adolescents to rebel against parental and other authority figures is, to some extent, a part of their effort to find out who they are.

In homes where the father suffers from PTSD, normal adolescent tendencies towards separation and rebellion can combine with the children's need to distance themselves from the veteran's agony or anger. Problems arise when the children's need for distance or self-assertion takes the form of rejection or disregard for the veteran.

The adolescents' negative attitude towards their father might be their way of defending themselves against feeling overwhelmed by the father's emotions or feeling helpless to help or "save" the father. Yet the veteran in the midst of a painful PTSD episode may not interpret his son's or daughter's rejection or indifference to him in such an objective or insightful manner.

Quite to the contrary, the hurting veteran is likely to perceive his child's negative attitude towards him as a form of "friendly fire."

Imagine how a combat vet feels when his 15-year-old son or 18-year-old daughter snickers at him or ignores him at the very moment he is feeling most vulnerable or out of control (such as when he is angry, numb, confused, or weeping due to a PTSD-related flashback, nightmare, depression, or anxiety attack)? From the veteran's point of view, his own children are now mistreating him in the very same way his country did upon his return—with ridicule, rejection, and indifference.

Being spit upon by strangers is one thing, but being symbolically spit upon with sarcastic looks and words by one's own children is quite another. Such behavior on the part of adolescents can deepen the veteran's depression and sense of isolation—as well as ignite his rage. The stage is then set for an ugly family fight where no one wins. The only casualties in this fight are the people who probably love and need each other the most—the family members themselves.

More than one Vietnam wife's heart has been broken as she has seen her husband and teenage children snarl at each other and perhaps even come to blows. It is difficult for her to stand by and do nothing, no matter how adept she is at detachment. Yet when she attempts to intervene, she may be considered a "traitor" by all. Both her husband and children expect her to be on their side and their side only.

During such awful moments, the Vietnam wife has no one to turn to and no one to help her. She too, can feel helpless, powerless, and angry as the family life she has tried so hard to create is torn asunder. All her sacrifices and efforts seem to be being blown to bits, not by enemy fire, but by some kind of emotional time bomb planted within the hearts of her family members by a war fought in rice paddies long ago.

“It’s so sad,” comments Margaret, who has seen her husband and teenage children “go at it” dozens of times. “The children have felt unloved and criticized by their dad all their lives. When they were young, they accepted the way he treated them. No questions asked.

“Now that they’re older, they know better. They know most dads don’t spend most of their time in the basement and they’re angry that other kids have dads who go to school events and take them places and their dad doesn’t—or can’t.

“When they were little, they were too afraid to tell their dad how angry they were. But no more. Last night my daughter said she’d get pregnant with a Vietnamese boy if my husband yelled at her one more time. Then my 18-year-old son said he’d forget about college and join the Marines so he could go crazy . . . just like dad.

“I try and get my husband and kids to talk it out peacefully, but they’re all too raw to talk. One of them always says the wrong thing and that starts the civil war all over again. “All any of them want is love. All my husband wants is to think his kids care about him. All they want from him is to hear him say, ‘I love you. I wish I didn’t have these problems from Vietnam, but I’m going to love you anyway—best I can.’

“And if my kids could just say, ‘Dad, we love you. We missed you all those times you were in the basement. We thought you didn’t like us and when we needed you we were scared to ask you for help. We might be growing up, but we still need a dad. Please come be with us, my husband would probably start crying like a baby.

“But talking like that is impossible in my family. My husband is too angry and too proud. And now the kids are just like him—angry and proud. So all they do is fight and pop one smart remark after the next.

“When I try to intervene, they tell me it’s none of my business. But how can it not be my business: they’re my family.”

Secondary Traumatization

One type of family which is considered dysfunctional is the enmeshed family. Joleen and her mother illustrate a case of mother-daughter enmeshment. Such enmeshment can also occur when one of the children becomes traumatized by the veteran’s war experiences. This process, called “secondary traumatization,” has been found not only among children of

Vietnam veterans, but also among children of World War II veterans with PTSD, and among children of the survivors of the Nazi Holocaust.

In secondary traumatization, the child, in some manner, relives his father's traumatic war experiences or becomes obsessed with the war-related issues which trouble and concern the veteran. The child may even manifest symptoms similar to the veteran's. The child may have nightmares about Vietnam, or combat, or worry a great deal about death and injury. Vet Center counselors report that, in some cases, children as young as three or four years old have learned to imitate their fathers and hide under their beds when an airplane or helicopter flies overhead. Whether or not these children actually experience fear or are simply imitating Daddy is not known.

In families of World War II veterans where there was secondary traumatization, R. Rosenheck also found that "for some of the veteran's offspring, their father was, by far, the most important person in their lives. It is as if they were constantly together, constantly embroiled in a shared emotional cauldron. For these children, life seems to have been a series of anticipation of, and reactions to, their father's moods, impulses, and obsessions."

In another study, Rosenheck cites the case of Alan, the ten-year-old son of a Vietnam combat vet who, although he did not have nightmares, had great difficulty sleeping because he "worried about being killed or kidnapped. His main fear was that he, his father, or both would be shot 'like in the war.' In many of his (Alan's) fantasies, it was as if he was living in one of his father's flashbacks rather than in his own reality." In the Vet Center study, about 65% of the counselors polled observed symptoms similar to the veteran's in his children. This does not mean that 65% of the children of Vietnam veterans evidence symptoms similar to their father's, but rather that 65% of the counselors said that they had witnessed this phenomenon in some children of vets.

I have observed only one child evidencing secondary traumatization. Like the ten-year-old described by Rosenheck, Ben was obsessed with power and violence. He was constantly playing war games, reading war comics, and only wanted war toys for Christmas. It was impossible to have a conversation with Ben without his mentioning Vietnam and his father's various heroic feats. Despite his superior I.Q., he had trouble concentrating in school and was in frequent fights. His participation in sports was intense, and he admitted, a way to prove to his father that he was as strong and brave as any Vietnam veteran. Ben

would also attack his sisters and the neighbors with plastic swords, hurling anti-Vietnamese epithets.

Children who suffer from secondary traumatization may or may not assume a “rescuer” role in relation to their fathers. The rescuer role may be assumed by another child in the family who takes it upon himself to help make the father happy. Ben did assume the rescuer role and, when he wasn’t playing sports or war games, spent an inordinate amount of time with his father, who was not only his father, but his best, if not only, friend.

At the age of 14, however, Ben, due to the natural changes of adolescence, began to want to separate from his father. Also, he became interested in girls, most of whom frowned on his interest in violence. Yet Ben felt guilty about experiencing the normal adolescent process of separating and becoming an individual, as if in growing up he was abandoning his father.

At the same time, Ben’s father was experiencing his son’s growing up—and away—as yet another loss, rekindling feelings of betrayal and abandonment associated with his war experience. In an effort to hold on to his son (who had been not only a son, but an admiring companion), Ben’s father began to impose unnecessary restrictions on Ben’s activities and to criticize Ben for minor imperfections, leading to further conflict between father and son, and more guilt on Ben’s part.

Ben’s father needed counseling to see that punishments and remarks were not bringing his son closer to him, but driving him farther away. Ben’s father needed to be told repeatedly by his therapist, as well as by his friends who were parents, that losing children in their own lives is a normal part of parenthood, not a personal rejection.

Yet it still felt like a rejection to Ben’s father and, for a while, he considered emotionally divorcing himself from his son and not interacting with him at all. “You don’t have to disappear from your son’s life. You only have to recede gradually,” his therapist advised him.

“Your son still needs you and will continue to need you for the rest of your life. You are no longer in the forefront of his life as you were when he was younger, but this doesn’t mean he doesn’t love you. You need to learn to let go a little bit at a time.”

The therapist's advice sounded easy, but Ben's father had difficulty tolerating the wrenching pain involved with allowing his son to develop his own interests and activities. Losing people is hard for anyone, but especially for Vietnam vets because they have already experienced many losses and because it threatens their sense of control. It highlights their powerlessness over other people, even their own children.

Yet this veteran was able to see that by not being so demanding of his son's attention, and by not creating friction over minor matters, that Ben talked with him more and showed him more respect. The ultimate compliment came when, after a week of watching what he said, Ben's father heard Ben say, "Gee, Dad, you haven't bugged me for a whole week. That makes me feel real good. Like I have a real Dad."

On a day-to-day basis, however, it was usually difficult for Ben's father not to be jealous when his son rushed through dinner and then left to be with his friends. The pain of realizing that his son was growing up, and in small but real ways, progressively leaving him, filled him with anger and despair.

"What my son is doing is all so normal," he told his therapist. "Why can't I adjust?" "Turn the situation around and look at the positive. Isn't your son's growth beautiful? Didn't you play a part in producing such a mentally and physically healthy child? Would you really want your son to have no friends and be glued to you all the time? What if all your son did was hang around with you? Then you really would have a problem."

There were still times when Ben's father had trouble accepting that his son was growing up. But with help, he was able to accept feelings of loss as part of living and to relate to his son in a more constructive manner.

Jim presents another case of secondary traumatization. Like Ben, Jim listened to his father's war stories but, more importantly, was present while his father grieved and expressed great remorse for having been involved in the killing of women and children. Some of these women and children were warriors in disguise; some were innocents. Jim took on his father's guilt, as well as his sorrow, and at age 15 began drinking heavily. While there were various reasons for his drinking problem, the internalization of his father's anguish and guilt was a major cause.

Jim was hospitalized several times for alcoholism. After each hospitalization he attended AA meetings and other recovery groups. However, all his dedication to recovery did not seem to help him sustain sobriety.

Jim achieved sobriety only after the age of 25, when he met and married an impoverished Vietnamese refugee woman who had been brutalized during the war. He not only adopted her children, but her three siblings, one of whom had lost both legs during the war.

“I’ve never been happier,” says Jim. “And alcohol no longer calls my name. There are four people who need me now. I can’t afford to drink.”

Advanced training in psychology is not needed to see that in caring for the traumatized Vietnamese refugees, Jim not only found a purpose for staying sober, but a means of making restitution for the actions over which his father carried such tremendous guilt, grief, and shame.

When the Veteran Overprotects and Overvalues His Children

While withdrawal from both wife and children is the most common pattern, there are instances where a veteran is able to maintain closeness with one or more of his children, but not his wife. Even if a veteran is not particularly emotionally close to his children, however, he may still be extremely protective of them, triple checking their seat belts, carefully screening their friends and activities, or in general restricting their mobility.

In addition to overprotection of children, overvaluation of children may occur. Overvaluing a child does not mean loving a child too much, for there are no real bounds to parental love. Rather overvaluing a child means that the child becomes the parent’s major, if only, reason for living or that the child functions as a symbol or as a form of restitution for what the parent has lost. This results in tremendous pressure on the child to fulfill the parent’s need for a purpose in life or to achieve goals which the parent was unable to fulfill due to the war.

For example, a vet who lost his arm in Vietnam deeply desired that his son become a musician, which had been his career choice prior to his war injury. He gave his son music lessons, took him to concerts, and in many other ways encouraged his son to develop his musical talents. Upon reaching adolescence, however, the son abandoned his interest in music. Initially the veteran argued with him. Yet he eventually realized that he could not

force his son into a musical career. As a result, the vet had to once again suffer his grief about his lost arm and musical career, a sorrow which the hope that his son would be a musician had eased substantially for many years.

Issues surrounding grief become more prominent as the veteran approaches midlife and wants to leave a legacy to the next generation. If his children, whom he values so much, turn out different than he hoped, or, for some reason, fail to idealize him as a parent, the veteran's resulting despair may be great.

For Vietnam veterans, a child's birth may symbolize the rebirth of a dead buddy or of a dead Vietnamese girlfriend. Even if the child does not have a symbolic identity for the veteran, the child may provide the veteran with his only real reason for living. Harry, for example, for all his ambivalence toward his children, has frequently stated (both in group and in front of his family) that if it weren't for his children, he would have killed himself long ago. With his professional skills and ambitions at a standstill due to PTSD, and with his marriage now devoid of love and passion, without his children there "would be no point in living."

When Harry became suicidal, he pasted pictures of his children on his car dashboard so as to resist his temptation to drive his car off the road. His children, particularly Joleen and Harry, Jr., were aware of the pictures and experienced their importance to their father as an awesome sense of responsibility for his well-being and for his very life. As a result, Joleen and Harry, Jr., became extremely anxious about not pleasing their father. If they were delayed somewhere, they were frantic about finding a phone to let him know they were safe; otherwise they were afraid he would think the worst and try to kill himself. On the surface the children's anxiety was not apparent. It manifested itself in a decreased ability to enjoy themselves and a mental preoccupation with their father's well-being.

Even after Harry's suicidal periods became less frequent and less intense, his children showed considerable concern for him and felt it was their role to help take care of him. When Nelda would mention wanting to leave Harry, the children would protest. "You can't do that. Daddy will kill himself," they said.

Today, however, some five years after Harry's last serious suicidal depression, Harry, Jr., seems relatively free of excess concern about his father. Joleen, however, still worries about him and sometimes restricts her activities so that she can stay home and protect her father

from himself. Even though she has been repeatedly told by her therapist, her mother, and Harry himself that he is no longer actively suicidal and that she is not responsible for his well-being, the old notion that she must protect her father still exists in her mind.