COMPARISON OF “RAP” GROUPS WITH TRADITIONAL GROUP THERAPY IN THE TREATMENT OF VIETNAM COMBAT VETERANS

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An estimated 500,000–700,000 veterans suffer from posttraumatic stress disorder characterized by mental flashbacks of the war, recurrent dreams of the trauma, repetitive, intrusive thoughts of the war, irritability, generalized anxiety and difficulty relating to others. For many years, these individuals went undiagnosed and, except for rap groups, untreated. The rap groups were formed to talk about the war in a general debriefing process during the early 1970s. Rap groups failed to focus on the individual pathology, but, instead, provided a forum to refashion value and meaning in the veterans’ lives. Recently, more traditional forms of group therapy have been used to help treat individuals suffering from posttraumatic stress disorder secondary to the Vietnam war. This paper discusses the unique features of traditional group therapy with Vietnam veterans.

Problems of the Vietnam veteran are immense and continue to escalate. Of the 2,769,000 men who served in Vietnam, 57,002 were killed, 303,704 were wounded, and 512,000 have sustained some kind of medical disability rating (Downs, 1979). It is estimated that 500,000 to 700,000 Vietnam veterans are in need of emotional help at the present time (Wilson, 1980), and some researchers believe that as many as 1.5 million may eventually be in need of psychiatric help (Blank, 1980).

The purpose of this paper is to give an overview of the problems facing the Vietnam veteran and to discuss some of the unique characteristics of the Vietnam War that contributed to these problems. The bulk of the article will consist of exploring the diagnosis and treatment of the Vietnam combat veteran with special emphasis on comparing “rap” groups with traditional group psychotherapy in the treatment of the veteran.

UNIQUE CHARACTERISTICS OF THE VIETNAM WAR

Partially as a result of the unusual characteristics of the Vietnam War, most Vietnam veterans hesitate to seek help for their emotional problems. The Viet-
Vietnam veteran's experience was unique in many ways (Figley, 1979). In the first place, there was a lack of the usual unit morale and identification. After training, replacement recruits were transported separately to Vietnam aboard various commercial jets, rather than being shipped aboard military aircraft. Upon arriving in Vietnam, servicemen were rotated frequently during their tours of duty, and individuals joined and left units one at a time rather than as a group. The lack of an all-out attempt to win the war, the nonexistence of front lines, the giving up of hard-won territory, only to fight over the same territory at a later date, produced a lack of commitment in the soldier. Furthermore, the American soldier was often unable to distinguish a friendly civilian from a combat soldier of the enemy.

The unique conditions of the Vietnam War produced cynicism, skepticism, feelings of alienation, and a lack of trust in authority figures (Wilson, 1980). This mistrust of authority has rendered the Vietnam veteran hesitant to seek help from professionals. The Vietnam veteran may be symptomatic for months, even years, before presenting to a therapist, and even then often must be coaxed into treatment by relatives, friends, veteran counselors, parole officers, or others.

SYMPTOMS OF POSTTRAUMATIC STRESS DISORDER

Although symptoms of posttraumatic stress disorder (PTSD) are well-defined (APA, 1980), the veteran characteristically fails to volunteer the information, so that the physician or therapist has to ask specifically about the symptoms of PTSD to avoid misdiagnosing the patient as having alcoholism, antisocial personality, depression or psychosis. Symptoms of PTSD include mental flashbacks of the war, intense memories of the traumatic event, recurrent dreams of the trauma, or a sudden feeling that the traumatic event were recurring. Wives of Vietnam veterans may report that their husbands frequently awake screaming in the middle of the night. Sometimes the veteran may strike out at his wife while sleeping.

Also necessary for the diagnosis of posttraumatic stress disorder is a numbing of experience as demonstrated by diminished interest in activities, constricted affect and feelings of alienation. At least two of the following symptoms that were not present before the war must exist: exaggerated startle response, sleep disturbance, survival guilt, difficulty concentrating, and avoidance of activities that arouse recollection of the traumatic event.

ETIOLOGY

Posttraumatic stress disorder is a response to the fear of annihilation. The traumatic event overwhelms the individual and emotional regression occurs. There are a variety of factors that contribute to the development of PTSD. Cavenar and Nash (1976), in a report of five relatively normal individuals prior to the onset of PTSD following Vietnam combat, supported Grinker and Spiegel's (1963) finding from World War II: “No matter how strong, stable, or normal a man might be, with sufficient stress, he will develop a war neurosis.” Repeated severe trauma in a relatively normal individual may be only one cause for the development of PTSD. Keiser (1968) lists five other contributing factors:

1) Symbolic meaning of the trauma;
2) A weak personality structure that is unable to tolerate much stress;
3) Desire for secondary gains;