



Let Us Cross Over the River and Rest Under the Shade of the Trees



**The Emergence of Memories of War
When Combat Veterans are Dying**

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Shortly after 3 o'clock, a few minutes before he died, he called out: "Order A. P. Hill to prepare for action! Pass the infantry to the front.

Tell Major Hawks...."

He left the sentence unfinished, seeming thus to have put the war behind him; for he smiled as he spoke his last words, in a tone of calm relief.

"Let us cross over the river," he said, "and rest under the shade of the trees."

Shelby Foote on the last words of Thomas "Stonewall" Jackson, 1863

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Introduction

Rick fought in World War II. He saw the carnage of D-Day, the Battle of the Bulge, felt euphoria at the German surrender and nerve-wracking anxiety as he anticipated being sent to the Pacific for an invasion of Japan that never materialized. When he returned home he rarely spoke about what he'd seen. When he did talk about the war he was careful to sanitize his account, cleansing it of blood and hiding the anguish he'd felt. These things he kept to himself and tried to forget.

When he was diagnosed with lung cancer fifty years later, Rick tried pushing down his thoughts and feelings about this too. As the disease progressed, however, anxiety about his illness burst into his consciousness. So did memories of combat. As Rick tried to find words to describe what it was like to live with cancer, he also began searching for words to describe what had happened during the war. It was as though the two were somehow entwined.

Reflecting on what it was like being stuck in a hospital bed, dependent on medications to control his pain, his body withering beneath the advance of illness, he said, "It's like when I was in Europe during the war. I'm scared, my body is on the chopping block, there're things I can't control and it looks like I'm going to die." Over the next several weeks this insight provided a perspective from which he was able to draw important personal lessons and gain some measure of peace about his death and the war.

Many times I have worked with men like Rick whose longstanding silence about combat begins to shift, sometimes subtly, sometimes dramatically, when they are diagnosed with a terminal illness. As they look back, some will look for ways to process this emotionally-charged material before they die. Others who have spoken openly for decades about their war experiences, but kept the deeper layers of these events hidden, may suddenly feel the need to bring these layers to the surface.

This article will consider why memories of combat often push into awareness as the final months or weeks of a person's life approaches. It will look specifically at two areas of concern: the impulse toward life integration at the end of life; and the potential parallels between the experiences of combat and terminal illness. All names and identifying details in the cases that follow have been changed. Some cases contain composite information to further protect the privacy of those involved.

Life Integration

In Leo Tolstoy's book, *The Death of Ivan Ilyich*, as the main character nears death he inwardly struggles to make sense of how he has lived. Much of what he sees troubles him. Things he once believed fall into doubt, things that were once important now seem trivial. Tolstoy tells us that as insight dawns, Ivan Ilyich, "lay on his back and began to review his whole life in a different light."⁽¹⁾ In the final moments he is able to look honestly at his life in all its many dimensions. Despite the pain this causes, in the end Ivan Ilyich finds peace from having done so.

The process of integrating and accepting one's life, or of finding some sort of resolution for those things that cannot be accepted, is often described as "closure." It's a deceptively tidy word for a process that can be very difficult and labor intensive. For combat Veterans, integrating the experience of war can be especially complex. Memories of savage violence may blend with those of courage and sacrifice, which results in the surfacing of emotionally charged experiences dense with trauma and moral ambiguity. Assimilating such things into the larger arc of one's life can be a real challenge.

The following will explore three intersecting reasons such memories often emerge at this time: the impulse toward life review; the potential for intense memories to stand as metaphors and blueprints for who we are and how the world works; and the existence of "unfinished business."

Life Review

It has been pointed out time and again that when people reach the last chapter of their life journey it is a natural and healthy tendency to look back and think about what it all meant, pulling out themes and threads of meaning, significant events and so on. In their book *Giving a Voice to Sorrow: Personal Responses to Death and Mourning*, Zeitlin and Harlow put it as well as any: "When death is imminent, many people feel an urgency to tell their own life stories, even if only to themselves. They experience an impulse to think back on their lives and to integrate their discrete experiences into a relatively coherent narrative of their time on this earth."⁽²⁾

When we look back we inevitably select significant memories as markers, symbols and reference points of the life we have lived. Often what we select is embedded with emotional and psychological significance and captures events and relationships that are particularly important, formative and revealing. What we focus on and what we ignore depends on countless, often unconscious, choices we make as we sift through the past.

When a terminally ill patient looks back on a life that includes the horrible intensity of combat, such events can punctuate the entire landscape of memory, demanding and drawing attention at every turn. As one Vietnam Veteran put it, "I thought I'd locked all the stuff that happened in 'Nam down in my belly. Now that I'm dying it's all coming back up and I can't stop thinking about what I saw and did over there."

James was a navigator on a flight crew for a B-24 bomber during World War II. By the time he was admitted to hospice he was unresponsive and near the end of his life. His daughter Beverly had created a loving space in her home and surrounded him with photographs, pictures and significant objects. Several of the photographs were from his days as an airman and one of the objects was a well-worn brown leather flight jacket.

According to Beverly, her father had never spoken with family about the war though he'd kept many letters and photographs from that time and attended every Air Corps reunion he could. She'd tried to get him to talk about the war, sensing it had been a seminal event in his life, but he'd always refused. In

the week or so before he slipped into a coma James had, without prompting and much to her surprise, started talking about the war.

He was tentative at first. Beverly guessed he was “testing” her to see if she was really willing to listen. The initial stories were light-hearted and told in a matter-of-fact way. But as he dug deeper the stories got more visceral. It was as though his memories were layered in strata and the more he looked back the deeper and more intense the material became. By the end, Beverly understood the overwhelming chaos into which he’d been thrown, his grief, and some of the ways this had changed his life.

She also learned about his friends, some of whom never made it back. Sensing this was important, Beverly listened closely. Department of Veterans Affairs psychiatrist Jonathan Shay talks about the “resuscitative function” of memory and the power of stories to bring “the dead back to life.”⁽³⁾ Beverly believed what compelled her father to speak was his desire to be known by her on a deeper level and his need to honor, to “resuscitate” his comrades and pass on their stories so they would survive in memory after he was gone.

What surprised her most was how immediate and intense, as if undiluted by the passing decades, her father’s emotions were as he’d looked back. Tears formed in her eyes as she recalled his fear, anger and vulnerability as a young man and the courage he’d found within himself and the lessons he’d learned about duty. “It was like he was finally unburdening himself,” she said, “like he had to get these things out before it was too late.”

The focused way in which James engaged in this life review before going into a coma makes his story somewhat dramatic but it is not uncommon. As combat Veterans look back on these layers of memory and emotion it can raise intense questions and feelings. Beverly’s patience and compassion, the way her presence communicated that she cared and that it was safe to share anything, however painful, is a sound foundation for those of us in a position to invite individuals to explore and process events from these deeper strata.

Memories as Blueprints

In her book *Storycatcher: Making Sense of Our Lives through the Power and Practice of Story*, Christina Baldwin recalls an exchange with her brother about his time as a soldier. Asking what he thought about the Vietnam War now that he was able to look back and see how it had influenced his life, she recalls his response:

As much as I bucked it, the army got me over the bridge from drifting along as a school dropout to coming home with a sense that life was something I should be taking care of. It made me a more tolerant person. After a year in Viet Nam I know I can put up with anything, that I can find a way to live with anybody, that there are good people in every situation, and that there are good people on every side of an

issue. The war made me more skeptical and more faithful. I've never been deeply religious, but I have a kind of spirituality that is based on love of life. ⁽⁴⁾

It is a common belief that, for better or worse, one's personal response to war shapes one's character and world view. How could it be otherwise? For those whose "normal" lives have been interrupted and who are thrown into the soul-shaking violence of battle things can never be as they were. One combat Veteran named Joe liked to say that his life was divided into two parts "Joe BDW (Before the Damn War)" and "Joe ADW (After the Damn War)."

The memories Joe and others bring back are often so vivid and inescapable they may come to serve as reference points, metaphors and blueprints for who they are and explanatory tales about how the world works. Emmett Miller refers to such memories as "reference memories" in that they are so engrained and formative they serve to organize our understanding of subsequent life events as we refer back to them. ⁽⁵⁾

It is easy to see why the thunderous pulsations and noise of battle with its heart-pounding and adrenaline-pumping sensations, its shattering of norms and its scenes of life and death would hold all the necessary ingredients for the imprinting of such reference memories. And when those same men find themselves years later facing a terminal illness it is not hard to understand why many return to these reference points.

Abe loved to talk about the war. In fact, at times it seemed that no matter what was being discussed he could find a way to relate it to his years in a tank battalion under the command of George Patton. His memory was sharp and he seemed to have a bottomless well of stories, but there was one he told every time I saw him, telling it each time as though he'd never before shared it.

His tank was hit by an anti-tank round and all the crew killed but him. He'd talk about the men who'd been killed, what he'd been doing just prior to the explosion, offer reflections on German artillery versus American or try to describe the hideous smell of burning human flesh. Then the narrative momentum always led to the same dramatic moment:

When I came to I was on the ground. I kept my eyes closed so if anyone was watching they'd think I was dead. I scanned my whole body, going from my feet to my head, checking for injuries, doing it quiet so no one would know. I knew I was hurt but wasn't sure how bad. I recited the names of my crew and other things to make sure I was thinking clear. Then I slowly opened my eyes just so they were slits. That's when I saw it...The boot.

Abe would always pause here to let the gravity of the situation sink in. The next line was always the same, "I didn't know if it was a German boot or an American boot." As he was playing possum he thought about what he'd do if it was a German soldier standing above him. Thoughts raced. He prepared for a fight to the death. Seconds felt like hours. The tension would build then melt away as Abe announced his relief at hearing the boot-wearer speak English; he was among friends.

Since I knew the story was coming I began to ask different questions each time, exploring what he was feeling and thinking and how this experience had affected him. We explored his grief for his crew, the months recovering from a fractured spine and a compound leg fracture. Once I asked him to tell the story from the perspective of the German artillery crew. Another time when he started to tell the story I stopped him and asked his wife to tell the story in her words. All the while we were fleshing out why he always came back to that day in a muddy field somewhere in France.

What Abe discovered was that the experience was a blueprint for how he saw life and how he'd tried to live. For him, life was a risky, dangerous business. Things changed fast and you had to be ready to act quickly and decisively to protect yourself and the people you cared about. In the end, it was those who thought quickly under pressure and demonstrated vigilance and self-control who survived whether on the battlefield or in the board rooms where Abe had spent his post-war career. Whenever Abe faced tough times he'd go back to that moment on the ground, scanning his body, steeling his nerve, preparing to act regardless of his wounds or limitations. No wonder he told the story so often at the end of his life as he fought cancer with everything he had. In his last weeks he continued to refer back to this memory as a touchstone from which he seemed to draw courage and calm.

Bob Greene, in a memoir about his search to piece together how the Second World War had affected his father contemplates the way the war, even though it was rarely spoken about in his home, was always nearby. Reflecting on how it shaped his father he asks the question: "(To) the men who came home, did the downtown streets sometimes seem as foreign as the hills of Africa and Italy? Had the war in Europe, the war in the Pacific, become, in a certain sense, these men's real hometowns? Had it become the point of truest reference—the place they knew best?"⁽⁶⁾ And why, we might ask, would these men and women not return to such references as they face the crisis of illness and death?

Unfinished Business

Not all reference points are helpful, though, and not all blueprints are healthy. Sometimes, especially where trauma is involved, they cause problems. Some people get lost in defenses and internal maps of the world that have been forged in war. For some this may lead to destructive behaviors, addictions or depression. For others, like Pete, it can make relationships difficult and lead to conflict. Pete had been a marine sergeant in the Pacific during World War II. According to his wife, Bell, he had always had a bad temper and always wanted to be in charge. In their early years this had caused problems in their relationship. Bell admitted she'd even thought about divorce but somehow they'd worked things out. When Pete's heart failure progressed his bad temper turned volcanic. Whatever Bell said or did, however innocuous or well-intended, came in for harsh criticism and served as provocation for another explosion. In addition, Pete started accusing her of "wanting to get rid of me" by putting him in a nursing home or of wanting him to die. Soon they were at loggerheads; the conflict and tension going beyond anything they'd known in their fifty-one years together.

Over time things got worse. I witnessed an explosion one day and when things calmed down I suggested we talk about what was really going on. Pete muttered under his breath, "She doesn't really want to hear it." Bell was incredulous. She bit her tongue and pointed out that she'd been asking him to talk with her about what was happening for weeks. Pete was silent, his face softer. "I can't stop thinking about the war," he said, "Not the stuff I've told you about, things nobody knows."

Bell asked him to explain and for the next hour or so Pete spoke about what he'd seen. The details were gruesome. The good-humored stories of an idealized band of brothers that had always characterized his stories were replaced by memories of panic, terror, and ruthless, sometimes sadistic bloodshed. The prevailing theme was of a world saturated with moral chaos and the disintegration of humanity beneath acts of brutality. He spoke in great detail about one specific act of cruelty in which he'd come upon three of his men just as they'd killed a Japanese prisoner. From the look of the body he could see they'd tortured the man before killing him. "I've thought about that poor bastard every day of my life," he whispered, tears welling in his eyes.

When I asked him what the connection was between such experiences and what was going on now with Bell he said instantly that it was the intensity of his anger. "I saw a lot of good men get shot up, friends of mine. I've cursed the (Japanese) till I was hoarse, but I've never been so full of rage as when I saw what my own men did to that guy. Until now."

It was an important insight. The anger he felt at losing his independence and roles essential to his sense of self was comparable to the rage he'd felt that grim day in the Pacific. Now that rage was being directed at Bell. Over the next two or three visits Pete dug deeper and found that his fear that Bell wanted "to get rid" of him was also connected to the war. Though hard for him to admit, he told Bell he'd had panic attacks and nightmares during the war. Afterward "it was hard for me to ever trust anyone, I mean, we were the good guys and we acted like savages. How can you trust anyone or anything when you see something like that?" Vulnerable now, he didn't trust that he was safe. Incapable of doing for himself, he didn't trust that Bell loved him enough to stand by him.

Pete and Bell now had a deeper perspective from which to understand what was happening and the impact of what Bell called Pete's "unfinished business." As they looked back on their lives, Bell said "so much more makes sense now, the way Pete has kept people at a distance, never really let them in, always so protected and fierce." In his last days these old defenses remained, but they did not define Pete in the same way. More than once he was able to come out of his shell and speak from his heart, able to feel old wounds without being driven by them.

When someone is dying and fears and uncertainty abound, emotionally painful defensive and transactional patterns may reassert themselves. When caring professionals are sensitive to challenges combat Veterans may be facing we can better transmit messages of safety, acceptance and a willingness to listen without judgment and take seriously whatever thoughts, questions or relational issues may be troubling them.

The urge to integrate and make peace with the life one has lived is natural and important. Folding the terror and pain of war into such a narrative of self can be hard work. In addition, there may also be

unexpected parallels between war and illness that draw into the conscious mind memories and events long buried.

Parallels Out on the Boundary

In his book *Existential Psychotherapy*, Irvin Yalom talks about life's "boundary situations," those realms of experience that pull us beyond conventional assumptions and routines, plunging us into immediate collision with "ultimate concerns" such as an awareness of death and questions of meaning, identity and aloneness.⁽⁷⁾ War and terminal illness move us into this boundary land. Perhaps this is a reason so many combat Veterans find similarities between coping with the stress of war and coping with illness, and why so many find earlier experiences churning anew as they deal with cancer, heart failure and so on. Of course, there are stark differences between the landscapes of the battlefield and of illness. The world of a young man far from home facing the trials of war is far from that of the same man sixty years later safe among family as he sleeps in a hospital bed, but there are also surprising parallels. Parallels which may evoke earlier memories and experiences as the ordinary distractions of life give way and the mind wonders amid the long days of illness. This section will consider parallels between combat and illness in the realms of language, mortality, physical experience, inner-experience, and relational experience, separation and the challenge of letting go, and spiritual experience.

Language and Imagery

Perhaps the most basic parallels are the language and imagery patients often use to describe their illness. It is common to speak of the "battle," "war" or "fight" with illness. Though many patients use such language, the meaning for those who have actually been to war can run especially deep and may be augmented by a panoply of additional phrases and images. The disease may be described as an "enemy" or an "invader." Treatments are sought to "destroy," "obliterate," and "wipe out" cancer cells. Patients focused on a cure may talk of "beating" or gaining "victory" over this enemy and are often described as "fighters," "warriors," "survivors" or "soldiers." Those who grow fatigued or who move toward acceptance of death may speak about "laying down arms" or "surrendering the fight."

Hap was a forty-six-year-old man who survived two tours of duty in Vietnam, including several months as a prisoner of war. Years later he was diagnosed with AIDS. Throughout the course of his disease he relied on the language, imagery and analogy of warfare to articulate his experience. AIDS was an "enemy" which he consciously equated with the Viet Cong. The doctors, nurses and technicians at the hospital were his "platoon," the medications he took were his "heavy artillery," and the "army" of researchers looking for a cure held out the promise of "air support." He referred to the infectious disease clinic at the VA as his "base camp" and his wife Kim as his "sergeant." Viruses and bacteria that

could weaken his immune system were “booby-traps,” “toe-poppers” and “snipers” waiting to “attack.” As AIDS wore his body down and sapped his strength, he spoke of being in a “fire-fight,” being confined in a “tiger cage” and of being lost in a “rat hole.”⁽⁸⁾

For men like Hap, language suffused with war imagery can empower and sustain, but it can also present challenges. Patients may feel pressure to appear tough, strong, and impervious to pain. They may feel the need to be independent even as they need more help, to appear stoic when they are scared, and to remain silent when they want to talk. They may even perceive any inability to maintain this warrior’s façade as weakness or an inability to stem the progression of illness as failure. As such, it may be helpful to assist these patients in exploring alternate words, metaphors and images that can describe their experience.

Mortality

Terminal illness and warfare share the fundamental challenge of coming to terms with one’s mortality. In his book of literary sketches about World War II, Ian Macmillan imagines a soldier named Wirtki contemplating his death:

“I see no grief,” Wirtki says, “just the simple fact that Paul Wirtki was but now is not. He had a memory, his own little infinity of experiences, his unique character like none other on the planet, a face that, once known, could be distinguished from all others on the planet. I see a world without that. A world devoid of me.”⁽⁹⁾

Like Wirtki, many combat Veterans have very concrete memories of being aware of how close they were to the immediate possibility of death. A Veteran of the Korean War, for example, recalled a battle with Chinese troops on the Yalu River: “I was sure I was dead. The river looked like it was made of blood. I just knew I was going to die and to this day I’m not sure why I didn’t.”

Others have no *specific* memory, but recall a general awareness that death could come at any time. A World War II Veteran said, “It was like an axe was hanging over my head by a thin thread. At any minute I knew me or one of my buddies could be dead. It works on you, no matter how much you try to push it out of your mind.”

Some, on the other hand, claim they never thought about death. “If I thought about dying,” one man said, “it probably would have happened. I had to make myself focus on surviving.” Another reported, “I just kept it out of my mind, because once you start thinking about it you get scared, and if you get too scared you’re done for.” But however one may have pressed death from one’s conscious mind there was often a current of fear swirling beneath the surface. One hospice patient who claimed he’d never thought about death during the war had performed strict rituals each day upon waking, before going to

sleep and prior to any anticipated battle, all intended to keep him safe. Another was plagued by a recurring nightmare in which he was being hunted by animals he could hear but not see.

Over the course of the war these coping styles may have changed. Paul Fussell observes that many soldiers going into combat for the first time believe they are immune from death, telling themselves they are too “clever” or “beloved” or “agile” and so on. Then, as the seeming arbitrariness of who lives and who dies in battle sinks in, soldiers often realize, “It *can* happen to me, and I’d better be more careful.”⁽¹⁰⁾

Whether or not a combat Veteran ever consciously thought about his or her death, and whatever psychological strategies they may have used to convince themselves it couldn’t happen to them, all were flooded with the presence of death around them. Nearly all have memories of a friend or friends who were killed or seriously injured, an enemy killed, the aftermath of fights where the dead lie scattered. One way or another, as with illness, war constantly reminds one of the tenuousness of human life and demands that one somehow adapt to the anxiety this arouses.

Many Veterans will bring with them personal beliefs, coping strategies and formulations about death hammered out on the anvil of war. Years later, when someone hears the words, “It looks like the cancer has spread” or “I’m sorry Mister Jones, we’ve run out of treatment options,” death once again leaps into one’s awareness. It is no surprise that, for some, these earlier encounters with mortality may resurface to comfort and guide or confuse and confound.

Physical Experience

War and illness each present situations in which one’s body and sense of physical safety are suddenly altered. After Red finished his chemotherapy he rubbed his newly bald head and commented that he felt “like I just got out of basic training.” When invited to reflect on how one experience mirrored the other, he offered several insights. When he’d been inducted into the army one of the first things they’d done was shave his head. “I looked like a tadpole,” he said with a chuckle, “and so did everyone else. They did it to try to make you less of an individual, to take away part of your identity so you’d be just like everybody else. I was just another infantryman, like at the hospital where I had no identity and was just another patient.”

There were other similarities. The sense of suddenly being in the power of a drill sergeant at Fort Dix was similar to what he felt being in the power of his oncologist. In both contexts he’d felt swallowed up by great institutions whether military or medical. The olive uniform the army gave him seemed little different (though a bit more dignified) than the hospital gown he was made to wear. He was struck by the similarities in the way the army would do things to his body—inspect it, herd it into the shower, tell him when to put it to sleep, when to make it run and march—and the way the doctors did the same thing, hooking him to machines, filling him with medicines, poking and prodding. These situations sent the message that his body was no longer entirely under his control. It was now dependent on someone

or something else and he'd better find a way to adapt. It was a message that underscored his vulnerability and ordinariness.

In both realms he had very little privacy. The army made him shower, urinate and sleep under the constant eyes of others. As his cancer grew Red needed help bathing, dressing, even going to the bathroom, leaving him once again under constant surveillance. In both war and illness he was forced to endure physical discomfort. In the army this began with the aches and pains and sleepless nights of basic training and progressed to the experience of extreme cold, marching in winter and bone-deep fatigue. As a hospice patient he had to endure the side effects of medication and physical pain caused by his disease.

For many combat Veterans alterations in physical appearance, the experience of discomfort, an intensified sense of one's physical vulnerability and the loss of safety and control are integral parts of both illness and war. It is understandable that an illness can jar one into memories of times when such concerns were equally vivid and persistent.

Amplification of Inner Experience

Navigating combat or a terminal illness are both likely to arouse strong emotions. But the training soldiers receive is in part geared toward controlling, if not suppressing, emotional experience. Idealized as stoical, soldiers are trained to internalize an image of the hardened warrior with nerves of steel unflinchingly following orders. In a letter to his parents during the Vietnam War, a young lieutenant wrote about the death of one of his men in a friendly-fire incident. His words exemplify this ideal: "Of course it really tears me up to lose a man, especially like that, but I must not show any emotion over it. I've got to press on, keep doing my job. Even among my men this is universal." ⁽¹¹⁾

The paradox is that despite pressures to deny emotional experience it usually intensifies. For young men already acculturated by social norms to mask emotions, the experience of combat may be their first vision into how powerful inner-sensations and emotions can be, and how bewildering the thoughts that often accompany them often are. Both war and serious illness have ways of stirring these inner currents into intense convections. When Veterans find themselves battling a terminal disease the power of such inner-experience may once again intensify, connecting them with earlier times of stress. Often the same pressure to keep a stiff upper-lip and appear "strong," even if this pressure is entirely internalized, returns and may impact one's coping style and success at adaptation and finding meaning.

As Frank lost his ability to take care of himself and was considering going to a nursing home, he said, "I haven't felt this scared or alone since the war. In fact, I haven't felt anything this intense since the war." He honed in on one particular memory fifty years earlier working at a hospital in England during World War II where he was a medical supply officer. "It was cold that day and the men were freezing. We'd been unloading stretchers all day, two men to a stretcher, and our hands were getting numb. I saw a wounded man being carried across the yard and one of the stretcher-bearers dropped him on the

ground. The guy's hands were so damn cold he couldn't hold the stretcher anymore...I feel like that guy on the stretcher."

The memory was a poignant metaphor for Frank's struggle with terminal illness—unable to care for himself, wounded, feeling shuffled about and alone, he was at the mercy of strangers. It also contained a vivid expression of what was swirling about in his inner-world: fear, distrust, loneliness, humiliation, anger and a sense of impending doom.

Many combat Veterans are willing to acknowledge feelings such as fear, sadness and grief when looking back. Such things may seem less threatening when spoken of in the past tense. As such, talking about war can be a way of indirectly exploring a person's experience with illness. Chad, for example, was reticent to talk about a recent panic attack and what it meant to be dying of renal failure, but he spoke openly about his thoughts and emotions during the war including an experience of panic. "The first time I saw combat," he remembered, "I was so scared I peed in my pants. My hands were shaking so bad that when I emptied my clip I couldn't reload. I just kept pulling the trigger with nothing coming out...My heart was pounding and I had a hard time breathing." Exploring his inner-experience years before eventually allowed him to talk about what he was feeling and thinking in the here and now.

Heightened Relational Intensity

In an interview about his experiences during World War II former corporal, Walter Gordon, said that during the war he "developed friendships which to this day are the most significant that I have. I'm incredibly lucky that I got through it and even more fortunate that I was with this group of outstanding men." ⁽¹²⁾ His words reflect the feelings of many. In addition to the intensified thoughts and emotions that flavor one's subjective world during times of war and illness, many find that there is an elevated intensity in relationships. Jack was fond of reminiscing about his "war buddies." He'd fought in Korea and often said he'd never had friends like the ones he'd had there. "Something about being in it together, sharing the same hardships and looking over each other's shoulders binds you together." Over the years, the affection and respect "born of fire" had endured as Jack attended reunions and attended funerals for his comrades.

By the time he began hospice his cancer was well advanced but he still had ample energy to reminisce. He spoke openly about his impending death. One of the things that struck him was the importance of significant relationships as he was dying. He recognized the paradox that, as he was preparing to die, to separate from the world and those he loved, he was drawing closer to a small handful of people; his wife and children, a few friends. As when he'd been in war, relationships suddenly took on an importance which had at others times been absent when he'd taken them for granted.

That this would happen with his family and old friends was no surprise. What surprised him was that he said he also felt this way about his hospice team who only a few weeks earlier had been strangers. He was puzzled by this. Finally he worked out what was happening and related it directly to the bonds he

felt with his old unit. The hospice workers, he explained were “the ones who stood beside me when everyone else except my family was running for cover. You hospice folks are my war buddies, you’re the ones who keep showing up without trying to pretend everything is fine...You’re in the foxhole with me.”

Though emotions, thoughts and relationships are often intensified by war and illness, it is good to remember that the converse (depending on one’s psychological defenses) may also be true. Some men and women, especially those who have experienced trauma, may have learned to mute painful experiences through dissociation, repression, displacement or intellectualization as a way of distancing themselves from others and from what they feel. Others may somaticize or slip into alcoholism, depression and so on in unsuccessful attempts to escape the past. The response a combat Veteran makes to a terminal diagnosis may mirror an earlier style of coping or surviving. Whether these responses are helpful will vary. In cases where they are not, those in the helping professions may be able to assist in exploring and transforming old patterns and in healing or at least assuaging some of the pain of old wounds that have moved to the surface.

Separation/Letting Go

Those who work with people who are dying often speak about “letting go.” As the moment of separation looms, people search for ways to absorb the enormity of it all and to say goodbye. Such themes are not exclusive to those who are dying of illness, they are shared by those who have been to war.

When discussing separation with Clem, an eighty-two year old man with pancreatic cancer, he said, “I got a lot of practice at that when I was young. It started the day I got my draft notice.” He’d had to let go of the plans and expectations he had for his immediate, and possibly entire, future: joining his father’s sawmill business; building the additional room he and his new wife had planned; being present for the birth of his first child. The list was long and, at the time, “pretty depressing.” In addition, Clem had to let go of his attachment to familiar rhythms, routines and roles as he attempted to cope with the new roles thrust upon him. He likened his adjustment to being a soldier to that of adjusting to the role of patient, “You lose everything when you go into the service. You have to get used to an entirely new set of rules. It’s like that when you get sick too. Everything that you know changes, lots of it is ripped away and you have to figure out how everything coming at you fits in with who you are.”

For Clem, one of the most difficult aspects of having cancer was finding a way to say goodbye to family and friends. As he experimented with words and gestures to encapsulate and convey his thoughts, he looked back on his days as a GI when he’d written a letter and put it in his footlocker with the note “Give to my wife.” It was his way, he explained, of setting the record straight if he were killed. “I put three letters in that envelope, one for Grace (his wife), one for my mom and dad, and one for my kid after he grew up.” He destroyed the letters upon his return to North Carolina.

Sitting with his wife, grown son, and two daughters born after the war, he told them what he'd written. In doing so he gave new expression to his love, gratitude and best hopes for his family as they moved into a future without him. It was a simple letter, "It basically told how much I loved them, how thankful I was to them. I told them how much they had meant to me and how sorry I was about getting killed and how I knew this would make it hard for them. I told them I hoped they'd understand...I also apologized for being pretty bullheaded at times."

Hospice patients would be hard pressed to find a more concise illustration of how to say goodbye—affirmation that life had been meaningful, expressions of gratitude, of forgiveness, of love, acknowledgement of life's pains and imperfections and words of hope and encouragement for those left behind.

Not every soldier contemplates goodbyes as consciously as this, but many do. From the partings at airports, bus stations or naval docks, to the ever-present possibility that this letter or phone call may be the last time they ever communicate with someone they love, the shadow of separation surrounds everything.

As such, many Veterans have contemplated goodbyes in one form or another long before they receive a terminal diagnosis. Others will have learned how to avoid such contemplations, pushing them out of their awareness, but this pattern too will affect, for better or worse, the way they live the last weeks of their lives.

Spiritual and Transpersonal Experience

War and terminal illness are both fertile ground for the emergence of ultimate concerns. Big questions of a personal or global nature may arise as norms and routines are shattered, powerful thoughts and emotions evoked, and as priorities and definitions of self are challenged; spiritual questions about meaning, identity, choice and responsibility, about God, the nature of death, good and evil, and why there is suffering.

Though many Veterans report they had no such thoughts or concerns, others, like Demetrius, say they did. He was a young man in Greece during the Second World War when his country was invaded by the Italians and Germans. He joined resistance fighters waging a guerilla war against the invaders, helping set explosives and participating in ambushes. Looking back, he attributed his deep religious and spiritual faith to having lived through these horrific experiences: "It was the first time I really prayed or ever thought seriously about good and evil. The first time I ever questioned and was angry at God. Ultimately, those questions brought me closer to God. I made up my mind that all the suffering I saw had to have a higher purpose; that it couldn't be in vain. I made up my mind that all the lives lost (including two brothers and his mother) did not really end with Nazi bullets, that they went on in a better place."

As a hospice patient, his life once more in flux, Demetrius again began asking big questions. This time they were about how to face his death and say goodbye. “Now that I’m dying,” he said, “I pray all the time. It’s like I’m having an ongoing conversation with God and I’m asking what my life has been about.” He recalled only two other times in his long life when this combination of intensified spiritual connection and the asking of big questions was as palpable – during the war and after the death of his daughter. Comparing these times became a source of insight and comfort. Reflecting on the spiritual dimensions of his journey he said, “I can see myself during the war as a young man, full of hatred for the Nazis and angry at God, demanding that God explain himself.” When his daughter died, he saw himself angry, not at God, but at himself for not somehow saving her from a fatal automobile accident, asking for God’s forgiveness. “And now,” as a hospice patient, “I’m an old man, feeling grateful for the life I had and asking God to keep his sense of humor when he looks over what I’ve done.”

Not everyone who struggled with spiritual questions during war returned with a stronger belief and trust in God (or however one understands the transcendent). Jackson returned with any such faith burned away by battle. “I went over to Vietnam,” he said sarcastically, but very seriously, “with Jesus in my heart, and I came back with a stone where that heart had been and Jesus nowhere in sight.” In his last days, whenever well-meaning friends and visitors made the mistake of trying to console him with words of Scripture or assurances about heaven, he would invariably say something graphic about the war. When asked about this pattern he said he meant to “shake people up” and “get them thinking about what kind of so-called God would allow the killing and mayhem I saw.”

For those in whom war raises spiritual questions and concerns, the ways in which these issues are handled and the impact they have on an individual are numerous. The experiences of Demetrius and Jackson reflect only two examples. Of course, spirituality, understood broadly and inclusively, may or may not have anything to do with religious faith or understandings about God. For some it may have to do with a sense of one’s place in the cosmos, values that inform one’s life, how one treats others and so on.

Regardless of how spirituality is understood and expressed, as with war, when a life-shaking terminal illness strikes, spiritual questions may also emerge. Veterans who have asked these questions earlier when inundated by the chaos of battle (or upon their return from war as they assimilated back into “normal” life and reflected on what happened) may return to these memories as questions once more percolate. The way these issues were resolved earlier may inform one’s processing as he or she looks back on life and looks ahead to dying. As with Demetrius, they may provide reference points through which to understand one’s life over time, enhancing personal wisdom and positive coping. Or, as with Jackson, they may trigger old wounds and raise unresolved concerns.

In addition to the possibility that spiritual questions may arise, the extreme contexts of combat and terminal illness both open up the possibility of experiences that might broadly be called transpersonal. Walsh and Vaughan give a fairly common definition of these as “experiences in which the sense of identity or self extends beyond the individual or personal to encompass wider aspects of humankind, life, *psyche*, and cosmos.”⁽¹³⁾ These include things like near death and out-of-body experiences, dreams with significant content, spontaneous states of expanded awareness, and visitations and messages from non-ordinary realms. This is presently a controversial subject with conflicting interpretations about the

actual underlying cause of such phenomena. It is not the intention here to take sides or draw any conclusions about the origin of such events, but simply to observe that they appear to occur with noticeable frequency at the boundaries of experience represented by combat and terminal illness.

These events are generally well-known to those working with terminally ill patients. Ask any hospice worker and you are likely to get one story after another about patients with near death experiences, those who left their bodies or who reported visitors no one else could see. Sometimes the hospice patients having these experiences are combat Veterans and, at times, the content of the transpersonal event may even blend directly with memories of war. Hap hadn't struggled a bit with spiritual questions while fighting in Vietnam. His only focus had been on surviving and making it home in one piece. However, when he returned to the states, he became convinced God was furious with him for things he'd done or failed to do while overseas. Guilt, shame and depression followed. When he was diagnosed with AIDS he saw this as God's punishment. After much anguish and psychological struggle, this all changed one afternoon when Hap died at the VA hospital. Without a DNR order the staff resuscitated him. He returned to report that in those moments of death he'd been visited by a "holy man" who assured him that God loved him and understood how much he had suffered. For what remained of his life, Hap held onto this message.

Though such experiences may be an accepted part of the landscape among hospice professionals, it is impossible to know the extent to which such experiences occur among soldiers in combat. Many are reluctant to speak of such things, worried about being misunderstood or thought crazy. Given the ways in which combat creates intensified realms beyond the conventional boundaries of human experience where death and serious injury are constant and intense stress abounds, it is likely, however, that this is also a fertile ground for transpersonal events.

There are plentiful examples I could offer after having worked with many Veterans. Often these stories had been kept secret and only surfaced as those involved contemplated their lives and deaths as hospice patients. The soldier with a stomach wound airlifted out of a fire zone by helicopter, for example, who experienced the beating of the copter blades as a "giant wing" and who saw the craft suddenly transformed into an enormous bird that lifted him into a bright light where he felt "the most powerful love I ever felt" before being sent back because "it wasn't my time." Or the World War II Veteran who gave accurate details, which he had no apparent way of knowing, about his "visit" with a newborn son he'd never seen thousands of miles away. The list goes on. How long is impossible to know.

Oscar, a naval Veteran, approached his death from heart disease with a calm acceptance that he attributed to such an experience while serving on a battleship in the Pacific. After several friends were killed during a battle near Okinawa, Oscar "almost cracked up." One night, alone and grieving, he described feeling as though he was watching things, including himself, from a distance. Then his mind began "splintering apart" and he felt as though he was "disappearing." Nothing around him seemed real, everything was draped in fog. In clinical terms it might be said he was experiencing depersonalization, fragmentation, and derealization, all common features of traumatic stress, but as far as Oscar was concerned, "I was going crazy."

Suddenly he heard a voice coming from outside his head, "It's okay." He looked around. No one was there but the voice had been loud and distinct. Then he heard the voice again, clear as a bell, "It's okay. You are safe. I will protect you." In that moment everything changed. He felt peace and, despite the fact that he'd just heard a voice apparently speaking from thin air, he knew he wasn't going crazy. "I knew I'd be okay, whether I lived or died," he remembered. "Either way I knew it was okay." Throughout his life, especially during difficult times, he returned to this event and remembered that voice. As he lived his last days this memory, not surprisingly, became a reference point to which he often returned.

Who knows how often such events occur as young men and women are thrust into the boundary lands of combat or as patients near death? Who knows if the two realms create some permeability in experience (whether biological, spiritual or otherwise) through which such things become more common? These questions will likely remain unanswered for some time, but it is worth being sensitive to the possibility that non-ordinary experiences may increase in both domains. If so, for some men and women this may become another experiential nexus connecting memories of war with subjective experience of illness.

Additional Considerations

We have considered the potential impact of a desire for life integration at the end of one's life in surfacing war-related memory, and we have looked at some of the experiential parallels between combat and terminal illness. Combined, these seem to motivate some combat Veterans to begin looking for safe ways to speak about things that have rarely, if ever, been shared. There are other factors which may lend their influence in this direction. Three worth mentioning are: external events; altered consciousness; and when combat Veterans serve as caregivers.

However bound to the home they may be, hospice patients do not live in a vacuum. Events which have nothing to do with their illness may provide triggers for memories of war to emerge. These may range from significant historical events such as the September 11th terrorist attacks on the World Trade Towers and the subsequent invasions of Afghanistan and Iraq by the United States, all the way down to the seemingly innocuous; a news story on Veterans' Day about the opening of the WW II Memorial in Washington, DC, for example, or the anniversary of the attack on Pearl Harbor, or a movie or documentary. I have seen all of these events bring up thoughts, memories, stories and emotions about combat in hospice patients.

At times the tone of these memories may be generally positive, allowing patients to reflect on their strengths, legacy and lessons learned. Other times, or in addition, they may bring sadness, vulnerability, grief or guilt. In some cases they have even triggered flashbacks, anxiety, hypervigilance and, in the case of one Vietnam Veteran who became so agitated by the media images during the invasion of Iraq, periods of explosive rage.

After watching the movie, *Saving Private Ryan*, about the Normandy Invasion in 1944 and its aftermath, one World War II Veteran said he “cried for three days straight.” During that time grief and sadness swirled with the memory of himself as a terrified young man determined to survive, and himself as an old man remembering friends long dead.

Of course such external events may happen at any time whether a person is ill or healthy. In the case of someone who is dying, though, it behooves those of us who provide care to bring as much sensitivity as we can to the potential impact of such occurrences. When someone is terminally ill they may already be awash in intense, perhaps troubling thoughts and feelings as they absorb, or try to avoid, the enormity of their situation. They may be stuck in bed, dependent on others and deprived of roles that have given them meaning. They may no longer have energy or access to activities that may have consoled or distracted them. In this context, already seeded as it were with losses and uncertainty, such triggering events may be particularly powerful in their ability to stir up emotionally and existentially-charged material.

There are many possible effects as an illness progresses. Among the most challenging are disorientation and changes in mental acuity. Though not inevitable, there are many things which may cause such changes. Everything from the disease itself to medications, alterations in sleep, infections, metabolic changes and underlying cognitive or psychological issues that have been exacerbated by physical and emotional stress may tilt or plunge a person into periods of confusion or disorientation. They may even involve extremes such as visual, auditory or olfactory hallucinations, hysteria, delirium, dementia or delusions. When the patient has a history of combat, such cognitive changes may be doubly terrifying and may engage defenses and reactions rooted in battle and laced with fear. In fact, some studies suggest that the onset of dementia may cause a worsening of related symptoms in those with PTSD and even trigger the emergence of PTSD symptoms in people who have experienced trauma but had no apparent difficulties before.⁽¹⁴⁾

Charlie had fought in some of the bloodiest battles of the Korean War before a mortar fragment shattered his hip and put him out of commission. When, years later as a hospice patient with lung cancer, he started becoming confused the doctor suspected that his cancer had metastasized to his brain. As the confusion became more frequent and of longer duration, Charlie became agitated and combative. He refused medications, yelling at his wife that she was trying to kill him. He didn't recognize loved ones or friends and seemed to believe they were united against him. He even started calling them racially-charged slurs that had been used by American soldiers to dehumanize North Koreans during the war. He developed an intensified startle response, cried out at times with no apparent reason, shouted at people whenever they tried to bath him and several times tried to hit hospice staff often shouting “Leave me alone, I'm an American.”

He was taken to a hospice inpatient facility where it was hoped he could be made comfortable. Medications soothed some of the more intense behavioral symptoms, but Charlie continued to believe people were trying to harm him and he took to pulling the bed sheet over his head and ignoring everything around him. He declined quickly and was soon verbally unresponsive. Even so, his face still twitched and grimaced without apparent stimuli and he continued to show an exaggerated startle response to noise. At times his body would suddenly jerk or shake even after large and steady doses of

pain medicine and anxiolytics. To his family and those who cared for him it seemed clear that he was still fighting the war.

Though Charlie's case may be extreme it is revealing. For men and women whose lives have been altered by battle there is no way of knowing to what extent old wounds and horrors may be stimulated if the mind alters and senses become unreliable. The images and sensations of battle are often indescribably savage. Even when one has come to terms with such experiences and used them for insight and personal growth, they may still intrude in graphic or symbolic fashion when a person's consciousness and perception begin to change (sometimes the threat may not be North Korean soldiers, it may be snakes, or dogs, or "the devil" and so on). In such cases special care should be taken to create a calm environment and transmit messages that underscore safety and attune to the potential for such complex challenges. If a person has a history of PTSD or any of its various manifestations (anxiety, depression, dissociative patterns, relational and trust issues, a history of flashbacks, nightmares, rage, etc.) such precautions are especially indispensable.

Thus far the focus has been on the ways one's approaching death may create pressures or desires to share previously unshared experience. But what about combat Veterans when they are faced not with their own death but that of a loved one? Do the factors we have considered apply here as well, and if so to what extent? A thorough answer to this question is beyond the scope of this paper, although it is likely that the applicability will vary from person to person. When a loved one is dying, though, there is often the same tendency toward life review and life integration for the survivor. A spouse may look back on the relationship and think about shared experiences, the ups and downs, the milestones, the way the relationship changed and grew over time and the ways in which he or she was changed by it. Many of the same issues – mortality, intensified inner-experience, the value of connection and the challenge of separation and saying goodbye – will be just as pressing to caregivers as they are for the one who is dying.

The meaning and the way these issues are processed may be different, but the similar challenges and demands may still bring up reflections and a re-experiencing of earlier events associated with war and the military. Though the survivor may not be directly facing his or her imminent death, he is looking to a future involving painful separation and grief, a future where the very underpinnings of his sense of belonging and self may be threatened. This brings additional pressures and the potential these will conflate with the challenges and threats of wartime.

Antonio had been a medic in Vietnam. When his wife, Mary, was diagnosed with a rare form of cancer, he stood beside her like a rock as she endured surgery, radiation and chemotherapy. He fought the insurance company so she could get all the treatments the doctors could offer. And he fought the doctors when they told him there was nothing else they could offer, renting a wheelchair van and driving her over a thousand miles to an out-of-state hospital with an internationally known specialist who told them there was nothing he could do.

As Mary was dying, Antonio was flooded with anger, grief, shame, guilt and a sense of impending doom. His thoughts went back and forth fluidly between his wife and Vietnam as though they existed as a single experience. Guilt that he was not able to "save" his wife blended freely with guilt about the men

of his platoon who he had not been able to save. The relentless pressure he put on himself to do everything, checking on Mary throughout the night, doing all the personal care, and so on, mirrored the pressure he'd felt in Vietnam to get to every man on the field who needed him even in the middle of a firefight. The sense of failure and shame that plagued him every time a war buddy had died plagued him again as he watched powerless to stop the ebbing of Mary's strength.

Along with these unsettling thoughts, feelings, and memories, there were also important lessons he'd learned and strengths he'd discovered as a medic. The discipline and courage he'd developed, the ability to stay calm during a crisis and deal with overwhelming emotions without becoming immobilized, an appreciation for what's really important and what's not, a clear-eyed acceptance that no one is immune from suffering and all you can do when trouble arrives is to do your best. These things he'd learned during the war and he used them to the fullest as his wife died. He would use them in his journey with grief and mourning as well.

Antonio's story illustrates the relevance of the issues we have been exploring to caregivers and survivors. It also illustrates the ways in which intense experiences (like those associated with war and illness) share common challenges, however seemingly dissimilar or separated in time, may blend together to the point where they almost become indistinguishable. Where does the processing of unfinished business and fear rooted in war end and the processing of unfinished business and fear related to an impending death begin? When is the story an old man tells about the sadness he felt long ago when a friend was injured on the battlefield also about the sadness he feels knowing how his death will inwardly injure his wife of sixty years? By virtue of having memory and being able to tell the stories, for humans the past is never entirely past even when it is unspoken, even when it is all but forgotten. When assumptions, routines, and patterns of attention are shattered by illness we should not be surprised if some of what is stirred from this inner-reservoir of story and memory comes from other times in our life when assumptions and routines were likewise shattered, and other dangers and uncertainties faced.

Conclusion

If there is a single fact that characterizes the experience of every combat soldier it is that battle and its killing is potentially traumatic. Peggy Terry put it succinctly in an interview with Studs Terkel. Speaking of her husband's erratic and violent behavior when he returned from World War II she said, "It seems so obvious to say – wars brutalize people. It brutalized him."⁽¹⁵⁾ For some the trauma *is* obvious. In addition to fits of rage and violence, Terry's husband came back with recurrent nightmares and anxiety so deep he would shake for hours at a time. Some nights he would get up and begin screaming for no apparent reason, if a loud noise occurred he would dive for cover as if under fire. As his life spiraled away he drank to excess and beat his wife and kids.

For some the trauma is hidden or expressed in less noticeable ways – difficulty in relationships or in holding down a job, high levels of distrust, the numbing of emotions, engaging in unnecessary risks or

dangerous activities and so on. Others appear unscathed or have even gained insight and perspective. The interested reader will find many volumes and articles exploring how such experiences may be integrated and transformed over time, but many things can't be measured or predicted. Why does one person walk away from war wracked by guilt and anger while a friend who has fought alongside him returns with a newfound appreciation for life's simple joys? Why does one person return home and integrate back into old routines easily while another returns with deep depression that spirals into alcoholism and thoughts of suicide?

When we as professionals encounter men and woman who have been through war we should not assume that time, even many decades, has magically healed all wounds and that the emotional power of such memories has necessarily lessened. Nor should we assume that under the composed exterior of an apparently well-adjusted war Veteran there must inevitably be some disguised need for processing and healing. The fact is, when we first arrive we do not know how such experiences have been assimilated and we do not have any special right to know. If terminal illness stirs a need for life review, and if that review involves memories and stories of war, and if there is sufficient trust that we are chosen as a sounding board, we must be prepared to listen. It is easy to shut off such explorations by subtly encouraging Veterans to stick with surface stories and not reveal anything deeper because of our own (perhaps unconscious) stories, fears or discomfort. When deeper layers do come up we must be ready to allow that person to control the pace and extent of the exploration and to help him or her find ways to keep their balance if emotions and thoughts become intense. On the other hand, if someone appears uninterested in looking back or if they are content to tell only time-worn stories they have already told dozens of times, it is not our job to push.

If we work with those who are living the last chapters of life we will meet these Veterans. According to the National Hospice and Palliative Care Organization, 54,000 Veterans die a month in this country.⁽¹⁶⁾ Though the urge to look back and review one's life may be strong, for men and women who have been in combat it may conflict with longstanding pressure to remain silent. This pressure may come from many sources such as the psychically troubling nature of the memories and the feelings and thoughts aroused. It may come from internalized messages about manhood, duty and codes of conduct, as encapsulated by one Vietnam Veteran who recalled, "I never talked about how the war worked on me because the army made me think, if I did I was weak and not a real man." Others may simply intend to protect loved ones by not sharing the deeper layers of memory or they may just want to put things behind them.

In a generation saturated by simplistic and misleading media portrayals of violence as entertainment, some Veterans won't risk sharing experiences that fly in the face of such popular misconceptions lest they be misunderstood. As former Army Nurse Corp captain, Alison Lighthall, writes, "The civilian use of the word combat conjures up tidy Hollywood moments of bravery and brotherhood, not the calculated viciousness of a surprise attack, the terrifying chaos that ensues, and the blood and body parts that can surround someone suddenly."⁽¹⁷⁾ Still others may have tried talking about what they'd seen and done only to receive messages not to do so. A female soldier injured in Afghanistan put it this way: "every time I tried to explain what had happened and how bad I felt, my parents and husband got angry with me, telling me to get a grip: that what was past was past."⁽¹⁸⁾

When life includes such emotionally intense and psychologically formative events, pressures to remain silent may be persistent even when a person nears death. Such pressures and defenses should be respected though they may seriously complicate efforts, however tentative, to begin some process of integration and self-narration. If this stirs pain or emotional upset, the caring professional may help the Veteran deepen his or her frame of reference and recontextualize what happened, explore events and their impact for enhanced perspective, or they may simply bear witness compassionately and hear the stories without judgment.

Some find useful blueprints, metaphors and coping strategies as they are dying while others may become trapped in lingering fears, traumas or anxieties that have never been resolved. As always, follow the patient's lead. Many will talk about the war without prompting and this can provide a springboard for further exploration. Others will be more circumspect, saying nothing or summarizing their experiences quickly and moving on. It's okay to invite Veterans to explore the war in new ways. Most will be quick to let you know the extent to which such conversations are useful to them. Some will jump at the chance, others will move more cautiously and many will decline. Some may wait to gauge over several sessions whether it is safe. Frank, for example, was silent about the war for months before sharing what he'd seen. He later explained: "Some folks act like they want to know, but they really don't. Others want to know *too much*, like they're looking for stories to tell their friends or something, like all that hell we went through is an entertainment for them. Most people can't understand if they haven't been through it. That's why I pick and choose when I talk about it."

There may be many clinically relevant issues that emerge from the blending of war and death. Reflecting on early experiences may lead to insight, activate positive coping and reinforce personal strengths and resilience. Such explorations may also reveal parts of a person's story with which they have not come to terms, exposing cognitive, emotional and relational patterns that are distressing. However important such conversations may seem, it is also important not to overdraw the potential analogies or to get lost in the long shadow cast by battle. Some people get lost in their "war stories." It is good to remember that, although it may fortify some temporarily, approaching illnesses with warfare as the central metaphor may also waste valuable time and energy on the fighting this metaphor requires, its need for an enemy, and pressures to appear "strong." It is well to keep things in perspective. It is up to each Veteran how they die; some will be warriors to the end, some will seek another way. They need not conform to conventional notions of what constitutes a "good death." We can assist in *any* explorations a patient wants to make, however difficult. And we can be sensitive to opportunities to uncover new language, new understandings and new modes of experience out on the boundary.

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