

The Marital Journey Home: Narratives from Vietnam Veterans and Spouses on the Impact of Combat

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Abstract

Authors analyze life history narratives of Vietnam veterans and their spouses to study the impact of combat. Narratives indicate informants divide their lives into five stages: (1) Before Vietnam, (2) During Vietnam, (3) Wild-men Running, (4) Reconnecting, and (5) Understanding the Experience. After Vietnam combat, most veteran relationships with women tended to fall into two 'ideal types'—those formed with women willing to share sex, drugs, and rock and roll, and those with women who conformed to more traditional sex roles. Each type of relationship develops in the context of seeking distractions from memories of combat and the ostracism of others.

Key words: life history narrative; combat experience; veteran; marital relationships

Introduction

Combat produces trauma that has lifelong consequences. Combat veterans experience heightened levels of stress, leading to secondary health problems and increased morbidity (Buckley et al. 2004; Elder et al. 1994; Dorcas et al. 2004; MacLean 2010). More recent studies suggest that combat-related stress impacts spouses of veterans in similar but different ways (Cozza et al. 2010; Renshaw et al. 2008). While it is important to learn more about combat-related stress from the perspectives of all who experience it, we attempt to present the perspective of combat veterans and their wives. We must listen to their stories first, if our goal is assuming responsibility for the consequences of combat. Of course, as Shay notes, “listeners must be strong enough to hear the story [of combat veterans] without injury” (Shay 1994), but before one can attempt to hear their stories, one must gain their trust. Qualitative methods, used to analyze life histories, are valuable tools when studying the effects of combat on veterans. Interpreting the narratives with regard to personal attributes, period effects, cohort effects and social stratification we learn that, in any war, the impact of combat on aging varies among individuals, and this effect varies for veterans of different wars. We analyzed videotaped life histories to examine the impact of combat on the lives of aging Vietnam veterans and their spouses. We considered variables such as the veterans’ tour of duty dates, deployment locations, degree of exposure to combat, and development of social relationships before and after combat experience.

According to Hooker and McAdams (2003), people create narratives from their life stories to find meaning in their lives. They edit the stories over time, creating new narratives as they share experiences with others.¹ We spend time reflecting how we think others perceive us, and consequently, we modify our self-images. If the dynamic interaction between researcher and informant alters the essence of self of both participants, it should come as no surprise that the narrative recorded by the researcher—i.e., the cultural artifact—is not the same as the narrative in the mind of the storyteller. It is our main objective to present the research findings from the perspective of the veterans and provide an analysis of the wives’ narratives to offer insight about the viewpoint of the veterans. We recognize, and acknowledge, multiple levels of interpretation of narratives in this endeavor. Primary narratives divulge viewpoints from the standpoint of the veterans. Secondary narratives from the wives highlight the veterans’ perspectives. The tertiary narrative pieces the story together using collective analyses of the nexus of accounts, arriving at conclusions and drawing implications.

Methods

While attending a reunion in 2007, a cadre of 12 Vietnam combat veterans, hospitalized simultaneously in 2006 for Post-Traumatic Stress Disorder (PTSD), volunteered to participate in the primary author's videotaped life history project, motivated to help other veterans. Members of this group refer to themselves as, "therapy brothers" noting the benefits of recording their stories probably outweighed the personal risks. Hutchinson and Wilson (1994) discuss the cathartic nature of similar research implementing interviews, resulting in self-awareness, empowerment, healing, and granting a voice to the disenfranchised. While no one anticipated healing, the primary researcher predicted the study would bring her and others greater awareness of the perspectives of veterans. The primary goal was to grant an audience to veterans to explain how combat experiences changed them.

Classic Grounded Theory (Glaser and Strauss 1967) guided the study. Sources of narrative data began with 12 digital video recordings of semi-structured life history interviews of combat veterans, followed by video-recording a focus group with six therapy brothers and another focus group with their wives to accomplish, "member checking," or content validity of the narratives. Using narrative inquiry, the researchers analyzed a complex, holistic picture of world events, as inhabited and interpreted by the participants (Denzin 2000). This method is particularly helpful when the participants' stories expose suffering (Charmaz 1999). Although we include the excerpts from particular informants, researchers changed names to protect confidentiality. Theoretical sampling led to digital recordings of the life history narratives of wives, in addition to interviews with therapists treating similar veteran populations. Theoretical sampling further guided the researchers in obtaining additional narratives from veterans who never sought in-patient hospitalization. The primary author interviewed therapists while she and her research assistants conducted additional interviews with veterans and their wives.

Life History Interviews

During the reunion, the primary investigator explained the life history project to potential participants and gave each veteran a copy of life history avenues of inquiry that would guide the interviews. The researcher again explained the study at the time of the interviews. She informed interviewees they could later decide to drop out of the study. None did. Veterans reviewed their interviews after filming. The investigator notified the interviewees ahead of time that she would turn the camera off at their request, during the interview, because personal and/or legal stigma might be associated with revealing information about combat. This did happen several times. Each participant signed informed consent documents and provided informed consent again on videotape. The researcher conducted interviews in the homes of veterans or at a retreat location chosen for their comfort. A "PTSD therapy brother" attended the interviews providing emotional support, when the interviewee requested. With veteran approval, the researcher recorded ethnographic field notes after participating in organizational meetings of veterans' groups, after attending public events with veterans, and after visiting veterans and/or their spouses at home.

The researchers used qualitative grounded content analysis, comparing and contrasting narrative elements of video clips and field notes, with particular consideration to four life course elements: (1) veteran personal attributes, (2) stratification patterns of resource capital, (3) age cohort effects, and (4) historical period effects. Initial coding of life history interviews revealed that an identity of "Vietnam Veteran" became the veterans' master status; likewise, combat in Vietnam shaped subsequent life history for all the veterans. With emphatic interest and great emotion, informants discussed combat experiences, despite the fact each indicated talking about what happened in Vietnam was difficult.

Findings

Although life stories evolve as we develop new relationships (Hooker and McAdams 2003), and personal histories intersect when two people move through life together—when we analyze the life stories of veterans and their wives, their quotidian reality is more often separate than intertwined. Narratives of veterans indicate they divide their lives into five stages: (1) Before Vietnam, (2) During Vietnam, (3) Wild-men Running, (4) Reconnecting, and (5) Understanding the Experience. The wives narrate the same stages in their interviews, although they combine "before" and "during" Vietnam as a single life-stage when characterizing their relationships with the veterans. This article discusses relationships throughout, accordingly, referencing these life stages.

Before and During Vietnam

Participants belong to the early “baby-boom” cohort, varying in chronological age (i.e., late fifties to early sixties) at the time of their interview. Personal attributes, acquired before combat in Vietnam, explain much of the variation in subsequent relationships between the veterans and spouses. Life course interviews analyzed collectively, reveal that prior to combat experience in Vietnam, the veterans and their girlfriends were ordinary teenagers, behaving like most others in their age cohort. They spoke of wholesome and playful childhoods, about family, friends, school, dances, sports, fast-food, short-term employment, and other such youthful memories. They discussed their first jobs in soda shops, clothing stores, banks, and as baby sitters. Few spoke of marriage, as most were just kids, discussing dates but not mate selection. Many mentioned dating in groups. One man described “quickie sex” in the back seat of a car at a “drive-in” movie theater. Three women and, the same number of men, discussed life as “army brats,” as their fathers had military careers; none dreamed of military careers for themselves. Rather, most spoke of playing “war” or dressing as cowboys, and pretending to be characters in movies starring the late, John Wayne, who was one of their biggest heroes. The average age of infantrymen in Vietnam was merely 19 years old. The average age of servicemen killed in Vietnam was 23.11 [CACF (Combat Area Casualty File) November 1993]. The average age of the informants was, 58, at the time of the interview and, 19, when they served in Vietnam.

Interviewed veterans came from a variety of religious backgrounds. Before Vietnam, they dated homogeneously. While completing high school, in addition to academic courses, girls studied cooking and home economics, while boys learned about woodworking and machinery. Veterans, who attended college before serving in Vietnam, held higher ranks in the military. It is a myth that a disproportional higher number of blacks compared to whites served in Vietnam, however it is true that whites held most of the military’s higher chain-of-command positions (Boulanger and Kadushin 1986). Race relations simultaneously changed among servicemen in the military during the Vietnam War, as they did stateside, after the Civil Rights Movement began (Andrew 1998; Mack 2003). Few instances of racial disharmony appear in narratives of veterans who served before 1970, while more such instances appear in the narratives of those who served later.

Describing the aforementioned generalities about characteristics of Vietnam combat veterans offers insight into how these variables influenced experiences, but modal descriptions sometimes misrepresent the facts or reality of circumstances. For instance, not all of the veterans recalled high school dances, as those with fundamentalist religious backgrounds did not attend them. Propinquity explains most of the variance of mate selection; albeit, it is noteworthy that none of the participants, who attended college after Vietnam, met their future wives there. The factor of whether veterans served in Vietnam because of the draft or voluntary enlistment does not appear to predict quality of their spousal relationships. The women’s narratives suggest it made no difference to them if the men they dated volunteered or wound up drafted. They worried about their safety in all cases. The narratives indicate only 25% of informants ended up drafted and half of the remaining 75% volunteered for service. Several volunteers thought that by volunteering they improved their chances of influencing their post locations and Military Occupational Specialty (MOS) assignments; the others volunteered for various reasons.

Regardless, attempts to control job placement often failed because military resources, tactics on the ground, and surprise military engagements, on both sides, constantly shifted where and what posts they filled. Education and scores on different aptitude tests, better predicted assignments to duty stations and, consequently, the intensity and duration of combat. Higher educational level and higher military rank did not necessarily protect them or cushion their experience. College graduates, who served as first lieutenants, often described themselves as ill-prepared to lead infantrymen, and the men they supervised affirmed this. The best predictor of lifelong impact from service in Vietnam seems related to the intensity of, and proximity to, combat experiences. The greater the combat exposure, the more trouble the veterans experienced forming emotional and intimate bonds with women (Figley and Nash 2007).

The narratives reveal that, as young veterans, they never discussed their problems in terms of PTSD or any other mental illness. They spoke—instead—of a difficult “job” which left them with intrusive “bad memories” and nightmares. All military personnel likely understand that war is hell and that veterans never forget the atrocities they witness while serving, but analysis of life history interviews comparing those with and without combat experience implies those without such experience know little about how veterans interpret and react to combat stress. The women interviewed fit into the “know little” group, indicating they feared their husbands’ behavior, some for as long as forty years before the men received treatment.

We attach narratives about experiences to ourselves as we build character, causing a metamorphosis to occur, and we incorporate memories of the past into our personal attributes. This occurs, even when memories are somewhat inaccurate. In narratives conjured from memories about photos taken during the war, men describe what happened in Vietnam and what happened on the home front. They said a great deal about “Hanoi Jane” Fonda, calling her “the stupid traitor who came to Vietnam to help the Vietcong [to win the War] and call the GIs baby killers.” They also spoke about young adult sexuality, and comments about the sexual revolution varied tremendously, depending on what year the men served in Vietnam. Some experienced the sexual revolution before, while others experienced it during or after military service. Several men described initial sexual experiences and initial combat experiences occurring during the same year. They used expressions, such as “cherry boy,” to describe sexual virgins and those without their first kill. Matsakis (1996) notes women indicate sexual arousal and men’s combat nightmares are related.

The narratives include excerpts from Lucas and Susan, the only couple interviewed who married before service in Vietnam. Lucas shipped-off to Vietnam in June of 1966, prior to the tumultuous events shaping the second half of the decade of the 1960s, prior to the sexual revolution, and before the assassinations of Robert Kennedy and Martin Luther King. Lucas and Susan grew up in the same New England town. They belonged to the same Parish, attending the same church services:

I can’t remember a time when I didn’t love Susan. I used to tease her about marrying her one day. I had to wait, of course, until her parents let her date—and even then, we went out in groups. We were a pair during her senior year. But, I decided to join the Marines. When I came back from basic training, I asked her to marry me.

Later in the interview, Lucas explains he looked forward to Susan’s letters and dreamed of better times to come: She rented an apartment and decorated it for us while I was in Vietnam. She wrote lots of letters, but sometimes I got several on the same day. She told me about our bedroom, and about the curtains she made—and that girls were wearing shorter skirts. I didn’t have the heart to tell her about anything that mattered over there. Why frighten her?

Susan commented:

I felt like a princess at my wedding and at my prom. Lucas wore his dress blues, and I wore my wedding dress to both events. We were both virgins when we got married. Lucas is the only man for me—I wrote to Lucas every day—describing everything that I did, and everything about people at home. Lucas wrote me when he could, I guess. He always wrote about how much he missed me. He never wrote about the war, except once when he said his clothes were “stuck to his body” and his feet were raw with blisters.

These excerpts suggest a relationship based on traditional sex roles. Lucas went to war supporting his new bride, who stayed home to decorate their apartment with curtains she made herself. Unlike many other failed veteran marriages, Lucas and Susan’s marriage endured.

Other relationships with women beginning at this time are more representative of the one between Steve and Cindy. Steve arrived in Vietnam, single, one year after Lucas, therefore experiencing the dawn of the sexual revolution before leaving for Vietnam:

It seems like I was always falling in love. I was a good dancer, and the girls at the teenage club—even the older ones liked me. I was engaged to Luellen when I left for Vietnam. She wrote in the beginning, but the letters soon stopped. When I came home for R&R, I had the Hong Kong flu. She came to see me and tried to crawl into bed with me. Sex was the last thing on my mind. I wanted her to leave. I told her I couldn’t marry her, now or ever. She didn’t seem to care. She said she met someone else, anyway. Then, Cindy came to see me with the baby. I fell in love with the baby. Six months later, Cindy and I got married in Hawaii on my next R & R. When I came home from Vietnam—although I loved Cindy and the baby, all I wanted to do was get back to Vietnam. I couldn’t stop thinking about the guys still there. Everything at home had changed, and I didn’t belong anymore.

Steve and Cindy agreed about his choice of an army career. According to Steve, he returned to Vietnam, expecting his wife to be faithful—but shortly, thereafter, his sister wrote him—explaining Cindy took off with another man. His sister also reported that Cindy was afraid of Steve because Vietnam had “changed him.” Divorce papers awaited Steve upon his next returned home:

Yeah, I didn't get a "Dear John" when I was Vietnam—I just quit getting mail. And, I finally contacted the Red Cross—and they said she was fine, but she was in New York City. So when I got home, I was told that she wanted a divorce. She said there was no reason, but there was a reason.

Most of the men who elected participation in six weeks of in-patient therapy for PTSD, in their late fifties or early sixties, never married before or during service in Vietnam. The men experienced sex and combat during the same early stage of life and this juxtaposition of happenings impacted their future relationships with women. Personal attributes affected the quality and durability of marriages; additionally, tour of duty dates and period effects co-occurring in Vietnam, and at home, affected relationships. Apparently, socio-economic stratification did not significantly influence relationships.

Wild Men Running

Interviewees provided insight into why many veterans got lost, distracting themselves to avoid self-revelations and, consequently, why some women wanted to leave them. Veterans who haven't studied psychology are unfamiliar with the psychoanalytic concept, "defense mechanism," although they recognize they attempted to distract themselves from "bad memories" of combat. Greg notes he avoided people to escape "invasive inquiries about combat that came at you from all directions." Greg expressed, he did not want to think about the questions or the answers, especially with people who never went to Vietnam and who, thus, could not understand the hellish experience:

Everything had changed; I was an outsider. The social circle had changed for me. When I got home, I wanted things to be like it was—and all anybody could ask me was how many gooks I killed...that's how everybody referred to the Vietnamese, as gooks, which in French terms means foreigner—but little did we know, that we were the foreigners. And that was the only thing anybody wanted to hear from me was how many people I killed, or what I did in Vietnam, and I felt out of place.

Narratives about coming home begin with experiences of 'short-timers.' They discuss their longing for, and anticipation of, "going home." In this instance, the narratives get blurry, largely because human nature causes veterans to blend some of their own experiences with stories told by others. Upon returning home, many passed through large, metropolitan airports and bus stations, facing assaults from protestors. The primary researcher observed Dave's heightened state of emotional arousal, as he discussed his repatriation:

Stewardesses served Joe and me drinks on the plane. At the airport in San Francisco, people were waving baby killer signs. I grabbed the throat of one asshole in the crowd, and Joe pulled me off of him. I was pumping. The cops came and took us to our gates, 'Calm down', we were told. If it weren't for Joe, [inaudible mumble] I might have killed that guy.

The narratives reveal that, if Vietnam combat veterans remained in the military, their wild nature would emerge at their next duty station:

I went to Korea, after Vietnam, for probably around 14 months—15 months. And that is where I kinda went wild. They had arches when you went into the replacement center that said, "The army's best kept secret," and believe me, it was. Anything—and everything—you ever wanted to do in the world, you could do there. There were no taboos. If you had the money, you could do it. It was "party city"—that is where I really got into self-medicating. You know, you can't shut your brain down—it was hard to shut your brain down. My drug of choice was downers—something to put me out, put me to sleep. Because I couldn't shut my brain—off. So during that whole year, while I was in Korea, I stayed stoned. Even though I worked for a four-stared general, and took care of his helicopters—when I worked, I was straight—when I got off work I was stoned, totally.

Veterans note they had difficulty forming intimate relationships because they were "numb" from combat:

It was like a—I came back from a very—I mean, I killed a lot of people, and I "lost" a lot of people—and I saw a lot of people maimed. And, uh, I'm lucky to get out of there with my life. Uh, you don't go through that—you don't do those things—you don't kill human beings and not pay for it. And I paid for it, every day of my life—one way or another. You know, it's not—you don't go there and do that, and then come home and be all, "la-di-dah." You know, it's—I came back here, it was like a "cartoon." People were upset about, you know,

I don't know—the little [superficial] things. Yeah, they haven't—they're not putting a "4 x 5" on somebody with a "sucking" chest wound—then you've got a fucking problem. You know, but, so it was just "rinky-dink bullshit" to me—that's what ruined [relationships]. Trust issues and, uh, being "numb," not being able to feel. I mean if you have, if you're so "numb" that you can't feel—any more than that door does over there—and you have a relationship with someone that does feel, then it's kind of out of balance. You have to be able to share with someone else, and if you can't do that, then it only lasts a certain amount of time.

Relationships the veterans initiated with women tended to fall into two "ideal types,"² connections with women willing to share sex, drugs, and rock and roll—and relationships with women who conformed to more traditional sex roles. In the latter group, the men and women led parallel lives within the confines of traditional sex roles, spending relatively little time together. The men married both types of women. Several of those married to traditional women admitted they secretly enjoyed the company of women from the other category—sharing sex, drugs and rock and roll—and this behavior sometimes caused friction within their marriages.

Greg, an African American, served in Vietnam during 1971-72, graduating from college before enlisting in the U.S. Marine Corps. As an only-child, he noted several times he regretted going to Vietnam: "My parents didn't know anything about 'only-child appeals.'" Greg decorated his home with photos of other black comrades he served with in Vietnam. "The brothers, kind of, hung together," he said, "and after Vietnam," he continued:

I figured that I could pick up where I had left off when I came back. Man, I know everybody gotta be (*somebody*). My damn life just flipped. When I came back from Vietnam, I almost got put out of the family. Basically, I did because, at that time—and maybe that was God's way of saying, "You know what—man—that ain't what you're supposed to do. My mother and my grandmother—they done figured out for me—I was supposed to be a minister, you know what I'm talking about? And look at me now—when I got home, everybody acted like everything should be the same—the people at the church, my Mama, my girlfriend—but nothin' ain't the same. They all were crazy. Man, I thought I was the same, but I wasn't. I started runnin'—man, I hightailed it—went up to Baltimore and hung out with some buddies of mine. Three guys just can't live together, because we made a little pact—the "do's" and the "don'ts."—and then they start doing some of the "don'ts." Hey, you know, the hell with this—this ain't for me.

Greg ran, but he returned to his home in South Carolina. He fell in love, got married in the church his family attended and had two kids. He admitted his infidelity to his wife who eventually left him:

I think, all us my age can say—when I was at this crossroads, I made a left—but had I made a right, I wonder what my life would have been like. Sometimes I call myself crazy for doing that—'cause my life changed so much. I had all these high hopes and aspirations. But I tell you—that really pissed me off, then, and it still does today. I think the military knew I had PTSD when I came back—because I was not the same guy. I mean, I know—now. For a long time, I [inaudible]—everybody was saying, you were in the Marines—you went to Vietnam, you're mentally crazy. Yeah, "You're crazy," but you gotta play like you are sane. That killed me, because I was so afraid of being truthful about how I really felt and the stigma that was going to be attached to it—not just to me, but to my family. I played a role for 30-something doggone years [trying to act normal]. I'll never forget, my ex-wife told me—she say you know what, you need to go see a damn psychiatrist—you crazy.

Greg listened to his wife's pleading and eventually asked for help in 1973, but was told by the VA to "suck it up and be a Marine." He didn't see this as a viable solution, so instead left the Marines. Still feeling unstable, however, Greg kept "running" and decided to join the Air Force:

The Air Force was just a 9:00 to 5:00 job. I had a couple of uncles in the Air Force, so I knew a little bit about that. Plus, it seemed like a safe place. By that time—I had my heart smitten, and I figured it was [sic] a good place—steady income, raise a family.

Like Steve from the previous narrative, Greg re-enlisted in the military, but doing so did little to tame the wild man Greg became. He incurred a serious back injury (L4,L5) in Vietnam, and the VA performed surgery in 1992 prescribing him morphine subsequently when the pain did not subside.

He sought drug rehabilitation after becoming addicted to morphine, but the VA continued prescribing morphine, anyway. Greg discarded the morphine, favoring pot:

Yeah, Yeah. I would have stayed in the air force—I woulda retired if I had stopped smoking pot. I'd been smoking pot since, hell, probably—I quit smoking pot in 2004 because the doctor and I used to always get into it. "I'm just as concerned about me, as you are," [I used to tell him]. Pot did me better than the damn morphine. He suggested that I should go see a psychiatrist—and hey, I said, "You set up the appointment, and I'll go." I thank him to this day for it. I betcha I talked to that psychiatrist for about 5 minutes, and she said, "I want to bring someone else in on this"—and she went and got another doctor—and said, "You know what? You suffer from PTSD." "With, what?," [I said]. "PTSD," [she said].

Traditional women often reprimanded their men concerning their bizarre behavior, but the men say in their narratives they couldn't control themselves:

My girls use to have to wake me up by pushing me with a broom handle because I would jump so violently, and I could have hurt them. I have all the normal things that you hear—I sit in specific places with my back to the wall. I scan every room I go into, to pick the most formidable opponent—who would be...the best one in the room to start with, if I needed to get in an elevator and look for ways out. Sounds, smells, get me—I will never forget what that smelled like. I once had to stop Linda and tell her I had to check in a trashcan outside of a rest stop. I had to look inside because it smelled like rotting flesh—I had to check and make sure. You just don't get that smell out of your nose. I had never smelt what I did there—forklifts being used to just push hundreds of bodies into mass graves at the end of the airstrip. It was just a smell that I can't get out—never will. Then, there are the helicopters going over, that trigger me.

Although he told Linda he needed to check something in the trashcan, he never explained that the familiar smell of "rotting flesh" drove him to investigate the circumstances.

Reconnecting

The narratives suggest that wild men returning from Vietnam felt they "ran away" from others to avoid torment. When spouses inquired about their experiences in Vietnam, the men simply refused to talk. Most of the married men preferred to hide in their "man caves," or to go fishing or hunting, to avoid confrontations with their spouses. In other words, they participated in activities that distanced themselves from their wives, as a coping strategy. They more easily connected with nature through outdoor activities and other hobbies, although the connections they made are possibly very different from similar connections made by individuals who never experience the trauma associated with combat:

A group was together all last week, and we all agree that we prefer to be outside than inside. I feel more a part of the earth and part of what's going on when I'm in my garden. When you listen to all the birds—birds are like gun shots—you can tell the difference in the sounds. What is it? It's so amazing. You only come this way once. When I'm dead and gone, I'll never see the development of these different flowers—and how pretty they are and how nice they smell—the new blooms that come with the peaches, the pears, the plums, and everything—all the different colors, and all that. I love it.

Their charade lasted for years before the men realized that while they ran toward connections in nature, they also ran away from self-disclosure. Avoiding connections, especially when distracted by drugs or alcohol, meant limiting their opportunities for self-reflection through symbolic interaction. That is, they did not reflect on their personal behavior with regard to the images others held of them. Some attempted using seemingly more functional strategies to distract themselves, such as becoming workaholics. While this took their minds off their surreal, nightmarish combat memories of Vietnam, and fostered connections with co-workers, it tended to negatively impact their most intimate family relationships. They identified "fitting-in" as the primary goal of returning veterans.

One readily available protocol—commonly understood as a means for obtaining the "normal" status—is to marry, raise a family, and blend into the landscape. The institution of marriage holds the process of socialization as paramount.

Marriage constantly reinforces expected behavior and values, allowing for a sense of normality to emerge. Mead (1934) concluded that—through socialization, a person has the ability to imagine himself from the viewpoint of other people. Marriage and traditional gender roles helped restore the absence of normalcy from the standpoint of the veteran, but others close to the veterans did not share this mindset. One of the veteran's daughters offered her insight:

Look at this picture of Dad [a traditional family pose], he has a new baby, a smiling wife—and he is desperately trying to fit in. His white button down shirt is rolled to the elbow, he hides his war scarred arm, his hair is disheveled, the tie isn't tied right, and the smile—it is the smile that doesn't reach his eyes.

The narratives imply the men exploited, perhaps subconsciously, the distractions that marriage and a family provided. The women's narratives indicate the women assumed all the traditional responsibilities such as housekeeping, cooking, and acting as the gatekeeper of the family—in addition to fulfilling their mother figure roles, protecting the children and ensure the solvency of their marriages. Any such variance from the traditional marriage caused an imbalance of adjustment, regardless of whether self-evaluations reflected the real or imagined evaluations of others.

As some men returned home, they hesitated about starting families, which further interrupted their transition. Questions clouded their vision of what the future held for their ability to procreate. Some of them pondered things like—will my babies be born healthy—because, yet to be substantiated rumors floated around about the side-effects to newborn children from exposure to toxins in Vietnam. Some questioned whether, as a couple, they could conceive—because others might question their manhood, if they experienced unforeseen complications. Narratives also reveal additional sources of potential obstacles possibly hindering transitioning back into society, such as period effects (e.g., *Roe v. Wade* allowed abortions) and the philosophy of social responsibility through zero population. One spouse stated:

That's when they were saying a lot of the babies were being—excuse me—were being deformed or had some problems. If there had been—the father was exposed [to Agent Orange or other toxins]—I think it was always in the back of his mind about that—and then Mimi did miscarry the first time, but then they had Lexi—and then the next one they decided not to have [aborted], so that was what happened.

In the wives' narratives, women describe themselves as “Wives of Vietnam Veterans,” creating a master status balancing that of their husbands. Some lived in the shadows of the Vietnam War for over forty years, battling elusive “bad memories” alongside their husbands. It seems they adopted their husband's Vietnam experience as a part of their own identities. The tapestry of narrative reveals complementary spousal statuses. The women experience pride from protecting the veterans and their children. With casualties of their own, they rightly accredit themselves—as veterans of another ilk, in the context of a different kind of war. A daughter states:

My mother spent so much time “tiptoeing” around him that I began to believe it was all her fault and to this day our relationship suffers because of what I call her “controlling ways.” These controlling ways were the essence of her protecting my father and protecting us.

On numerous occasions, such protection shatters relationships with adult children. The veterans considered failed relationships as “casualties of war.” The wives helplessly watch as their husbands withdraw from the children. What's more, they suffer from witnessing their husbands prematurely age due to the internal combat-related stresses they continue fighting. Physicians diagnose the men with heart problems, diabetes, hearing loss, and what seems to their wives as scores of other illnesses linked directly to Agent Orange exposure. One respondent noted, “I am his cheerleader.” She tiptoes through her own fears of losing her husband while actively supporting him during endless appointments with medical specialists, counselors, and group therapy sessions—and spirited debates with the Veterans Administration—and, as she notes, “my dress rehearsal,” as she attends funerals of their friends. Matasakis (1996) writes, “Military Vietnam wives are often strangled by the expectation of being silent heroines and unacknowledged pillars of strength.”

Despite the wide range of educational backgrounds, the wives—with no exception to race, class, or educational levels—worked outside of the home in order to help finance family life. As they continue offering both economic and emotional support to the family, the unintended consequence is that relationships between spouses become unstable. Women find themselves constantly rearranging their lives.

When asked why she gave up her thriving small business, a wife states with a deep sigh:

Because Lee got sick and my daughter wanted us to move out closer to her so she could help take care of him—and try to help get things because we didn't know what was wrong with him at the time. We decided to be closer to her and to him—we would move and that she could help me take care of her Dad.

The women used distraction apparently as much as the men by focusing their attention on their jobs, caring for the children, and advocating for their husbands. Essentially, the women used distraction as a means of survival.

As sex roles are changing, some women refuse to stop working. Mary explains:

We can now afford for me to retire now. After he got out of the hospital, Joe began to get 100% disability pay. But, I need to go to work to get away from him. He wants me to stay home with him, but I don't think that would be good for him. I need to have a life of my own, to spend time with people who are not so nuts.

Understanding the Experience: The Present

Therapy creates an avenue for renegotiating relationships, and interpersonal relationships with spouses improve when men receive effective therapy, yet relationships improve in a nonlinear fashion. Two of the veterans remarried during the reconnecting period, forming relationships that benefit from insight gleaned from previous failures to connect with women. Rick explained, "Barbara approached me. I tried to run, but she was direct and self-assured. She could take care of herself and expected only that I be myself." Steve notes, "I married a spiritual feminist. She understood herself and helped me to accept myself." The marriages of these couples are characteristically different from others described in this study because they transpired after the men had mostly stopped their running behaviors, and they connected with women whose lives transcend traditional sex roles. When the men stop running, they are ready to search for meaning beyond what is trite and prescribed with regard to sex roles. Therapy teaches them to meditate to reflect on past experiences. Previous failed relationships lead them to search for emotional and spiritual intimacy in relationships with women. The men also transcend traditional sex roles and hook up with women that are ready to do the same. It is no coincidence that the women have also been scarred previously by elements in their biographies.

It becomes apparent from most of the women's narratives that they knew more about PTSD than the men before hospitalization, perhaps because several of them searched for information to help their husbands resolve combat-induced troubles. The women first suggested therapy. The wives of in-patient veterans found relief and expressed thanks after receiving the "PTSD" diagnosis which the medical professionals offered to explain the crazy behavior; at least, now, they understood their husbands' conditions had a name. The wives hoped the men would come home after receiving extensive in-patient therapy, finally able to speak to them about their experiences in Vietnam. Before the veterans worked on relationships with their spouses, they first needed to share their stories with others who also experienced combat. The ones who completed the in-patient programs began understanding themselves and learned why they acted the way they did after Vietnam. More importantly, they acknowledged spending years running from themselves. In therapy, they learned to ask their spouses about the things they needed from them, and the spouses received literature explaining the diagnosis of PTSD. The narratives from veterans who experienced in-patient therapy differed from veterans who only received outpatient therapy.

The narratives from veterans whose therapists also experienced combat differed, as well. The veterans point out they more easily trust and feel comfortable disclosing details about themselves to therapists who also experienced combat relative to therapists who never experienced combat. They affirm that it is possible for them to gain the trust of people who never saw combat, it just takes a little longer. Likewise, they find it easier trusting new people if someone, whom they already trust, introduces the strangers. Despite the fact PTSD is a common mental disorder affecting many people who experience trauma, the narratives of these veterans suggest that prior to 2005, when they finally received effective therapy interventions, they did not know such a diagnosis existed or that its symptoms related in any way to their dysfunctional behavior. The men rejected the diagnosis, initially, especially if someone other than their wives suggested that perhaps the disorder fit their symptoms. In fact, they did not think of themselves as mentally ill. Until they sought help, they just assumed one never really "recovers" from combat experience. Many of them simply thought that "bad memories" are the predictable consequence of doing their "jobs." If they understood they should seek help, many did not know how to ask for help, or where to go or who to ask. The veterans heard stories about other veterans the VA hospitals turned away.

Ralph said, “I don’t ask for nomedals. I don’t want no money. I am not sick. I just want some help so I can sleep. Why can’t people remember that they asked us to do this job—and help us?” Many of the veterans describe themselves as regular people who simply did the “job” their country asked them to do. All of the men, even the “unlucky” ones who resented the draft for sending them over to Vietnam, expressed wanting to be remembered for honorably serving their country.

The veterans who received in-patient therapy immensely appreciate the coping techniques they learned to help deal with bad memories. They appointed one of the therapy brothers as spokesman for the group to facilitate discussions. In this capacity, he said:

...the real value of SIPU [the therapy] is that extended period of time. For that, six weeks, we were actively in classes going through the process of learning a great deal of ourselves and what was bothering us. The thing I found most important in all of this was that forty years later these were my guys. We discussed things about Vietnam. It was like forty years later this family had come back together—a feeling of brotherhood—a feeling of, “we had been down the same road together.” It was a comforting feeling to me because these guys were just like me—they were experiencing the same things that I was. And yet, with the interaction that we had with one another—it was therapeutic because then I realized that this was something that was a part of me. And this is something that I didn’t have to be ashamed about—that I could discuss with my family and friends, and that made a great deal of difference. It took a lot of pressure off of me because I didn’t have to internalize it. I could now tell my sons, my wife, and I could tell my mother-in-law. I didn’t feel like I was some kind of monster.

The veterans learned in therapy that seeking distractions from traumatic memories is a normal reaction to extreme stress. They realized they no longer need to smoke pot or get drunk as a distraction from bad memories, although some still choose these means because they like the way it makes them feel. They do not like medications prescribed for sleep. They noted, “That stuff turns us into zombies.” Notwithstanding their admission of rejecting some of the prescribed medications, they acknowledged that various distractions are more socially acceptable than others. The veterans expressed their newfound desire to help others, especially other veterans, describing “helping distractions” as a conscious mechanism. Some adaptively distract themselves as active members of veterans’ organizations staying involved with causes that benefit their local communities. Lucas is the treasurer for Knights of Columbus. Rick is an officer of his local chapter of Vietnam Veterans of America. Daniel, who ran from family gatherings in the past, is now organizing extended family reunions. Before he died two years ago, Greg had become a Deacon in his church. The spokesman volunteers for his local VFW group. Ralph has organized fishing tournaments to raise money for cancer, and Steve and his wife take telephone calls from veterans or their wives in the middle of the night, who just need to talk to someone.

It is remarkable that the veterans continue volunteering their time helping others considering they have poor diagnoses of service-connected chronic illnesses. Secondary health problems include ailments such as coronary artery disease, congestive heart failure, diabetes, cancers, and a plethora of orthopedic injuries. Through therapy, the veterans learned that aiding others is a healthier distraction than running away. Furthermore, helping others wins approval from the veterans’ wives as being a noble cause that is less maladaptive than some of their other behaviors. In fact, the “substitute” distractions produce cooperative efforts when men and women choose to volunteer for community service projects together. One couple mentioned going to the airport weekly to welcome home military personnel returning from Iraq and Afghanistan. Organizations like Vietnam Veterans of America and Disabled American Veterans have women’s auxiliary groups that facilitate cooperation.

The in-patient veterans recognize they accepted the therapy because they had support from their wives. The wives recognize the role they played in getting the men the help they needed:

You know they could not have done this if they didn’t have the support of us—their wives. You had to put your life on hold, and there is a cognitive decision about your husband that he really needs help. My husband and I—that was the longest time we were away from each other since we have been married. That was a very traumatic situation for me to all of a sudden have him out of my life, and I was out of his life. We had to make a sacrifice, too. We made the decision they needed to go. The reality is that [the therapy] is good, but it is very difficult on the spouses and family, too.

Some women refuse to make this sacrifice and their husbands never receive therapy. The latter are unlikely to receive education from local veteran clinics; they miss the opportunity of learning about the benefits of “helping distractions” and other therapeutic coping methods. One wife noted she resents all the attention her husband pays to others. “He seems to help everyone but, me and the children.” Another wife noted, “I don’t want my husband to go to the hospital. He is so crazy—they might never let him out.” One wife insisted that therapy isn’t necessary. She said, “I just wave my bible over Johnny’s head to shake the devil out of him when he acts crazy.” Johnny’s narrative includes the following, “I like to go to my man cave when I’m feeling bad. I smoke some weed and then I feel better.” These narratives suggest that while some women are catalysts who encourage their husbands to get help, other wives hinder the men’s efforts to seek help—from being uninformed or because they lack an inclination to move beyond the status quo. Interestingly, when veterans remain “stuck” in a state of limbo and do not receive needed therapy, the wives must seek their own distractions to avoid spending time with men who remain wild—weaving in-and-out of the relationship to keep it together. Work and faith are two examples of institutional distractions women used to escape problems in their relationships.

The veterans and their spouses agreed mostly that the government-run systems providing health care services to military personnel, veterans, and their dependents are inefficient and ineffective. The spouses indicated being frustrated because forty years passed before their husbands received mental health treatment. They also remain irritated about the lack of help services provided to spouses and children, who care for wild men running away from bad memories of combat experience. Some wives conveyed that retirement seems appealing, but they continue working because their jobs provide the veterans with private health insurance. Some families receiving disability payments opt not to reopen their cases to report new symptoms, because they fear the VA might declare the veteran mentally healthy due to his ability to file the necessary paperwork. One narrative included a discussion about a friend who lost his “100% disability” status after undergoing prostate cancer surgery. The explanation of benefits stated the veteran no longer qualified for “disability caused by cancer” because they cured him by removing the cancerous prostate. It went on to explain, that if he got cancer again caused by Agent Orange exposure, he would have to start another claim. Discussions about benefits are most often listed in veteran publications and agendas at meetings of veteran organizations, and usually the discussions are about benefits being denied to other veterans. One of the wives stated in her interview:

Somebody needs to explain—my husband, Joe, was the same place as Marty. He’s got cancer, can’t work, can’t sleep—me an’ the kids are scared of him. Why can’t he get in group? How the hell is this not military connected when he and Marty were in that same sprayed field? There is so much damn paperwork—and all of it just to figure out how not to help people. They know they have the problems, but they don’t want to help us.

A veteran complained similarly in his narrative about the backlog of help:

I talked to a friend yesterday. The way they got groups now--you gotta sign up. They got a backlog, you can’t get in. They take in a load for seven weeks—no nine weeks, and then take in another load. Come on, now, you got people waiting. What’s going to happen when one of those persons waiting commits suicide, or kills somebody, or does something stupid? You look, and see this guy was on a waiting list. Oh no, he wasn’t on the waiting list. That’s what they’re going to tell you. That’s how crazy it is.

Discussion

Summarizing what we learned, we need to underscore the limitations of this study. For the sake of full disclosure, the primary author is the wife of a Vietnam veteran, and his narrative is included in this study. The second author is the daughter of a Vietnam veteran, and her mother’s narrative is also in the database. A neutral researcher conducted each of these interviews to avoid potential conflicts of interest. We obviously have a special interest in particular narratives from the sample, yet we made every effort to remain impartial while conducting the interviews and analyzing the data. Our dataset includes no life history narratives from women who lived with men who died during the wild man running stage of life, nor does it include narratives from women who left wild men who did not settle down. Others collected such narratives (e.g., Matsakis 1996; Hocutt 1997; Baker 1983). Future researchers should include such narratives to enrich the knowledge base on the impact of combat on spousal relationships. Considering the dynamics of American society, our government sends citizens to battlefields to perform their “patriotic duty” of protecting freedom, liberty, and justice for all.

Supporting this causesome experienced the draft and others volunteered to serve in Vietnam. Although some volunteered for adventure or economic opportunity, all “answered the bugle call” and bravely stood their posts, honorably sacrificing their youthful innocence because their country asked this of them. Every war is hell. Soldiers in any combat zone, using primitive survival instinct, must abdicate their natural, empathetic ability to feel human pain (Hedges 2003). Veterans from every generation likely experience some degree of ambivalence—to use whatever force is necessary for survival, on one hand, and to make moral judgments, on the other. Our society’s interpretation and sentiments about military warriors’ actions, as well as, the level of public support of wars during different time periods varies throughout our country’s history. Veterans from different wars experience variation in adapting to life afterwards because the social response when they come home varies. WWII is known as the “Great War.” Parades and confetti created a welcoming mood for these veterans, as did the cadet corps nurses recruited to treat their injuries. The Korean War veteran was forgotten by the VA medical system for years, and this group of veterans get little help or media attention. Media attention to the notoriety of Vietnam War veterans is plentiful, and discussions demonstrate many Americans consider the Vietnam conflict “regrettable” (Ballard-Reisch 1991).

The narratives of Vietnam veterans and their spouses reveal that combat veterans suffer from more than PTSD induced by combat stress. Veterans also express legitimate anger, responding to an unsympathetic faction of our culture vilifying and labeling them as drug-crazed baby killers, repeatedly highlighting the Vietnam War as an example of misguided American imperialism. Therapists define certain veteran behaviors as a disorder, rather than a normal response in the context of others’ behavior. After the VA denied treatment to many Vietnam veterans for decades, after medical practitioners labeled their problems “unmanly,” after getting spit upon and shunned by fellow Americans, unable to proudly list their military service on their résumés fearing retribution or discrimination—many of them unsurprisingly reacted, claiming, “We went fucking crazy.” From the perspective of the life course, this craziness spilled over into a desire to move on from the experience and fit-in with other Americans, by finding a girl who loved them and then raising a family. However, war trauma, on top of the perception of horrific treatment at home, it became difficult to realize these dreams. With the distance and comfort that time affords, and with therapy finally offered after forty years of suffering, the fortunate among them have relationships that allow them to cooperate to help other veterans. Even the most successful personal relationships, however, paid a heavy price for military service to our country, and the majority of relationships still suffer.

For some couples participating in this research, the first time they discussed Vietnam together was when the principal investigator presented her preliminary results to them. Some couples found discussing the results cathartic, presenting an opportunity to begin healing emotional scars and righting wrongs of the past. After hearing the results, one wife expressed that her husband finally spoke about his time in Vietnam and also about the problems in their relationship. Vietnam veterans and their wives unite in their efforts helping other veterans, interpreting this social response using metaphors of illness. “Our society is sick,” and their prescription for treatment needed—they say—is a display of respect to all veterans who honorably serve their country. The authors agree; there is much we can learn from their narratives.

Notes

1. The theoretical paradigm of symbolic interaction suggests something similar. In his teaching about mind, self, and society Mead (1934) noted that the self is created in interaction with others.
2. According to Weber ideal type is fictional in the sense that it is a “utopia [that] cannot be found empirically anywhere in reality” [Weber 1904/1949, 90]

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