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PTSD in the 20th Century American Military: Its Diagnosis, Effects, Treatment, and Management, With a Focus on the Vietnam War

Abstract

Soldiers have been affected by PTSD for as long as war has existed. The American Military in the twentieth century is no exception. PTSD did not become a diagnosable disease until 1980, and before then it was misdiagnosed as different anxiety disorders and neuroses. Symptoms, treatment options, and long-term effects of PTSD are also discussed. Though other other wars in which America was involved are mentioned, those that receive a more thorough analysis are World War II, the Korean War, and the Vietnam War. Although PTSD is an increasing problem in modern times for those involved in military conflicts, there are effective therapy and treatment options available for the modern soldier that were not there in times past.

Keywords

PTSD, World War II, Korean War, Vietnam War

In wars throughout history Post-traumatic Stress Disorder (PTSD) has been part of human conflict, although it has not always been known by that name. It has been dismissed by the American military under many other names in the past, including shell shock, war neurosis, battle exhaustion, delayed stress reaction, and survivor's syndrome. Even as late as the Vietnam War, PTSD was not a diagnosable disease but for lack of a better description it was called "post-Vietnam syndrome" as it seemed to be more pervasive after that particular war.¹ It was not until April 1979 that legislation was passed, which allowed the Veteran's Administration to recognize and treat PTSD, which did not go into effect until 1980.² This is when the careful study and documentation of PTSD earnestly began. However, even before it was a recognized disorder, PTSD strained and even destroyed soldiers, causing difficulties to immerse between their family and friends.

Throughout written history the symptoms of PTSD have almost always been associated with warfare. In 1900 BC Egyptian physicians were the first to report hysterical reactions to violent and traumatic events.³ In *The Odyssey*, Homer recounts soldiers who (representing the times even though they were fictional) exhibit signs of PTSD as veterans of the Trojan War, including flashbacks and survivor's guilt.⁴ In 490 BC Herodotus wrote of a Greek soldier who went blind after witnessing the death of his fellow soldier that was standing next to him. This soldier showed no previous signs of mental illness and was described as being a strong and courageous young man. He never regained his sight.⁵ These instances show that PTSD is not just a modern problem, but is a disorder that has been plaguing soldiers for thousands of years from various walks of life.

It is difficult to provide a clear definition for PTSD, even in modern times, as there are many symptoms that vary in intensity. Symptoms must persist for over one month in order to receive the diagnosis of PTSD. In acute cases the diagnosis resolves itself within three months. However, if it lasts longer than three months then it is considered a chronic case. For many, the onset of PTSD symptoms occur six months or more after initial exposure to the stressor (the event or thing that caused the disorder.)⁶ Some of the more isolating and exaggerated symptoms include recurrent distressing dreams of the event that caused the trauma, sudden acting or feeling as if the traumatic event were recurring (hallucinations and flashbacks, awake or intoxicated), inability to recall an important aspect of the trauma, avoiding activities that might arouse recollections of the traumatic event, diminished interest in activities or hobbies, Obsessive Compulsive Disorder, and feelings of detachment or estrangement.⁷ However, there are also many symptoms that might not be as isolating initially, but can still make life difficult for the victim. These symptoms are generally more persistent and include difficulty falling or staying asleep, irritability or outbursts of anger, difficulty concentrating, hyper vigilance, and an

¹ Dorothy Johnson Palladino, *Post-Traumatic Stress Disorder and the Military Combat Veteran: An Examination of the Veteran's Administration and its Policies for the Treatment of Veterans with PTSD* (Ann Arbor, MI: UMI Dissertation Services, 2003), 1.

² *Ibid.*, 2.

³ Glenn R. Schiraldi, *The Post-Traumatic Stress Disorder Sourcebook: A Guide to Healing, Recovery, and Growth* (Los Angeles: Lowell House, 2000), 363.

⁴ *Ibid.*

⁵ Herodotus, *The Persian Wars: Books III-IV*, trans. A.D. Godley (Portsmouth, NH: Heinemann Publishing, 1924).

⁶ Schiraldi, *The Post-Traumatic Stress Disorder Sourcebook*, 11.

⁷ *Ibid.*, 9-10.

exaggerated startle response.⁸ Almost anyone can succumb to PTSD as it is not due to mental weakness. Instead, it is the only diagnosis in the Diagnostic and Statistical Manual of Mental Disorders where the disease is brought on by external factors or events, outside of the individual's personality.⁹ This means that anyone who has been subjected to enough stress or trauma has the potential for developing the disorder.¹⁰ This also means that PTSD is not limited to soldiers who served in combat roles, but victims of rape, torture, terrorist attacks, natural disasters, automobile or plane accidents, or anyone else who has gone through an abnormally stressful and traumatizing event.¹¹

There are a few major symptoms of PTSD that are almost always unique to combat veterans. These can often be comorbid with "depressive disorders, rage, isolation, avoidance of feelings or alienation, survivor's guilt, anxiety reactions, sleep disturbance/nightmares, and intrusive thoughts."¹² Most individuals who suffered from the disorder thought that they were having a difficult time adjusting to civilian life or simply going crazy. Thankfully, now a relatively clear diagnosis and treatment options are available, but it took a long time for these things to develop.

In earlier wars in the twentieth century perceived and diagnosed PTSD differently. During World War II the American military grouped PTSD under the general stresses of war by the American Military. Definitions from this era are vague and are seen as "the failures of adaptation of the soldier... [which mirror]... everyday failures or neurotic compromises with reality" and was commonly referred to as shell-shock or war neuroses.¹³ Some of the soldiers returning were thought to be emotionally unstable or anxious, and they were either told to seek professional help, or pull themselves up by their bootstraps.¹⁴ General George Patton once slapped one of his soldiers who was "nervously incapable of combat," which is a common symptom of PTSD.¹⁵ Many characteristics exhibited by some of these men who returned from the war, are now known to be symptoms of PTSD.

After the end of World War II a study was conducted in order to determine what led to anxiety and shell shock. While there were a number of minor reason, the main factor that they found contributed to anxiety was participation in overseas combat.¹⁶ Infantrymen "who had undergone air raids or buzz bomb attacks in Europe were more often subject to psychosomatic symptoms ... [as well as]... men who had been subjected to closer range enemy fire."¹⁷ It is believed that combat also had a similar effect on airmen, sailors, and Marines in the Pacific, but are not as well documented as Army infantrymen in the European and Mediterranean theaters.¹⁸ However, for the modern observer, this survey is slightly confusing. It frequently brings up terms like "anxiety" and "psychosomatic manifestations" without being clear about what those terms

⁸ Ibid., 10.

⁹ Ibid., 6.

¹⁰ Ibid.

¹¹ Ibid., 7; and Schiraldi, *The Post-Traumatic Stress Disorder Sourcebook*, 3.

¹² Palladino, *Post-Traumatic Stress Disorder and the Military Combat Veteran*, 10.

¹³ Roy R. Grinker and John P. Spiegel, *Men Under Stress* (York, PA: The Blakiston Company, 1945), vii.

¹⁴ Samuel A. Stouffer, Arthur A. Lumsdaine, Marion Harper Lumsdaine, Robin M. Williams, Jr., M. Brewster Smith, Irving L. Janis, Shirley A. Star, and Leonard S. Cottrell, Jr., *The American Soldier: Combat and Its Aftermath*, Volume II (Princeton, NJ: Princeton University Press, 1949), 411 and 445.

¹⁵ Schiraldi, *The Post-Traumatic Stress Disorder Sourcebook*, 364.

¹⁶ Stouffer, *The American Soldier*, 445-446.

¹⁷ Ibid., 447.

¹⁸ Ibid., 449.

mean.¹⁹ It is clear that even the professional psychologists were having a difficult time giving a clear definition or diagnosis, and offering only topical treatment options (which helped about as much as a Band-Aid over a bullet wound), in the late 1940s and 1950s. The psychologists would attempt to treat the anger or anxiety instead of PTSD, which was the real cause of these soldiers' symptoms. If these treatment options did not work and the patient continued to worsen, then they were often sent away to a Neuropathic or Psychiatric Hospital, to reduce the risk of harm to themselves or others.²⁰

This survey was also enlightening to psychiatrists and other medical professionals at the time because there were a few incorrect, pre-conceived beliefs about men who suffered from war neurosis, or battlefield stress and anxiety. Probably the most common of these was the belief that "men with predisposing character and personality defects would be particularly vulnerable to the stresses of the battlefield."²¹ This is what led the United States military to develop a stringent psychological examination, which would eliminate those considered mentally unsuitable from being recruited or enlisting. They hoped that this would lead to the elimination of war neurosis in the Army. However, these examinations had little effect.²² As the war progressed and the need for men increased, the neuro-psychiatric examination became secondary, as interviews became pressed for time and rushed.²³ Even so, about seven or eight percent of men were rejected from recruitment or enlistment for neuro-psychiatric reasons, and therefore the mental examination was at least nominally successful.²⁴ It was because of these examinations and their ineffectiveness during World War II, and the decade following, that it was determined by psychiatric professionals that any soldier who has seen combat can be susceptible to what was then known as war neurosis.

Symptoms that psychiatrists looked for after World War II for psychoneurosis were still many, but less clearly defined and refined than in later times. A few of the symptoms that are similar to a diagnosis today would be irritability, anxiety, restlessness, and behavior disorders.²⁵ However, some that were included in a post-World War II analysis that are no longer prevalent symptoms include gastrointestinal complaints and headaches.²⁶ Today these could be considered indicators of larger symptoms, like hyper vigilance or Obsessive Compulsive Disorder. Also much like the modern era there were even more minor symptoms, and combinations of symptoms, but in 1955 "it was not thought important to determine them."²⁷

One aspect of PTSD after World War II that is a particularly telling set of symptoms is the soldier's adjustment back into family life. Upon returning from war, most service members got married and started families of their own, instead of returning to their parent's homes. Out of the veterans polled, approximately forty percent were considered to have questionable or impaired adjustment to their family and marital relationships.²⁸ While this statistic can be for a

¹⁹ Ibid., 455.

²⁰ Edgar Jones and Simon Wessley, *Shell Shock to PTSD: Military Psychiatry From 1900 to the Gulf War* (New York: Psychology Press, 2005), 60-61.

²¹ Anthony Babington, *Shell-Shock: A History of the Changing Attitudes to War Neurosis* (London: Leo Cooper, 1997), 147.

²² Ibid.

²³ Ibid., 148.

²⁴ Ibid.

²⁵ Norman Q. Brill and Gilbert W. Beebe, *A Follow-up Study of War Neuroses* (VA Medical Monograph, 1955), 120-121.

²⁶ Ibid., 121.

²⁷ Ibid.

²⁸ Ibid., 125.

multitude of reasons, it is probably safe to assume that this poor adjustment is most likely due to symptoms of PTSD when it was not yet a diagnosable disease. It is also difficult to confirm the exact reasons given for these unsatisfactory relationships, because sometimes they were due to domestic violence, which was considered shameful during this time and was not discussed, even when it was known to be present.

Domestic violence could be due to some of the symptoms of PTSD, like uncontrollable anger and hyper vigilance, which can sometimes be triggered easily by situations in the home, or even delayed in their appearance for decades. There are few personal accounts of this violence as it was generally ignored or hushed-up. However, Sir Patrick Stewart, whose father was a veteran of World War II, was a victim of his father's abuse, along with his mother. He has recently spoken out about his experience at the hands of his father. He recently found records stating that his father was diagnosed with shell-shock from his experiences serving with the British Expeditionary Forces in France. Stewart's father was simply told to "man-up" and was therefore never treated, which made his family bear the brunt of his problems. Stewart is now working to make the public aware that PTSD is a serious problem, and that victims and their families should not be ashamed, but seek professional help.²⁹ Thanks to Stewart's willingness to speak-up and advocate, not only is there now a glimpse into the home-life of someone suffering from PTSD post World War II, but people are encouraged to get the help that they need.

For veterans of World War II diagnosed with severe anxiety, or a psychoneurotic disorder, the treatments were unvaried and limited. There were two phases of treatment.³⁰ The first phase was similar to group therapy mixed with prevention and took place before and during combat.³¹ Either one soldier, or a group of soldiers, could get together with a tactical medical officer (sometimes a Flight or Battalion Surgeon, but rarely a Divisional Psychiatrist) and discuss the effects of combat.³² This early, on-the-ground treatment allowed soldiers to get some minimal assistance with their anxiety, as the focus was on prevention and early treatment.³³ The second phase was used only when the initial efforts of prevention no longer were effective. It required the removal "of the individual from his combat organization for definitive psychiatric care."³⁴ However, the focus was on prevention and early treatment in phase one, and phase two was only enacted in extreme cases, which left many men to fight their way through their PTSD symptoms on their own. Anti-psychiatry sentiments were also a problem as most men thought seeking psychiatric help to be a sign of weakness, and there was a general mistrust of psychological evaluators.³⁵ It is difficult to assist a soldier with his PTSD recovery if he refuses to receive help from a medical professional.

The next time America went to war in Korea, there were also symptoms of anxiety and psychoneurotic disorders, which are now known to be PTSD. Leading up to the Korean War there was still a general suspicion and prejudice against the profession of psychiatry in the military.³⁶ It could even be argued that this prejudice grew in its intensity over time. As late as 1961 Brigadier General J. McGhie, who was a military psychiatrist, commented that "it had been

²⁹ Heather Skye, "Patrick Stewart Gives Passionate Response to Question at Comicpalooza 2013," Youtube, May 29, 2013, accessed April 26, 2016, <https://www.youtube.com/watch?v=TqFaiVNuy1k>.

³⁰ Grinker and Spiegel, *Men Under Stress*, 147.

³¹ *Ibid.*

³² *Ibid.*

³³ *Ibid.*

³⁴ *Ibid.*

³⁵ Jones, *Shell Shock to PTSD*, 98.

³⁶ *Ibid.*, 99.

suggested that there was no longer any real need for a psychiatric center in the Army.³⁷ Before and during the Korean War not much had changed from World War II. The only difference was that more studies were being conducted into what caused combat stress.

One study that was done, which began during World War II and continued through the Korea War, was whether or not the society which soldiers come from determine their susceptibility to combat stress. The study found that males in the United Kingdom who participated in previous wars, such as World War I, mostly came from industrial and agricultural jobs, which in that period of history was a very grim existence. Life expectancy was only 44 years of age for average, lower-class British males because they usually led very hard lives.³⁸ While it was found that coming out of a harsh home environment did not completely eliminate a soldier's chances of getting combat stress or shell shock, it was found that there was a reduced risk as soldiers were slightly prepared for the death and gore that awaited them in the trenches as the transition from civilian to military life was not as dramatic.³⁹ Men who fought during World War II and the Korean War were not as likely to have civilian jobs in such grim fields, and as a result had not been exposed to as much death and gore. This made it a more shocking and traumatic event when they participated in battle.

Also, during the Korean War the study showed that there was a correlation between combat intensity and non-battle related injuries in Marine Corps units.⁴⁰ The more intense the combat, the more Marines were injured outside of combat. While this might have several contributing factors, many of these injuries were most likely due to combat stress, as they resulted from outbursts of anger, violence, depression, anxiety, and other symptoms of war neurosis.⁴¹ This is when they hypothesized whether there was a relationship between the total number of killed and wounded in a battle to psychiatric casualties. While there was not enough data at the time of World War II and the Korean War to confirm this hypothesis, in modern times it was discovered to be true.⁴² Many of the psychiatric casualties are now known to have suffered from PTSD.

Although soldiers did suffer from PTSD after both World War II and the Korean War, it is the Vietnam War where the disorder received most of its modern notoriety. The Vietnam War was not like any other war in American history, as it was a guerilla war in the jungles of Southeast Asia. It was also a time of social upheaval on the home-front, not only because of the Civil-Rights and Feminist movements, but also because of the anti-war movement.⁴³ In past wars the American public had generally been supportive of the troops overseas. However, during America's involvement in Vietnam "a wave of radical politics began to sweep over the nation's university and college campuses" dubbed the "New Left" by sociologist C. Wright Mills.⁴⁴ They protested everything from longstanding racial discrimination to the draft but were not the only ones who protested the Vietnam War. A few religious groups that were generally considered conservative had also voiced their dissent and in 1966 formed the Clergy and Laymen Concerned

³⁷ Ibid.

³⁸ Ibid., 101.

³⁹ Ibid.

⁴⁰ Ibid., 100-101.

⁴¹ Ibid., 101.

⁴² Ibid.

⁴³ Larry H. Addington, *America's War in Vietnam: A Short Narrative History* (Indianapolis: Indiana University Press, 2000) 109.

⁴⁴ Ibid., 109-110.

About the War in Vietnam.⁴⁵ While they might have had different motives, all involved in the anti-war movement were united by the common goal of ending United States involvement in Vietnam and bringing “the boys” home.⁴⁶

Although the average American GI had limited access to news of what was going on back in the states, especially regarding American domestic disputes, what they did hear was usually demoralizing. The only news that soldiers received from their superiors generally came from “The Stars and Stripes,” or some other government publication, and letters from home. The letters from home were generally (but not always) encouraging in nature, and either were vague about the anti-war movement or did not elude to it at all. Upon arriving home many soldiers simply did not know what to do, or how to react, when they encountered some of the more radical protestors. They were generally shocked, as many had no idea about the disquiet that was happening at home.⁴⁷

Along with the social upheaval came several other unpleasant surprises for the returning veterans of Vietnam. Many had less than pleasant encounters, the most commonly recalled being the instances in which protestors spat upon them.⁴⁸ However, while this was the situation for some, being spat upon was not always the case. What some experienced (definitely in the minority) was worse. In the case of David S. Weick, who served in the Army during Vietnam, he and his friends had firecrackers thrown at them when they were on leave in Oakland and were waiting to be processed out.⁴⁹ This caused Weick and his five buddies to all duck for cover, because when they were in Vietnam explosions generally meant they were under attack. When they realized they were not in any more danger, they stood up and a guy in his mid-twenties (who had thrown the firecrackers) called them “f-ing baby killers” and spat on them. They then roughed up the man, to the applause of the crowd that had gathered.⁵⁰ This story was probably on the more severe end of the spectrum, but it represented the difficulties that some soldiers experienced upon their arrival home.

Despite the aforementioned, it is a misnomer to believe that all soldiers were degraded and spit on when they arrived home from Vietnam. A majority of returning soldiers reported that they did not experience spitting. They realize that “it may have happened to some of their compatriots, but are able to say that it did not happen to them.”⁵¹ This does not mean that they did not have difficulty upon their arrival home. Many recall being ridiculed, or even ignored altogether.⁵² There are stories of support and appreciation, however, it was usually demonstrated by family members or was not admitted by civilians until many years later, generally recalled in letters from family members or personal accounts from the soldiers themselves.⁵³

These uniquely hostile conditions probably did not help to alleviate the PTSD symptoms that soldiers were experiencing when they returned from Vietnam. In previous wars there was much support on the home-front. During World War II many of the photographs taken in the United States show citizens collecting scrap metal, growing victory gardens, and generally going

⁴⁵ Ibid., 111.

⁴⁶ Ibid., 112; and Bob Greene, *Homecoming: When the Soldiers Returned From Vietnam* (New York: G.P. Putnam’s Sons, 1989), 10.

⁴⁷ Greene, *Home-coming*, 18-20.

⁴⁸ Ibid., 18-85.

⁴⁹ Ibid., 20.

⁵⁰ Ibid.

⁵¹ Ibid., 87.

⁵² Ibid., 88-89.

⁵³ Ibid., 88.

without in order to support the troops and further the cause. However, images that are often associated with the Vietnam War are protestors screaming and holding signs. According to a sourcebook on the diagnosis and treatment of PTSD, individuals who are suffering generally experience a more complete recovery when they are allowed to resolve their guilt and process their feelings.⁵⁴ Since many Vietnam veterans did not have an outlet to express their emotions the recovery process was longer and their symptoms exacerbated.

Returning home was not the only difficult thing about serving in the Vietnam War. Many soldiers arrived expecting war to be like the John Wayne movies that they were used to, despite their prewar training. However, they were horribly mistaken.⁵⁵ Young American GIs were often unprepared and shocked when confronted with the harsh realities of war. Once they were involved in killing, and watching their comrades and friends killed, the realities of war began to sink in.⁵⁶ Karl Marlantes, a Marine veteran of the Vietnam War, argues that due to inaccurate preconceived ideas about what war was, the young men were spiritually and mentally unprepared for what they met in Vietnam.⁵⁷ He recalls that after killing a young North Vietnamese soldier in hand-to-hand combat, he remembers initially being “in a fierce state where there is a primitive and savage joy in doing in your enemy.”⁵⁸ He also writes that he felt joy at surviving that which was meant to kill him, and having another obstacle out of the way in order to complete his mission.⁵⁹ However, now looking back on the event he feels a lot of sadness.⁶⁰ Like many who suffer from PTSD, it was not until later that Marlantes actually had time to think through and feel guilty about what had happened.⁶¹

It was not just the return home that was difficult for Vietnam veterans. Towards the end of the war when the military was growing desperate for more soldiers, many who were drafted had been protestors who still opposed the war. Also, the Tet Offensive in 1968 disheartened American troops and civilians. The top brass in the Pentagon saw a shift in attitude and in April of 1969 sent some army historians to interview GIs in the field and assess their attitudes towards the war.⁶² This committee found that a majority of GIs believed that the Vietnam War “is about the biggest blunder the United States has ever made.”⁶³ The environment in Vietnam was very hostile, not just because of the jungle climate, but because Americans were being forced to fight in a war they did not believe in. This led many men to be directly insubordinate to their commanding officers and avoid contact with the enemy as much as possible.⁶⁴ They began to measure the success of the operation by not how many enemy soldiers were killed, but how few Americans were killed.⁶⁵ This upsurge in avoidance of contact with the enemy can not be explained away merely as a survival tactic. Instead it can be accounted for by the soldiers questioning the legitimacy of their officers. This led to the legitimate disintegration of a few command chains, and to increased instances of “fragging” the officers for real and supposed

⁵⁴ Schiraldi, *Post-traumatic Stress Disorder Sourcebook*, 184.

⁵⁵ James Lewes, *Protest and Survive: Underground GI Newspapers During the Vietnam War* (Westport, CT: Praeger, 2003), 2.

⁵⁶ Karl Marlantes, *What it is Like to Go to War* (New York: Atlantic Monthly Press, 2001), 7.

⁵⁷ *Ibid.*, xi-xii.

⁵⁸ *Ibid.*, 30

⁵⁹ *Ibid.*

⁶⁰ *Ibid.*, 27.

⁶¹ *Ibid.*, 49.

⁶² Lewes, *Protest and Survive*, 3.

⁶³ *Ibid.*

⁶⁴ *Ibid.*

⁶⁵ *Ibid.*

slights, especially from those who were anti-war protestors.⁶⁶ The added threat of fragging to the general stress of warfare, along with the hostile attitudes of the unwilling soldiers, created a unique environment that greatly added to the mental distress of Vietnam veterans and likely contributed to the numerous cases of PTSD.

The media played a key role in the Vietnam War and the front lines were no exception. Propaganda, mainly in the form of newspapers and radio, contributed to the uniquely hostile environment on the front lines. According to author James Lewes there were several underground newspapers that circulated among the soldiers, spreading the anti-war sentiment. These newspapers often spread negative views of the war, especially after the TET Offensive, and spoke about the social unrest on the home-front. While some of the things discussed were true and some hype, the negative media did little to improve the soldiers' morale. These newspapers also sometimes encouraged the fragging of officers that were disliked and general dissent among the ranks.⁶⁷ It also demoralized soldiers who were already facing the harsh realities of war. While these newspapers did not directly cause PTSD, much like the conditions on the home-front they worked to lower moral as well as increase anxiety, which probably contributed in pushing some men closer to the breaking point.

The climate and general environment contributed to the anxiety and mental distress of the soldiers as well. While these conditions did not directly cause PTSD, they exacerbated its symptoms. While the average high in Vietnam during the hottest part of the year is only ninety degrees Fahrenheit, the humidity level is often ninety percent or higher.⁶⁸ Not only did this make the heat unbearable, but it also caused many physical maladies like heat exhaustion, heat-stroke, jungle rot (a skin ailment that comes from not bathing or washing clothes), and ringworm.⁶⁹ After spending a month or more in the jungle under these conditions Marines often "worked naked to lessen the discomfort."⁷⁰ Also, since it was the soldiers who were fighting in a jungle climate, often rain or fog would keep the supply helicopters away, as well as enemy fire. Therefore food and ammunition would run low and the men would be weary from malnutrition and exhaustion.⁷¹ When they did get food it mainly consisted of canned items and MREs (Meals Ready to Eat.) While these foods were high in the calories necessary for a soldier's survival, they were generally not tasty or satisfying, especially when eaten over an extended period of time.⁷² While none of these factors contribute directly to PTSD, these conditions were miserable and demoralizing for soldiers in Vietnam and often contributed to their low mental state, and again pushed men closer to their breaking points.

After the Vietnam War was over, the symptoms of PTSD started to haunt the veterans. When no longer in survival mode soldiers began to recognize the humanity in those that they killed and feel remorse for their actions.⁷³ Also, when removed from the adrenaline of combat, survivor's guilt would begin to kick-in. Survivor's guilt occurs when the soldier or Marine has lost a close friend or comrade in combat, most likely killed within their view. Those who suffer from survivor's guilt generally assign blame on themselves and feel responsible for the death of

⁶⁶ Ibid.

⁶⁷ Ibid.

⁶⁸ "Vietnam-Average Temperatures," *Weatherbase*, last modified 2016, accessed May 2, 2016, <http://www.weatherbase.com/weather/city.php3?c=VN&countryname=Vietnam>.

⁶⁹ Marlantes, *What it is Like to Go to War*, 4-5.

⁷⁰ Ibid., 4.

⁷¹ Ibid.

⁷² Ibid.

⁷³ Ibid., 49-50.

their friend or comrade.⁷⁴ They often feel shame or guilt for something that they did not do, or had no control over.⁷⁵ While it is now known that this is a common symptom of PTSD, at the time most men buried these feelings deep within themselves and claimed to be “just fine.”⁷⁶ However, these emotions could not stay pent up forever and eventually started manifesting themselves in other ways.

One of the more common way in which these emotions manifested themselves was in fits of anger.⁷⁷ Many veterans turned to external agents to numb themselves from the anger and emotional pain of survivor’s guilt. Some turned to alcohol, others to drugs, or morally questionable nighttime activities, but these practices usually make the fits of anger even more explosive and unpredictable.⁷⁸ Many became socially impaired and isolated themselves from family and friends. Some did this out of guilt and shame for what they had done, others because they wanted to protect people from themselves and their anger. This is not healthy behavior and prolongs the healing process. A minority of soldiers, though arguably the more successful in their recovery, turned to religion or philosophy and tried to logically cope with what happened in Vietnam, and are often successful in subduing the frequency and severity of their angry outbursts.⁷⁹ Many men held on to the pain of watching their friends get wounded and killed for years before acknowledging their grief and letting go of the anger, which is a necessary step in the PTSD healing process.

Thankfully since PTSD became a diagnosable disease in 1980, more manageable, personalized, and in-depth treatment options have been developed and have been made available for veterans of Vietnam, and also the following wars. The simplest treatment option are the numerous self-help books for individuals suffering from PTSD. While these are helpful, they are not recommended for those with severe cases. However, for those unwilling to get professional help the treatments and advice offered are more beneficial than doing nothing and can be quite helpful for those suffering.⁸⁰ Seeing a professional psychiatrist is still the advised course of action for someone who is suffering from PTSD.

The main thing that has changed in the treatment of PTSD since it became a diagnosable disease is that psychologists now have the to properly address what is wrong with patients and assist them on their road to recovery. As aforementioned, early treatments for PTSD had generally been more topical. They treated the symptoms of anger, depression, anxiety, etcetera. Now psychologists are able to address the source of the symptoms. The treatment of PTSD is not an easy process. Difficult memories and emotions must be confronted in ordered for the symptoms to be resolved, causing the depression and anxiety to get worse before improvements occur. For others it is difficult because they have to leave behind harmful “retraumatizing behaviors” like drugs, violence, self-destruction, or dangerous thrill-seeking.⁸¹ These types of behaviors will either numb the sufferers making them avoid their emotions or put him in harm’s way, and forcing individuals affected to remain in survivor mode, which also detaches them from

⁷⁴ Schiraldi, *The Post-Traumatic Stress Disorder Sourcebook*, 26.

⁷⁵ *Ibid.*, 26-27.

⁷⁶ “Posttraumatic Stress Disorder,” *WebMD*, last modified 2015, accessed on May 2, 2016, <http://www.webmd.com/anxiety-panic/guide/post-traumatic-stress-disorder?page=2>.

⁷⁷ Schiraldi, *The Post-Traumatic Stress Disorder Sourcebook*, 27.

⁷⁸ Marlantes, *What it is Like to Go to War*, 23-24.

⁷⁹ *Ibid.*, 61-79.

⁸⁰ Mary Beth Williams and Soili Poijula, *The PTSD Workbook: Simple, Effective Techniques for Overcoming Traumatic Stress Symptoms* (Oakland, CA: New Harbinger Publications, 2002).

⁸¹ Schiraldi, *The Post-Traumatic Stress Disorder Sourcebook*, 58-59.

their feelings.⁸² These are only a few components of the long and hard process of PTSD recovery. It is different for everyone, and it is quite possible that the patient will relapse on occasion, but overall the treatments developed have helped many people move on to live happy, productive, and successful lives.

Although Post-Traumatic Stress Disorder, which has been known by many names in the past, has been showing up all throughout human history, it has only been recently that it became a diagnosable disorder in the United States and viable treatment options were developed. In the twentieth century it became increasingly evident that the mental disorders that plagued the military, especially with the development of modern warfare, were not by chance and could be connected to extremely traumatic and stressful events on the battlefield. Though the symptoms vary in type, duration, and intensity, the topical treatment options used during World War II and the Korean War did not address the root of the problem, which was the emotions that were bottled away after the traumatic event. Modern treatments are varying but force patients to address their emotions and come to terms with what happened in order to begin their road to recovery. The Vietnam War showed an increase in the number of soldiers struggling with PTSD due to many different factors that made that war particularly hostile and uniquely stressful for the men involved. The social and anti-war movements that were happening on the home-front at this time did not help, and sometimes even made matters worse as soldiers were returning to a hostile environment. Though some men remain deeply scarred by their experiences in war, many go on to lead happy, productive, and well-adjusted lives thanks to modern treatment options. PTSD diagnosis and treatment options have changed during the twentieth century, and it is exciting to think how they will progress and improve in the future.

⁸² *Ibid.*, 59.