

## **Clinical Social Work and the Culture of War**

--Milton Kalish, LCSW

I believe that like physicians, mental health professionals have the responsibility to address both the clinical problem of war-related trauma and the underlying causes of war itself. The greatest advances in medicine were made by mitigating the conditions underlying disease, such as contaminated public drinking water, untreated sewage and poor personal hygiene. From that perspective, I want to explore some possible applications of our clinical expertise to the problems of war, including war-related trauma, battlefield sociopathy, the anti-war movement, and the ruling elites who apparently have led America from the permanent cold war economy to the permanent War on Terror.

The idea of a permanent War on Terror has become acceptable to so many Americans because the prerequisite psychological conditions making war acceptable have become permanent fixtures in American culture. Since 9-11 these conditions have been exacerbated by the increasing influence of religious fanaticism in America, and by the Bush administration's promotion of a climate of fear and terror. This is the culture of war.

In his book, *War is a Force that Gives Us Meaning* (1), veteran war-correspondent Christopher Hedges describes many of the elements of this culture of war, among which are: mythification, glorification and sanctification of war; the vilification and de-humanization of enemies; attribution of atrocities to the enemy while denying our own; and suspension of critical thought in the simplistic belief that winning the war will solve all of the complex problems involved. In addition, Hedges points out that war allows us to transcend the mundane aspects of ordinary life by participating in a collective enterprise seen as noble, glorious and selfless, thereby enabling us to discard traditional values, taboos, and a sense of personal responsibility that would otherwise mitigate against violence. All of these factors allow ordinary citizens to deny, minimize or rationalize the horror of war's mayhem, violence, death and mass destruction of civilians. This may also be true of the ruling elites who seem to be in denial about the escalating human and environmental disaster resulting from what I see as a global predatory corporate lust for wealth and power through overwhelming military force and weapons of mass destruction. Perhaps they actually believe that in this way America is promoting freedom and democracy.

From a psychological point of view, the culture of war resembles the mind-set of high-conflict divorce. Like the culture of war, the defenses of high-conflict couples typically include splitting, vilification and grandiosity, denial and projection, and projective identification, resulting in ego-syntonic cycles of aggression that are mutually provoked and mutually traumatizing. Although a small proportion of such cases make significant improvement with intensive treatment, the clinical prognosis is usually poor, and the children of high conflict divorce become psychological casualties.

Twentieth century warfare has incurred massive emotional trauma, both for military personnel and for civilians. Christopher Hedges states that 20<sup>th</sup> century wars worldwide have produced 62 million civilians and 43 million military killed. He does not estimate the numbers of wounded, maimed and/or emotionally traumatized, nor the impact on their spouses, children, parents and friends. According to an article in the *Boston Review* (Feb 99), 90% of the 35 million war casualties since

WWII have been civilian. I think that the increasing frequency and lethality of warfare in effect creates massive waves of trauma that impact whole societies and cultures for many generations. From the clinical perspective, trauma if untreated contributes to ongoing cycles of aggressive and/or self-destructive behaviors.

Treatment of war-related trauma and sociopathy has been underprioritized in our society.

Although this is not a research paper, my impression is that despite the recent increased availability of treatment for veterans having PTSD and the development of effective trauma-focused therapies such as EMDR and CBT, treatment for many traumatized veterans, especially homeless Vietnam veterans, has often been inaccessible or clinically ineffective (2). Many of our veterans volunteered while naively believing in war, but became disillusioned when confronted with the reality of battle, focusing instead on staying alive by any means including the indiscriminate killing of civilians. Many soldiers became emotionally incapacitated from battle-related trauma; some could not even begin to fight. Others became battlefield sociopaths who engaged in orgiastic torture, rape and mass murder of masses of civilians. I believe that the numbers of battlefield sociopaths have been underreported because this is bad press. I do not know whether any treatment has been attempted for such veterans.

Although some may think it impractical or naïve, I am proposing the idea that working to prevent war may be more effective than trying to provide treatment for the victims. I would like to encourage clinicians to think about how we can use our professional expertise to work toward averting war itself. In this regard, the following are some suggestions that I hope will spur discussion, help foment more ideas, and lead to effective actions. My suggestions begin with the easiest to implement and proceed to the most difficult.

Support groups for political activists and organizers who are open to our help could address feelings of burnout, powerlessness, frustration, intimidation and despair, and encourage expanded visions for action. I think that clinicians could be effective with this intrinsically motivated population because this type of motivation is often associated with positive clinical outcomes.

Organizational consultation for progressive organizations could help them to more effectively organize and coordinate their efforts, despite the interpersonal difficulties and ideological differences that so often have disabled the progressive movement. Both consultation skills and clinical skills for dysfunctional families would apply to this work.

Educating the public about the psychological underpinnings of the culture of war is more challenging because access to the public is mainly controlled by the major media. Some possibilities for clinicians to reach out to the public include editorializing in local newspapers and on alternative radio stations, public speaking in local schools and churches, and through the Internet.

Even more challenging is developing a clinical strategy to reach out to uninvolved citizens who have given up on voting or political involvement due to feelings of alienation, intimidation, powerlessness, isolation and depression about the circumstances in the world. Such a strategy might make a tremendous difference by increasing the voting base of the progressive movement. Clinicians often treat clients who struggle with similar feelings in their personal lives and we have many strategies to help them get unstuck. We may encourage them to become more active in life circumstances, to be more assertive. Clinicians could make an important contribution by developing

approaches that apply our clinical knowledge to empower and energize the disengaged, and possibly to teach lay persons how to do this.

We can work to develop a clinical strategy to reach out to traumatized veterans who have not recovered from PTSD, and to empower them through involvement in the progressive movement. This may have the dual effect of significantly contributing to their recovery as well as making an impact on public opinion. Many Vietnam veterans organized and made an important contribution to the anti-war movement in the 1970's, why not now?

We can develop ways to reach out to alienated members of the powerful elite. This idea continues to nag at me, because I think that there are alienated members of wealthy and powerful families who potentially could become influential allies of progressive causes. I once met such a person who was unable to effectively voice her opposition to her family due to inability to separate emotionally from them. The work may take a number of forms, including: dealing with individual separation/individuation issues, treatment for overcoming social anxiety and fear of public speaking, facilitating meeting with similar minded people, encouragement to connect with mentors and role models, as well as direction to educational resources and organizations active in their areas of interest.

Psychology has been very effectively applied by financial and governmental institutions to promote their causes through advertising and propaganda.

Military and intelligence organizations use psychological concepts with the specific logistical goals of terrorizing, demoralizing and/or dis-empowering opponents. As psychotherapists, we can make a unique contribution by using our clinical

skills to influence the country to move toward more humanitarian and peaceful solutions to conflict, more socially responsible and just values, and more environmentally sound policies.

1. Christopher Hedges, War is a Force that Gives Us Meaning, Anchor Books, N.Y. 2002
2. To my knowledge, there is no comprehensive statistical information on the effectiveness of treatment of American veterans having PTSD (N.J. Dunn, "Treatment of Depression in Patients with PTSD" VA Medical Center, Houston TX, 2002). Although the Palo Alto VA provides statistics on numbers of veterans currently receiving compensation for PTSD from recent wars, they do not provide the total numbers of veterans having PTSD. The definition of PTSD for veterans seems to be controversial: Hedges op cit claims that 95% of veterans become unable to continue to fight; the Veterans Administration claims a much lower figure for war-related PTSD, and it is not clear whether they are talking about the same thing. My conversations with Zora Alkolki MFT, who has extensive clinical experience with veterans, and Tom Tillacson, PhD, who wrote his thesis on the treatment of veterans, indicate that PTSD treatment for veterans is currently more accessible and more effective than after the Vietnam War.

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