Post traumatic stress disorder and the Vietnam veteran

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Post traumatic stress disorder and the Vietnam veteran

Abstract
The purpose of the paper was to review the literature regarding Post Traumatic Stress Disorder (PTSD) in Vietnam veterans for a clearer understanding of the continuing readjustment problems that are affecting thousands of men and women in the United States. Because the Vietnam War was unique in so many aspects, it created unique postwar problems for its veterans.
POST TRAUMATIC STRESS DISORDER
AND THE VIETNAM VETERAN

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CHAPTER 1
Introduction

Although most veterans of the Vietnam War have adjusted well upon returning home, an estimated 500,000 continue to struggle to varying degrees with serious readjustment problems as a result of their exposure to the violence of that conflict (Goodwin, 1980).

Statement of the Problem

Between 1964 and 1973 approximately 2.8 million men and women served in the military in Southeast Asia (Goodwin, 1980). Of the 1.5 million of those who were involved in heavy combat it is estimated that 31% have been treated for alcoholism and 55% for drug related problems (Home is Hell, 1980). Thirty-eight percent of the married veterans were divorced within six months of their return from the service (Home is Hell, 1980). The suicide rate is 33% above the national average (Wilson, 1978). One hundred and fifty thousand Vietnam veterans are or have been in prison (Home is Hell, 1980).

Obviously the war is not over for many veterans. To begin to understand why, one needs to have at least some understanding of the dynamics of the war itself.

This was the longest war the United States had ever been involved in and the only one it ever lost. It was a guerilla war fought in jungles by soldiers averaging nineteen years of age against an enemy difficult to identify from civilians. The character of the war produced atrocities such as burning villages and killing women.
and children. It was the kind of war where winning was not measured by territorial gains, it was measured by "body count". It was an involvement in a civil war where many of the citizens of the country being aided did not seem to want outside help. Finally, it was a war that became more and more unpopular back home. Veterans returned to no Welcome Home parades. They returned instead to antiwar demonstrations, insults and a public that did not want to be reminded of a war that it was trying to put in the past. Figley (1978) quoted one veteran as saying, "The first day home I was called a 'baby killer' by my kid brother and the 'bunch who lost the war' by some drunk down at the VFW" (p. xxii).

Purpose

The purpose of the paper was to review the literature regarding Post Traumatic Stress Disorder (PTSD) in Vietnam veterans for a clearer understanding of the continuing readjustment problems that are affecting thousands of men and women in the United States. Because the Vietnam War was unique in so many aspects, it created unique post-war problems for its veterans.

Definition of Terms

Throughout the paper references will be made using terms peculiar to the Vietnam War, the military and to Psychology and Psychiatry. To assist in understanding, the following definitions are provided:

Body count: Success of a soldier and/or his unit was measured by the number of enemy killed in battle. This exemplified the fact that only killing was the goal, not territorial gains (Lifton, 1973).
DEROS: Date Expected to Return from Overseas. A rotation system limiting overseas tours of duty for each man to a certain specified length of time. In Vietnam, the tour was usually twelve months (Kormos, 1978).

Fragging: When some soldiers believed that their field commander was unfair, incompetent or unreasonable by leading them into too many dangerous situations, they retaliated by either warning him with near-miss grenade blasts or outright killing him. His death was reported as a result of enemy fire (Lifton, 1973).

Post Traumatic Stress Disorder (PTSD): The American Psychiatric Association Diagnostic and Statistical Manual, Edition III (1980) defines PTSD as "the development of characteristic symptoms following a psychologically traumatic event that is generally outside the range of human experience" (p. 236). The symptoms and causes of this disorder will be addressed in Chapter 2.

Organization of the Paper

The following chapter will review the literature on PTSD as it pertains to:

Previous wars: The review of literature will begin with a brief look at how psychological disorders were dealt with in World War I, World War II, the Korean War and the Vietnam War.

Causes: An exploration of the circumstances of the war that fostered PTSD and related readjustment problems.

Symptoms: This section will look at the most common responses and manifestations of PTSD.

Treatment: Issues concerning problems in counseling veterans and availability of treatment are discussed.
CHAPTER 2

Review of Literature

In his paper describing Wilson's study, "The Forgotten Warrior Project", Goodwin (1980) referred to the evolution of Post Traumatic Stress Disorder (PTSD). What he addressed was how psychological problems resulting from combat had been diagnosed from before WW I to the post-Vietnam era.

Previous Wars

Prior to WW I it was assumed that any type of psychological problems encountered in or as a result of battle were due to poor discipline or cowardice (Goodwin, 1980).

During the First World World War it was thought that the air pressure from exploding shells caused physiological damage and those believed to be suffering from such trauma were considered to have shell-shock or a war neurosis (Goodwin, 1980).

Although three times as many potential recruits were not allowed to enter the military for psychiatric reasons in WW II as in WW I, the psychiatric casualty rate was 300% higher in WW II (Figley, 1978). Psycho (short for psychopathology) was the term given those with psychological problems early in the war. Later exhaustion was what Army commanders used, partly to de-emphasize the mental or psychological factors. It was believed by some, however, that fatigue was a contributor to psychiatric breakdown (Figley, 1978).
During the Korean War combat fatigue was the descriptive term for psychological problems related to battle. Figley (1978) stated that such casualty rates were lower in the Korean War partly because soldiers were in combat a maximum of only nine months. Goodwin (1980), however, indicated that the lower rate (6% as compared to 23% in WW II) was due to more practical on-site treatment and a return to battle by the affected soldiers.

The Vietnam War psychological casualty rate of 12 per 1000 was opposite of what had been expected. This was due in part to preventative measures learned in Korea and to the fact most soldiers knew they would be returning home twelve months after they arrived in Vietnam (Goodwin, 1980). The after effect of this was to delay the stress. Veterans returned home from the war initially feeling good to be back. But as will be shown, many encountered problems later on as a result of having suppressed so many feelings about their war experiences.

Causes

Those who have studied and written on PTSD and other readjustment problems of Vietnam veterans point out several factors that were conducive to creating such stress disorders.

Events and circumstances most frequently discussed in the literature are those concerning the age of the soldiers, military training, Date Expected to Return from Overseas (DEROS), nature of the war and acceptance back home of the war and its veterans.

Age. The average age of a US combatant in Vietnam was 19.2 years. In testimony before a US Senate Subcommittee on Veterans Affairs, (1977),
Dr. John P. Wilson stressed that at that point in one's life a person is "just beginning the normative developmental process of identity and integration" (p. 5). Wilson (1980) pointed out that at that age the identity process will be helped or hindered depending on the quality of life experiences. What the young men encountered in Vietnam was a violent existence for survival in a war with vague purposes and a lack of support from back home. Consequently, participation in that setting at the age of seventeen to twenty-five increased the likelihood of developing identity problems which could manifest in such forms as mistrust, doubt, shame and guilt (Figley & Leventman, 1980). Caputo (1977) wrote, "At the age of twenty-four I was more prepared for death than I was for life" (p. 3).

Military training. The first several weeks of an enlisted person's role in the military is spent in basic training ("Boot Camp"). The purpose of this phase of training is to instill basic qualities and skills in the recruit that are deemed necessary to be successful in combat. It is a rigorous two to three months of physical and psychological conditioning. Eisenhart (1975) claimed that often, while preparing soldiers during the Vietnam War, the military utilized techniques that not only had immediate effects on the individual but also created conditions that made it difficult for many to deal with violence and anger years later.

More specifically he cited two reasons as significant in potentially producing a "habit of violence" in soldiers and veterans. He stated, "The training process created intense emotional conflicts generated by the formation of a male role that required two things: a constant proving of adequacy and a prohibition of intimacy"
(Eisenhart, 1975, p. 21). During training the soldiers were conditioned to be aggressive in combat situations and if one could not be molded into a warrior that was ready to kill then he was not much of a man. What added to the problem was the nature of combat in Vietnam. The soldiers were primed to be aggressive and fight in a certain way. They found, however, that jungle guerrilla warfare involves a different style of combat. There were no territorial gains or close fighting. More often than not, attacks were made via booby traps, snipers and ambushes. This type of warfare denied, "them the means to express their masculinity in the manner which had so recently been intensively and brutally instilled" (p. 21).

Eisenhart (1975) believed that this potential for violence and impacted sexuality continued to affect veterans long after their military experience, resulting in impotence, fears of intimacy and urges to kill.

**Date expected to return from overseas (DEROS).** In the Korean War it was known that the longer a soldier was exposed to battle, the more likely he was to suffer psychologically. Therefore, a point system was designed permitting a soldier to return back home once he had accumulated enough points (Goodwin, 1980).

This approach was modified in the Vietnam War and the DEROS system was developed. Soldiers, except for General Officers, were given a date by which they were scheduled to return stateside (usually twelve months from arrival in Vietnam). Thus they knew before going off to war when they would be returning.

DEROS, along with occasional opportunities for R & R (Rest and Relaxation) in safe areas such as Australia and Hawaii, did appear
to hold down the psychological casualty rate and aid morale, especially early in the war (Figley, 1978). There were, however, resulting side effects.

Soldiers going to and returning from Vietnam on their own schedule helped foster an individual aspect of the war which did little to promote Unit cohesiveness. Combat Units constantly had new soldiers rotating in and experienced combatants rotating out, thereby adversely affecting the effectiveness of the fighting group (Figley, 1978).

Figley and Leventman (1980) felt that DEROS "supported the illusion of a war that would soon be over, the ever-elusive light at the end of the tunnel" (p. xxiii).

DEROS also helped decrease the soldier's commitment to winning the war. His major priority was to stay alive. Wilson (1980) termed it **survivor mentality**.

This individual schedule meant, too, that the soldier completing his tour returned to the States singly as opposed to coming back in his unit. The effects of this are addressed later in this Chapter.

**Nature of the war.** Much of the literature suggested that the major contributor to PTSD was the type and location of the war. No one denied that all wars were violent and brutal, but many of the circumstances of this war, particularly the jungle guerilla warfare and the atrocities involving civilians, produced problems for many veterans that continued on long after the fighting.

The soldier in Vietnam found himself in a jungle fighting against an indigenous revolutionary force that was difficult to see. There were no battle lines and few open encounters with the enemy. No territorial gains; no sense of winning something (Goodwin, 1980). Caputo (1977)
described the conditions:

There was no pattern to these patrols and operations. Without a front, flanks, or rear, we fought a formless war against a formless enemy who evaporated like the morning jungle mists, only to materialize in some unexpected place. It was a haphazard, episodic sort of combat. Most of the time, nothing happened; but when something did, it happened instantaneously and without warning. Rifle or machine-gun fire would erupt with heart-stopping suddenness, as when quail or pheasant explode from cover with a loud beating of wings. Or mortar shells would come in from nowhere, their only preamble the cough of the tubes (p. 95).

The measurement of accomplishment that was used was **body count**. Lifton (1973) claimed that this was the "key to understanding the psychology . . . of America in Vietnam. Nothing else so well epitomizes the war's absurdity and evil" (p. 59). Because of using the number of bodies to indicate accomplishment, killing became the sole purpose for being there. With pressure from higher command, leaders were often forced to pad the body count and to include the bodies of civilians (Lifton, 1973).

Added to the dilemma was the fact that many civilians were agents of the Viet Cong. Therefore, when a combat unit came upon a village it was difficult to determine if they were approaching friend or enemy. Even women and children were involved in such tricks as giving gifts to soldiers that were booby trapped to explode.

In the documentary *Home is Hell* (1980), a Vietnam veteran in an encounter group related how he was approached by a local woman carrying a baby and a basket of eggs. When she offered him the eggs he knew they must be booby trapped because they were too valuable a food to give away. He reacted by firing his gun at the woman, killing her and the child. What continued to haunt him years later was the sight of that child being flung from the mother's arms and an explosive device falling out
of the egg basket. He knew he had done what was necessary in that situation. He could not forget, however, killing an innocent child.

Because of such encounters, soldiers found it difficult to trust civilians. That, along with the tenseness and fear created by never knowing where, when or from whom the next assault could come, often provoked the men to displace their rage on anything or anyone available (Figley, 1978).

The manner in which many combatants suppressed their feelings and dealt with death and atrocities is illustrated in the following quote by a helicopter pilot describing an incident he was involved in that resulted in the death of an innocent twelve year old boy.

When that happened, my first reaction . . . was . . . I would guess you would consider normal. It would be horror, pain; and then I realized that I caught myself immediately and I said, "No, you can't do that," because you develop a shell while you are in the military. They take all the humaneness out of you and you develop a crust that enables you to survive in Vietnam. And if you let that protective shell down for a second, it could mean--it's the difference between flipping out or managing to make it through, and I caught myself tearing the shell down and I . . . and I . . . lightened up right away and started laughing and joking about it (Figley, 1978, p. 30).

Anti-war sentiment grew both back home and in the military and morale of the soldiers decreased. The feelings of being "the butt end of a bad war" (Lifton, 1973, p. 333) continued to grow. One violent result of this type of attitude was fragging. Soldiers became so frustrated with incompetent and/or over-zealous Unit leaders that they intentionally scared, wounded or killed an officer. Sometimes the fragging was the act of a single soldier, but more often it was perpetrated by a group. Ironically, the group dynamics that appeared to support and aid morale of fighting units in WW II are similar to the group processes that fostered fraggings in Vietnam (Figley & Leventman,
Fragging was yet another glaring example of the lack of discipline, rage and vulgar criminal acts that were too much a part of the Vietnam War (Lifton, 1973).

Acceptance back home. Figley (1978) stated that the return home of the soldier from Vietnam was the "end of one experience and the beginning of another" (p. xx). He and others address a number of conditions regarding the combatants homecoming as factors in PTSD.

Wikler (1980) wrote that the trauma of the Vietnam experience did not end for many upon returning home and that the resolution of that trauma was dependent at least in part on the psychological and social conditions that the soldier faced after the war.

One major factor cited by many was the DEROS system. As previously noted in this paper, individual rotation in and out of Vietnam created group efficiency and cohesiveness problems for fighting units. It also meant that the soldier returned home alone without the familiarity and support of other soldiers with whom he had shared battle experiences. Many felt guilty leaving for home while others had to continue the war. The return was quick also. Often a soldier would be involved in jungle fighting one day and be in his home stateside thirty-six hours later (Wikler, 1980).

Also significant was the fact that Vietnam veterans did not return home as victors. The differences of opinion of US civilians about the war is exemplified by one veteran quoted by Camacho (1980) as saying, "Liberals hate us for killing and conservatives hate us for not killing enough" (p. 56).

Figley (1978) and Borus (1976) explained the difference between how a soldier should return home and how it actually happened for the
Vietnam combatant. The return should be gradual as opposed to sudden. The men need to be reoriented into new civilian roles and routines. There should be formal ceremonial acknowledgement and immediate group sharing. The returning soldiers should also be prepared and forwarned of post war adjustment and stress problems. They should also be helped to feel that their role as veterans will be meaningful.

By contrast, the returning Vietnam soldiers returned alone, abruptly and quietly without homecoming celebration. They were seldom prepared for any psychological problems and were left alone to find any meaningfulness to their war experiences and veteran role.

Camacho (1980) claimed that society maligned the Vietnam veteran in an effort to exorcise the collective guilt over the war. He pointed out also that the media's portrayal of the Vietnam veteran was that of the crazed psychopathic killer. DeFazio (1978) addressed the media problem also and made a comparison with the post WW II movies that showed audiences that killing in combat was all right, thereby helping the veteran to feel less guilt and stigmatization.

The difficulty in readjustment back to civilian life for some was due to the young age of the veterans. Many were not married and therefore returned not to renew intimate ties, but to establish new ones. This capacity for intimacy was often damaged by the war and one result has been a relatively high divorce rate for Vietnam veterans (Figley & Leventman, 1980).

For those who had witnessed the killing and brutal atrocities of war it was difficult to share those experiences with people who had not been there. For some, this manifested itself in alienation and withdrawal. Veterans were left with the feeling that no one cared or
understood. It was also common for a veteran to be suffering and to feel as if he were the only one who had come home from the war with adjustment problems (Lifton, 1973).

By the time many veterans had fought in Vietnam and returned home they had developed a mistrust of the military, the US Government and many of its institutions. They particularly became frustrated with the Veterans Administration which was not prepared to deal with the stress disorders and other psychological problems the veterans were suffering. The high unemployment rate in the early 1970's and the inadequacies of the GI Bill have also been cited as contributing factors to readjustment problems.

**Symptoms**

While in Vietnam most veterans fantasized how great it would be to return home. They thought about families, jobs and things they wanted to do. After their abrupt return and following their attempts to fit back into previous social environments, many realized that their feelings, attitudes and beliefs had changed. Some encountered problems immediately. For others, the happiness of being home suppressed problematic symptoms anywhere from a few months to several years. But eventually they also began to notice changes in outlook and behavior (Goodwin, 1980).

He may feel ill at ease with old friends because he no longer has common ground on which to relate to them. He has been out of touch with stateside life on the one hand and finds it difficult to relate or describe his own experiences on the other. In some ways he feels older and wiser, and he has learned to take nothing for granted (Figley, 1978, p. xxi).

Goodwin (1980) discussed eight major types of symptoms of PTSD as suffered to varying degrees by an estimated 500,000 veterans.
**Depression.** This symptom is exemplified by sleep disturbances, psychomotor retardation, feelings of worthlessness and difficulty in concentrating. Much of the depression is a result of seeing friends die in battle. In a war situation there is often little time for grieving. To survive in such a hostile atmosphere, combatants could only block out the pain (psychic numbing) and continue on. After they return home the pain is still present but they do not know how to deal with it.

Along with the depression is a sense of helplessness. Due to the nature of combat in Vietnam, soldiers felt frustrated with not being able to see or strike back at the enemy and they seldom felt any accomplishment. With no one at home they could relate to, they felt helpless again.

**Isolation.** The shock and trauma of the war left many men with the problems of establishing relationships. They felt older and distant from their peers. Non-veterans would seldom want to hear about their war experiences and even if they did listen, they probably would not understand.

These veterans were also conscious of the lack of positive support from a public disillusioned with the war. They were accused of burning babies and of being drug-crazed killers. A common response to all this was to travel around the country in an attempt to escape problems and to find a safe secure place to settle down and be accepted.

**Rage.** Many soldiers came home full of anger and frustration due to their war experiences. This rage is often as frightening to the veteran himself as it is to others. When not under control, they can
strike out at anytime at anything or anyone.

Some veterans displaced the anger and mistrust they had felt for authorities in the military with authorities at home such as employers and law enforcement officials.

Alienation - avoidance of feelings. As a result of learning to block out feelings in combat, some veterans were unable to feel emotionally again. They learned to feel nothing when a friend died in battle and they still feel nothing even when a close relative dies. They not only have trouble experiencing sadness, but joy as well.

Some believe that if they let themselves feel love or compassion they would have to let themselves also feel much of the pain and horror they experienced in Vietnam. They are convinced that they would lose control and never stop crying.

Survivor guilt. Survivors of war and other disasters often wonder why they lived and others did not. Many veterans who suffer with this often become involved in self-destructive behavior. They start fights they figure on losing, or are involved in an unusually high number of single-car accidents.

One group of veterans that suffers an inordinate amount of survival guilt is the medics. Although they performed heroically and saved many lives, they remain haunted by the ones that died.

Anxiety reactions. These are reactions, or over-reactions, to events that trigger a survival response learned in the combat environment. Some veterans fall to the ground at any sound that resembles gun shots. Others are uncomfortable with someone behind them. Rain and helicopters remind some too much of the jungle war they barely survived.
There are also veterans who sleep with weapons within easy reach. Survival techniques are hard to give up.

**Sleep disturbances and nightmares.** Veterans suffering from PTSD commonly have problems sleeping. Their nightmares are so vivid and dreadful they sometimes put off going to sleep as long as possible. They may dream of friends being killed in combat or of being attacked and helpless.

**Intrusive thoughts.** Some veterans will find themselves replaying Vietnam experiences in their mind. They might analyze a particular situation they were in and try to determine how they may have done something differently to change the outcome. Sights, sounds and smells that remind them of Vietnam can trigger these thoughts and some will do whatever they can to avoid such stimuli.

An extreme condition of this symptom is the **flashback.** These can last anywhere from a few seconds to a few hours. When flashing back, the veteran thinks he is in Vietnam again and he may have the delusion that those people around him are other US soldiers or the enemy.

**Treatment**

In addressing the treatment issue, it is appropriate to point out again that the vast majority of Vietnam veterans have adjusted well to the post war period of their lives. However, a small but significant group of combat veterans do suffer from PTSD and are in need of assistance in coping with their stress and other readjustment problems.

It was not the intention of the paper to explore the entire subject of treatment of PTSD. This would obviously involve consideration of numerous personality theories and therapy approaches. What will be
looked at are some therapy problems peculiar to dealing with the Vietnam veteran and some major factors and events that have led to the availability of treatment and support for those suffering from PTSD.

**Therapy problems.** For those therapists who work with Vietnam veterans, in groups or individually, there are some treatment difficulties that are likely to be encountered in counseling PTSD clients.

Initially the therapist needs to realize that establishing a trusting relationship with the veteran can be difficult. He may have great mistrust for those he sees as authority and/or government figures and therefore be reluctant to reveal some of his experiences. The veteran may also believe that the therapist cannot help and could never understand what the veteran has experienced (Horowitz & Soloman, 1978).

Egendorf (1978) pointed out several other areas that the therapist should be aware of in dealing with the Vietnam veteran.

The counselor must avoid seeing the veteran as a victim of or villain in the war. Due to the controversy of Vietnam, there is a danger with those working with veterans to see them either as poor unfortunate dupes or as savages involved in gross atrocities.

Some have thought that too many veterans claimed to have emotional problems for the purpose of receiving disability pensions. Egendorf (1978) denied this accusation citing follow-up studies of veterans for whom compensation was not an issue.

It is important to have an understanding of the realities and trauma of the war experience. Some counselors may not appreciate the fact that catastrophic events can alter many facets of one's life (Egendorf, 1978).

Haley (1978) cited other issues of difficulty for the therapist
in counseling the veteran. The therapist must be able to deal with his own anxiety and vulnerability to traumatic experiences and must avoid intellectualizing to find reasons for the veteran's behavior. The reality of combat needs to be faced in order for the patient to be helped. Some veterans seeking treatment have committed violent acts, including the killing of others. This presents a situation the therapist may not have confronted previously and needs to be aware of his own feelings and reactions to the veteran's experience.

It is also important for the therapist to aid the veteran in terms of "absolution." The patient was thrown into a combat environment by the government and given permission to kill. Now the soldier is trying to readjust to civilian life and needs assistance in dealing with the guilt stemming from acts committed in battle (Haley, 1978).

**Availability of treatment.** As noted in the previous section on Symptoms, mistrust of the military, the government and those in authority were the feelings of many soldiers returning from Vietnam. Not only did that mistrust create problems for veterans in such areas as relationships and employment but in obtaining treatment for post-war emotional problems as well.

The obvious source for help with war related disabilities was the Veterans Administration (VA) and the VA hospitals. Because of the mistrust of government organizations, however, many veterans avoided these institutions. Even those who sought treatment for the stress related problems often found the VA unresponsive and unknowledgeable about PTSD (Wikler, 1980).

As late as the mid-seventies, the mental health professions hardly recognized the emotional problems of the Vietnam veterans. Psychiatrists
and psychologists pointed to the fact that the *Diagnostic and Statistical Manual, Edition II* (1968), did not recognize "stress disorders" resulting from catastrophic events (Figley & Leventman, 1980).

There were, though, mental health professionals who began to understand the fact that what many veterans were going through (and what the VA did not see) was delayed reaction to stress, not mental illness.

They also saw similarities between the symptoms of Vietnam veterans and survivors of other traumatic events such as natural disasters and airplane crashes. After more research by various veteran's groups and those involved with treatment of delayed stress victims the American Psychiatric Association included a new category in the *Diagnostic and Statistical Manual, Edition III* (1980): Post Traumatic Stress Disorder, Acute, Chronic and/or Delayed. This was a significant development in the understanding and treatment of PTSD (Goodwin, 1980).

In response to the dilemma of the Vietnam veteran the Disabled American Veterans (DAV), a private, non-governmental service organization funded the "Forgotten Warrior Project", the first major comprehensive study of Vietnam veterans. It was conducted by psychologist John P. Wilson, Ph.D., of Cleveland State University. The study resulted in the formation in 1978 of the DAV Vietnam Veteran's Outreach Program. This program, located in seventy cities throughout the United States utilized the skills of local volunteer professionals to help veterans with readjustment problems. Their approach was to assure veterans that there was someone there who understood. Most of the DAV outreach offices had at least one Vietnam veteran on its staff. The Centers also recognized the therapeutic importance of support (rap) groups where the participants are able to talk about their experiences with other
veterans (DAV, 1980).

In its efforts to reach out and provide aid for the Vietnam veteran, the VA developed Operation Outreach which is modeled after the DAV program. Although the DAV encourages support for the VA project, it refuses to merge resources. The DAV wants to reassure the veterans that it is not a part of the VA or any other governmental agency.

For those veterans living in areas without DAV or VA centers, they may find help through local veterans' support groups, the Red Cross or other mental health centers.
CHAPTER 3
Summary and Conclusions

Post Traumatic Stress Disorder (PTSD) is not a mental illness but a delayed reaction to a traumatic event. It is a disorder suffered by a significant number of veterans as a result of their participation in the Vietnam War. It was a jungle war against an enemy that included women and children and produced atrocities that would create emotional difficulties for veterans long after the fighting stopped.

The average age of those who fought in Vietnam was nineteen years. They had been conditioned in training for aggressive fighting and killing, but were ill prepared for the type of warfare they encountered. They fought in the longest war the US has ever been involved in and the only one it ever lost. They returned home from a brutal jungle war to a country that wanted to put the war behind it and ignore its veterans.

Most veterans eventually readjusted well to civilian life, but there are a significant amount that suffer from PTSD. Even though they may have felt good initially after arriving back home they began to experience depression, substance abuse, sleep disturbances, guilt, rage and isolation. Unfortunately treatment was difficult for many to acquire. The veterans either did not wish to talk to anyone else about their feelings or were unable to find any program or health professional that really understood their problems.

By the late seventies, after a number of studies had been done by the VA and others, some recognition and understanding was given the
Vietnam veteran. Programs were initiated by such agencies as the Disabled American Veterans and the Veterans Administration to provide support and counseling to the Vietnam veteran.

Those providing therapy to Vietnam veterans must be aware of some specific issues. These include client reluctance, personal bias about the war on the part of the counselor, ability to deal with those who have committed violent acts and an understanding of the realities of war and how it affects behavior.

There would appear to be a need for providing support services for veterans suffering from PTSD and related problems. What will help in providing this support is for the public to be made more aware of what the Vietnam veteran experienced and why emotional problems continue to exist.
BIBLIOGRAPHY


