

Vietnam Wives

by Aphrodite Matsakis, Ph.D.

Jewish Vietnam Wives: The Other Forgotten Warriors—Rebecca's Story

The wives and children of Vietnam veterans are the forgotten warriors of the Vietnam War. For them, the war never ended, it just came home. Often they share their lives with veterans afflicted with Post-Traumatic Stress Disorder (PTSD), the name given to a devastating psychological problem that plagues at least 500,000 to one million Vietnam veterans. Some authorities estimate that the number of vets in need of psychiatric help may reach as

many as 1.5 million. Based on this figure, it is estimated 900,000 Vietnam wives and partners and approximately 1,098,000 children may also be affected, not to mention the approximately 4.7 million members of the vet's extended family. Among the afflicted are an undetermined number of Jewish families, such as that of war hero, David.

"I have never set foot in Vietnam. Yet I consider myself a veteran also," says David's wife, Rebecca. "Most Vietnam vets only served for thirteen months. I've lived, breathed, slept and fought with that war for thirteen years."

As the wife of a combat vet with a severe untreated case of PTSD, Rebecca has lived through many crises. Her husband has suffered from the usual symptoms—the flashbacks, the nightmares, the emotional numbing, and the rage reactions. Every Fourth of July, Veterans' Day, and Memorial Day, Rebecca can expect smashed records or another hole in the wall. She can also expect that sooner or later, she will be up all night holding David. For David, as for many combat vets, anger and sorrow go hand in hand.

"Basically, David has a good heart," says Rebecca. "But there's another side to him, the angry side. He has lots of anger, which is directed at everything and everybody,

especially me. Sometimes he goes out and doesn't come home. Now and then he goes camping, but mainly he goes to a nearby Vietnam memorial. He can sit there for hours."

When David falls to the floor with flashbacks or commands her (and the children) to "walk the point" with him, Rebecca and her children fear not only for their own safety, but for his. His moves are unpredictable. He could easily hurt himself in so many ways. How can they protect him? How can they protect themselves? How long will it take until he "comes back" this time? What if he never "comes back" or kills himself to end his anguish?

At such times, Rebecca caresses her husband's face and says, "It's me, Rebecca, your wife. You're home, not in 'Nam. It's me, Rebecca, your wife and I love you." Meanwhile the children automatically remove all breakable objects from their father's path, wipe his brow and whisper words of love and reassurance, just like their mother.

Rebecca and David never join their friends for Chinese dinner and Rebecca never makes rice, Oriental vegetables or any form of barbecue. Rice ("gook food") and burning meat remind David of Vietnam. Popcorn is forbidden too, since David can react to the sound of the pop-

ping kernels as if they were gun fire. On several occasions, he had even confused Rebecca with "the enemy," or with an old man he killed in Vietnam. Yet Rebecca has never once called David "crazy" or threatened divorce. Instead, she has intensified her efforts to please her husband by improving her smile, her housekeeping, and her potato pancakes, hoping, like many Vietnam wives, that love and nurturance can help to bring her husband

home.

From her mother and grandmothers before her, Rebecca learned that being a "good Jewish wife" meant standing by her husband, especially during times of trouble, even during "PTSD attacks." Her self-esteem and identity are rooted in her home roles of wife, mother, and housekeeper, not in her outside role of company supervisor.

When David embarrasses her by disappearing from family gatherings, Rebecca stifles her anger and makes excuses for him—to his parents, her parents, even to the children. She knows that as a result of his war experiences, her husband has a low tolerance for crowds, noisy places, and the emotional intensity of Jewish family gatherings. Family gatherings are stressful for Rebecca also. She constantly watches her husband's face for signs of anger, or withdrawal, and lives in fear that someone will bring up the subject of Vietnam (or war, or politics which is almost inevitable among politically aware Jewish-Americans) and send her husband into a fit of rage—or worse—into a state of numbing.

Sometimes David is a wonderful family man, but sometimes he can stay behind his impenetrable wall for hours, days, or weeks on end. Like many PTSD afflicted vets, he has periods where he is "normal," i.e.,

pain and anger free. But when he withdraws into himself and becomes, in Athena's word, "an ice-man," Rebecca feels as if she is married to a stranger.

The blunting of emotions experienced by David, called psychic or emotional numbing, is a core symptom of PTSD. It is not a sign of insanity, but a normal reaction to an abnormal amount of stress. Under traumatic conditions, such as combat, the combatant tends to repress feelings of anger, grief, guilt, or powerlessness. At the same time, however, he is shutting off his ability to feel positive emotions, such as love, joy, and tenderness. Psychic numbing has been found not only among Vietnam vets, but among WW1, WW2, and Korean war vets, as well as among survivors of other traumas, e.g., earthquakes, fires, floods, rape, incest, or concentration camp experiences. In *Man's Search for Meaning*, Viktor Frankl, a Jewish physician who survived the Nazi death camps, writes that "by means of this insensibility . . . the prisoner surrounded himself with a protective shell."

Psychic numbing was necessary for the veteran to survive the trauma of war. Problems arise, however, when his numb state persists into the present. While numbing may not necessarily create problems on the job, where intimacy is usually not required, it creates havoc in close interpersonal relationships, such as marriage.

"I can tell the minute he walks through the door whether or not his 'Vietnam Wall' is going to be up for the night," says Rebecca. "If it is, there's no chance of sex or any kind of communication. David seems to need solitude so much of the time, sometimes I wonder why he's married at all.

"But he loves me. I know he loves me. And he's a good man, an honest man, who is only hurting himself. But in hurting himself, he hurts all of us—me, and the kids. The only reason he can't feel for me is because he can't feel for himself."

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According to Dr. Candice Williams, who has worked with hundreds of Vietnam families, coping with the veteran's emotional numbing—his tendency to shut off emotionally, to be reluctant, or unable to share on a deep emotional level and to in other ways withdraw from his wife and others is a major problem for most help-seeking Vietnam wives.

Other common concerns of Vietnam wives seen at Vet Centers include:

1. Coping with the veteran's hypersensitivity—his tendency to overreact to his wife's statements and behaviors and to interpret them as insulting to him;
2. Loneliness and social isolation; (Often the vet expects his wife to make him the focus of her life and is jealous of her activities outside the home and her relationships with others, even with other women, members of her family, or her own children. The vet's jealousy creates a special hardship for the Jewish woman who is closely bonded to her extended family or feels a strong commitment to her synagogue or other Jewish groups. It is not unheard of, for example, for the vet to, at times, present his wife with impossible choices, such as, "your mother or me," "synagogue or me," "our son or me." etc.)
3. Coping with the veteran's verbal abuse;
4. Fearing to speak to the veteran;

(One "Shut up! You old shrew!"—can keep some Jewish Vietnam wives silent for years.)

5. Feeling confused about which problems are Vietnam related and which are not;
6. Self-doubts created by the veteran's emotional instability or the family's financial problems;
7. Feeling as if she has lost her identity in constantly responding to the veteran's needs and many family crises; and
8. Coping with the veteran's outbursts of anger, such as destruction of family property.

Many Vietnam wives also feel overwhelmed and resentful at having total or almost total responsibility for the emotional and financial stability of the household. The Jewish woman of Rebecca's generation, who usually expected to be a traditional wife and mother, may be psychologically or vocationally unprepared to assume the role of head of household. However, if her husband's working abilities are impaired by PTSD, the wife must usually assume at least a part time job. Like Rebecca, many wives hold full time jobs, while at the same time shouldering the bulk of the childcare and housework. (According to Dr. Williams, "In many Vietnam veteran homes there is an overattachment to cultural stereotyped roles," despite the "tremendous role changes which have occurred in the family during the past decade." This is especially the case among veterans whose ethnic heritage includes rigid sex role stereotyping.)

While the Jewish Vietnam wife may have to work because of her husband's psychological dysfunctions, in deference to her husband's ego, she may keep this reason to herself. Some wives have even minimized or lied about their salaries. Rebecca, e.g., does not want to "emasculate" David by exposing that she makes considerably more than he

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does. In other ways too, she tries to sustain his belief that he is still the head of the household.

The patterns in David and Rebecca's marriage typify some PTSD-afflicted households. However, their marriage can not be considered representative of all marriages touched by the war. The way in which PTSD manifests itself in a vet and impacts on a marriage varies considerably from one household to the next. David, for example, can only work part time (but pretends to work full time.) If Rebecca did not work, the family could not eat. Other PTSD-afflicted vets, however, are economically prosperous due to their workaholicism, which, in some instances, represents a means of dealing with (or rather, not dealing with) Vietnam issues. Since their ethnic tradition highly values vocational achievement, it is easier (and more acceptable) for them to escape their torment via achievement rather than via drugs or alcohol.

Those Jewish Vietnam vets seen by the author who do drink or do drugs, however, typically do not per-

mit their use of these substances to reach the stage of addiction or to substantially interfere with their work performance. For example, they may drink heavily on patriotic holidays, on the anniversary dates of certain battles, and on weekends, yet also work 10-12 hours a day and be highly admired by their colleagues. Nevertheless, in adopting a life style devoid of emotion, they may be alienated from their families and, over time, their families may emotionally divorce them and develop a life style of their own.

Like many Jewish (and Greek-American and Hispanic) Vietnam wives, Rebecca first turned to her family and synagogue, rather than to mental health professionals, for help. Her parents were supportive, but her mother-in-law blamed her for David's problems. If only Rebecca would give up her job, her ceramics course, and try to be a "better Jewish wife," David would recover. The rabbi was not judgemental, but, not understanding the nature of PTSD, could only suggest that Rebecca pray harder and go home and "give more."

Rebecca hesitated to turn to her Jewish friends for fear of gossip, but her WASP friends were no help either. They felt that while David was "crazy," Rebecca was even "crazier" for staying with him.

Yet, to Rebecca, leaving David felt very "un-Jewish," a betrayal of all she was brought up to be. On the other hand, false comforts, such as, "He'll get over it soon," or denial, such as, "Forget about it—it's nothing" were no solutions either.

As a last resort, Rebecca came to a woman's group at a local Vet Center, feeling guilty about the possibility of revealing "family secrets" to "strangers" and afraid of being blamed for her husband's unhappiness. In group, however, Rebecca is learning that (a) she is neither the cause, nor the cure, for her husband's PTSD; (b) that while she can have compassion towards her husband's PTSD, she does not have to allow herself to be victimized by it, and (c) that she is entitled to some happiness of her own, despite the enormity of her husband's pain. ■

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