



War in Our Minds

Alun Charles Jones*

Department of Psychotherapy, Yale Spire Hospital, UK

Abstract

Psychotherapy is often concerned with wars of sorts, often those in people's minds, with themselves, family members, work and social groups. Conflicts can be misdirected, sometimes towards the psychotherapist and this, to some extent, is what makes psychotherapy such a complex undertaking. This article discusses an episode of psychotherapy and demonstrates ways in which military combat fatigue (complex PTSD) can be lasting, impacting on life and relationships, trans-generationally. The discussion concludes with the idea that developing a trusting relationship and a readiness to address concerns are critical to effective psychotherapy.

Introduction

Psychotherapy is often concerned with wars of sorts, often those in people's minds, with themselves, family members, work and social groups and conflicts can be misdirected, sometimes towards the psychotherapist and this, to some extent, is what makes psychotherapy such a complex undertaking. As a young man in the 1970s, I began a career in healthcare. Being so close to the end of WW2, I met many ex-service men. Some were veterans of fighter command, some of bomber command, some ground crew while others survivors of the horrors of concentration camps.

My father served on various battleships and cruisers during the war, including HMS Renown in the Indian Ocean. As such, tales of war were familiar to me and war torn ex-service men were our mentors and models for life as we grew up in industrial north Wales. I began to realize that our fathers and school teachers were perpetually angry, without fully understanding the reasons why. Similarly, doodles in school books of British Spitfires and German Stukas along with war related comics and playground games were typically consumed with vicariously working through our parents' and school-teachers' war experiences. In part at least, my experiences or wishing to make sense of them directed me to psychoanalysis. Later on in my training, my supervisor and mentor at the Tavistock Clinic in London was a Lancaster bomber pilot, during WW2, and it became evident how wartime experiences influenced the direction of his work with the seriously ill, the dying and bereaved.

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*Correspondence:

Alun Charles Jones, Department of Psychotherapy, Yale Spire Hospital, Croes Newydd Rd, Wrexham LL13 7YP, United Kingdom, Tel: 0774708539; E-mail: dralunjones@btinternet.com

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Stoicism

As a young mental health professional, some of the stories told to me by patients were stoical, some fearful, others angry. All were distressing to each at some level of awareness. As my knowledge of psychology and particularly psychoanalysis progressed, I began to recognize patterns in stories told to me. They usually concerned compartmentalizing feelings in order to continue with everyday life and carry out wartime responsibilities. Loss was a daily occurrence and to give in to the accompanying fear held further dangers of being emotionally overwhelmed and so becoming unable to manage daily duties. Displacement activities were the preferred methods of coping and as such feeling numbed in the face of wartime trauma.

A Case Vignette

To illustrate, I recall an occasion when an elderly wartime veteran, I will refer to as Mr. C, was referred for psychotherapy. His wife had recently died and he experienced marked anxiety yet without clear evidence of low-mood. During assessment he explained that he had no feelings concerning his wife's death and lack of feeling was something he had experienced throughout his life particularly with regards to other people. He further spoke of his wartime experiences as ground crew to fighter planes in Italy along with servicing Lancaster bombers in the UK in preparation for their missions over Germany and the occupied territories. I asked about his feelings in relation to air-crews failing to return safely or sometimes not at all. He gave me a puzzled and slightly irritated look and replied nothing. It was simply how things were. During our interview he revealed that he was troubled by his grandson who was 18 yrs old at the time. I asked what it was that concerned

him and he replied that he wasn't really sure but he was certain that he did not like him. Following our assessment, Mr. C decided that psychotherapy had little to offer him.

Given his age and financial security he explained that exploring his feelings would provide little in the way of emotional benefits but agreed to discuss his situation further with his GP. We said goodbye with the provision of a further assessment should he deem it necessary and I was struck with his formal politeness along with the sense of being disconnected except in a professional way. About a year later, Mr. C returned to psychotherapy but this time at his own volition. He explained that he continued to be troubled by anxiety and to hold negative feelings for his grandson, which was a cause for continuing concern. He spoke of reflecting on our initial consultations and realized that during his wartime experiences, he had adopted a stoical approach to death and the almost a daily loss of life.

We agreed to a further period of assessment, during which time he realized that his lack of feelings concerning his wife's death were linked to his wartime experiences of dealing with loss and possibly the cause of his marked anxiety. He explained ways in which he would feel angry about his loss of youth and the witnessing of young men losing their lives in the most distasteful of circumstances yet could not voice his distress in any satisfactory way.

Emotional Compartmentalization

Subsequently, he began to realize that a wartime method of coping with potentially overwhelming feelings concerned compartmentalization not only for him but others experiencing similar circumstances. Being close to others he decided was not possible because of the potential distress involved concerning loss. He also became aware of ways he envied his grandson's youth and freedom of expression-both denied to him from an early age. Throughout our time together, rapport grew stronger with a greater feeling of warmth, connection and trust. Mr. C's irritation dissipated and he began to acknowledge his previously denied feelings of sorrow and loss and made efforts to become closer to his grandson, while grieving the death of his wife.

Addressing his previously unacknowledged feelings, allowed Mr. C to recognize his sense of anger and emotional deprivation brought about by war and loss of his comrades. Consequently, his anxiety lessened allowing him to live the remainder of his life surrounded by the love and support of his remaining family.

While this account of Mr. C is necessarily an over-simplification of life events along with the process of an emotion focused approach to psychotherapy, it is representative of repressed feelings used as

a means of dealing with potentially overwhelming interpersonal distress WW2 veterans and repression. Interviews with the rapidly declining population of WW2 veterans are almost always indicative of repression or a return of repressed feelings as memories emerge and events are recalled. Demobilization from the armed forces following WW2, was not accompanied by psychological support and I was once informed by a military veteran of the concentration camps in Europe that those who attended reunions were the most likely to survive psychologically.

I have no further knowledge of the effects of Mr. C's wartime experiences on his grandson and other family members. However I do know, experientially, the impact of the Second World War on my post-war generation and our emotional development.

The Return of the Repressed

The Second World War is currently in people's consciousness sometimes because of films such as Saving Private Ryan and Christopher Nolan's Dunkirk. It is also the 75th anniversary of the Dam-busters' raids on the Eder, Mohne and Sorpe dams. My understanding is that following the initial exhilaration invoked by the success of the raids many of the flight crews were distressed to witness their carnage on the return flight to the UK along with the later discovery of loss of life to the crews.

In recent years, I have worked with military veterans involved in current conflicts. Many are of course traumatized by their experiences and are unable to enjoy relationships with themselves, family and friends because of their distress.

Again loss features prominently-loss of safety, oneself, colleagues, family, integrity but mostly someone who can understand and help make sense of the many harrowing experiences, and previously repressed feelings, concerned with war. Exposure to death, directly or otherwise can change the landscape of emotional life.

A Brief Analogy

Drawing on the ideas of Sigmund Freud-Repression can be likened to two fighting dogs with a blanket thrown over them. They continue to fight but can no longer be seen.

Conclusion

Our actions have consequences-sometimes subtle other times not so, sometimes impacting on the wrong people at the wrong time. All have the potential for good or otherwise and are passed on to our future generations. Consequently, it is perhaps the war in our minds which is in need of contest.