



COMBAT VETERANS & 12-STEP PROGRAMS

by Aphrodite Matsakis

As a therapist who has worked with chemically addicted trauma survivors for over 12 years, I am concerned by the lack of understanding about posttraumatic stress disorder among many 12-step program members, and in the recovery literature. It is lack of understanding which contributes to, but does not solely account for, the drifting away of some trauma survivors, especially combat veterans, from 12-step programs.

This article is not an indictment of 12-step programs. Alcoholics Anonymous, Narcotics Anonymous, Cocaine Anonymous and other 12-step programs have unbeatable records in helping individuals overcome addiction. Their message of hope helps counter the negativity and cynicism associated with posttraumatic stress disorder. The groups' many slogans like, "one day at a time," "first things first," and, "easy does it," help reinforce positive coping strategies.

However in some instances 12-step programs fail to meet some of the needs of PTSD-afflicted substance abusers. As a result, some PTSD sufferers drop out of 12-step programs or, if they do remain, stay on the fringes. When veterans quit or minimally participate in AA, NA or CA, they are depriving themselves of 1) the much-needed fellowship of others who are fighting for their physical and emotional survival—even if they aren't combat veterans, and 2) a support system which, unlike therapy, is not only free, but available 24 hours a day, seven days a week.

Not only some combat veterans, but other trauma

survivors like abuse survivors report that at times they "can't relate" to the program, that they feel like outsiders at meetings, or that in other ways the program isn't helpful to them. At this point it is important to differentiate between the formal program which includes literature such as the "Big Book" and "Twelve Steps and Twelve Traditions," and more informal parts of the program like sponsors, telephone calls, meetings and meditation.

The formal literature, although uplifting, psychological and moralistic in tone, does not address PTSD. However, it is not the literature, as much as the more informal aspects of the program—the responses of other program members—which tend to give some veterans the most problems.

For example, given the nature of PTSD, it is to be expected that a veteran may continue to experience PTSD symptoms even after involvement in a 12-step program of his or her choice. In fact, when some veterans stop drinking or drugging, the more PTSD symptoms they can expect to feel, at least initially. Yet veterans may wonder why, instead of feeling better, they are feeling worse. At this point, veterans may feel even more defeated, depressed or angry if sponsors or program friends interpret PTSD as an indication that 1) the veteran is not working the program hard enough, 2) he or she lacks willingness to "surrender" to the steps, or 3) he or she is one of those sorry individuals for whom the program will not work because they suffer from a grave mental disorder or are constitutionally incapable of being personally honest (see "How It Works" from the Big Book).

A popular, but unofficial, program slogan suggests that one can become happy, joyous and free simply by working the program. Such a concept is not found in the 12-step literature, however, which instead continually points out that the program is not a panacea for all of life's woes, warning members to guard against the pink-cloud phenomenon (when members in the first gush of recovery think they don't have to struggle with life's problems anymore simply because they've made some gains in overcoming their addiction).

The reality is that no form of viable therapy or counseling can promise an individual a pain or conflict-free existence, only ways to increase life satisfaction and better coping with inevitable challenges and losses in life. An additional reality for PTSD sufferers is that they may be subject to recurring episodes of intrusive recall and numbing which are, to some extent, beyond their control and which are extremely painful. For such individuals, the assumption that one can achieve a state of nearly constant happiness and serenity simply by "trying harder" can feel like a slap in the face. Some veterans try very hard, but still suffer PTSD symptoms, especially in the first stages of healing. Eventually, symptoms will diminish, but not quickly or easily.

If a veteran in the initial, vulnerable stages of healing is somehow given the message by a program person that pain reflects a personal deficiency or lack of commitment (for example, if a veteran is somehow blamed for his or her own pain), veterans may drop out of the 12-step program either because they are infuriated with the program or because the response from program members has served to convince veterans they are hopeless cases. Veterans may persist in attending meetings only as long as they are required by law, a therapist or another therapy program.

The psychoanalytically minded counselor might label veterans who are disgruntled with or who drop out of 12-step programs as resistant to treatment. However, the label "resistant" is highly pejorative. Perhaps the only truth in such a label is when a veteran who is also an addict, like many other addicts, finds it painful to acknowledge or accept the extent of his or her addiction and the toll it has taken on physical, financial and emotional health of the veteran and family members. Twelve-step programs call this reluctance denial and deal with it all the time in meetings.

Putting the human tendency toward denial aside, however, a veteran's difficulties with 12-step programs also may reflect 1) inexperience or difficulty regarding group participation, especially in a group composed largely of non-veterans, 2) the fact that 12-step programs, while unquestionably effective in promoting recovery from addiction, were never designed to provide psychotherapy or healing from trauma, 3) blame-the-victim attitudes among program members and sponsors which is also common in the general population, or 4) aspects of 12-step programs that are

ill-suited for trauma survivors because they do not address the emotional intensity and cyclical aspects of PTSD.

Some veterans have problems being in any kind of group, even veterans groups, especially if they began to isolate after Vietnam or were loners before. Yet histories of isolation are not unique to veterans: all substance abusers, especially if they are abuse survivors, tend to isolate. For many addicts it is a struggle to be in any kind of group. This is why 12-step programs make such a fuss over newcomers and usually begin meetings by welcoming newcomers by saying, "The newcomer is the most important person in this room."

Alcoholism, drug addiction and compulsive overeating have been called diseases of isolation because addiction creates difficulty in relationships and ultimately destroys them. In the case of an untreated addict or an addict in the first stages of recovery, the relationship to the drug of choice, whether it be alcohol or drugs, competes heavily with all other relationships. If the addiction progresses, the individual's relationship to his or her drug of choice comes to dominate life, beginning a vicious cycle whereby the addict begins to abandon and be abandoned by others, leading to increased need for the drug in order to dull the pain of rejection, loneliness and isolation.

Some of the mismatches between experiences of a trauma survivor and the slogans and philosophies of 12-step programs are listed below.

FEELING THE FEELINGS VERSUS EMOTIONAL BINGES

Trauma generates intense affect, rage and grief. When a veteran is in recovery and no longer uses alcohol or drugs to numb feelings, trauma-related affect and memories are bound to emerge full-force. At this point the veteran should be congratulating him or herself and should be congratulated by sponsors and program friends for having had the courage to feel feelings "in the raw" without the muting effects of a mood-altering substance.

In some cases, a veteran's strong feelings and memories alarm not only the veteran, but sponsors and program friends. Or, because they have never been traumatized (or for other reasons), sponsors and friends simply cannot understand how anybody can be so anxious, sad, mad or afraid. In addition, 12-step meetings are not therapy groups and many meetings frown on sharing that isn't upbeat. Usually members are encouraged to limit the time they talk and avoid using the meeting as a "dumping ground" for personal woes.

As a result, some members may label a veteran's emotional state in the only terms they can understand. They call it an emotional binge or accuse the veteran of "sitting on the pity pot, forgetting to be grateful, attention seeking, or trying to be special or overly

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dramatic." Yet trauma survivors, especially combat veterans, usually have had rather dramatic lives and dramatic emotions tend to accompany dramatic experiences.

RE-EXPERIENCING THE TRAUMA VERSUS DWELLING ON THE PAST

Similarly, when a veteran suffers from intrusive thoughts of Vietnam or other aspects of the intrusive stage of PTSD, he or she may be told they are dwelling in the past, that they are sick because they like pain or that they could be rid of painful memories if only they would be

willing to surrender or let go of the past. Yet, the Big Book itself says, "We must never close the door on the past or regret it," no matter how horrendous it was. Rather, recovery means being able to look at the past, learn from it, and use it to build a more useful and satisfying life. While it may be true that a veteran needs to let go of the past to some degree before he or she can live more fully in the present, this is a process, usually a long complicated process, not a quick surgical operation.

Other responses and suggestions which a veteran may receive which either discount or deny pain or which reflect lack of knowledge about trauma include: "Your personal history doesn't matter. Live in today, not yesterday," or "If you are upset with something, this means there is something wrong with you," or "Everything happens for a reason."

In one instance a veteran who had lost his leg in Vietnam was finally at the point where he could grieve that loss rather than maintain a false bravado. The response he received from a program friend was, "This is a matter of acceptance. You lost your leg for a reason and you have to have faith that God will use your disability for good purposes. Having one leg is like being an alcoholic—it's a limitation, but if you work the steps you can manage it and not be crying about it all the time."

The veteran never returned to AA.

ANGER AND PTSD

Individual meetings vary, but in some meetings the *Twelve-by-Twelve* philosophy that anger is a character defect and the "dubious luxury of normal men" is rather strictly adhered to. Such a view toward anger is

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ludicrous when applied to PTSD sufferers, whether they be combat veterans or incest survivors. For these people, acknowledging the anger and learning to deal with it constructively, rather than destructively, is an integral part of their healing process.

They need a safe place to come to terms with the anger and 12-step meetings may not be that place, especially if others who have little or no knowledge of PTSD or trauma become frightened of a veteran's anger or view it as excessive, inappropriate, unspiritual or as "dumping" on the meeting.

Furthermore, even in meetings where the group norm is to "get the anger out," the intensity of some veterans' anger may alarm some program members who are not trauma survivors, as well as those who are trauma survivors and who have not confronted their rage.

Depending on the situation, it may be well to advise veterans to express the full extent of their anger at the Vet Center or in individual counseling rather than at a 12-step meeting, unless that meeting is particularly receptive to such strong affect.

PROBLEMS WITH MEDITATION

Meditation is a recommended tool of 12-step programs and has helped great numbers of people. However, for some veterans meditation does not produce serenity, but recollections of war or other painful memories. At this point, meditation should be discontinued and some other program tool substituted like writing or telephoning a sponsor. Perhaps focused meditation could be used.

SURRENDERING ONE'S LIFE AND WILL VERSUS PASSIVITY AND THE NEED FOR MASTERY AND COMPETENCE

Some veterans instinctively revolt against the word surrender. It sounds too much like cowardice and defeat. Other veterans cannot accept the concept of a higher power or other aspects of spirituality in 12-step programs, and consequently drop out. Or, they may become infuriated if their sponsor or some other program member suggests the losses they endured in Vietnam were "God's will." (The idea that everything that happens in life is God's will is not official 12-step philosophy, rather it is the view of some members.)

On the other hand, some veterans willingly adopt the concept of surrender to a higher power, but carry to

extremes the slogans, "Let go and let God," and the concept, "I am not in control, God is," when action on their part is necessary. In these cases, 12-step philosophy is erroneously used to reinforce passivity.

In many ways the serenity prayer ("God, grant me the serenity to accept the things I cannot change, the courage to change the things I can and the wisdom to know the difference.") summarizes the 12-step program philosophy. Yet some veterans, due to depression or the learned helplessness resulting from their combat experiences, forget about "changing the things they can" or fear they will become violent if they do attempt to make changes in their lives, especially their intimate relationships.

Recovery from trauma usually entails mastery and competence in as many situations as possible, and increased ability to control one's life rather than be helpless like one may have been during trauma exposure. As a result, there are definite dangers involved when a program member advises a veteran or any other trauma survivor to do nothing and let God or a higher power do it all.

TWELVE-STEP PROGRAMS AND OUTSIDE PROFESSIONALS

Twelve-step programs do not employ professionals. The programs encourage the use of professionals as needed. Sponsors are individuals who have achieved some measure of sustained recovery from their addiction and who are willing to offer their experience, strength and hope in overcoming a particular addiction. They are not supposed to function as physicians, lawyers, priests or therapists. In fact, the 12-step literature specifically states that the purpose of a sponsor is to direct the sponsoree to the steps and to their higher power if they have one, not to give advice.

In practice, some sponsors assume the role of God and try to control their sponsoree's life. For example, some veterans I have worked with in treatment have sponsors who tell them how to run their businesses, how much sex to have and with whom, and whether to stay married or seek divorce. Some sponsors have even discouraged veterans from seeking professional help, especially psychiatric help. "The steps are enough," they say. "If you go to Dr. So-and-so and take medication for your depression and anxiety disorder, this shows you don't have faith in AA (or another 12-step program), or your higher power."

Clearly, such sponsorship violates the rules of AA and NA and undercuts a veteran's recovery. Yet, veterans who have achieved sobriety or become drug-free due to a directive sponsor and who attribute their recovery to their sponsor's "tough love" will have trouble challenging or questioning the sponsor's suggestions.

For example, one sponsor suggested that a veteran attend meetings daily, which is not an uncommon suggestion, but did not take into account the veteran's many other obligations including a problematic

marriage which needed time and attention. When the veteran protested that he needed to spend some evenings at home, the sponsor, a Korean War veteran, replied, "You'll lose your sobriety if you do that. This is a selfish program. If your wife can't take you being gone that's her problem, not yours. If you start drinking again, then she'll complain that you didn't go to enough meetings. This is combat, man. Don't chicken out by staying home with mommy."

COUNSELING SUGGESTIONS

When counseling veterans who are involved in 12-step programs it is useful to remind them that while their addiction and their wartime experiences may be closely related, they are not the same. Healing from one may involve healing from the other, but some of the recovery and coping principles may not be identical. For example, for a veteran who struggled with numbing, confronting feelings associated with war is not regression into an emotional binge, but a great leap forward into emotional health.

For a veteran who is having problems with a sponsor or program friends, it can be suggested that the veteran discuss concerns with those individuals directly instead of dropping out of the program. Veterans should turn to the principles of the program, not just the personalities within the program, for life guidance.

Some veterans need to be invited to discuss any and all problems with their 12-step program, realizing that even though veterans may be different from others in the program who are not trauma survivors, this does not mean veterans do not belong or that the program is utterly useless on a personal level. Such all-or-none, black-and-white thinking, so common among those who suffer from severe PTSD symptoms should be discouraged and combated with one of the 12-step program's most popular slogans, "Take what you want and leave the rest."

It must be emphasized to veterans that it is not necessary to identify or empathize with every person in the room in order to fit in or benefit. Similarly, veterans do not need to agree with every suggestion made at a meeting or by sponsors. Veterans need to learn to trust themselves and discover what works and what doesn't work personally.

Counselors also may want to review Gary Sorenson's article in the December 1985 issue of *Voice* (Vol. 6, No. 11) entitled, "Twelve steps to PTSD treatment prove successful." ■

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