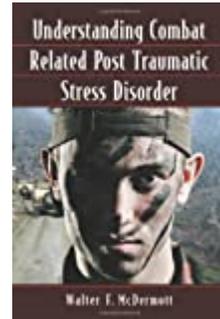


**Walter F. McDermott.** *Understanding Combat Related Post Traumatic Stress Disorder.* Jefferson: McFarland, 2012. 210 pp. \$39.95 (paper), ISBN 978-0-7864-6946-8.



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*Understanding Combat Related Post Traumatic Stress Disorder* is a book about the invisible wounds of war. Walter F. McDermott notes that in the United States and Great Britain alone there are hundreds of thousands of war veterans suffering [post-traumatic stress disorder] PTSD symptoms (p. 1). He discusses the effects of PTSD on not only the veteran, but also the spouse. To better understand the veteran's psychological pain, the author often equates the effects of this combat disorder to rape.

McDermott states that because he is a Vietnam combat veteran, 9th Infantry Division, he is uniquely qualified to write this book. As stated on the back cover of the book, he is also a clinical psychologist with a PhD; he has worked for the Veterans Administration, Jacksonville, Florida, for almost thirty years; and he is an instructor at the University of North Florida. McDermott's therapeutic thrust is based on cognitive psychotherapy, his military experience, and the development and refinement of his own therapeutic techniques. Yet we ought to be mindful of the old American Indian proverb "you never really understand a person until you've walked a mile in his moccasins." This is especially true with regard to those of us who are burdened with this albatross of PTSD. This is not intended to mean that McDermott is not well qualified to write this book, for he is. What it

means is that his perspective does have its limits.

The book is divided into twenty-four chapters, a preface, and an index. It contains only five pages of bibliographic entries and 138 endnotes. In addition, the author provides two pages of resources for veterans and their families so they can more easily find the help that they need to deal with PTSD and the numerous issues associated with it. The book is well written although at times it is quite difficult for the nonprofessional to understand. The primary audience for this work are veterans who suffer from PTSD and their families. In the introduction, for example, McDermott identifies two general officers, Carter Ham and Gary Patton, who sought treatment for PTSD. Knowing that even generals may suffer from this disorder should help soldiers realize that PTSD can affect everyone.

The first six chapters are rather short. They focus on issues that lay the groundwork for the therapeutic process that the author advocates. Other chapters address the history of combat disorders, symptoms and the diagnosis of PTSD, PTSD rates, and effects on family members. These first chapters are meant to encourage soldiers to seek help and convince family members that the veteran needs their understanding and support.

In chapter 7, using a lot of metaphors, the author describes various types of psychotherapy and points out their strengths and weaknesses. McDermott sets the stage for the type of therapy that he favors—cognitive psychotherapy. In the next chapter, he discusses this therapy in detail. The main advantage of cognitive psychotherapy is that it reduces PTSD symptoms. However, it does not cure it.

McDermott devotes the following three chapters to some of the issues that contribute to the disorder's development, such as how we see the world before and after combat, or as he suggests our shattered assumptions. As a result a soldier's broken world model is not replaced with wisdom; instead it is replaced with flawed and distorted dysfunctional beliefs (p. 40). When this happens isolation and mistrust occurs in the mind of the PTSD veteran. Often the result is fear and anxiety, which he discusses in chapter 10. He analyzes psychological treatments for fear in chapter 11.

Chapter 12 is the first of eight chapters in which he examines specific ailments that often accompany PTSD. In addition to the ones we typically associate with PTSD veterans, for example, nightmares and flashbacks, anger and violence, and substance abuse, he also discusses memory loss, low self-esteem, etc. Of particular interest is his enlightening chapter on social avoidance; he explains why some veterans prefer an isolated lifestyle. It is in this lifestyle that they feel calm and secure (p. 87).

In chapters 20-21, the author covers medications

and experimental treatments. In chapter 22, focusing on chronic pain and PTSD, McDermott discusses five myths about pain. He describes the relationship between pain and psychological factors, followed by psychological treatments for chronic pain. The author concludes this chapter with an interesting discussion about Phantom limb pain. For example, he notes that even though Admiral Lord Nelson lost an arm in battle, he often said he could still feel his arm. Another example is a reference by Dr. Silas Mitchel, a Civil War physician, who reported that amputees complained that their lost limbs had returned to haunt them (p. 169).

Chapter 23 is devoted to mild traumatic brain injury which is caused by explosive concussions, typically IEDs and suicide bombers, while the last chapter examines special combat veteran populations, specifically army medics and marine corpsmen and prisoners of war (POWs). When POWs return home they quickly receive psychiatric and psychological assistance. Unfortunately for the medic and corpsmen, the necessity of providing such assistance is not as readily acknowledged.

*Understanding Combat Related Post Traumatic Stress Disorder* represents a significant contribution to the literature. This book is a must read for veterans who either think they suffer from combat stress or who have been diagnosed with PTSD. Families of such veterans also need to read this book for their loved ones desperately need their emotional support and understanding. In addition, this nation, through the Veterans Administration, ought to make this book mandatory reading as a part of the therapeutic process for veterans with PTSD.

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