THE TIME-BOMB MYTH:

ROBERT JAY LIFTON AND WAR NEUROSIS IN VIETNAM VETERANS

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B.S., University of Iowa, 1968

A MASTER'S THESIS

submitted in partial fulfillment of the

requirements for the degree

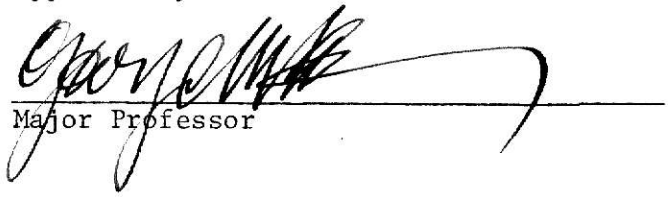
MASTER OF ARTS

Department of History

KANSAS STATE UNIVERSITY
Manhattan, Kansas

1977

Approved by:



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INTRODUCTION

Observers have known for a long time that war leaves deep psychological effects on its participants. The concept of psychiatric casualties, however, is one which was developed only in the early part of this century. From the time of the founding of the United States until the First World War, men whose minds had been broken by the horrors and rigors of war were most likely to be considered cowards, deserters, or malingerers.[1] Soldiers who survived to become veterans were absorbed back into civilian society with little fanfare.

Yet, as far back as the post-Revolutionary War era, some portion of the veteran population was seen to be aberrant. Newspapers of that time spoke of a veteran "crime wave" of theft, violence, alcoholism, and sexual promiscuity.[2] Many law-abiding veterans felt restless, aged by the war, or alienated from their pre-war existences.[3] There is no evidence that these defiant veterans had a widespread effect on society nor that their behavior was directly attributable to their military experiences (though that was believed to be the case at the time). The documentation of the early American veteran remains to be rooted laboriously out of national and state archives, and it is doubtful even then that much light will be shed on the subject of the psychologically disturbed veteran. The science of the mind did not exist as we know it today; only rudimentary information can be gained from diagnoses such as "madness."

The Civil War provides more clues to its psychological effects than do America's earlier wars, but no clear picture is yet available.

Confederate veterans are one of the few examples of the defeated American soldier. Contemporary accounts describe the Confederate veteran as fatalistic and resigned.[4] Individuals forced to return to a desolated homeland became careworn and fearful of the uncertain future. Some became hermits or eccentrics. Others lived in the past or joined the Ku Klux Klan. Former aristocrats faced an especially acute readjustment; most were successful, but a few went mad or killed themselves. It is impossible to measure how widespread emotional disturbances were, for few records of such matters were kept during those chaotic times. It is alwo impossible to pick out the Confederate veterans' military experience as the cause of the disturbances--simply because a large part of the civilian population of the South had experienced traumas similar to those the soldiers had: loss of loved ones, being under fire, and physical displacement. Thus, though it might be said that the experience of defeat created psychological disorders in some ex-Confederate soldiers, sound conclusions about frequency or causation cannot be reached.

The Union soldier, as victor, presents a more typical portrait of the American veteran. First came the satisfaction of victory and the Grand Review, then, gradually, obscurity. The letdown must have been tremendous, but involvement with budding careers and families surely facilitated adjustment. There were those veterans, however, for whom the re-integration process would never be complete: "the huge retrospective shape of the war remained on the horizon of their minds, forever. For most, it was their one soul-shaking experience."[5] Their symptoms were

similar to those exhibited by soldiers and veterans of later, better-documented wars: sudden bursts of anger, depression, dissatisfaction with civilian life, and alcoholism.

> Shell-shock had not yet been heard of, but families recognized that after cannonade and bayonet charge, a man might come home and seem queer for a while. The warp of battle might remain in him a long time.[6]

It is possible that these abnormal individuals represented a minute fraction of those returning home, but that they were perhaps more noticeable because of their deviant behavior. Veterans seem to have had no remarkable impact on society resulting directly from traumatic war experiences. It might be argued that the conservative and patriotic nature of the Grand Army of the Republic was a by-product of some devious workings of "reaction formation," the tendency to behave opposite to actual feelings which are for some reason unacceptable.[7] The argument may be correct but it is unprovable.

It was not until World War I that severe psychological reactions to war were fully recognized and an attempt made to categorize and treat them. The American experience in these fields was based heavily upon the earlier experiences of her allies, who had removed one large stumbling block, the misconception that the bizarre behaviors in medical evacuees were the result of organic damage to the nervous system, resulting from prolonged exposure to intense artillery bombardment--literally, "shell shock."[8] It had soon been noticed that these same types of behaviors, hysterical paralysis among them, occurred in soldiers who were not exposed to fire. Further, allied psychiatrists discovered that, if shell-shocked patients were hospitalized far from the front

or in their native country, there was a much greater possibility of their becoming chronically debilitated.[9] The practice of immediate treatment near the patient's home unit was therefore adopted by the British, French, and later the Americans, who continue to use that principle to this day.

The psychological sciences of that time were heavily under the influence of the ideas of Sigmund Freud. One of the main pillars of his theories was the concept of psychological determination, which posits that almost all of an individual's psychological makeup is formed early in his infancy and childhood, so that later psychological illnesses are merely the fruition of very early conflicts. Thus, the military psychiatrists during and after World War I believed that only men who were predisposed to shell-shock later developed it when environmental stresses became sufficiently severe. The prevention of shell-shock thus could be accomplished by careful screening of recruits for weaknesses in personality.[10]

In the meantime, large numbers of veterans returned to American society. Most, like their predecessors from earlier wars, vanished into the day-to-day concerns of job and family. The notion of shell-shock was now officially and publicly recognized, and the concern for the emotional well-being of the veteran was expressed largely in a concern for his employment and return to normal life. Men psychologically broken by the war resided in Veterans Administration hospitals away from the public eye.[11] Those who may have been detrimentally affected but

still functional made no outcry, therefore we cannot know how many of these there were.

In the interwar era and the early years of World War II, military psychiatrists relied on a system of screening examinations and interviews to weed out individuals predisposed to shell-shock, as noted above. Rejection rates were five to six times the rate of two percent of World War I.[12] Screeners no longer looked only for gross manifestations of psychic disturbances; now more subtle indicators that a man would crack were sought.

The illusion that shell-shock could be prevented by screening was swept away by the American experience in North Africa in World War II. Unprecedented numbers of psychiatric casualties appeared at field hospitals, which soon overflowed. The Psychiatric Service, atrophied since the First World War, swung sluggishly into action. Virtually all the men in the infantry battalions fighting in North Africa became psychiatric casualties, if they had not already become physical ones. The psychiatric casualty rate (which would be repeated at times in Italy and France) was sometimes 1600-2000 per thousand per year, which meant, theoretically, that some battalions would be completely depleted by psychiatric losses twice each year.[13]

The incidence of cases was closely and directly related to the intensity of combat they had experienced, there being one psychiatric casualty for every four or five physical casualties--about the same proportion as in World War I.

> These rates were so high as to indicate that the breaking point of the average man was being reached. In many circumstances, particularly in the prolonged campaigns of the Mediterranean theater, most men exposed, beyond a certain limit of time, to frontline combat, ultimately broke down, psychologically, or would have done so had they not been killed, wounded, or otherwise disabled.[14]

The notion that only psychologically predisposed men broke under the rigors of war was largely debunked during World War II. Descriptions of symptomatology correspondingly shifted away from the rigid predeterminism of Freudianism to looser categories which we shall discuss later.

The Second World War marked an important step in the quest for psychiatrically disabled veteran, the first formalized attempts at follow-up studies. American veterans returned to life's daily concerns with some feelings of alienation and disorientation. Some experienced more severe reactions, however; samples taken several years after the war indicated that as many as one-quarter of the psychiatric patients in Veterans Administration hospitals had developed their symptoms after discharge.[15] Samuel Stouffer and his associates, in a multi-volume work which contributed significantly to the development of social psychology, The American Soldier, have provided us with the principal source of information on normal veterans. Deactivation of his Research Branch prevented Stouffer from carrying out long-term investigation; nonetheless the thousands of questionnaires he and his group circulated to soldiers awaiting discharge elicited notable responses.

Some veterans, it is true, reported the types of lasting negative emotional responses previously discussed, but the vast majority reported a satisfactory return to normal life.

Stouffer noted:

> Perhaps the single most striking fact about the evidence available is the absence of any pronounced tendency either for personal bitterness or for social action . . . . These findings are in striking contrast to the expectation of those who anticipated deep-seated personal bitterness and disillusionment, manifesting itself either in widespread psychiatric breakdowns or in aggressive hostility against civilian society and institutions. True, there were examples of both manifestations but by and large, the evidence from men still in the Army pointed rather to an individualistic motivation to get back on the same civilian paths from which the war was a detour.[16]

The obvious shortcoming of Stouffer's work is that it was executed so soon after the war's conclusion, eliminating possible negative psychological reactions which might occur when veterans would interact with civilian society. Indeed, there were some who warned "there will be a considerable latent period before the stunned ego reacts in retrospect to the dangers it has escaped or the frustration it has experienced."[17] Thirty years have since gone by without overt manifestations of widespread psychic breakdown in those veterans.

In 1955, a Veterans Administration monograph entitled A Follow-up Study of War Neuroses was published, authored by Normal Q. Brill. He and his associates examined the medical records of psychiatrically discharged veterans and administered questionnaires to them. His statistical analysis of their responses produced the following data. The greatest probability of breakdown came when the recruit was newly in the service; rates of breakdown tapered down rapidly after a time of 10-19 months in service. Brill concluded, ". . . psychoneurotics have short service, little chance of combat, low grade, and little chance of reward in the form of decorations."[18] Therefore, it would seem,

the haphazard screening devices are complemented by the military experience itself to remove those predisposed to breakdown. Brill did not stop there, though. He looked at certain information from the records of those who were not weeded out early in their military careers but who went on to regular units. Well over fifty percent of these psychiatric casualties had been in combat branches of the Army.[19] About seventy percent had actually been in combat or combat-support units.[20] When the matter of the number of battles or campaigns the casualty had been in was considered, however, combat as the casual factor in psychiatric breakdown seemed less certain: forth-two percent had been in no battle, fifteen percent had been in one, two, or three battles (each), and then the percentages tapered off rapidly--no doubt because few men were in larger numbers of battles.[21] There are two reasons why the statistics may have turned out in this way. First, of course, it may be the case that combat is not the main perpetrator of psychological breakdown. Secondly, it may be that the criteria of "battles or campaigns" is misleading; it may be that many of the men in the "no battles" category had actually been under artillery or air attack, or had seen a friend killed, etc.--but not in what might be called a battle situation. Most likely, it is a combination of the two. Experiencing combat is obviously not the only cause of war neurosis; indeed, it may not be the primary one, yet there can be no doubt that it is not an insignificant one. Brill himself reported that his findings indicated a direct relationship between the number of physical casualties in an action and the number of psychiatric ones. Further, he concluded that combat stress was responsible

for forty-two percent of the breakdowns (it should be remembered here that Brill is now talking about those psychiatric cases who were not hospitalized early in their service). The next highest reason was environmental stress, such as exposure to the elements, which was responsible for only fourteen percent of the cases. About twenty-nine percent of the actual breakdowns took place in combat; twenty-two percent occurred after training but before shipping overseas. There was a diversity of other times of breakdown, none of the percentages approaching the highest two.[22]

Brill's study seems to indicate that there are two broad classes of psychiatric casualties in wartime, the psychologicallly predisposed man who breaks early and does not see combat and the more normal man who adjusts to military life but who breaks later under stressful situations, among which is combat.

War could thus break both the emotionally healthy individual and also the one with covert weaknesses. There was no way to detect reliably the latter nor shore up the former; war was going to produce these cases.

The final statistic of Brill's to be examined may give us some inkling as to the fate of the disturbed (but not pathological) veterans who returned to society and were not heard from again. Brill found that sixty percent of the psychiatrically discharged veterans he contacted felt their conditions to have improved five years after the war.[23] Although Brill found slight correlations between severity of illness and length of service, length of time overseas, and length of exposure to

combat, he concluded that the most substantial cause of improvement after the war was constructive post-war experiences.[24] If that is in fact the case, then it perhaps takes a very short time, less than five years, to get over minor emotional problems accrued during a war, even more severe ones. Again, the outbreak of emotional illness that some predicted would occur in veterans years *after* the war did not take place. It is likely that the sort of unaided regeneration that Brill found in his psychiatrically impaired veterans was a significant factor involved in that nonoccurrence.

It is unfortunate that there is a scarcity of official documentation of the psychiatric casualties in the Korean War. One reason for that is a normal military historical lag; the official history of the Medical Service in World War II was not published until 1966. Concern for ideology, the issue of brain-washing, and the uncertainty of the victory may be other factors contributing to the scarcity of publications on the subject of Korean War war neuroses. In 1973, the Surgeon General's Office published Battle Casualties and Medical Statistics: U.S. Army Experience in the Korean War, from which comes the following information. Nine percent of all medical admissions during the fighting part of the war were psychiatric--quite small, compared to earlier wars. Thirty-three percent of out-of-country medical evacuees, however, were psychiatric casualties.[25] That portion leads one to speculate that the few breakdowns that occurred were sufficiently severe to render the individual militarily nonfunctional. From other sources, we learn that twenty-three percent of all disability discharges were for psychiatric reasons.[26]

This leads one again to suppose that the breakdowns, when they occurred, were often severe. The nature of these breakdowns will be considered later.

This brings us to the Vietnam Era, a period which saw two conflicting ideas arise about psychiatric casualties of war, the official military viewpoint and what I shall call the anti-military viewpoint. The official viewpoint was supported by the datum that the rate of hospital admissions for psychiatric reasons during the Vietnam Era was one-third the admission rate during the Korean War, which, as we have seen, was quite small itself compared to earlier wars.[27] Spokesmen for the official standpoint argued that the environment for this low rate had been consciously created by the military. Training had been the best ever, an organized program of rest and recreation had been implemented, prolonged exposure to combat had been avoided, and food, rest, and medical care had been provided in lavish amounts.[28] This is undoubtedly correct, compared to other wars. The low incidence of psychiatric casualties was also laudable in the face of the rather loose screening criteria--designed, as before, to eliminate those individuals particularly susceptible to emotional breakdown. Military policy was that if the inductee or enlistee had not been emotionally incapacitated in civilian life, or if he demonstrated stability, he was acceptable.[29] It is reasonable to conclude that the military psychiatric services had made great effort to remove or a least diminish the conditions which would tend to place psychological stress on the soldier and that they were

successful to a considerable extent in this endeavor. Further, treatment of men returning to the rear as psychiatric casualties was the best that had yet been provided; the vast majority of these soldiers were returned to duty almost immediately, which met the primary criterion of success for the military psychiatrists.

The self-congratulations of the Psychiatric Service were shaken by the sudden emergence of Post Vietnam Syndrome (PVS). This was the term used by anti-military writers who debunked the military's claims of success in the war against war neurosis. Claiming that the military was blinded by its own statistics, these observers argued that the nature of the war in Vietnam and the nature of a changing American society produced a new phenomenon: a large body of individuals who showed no sign of emotional disturbance during military service but who developed debilitating problems when they returned to civilian life.

It is difficult to say who "discovered" PVS, but the most vocal analysts of the phenomenon have been Murray Polner in No Victory Parades (1971) and Robert Jay Lifton in Home From the War (1973).[30] Polner interviewed "hundreds" of Vietnam returnees and categorized them as Hawks, Doves, or Haunted, dependent on whether they supported the war, criticized the war, or were emotionally shattered by it.[31] All three types of veterans were psychologically affected to some degree, displaying nervousness, irritability, and withdrawal. Polner claimed that this constellation of symptoms was the burden Vietnam veterans had to bear. He believed that they were different from veterans of previous wars, largely because they were ignored or even vilified upon their return to

the United States. Further, Vietnam veterans doubted the worthwhileness of their war, and their faith in their parents and in the American way of life had been severely eroded.[32] Polner's explanation for PVS is as follows. Young men, closing their minds "against the anxiety of perceiving alternatives," chose to enter the Army, "either by enlisting or by passively accepting the draft."[33] Once into the military, these men discovered the horrors of war and the frustrations of military life (which they had previously believed to be safe and secure). They returned to civilian life to be further disillusioned by society's cold treatment of them. Polner grants that many of these veterans will quitely resume civilian lives, but he predicts:

> . . . the lower-middle and working class combat veterans who gave so much for so little may well come to sympathize with what some of their deferred brothers were trying to tell them all along; that outside the bosom of military life and its mandated sacrifices there is an indifferent, insolent, and ruthless America.
>
> Only a peaceful and just society might induce these victims to assimilate quietly.[34]

If they are not so induced, these veterans will *not* remain quiet, they will riot in the streets, goes Polner's prediction. Other veterans, he continues, will become reactionary and superpatriotic in an attempt to assuage their own feelings of guilt and uncertainty. Brutalized by military training and the experience of war, they too shall run in the streets--as free-booters.[35]

We discern that, at the least, Polner is claiming that large numbers of veterans are "psychological time-bombs," whose pent-up anger, frustration, and guilt will detonate at some future point--the same prediction that some made concerning veterans of World War II.[36] Polner maintains that the detonation will occur when these veterans re-enter

society and recognize it for what it is and what it has done to them.

Polner is a victim of the rhetoric of his time. His conclusions and predictions are so laden with value-judgments as to be untenable. There is no reason to believe that those young men entering the Army in the Vietnam Era saw the military life as safe or secure (a "bosom", as Polner puts it). Many went involuntarily, not "closing their eyes" against alternatives--there was ample publicity about resisters going to jail or leaving the country--rather, choosing not to accept the alternatives Polner wanted them to. Many of these men, after they had become veterans, returned to society unhappy and confused, as in previous wars. That is a far cry from mass action in the streets, something which occurred in a small minority of radical veterans such as those organized in Vietnam Veterans Against the War. Further, Polner's America is a hostile monolith-Amerika, as it was popular to spell it to remind us of Nazism. Many veterans did experience hostility from peers propagandized by anti-war activists, but can we thus reasonably state, as Polner does, that the bulk of public sentiment was against veterans? Hardly. Polner's work must stand as an effort too distorted by his own prejudices to be helpful in the study of war veterans.

The other spokesman for the anti-military view of Vietnam veterans, Robert Jay Lifton, is a calmer, more scholarly voice than Polner's. It is with his theories concerning veterans that the remainder of this paper deals.

Robert Jay Lifton: A New Historian

Robert Jay Lifton is a psychiatrist, educator, and psychohistorian. He has traveled widely in Asia, spending several months each in Korea, Japan, and Hong Kong and briefly visiting the Republic of Vietnam during the presence of American combat troops there.[37]

He has written extensively. His books include Death in Life: Survivors of Hiroshima (for which he received the National Book Award in Sciences in 1969); Revolutionary Immortality: Mao Tse-tung and the Chinese Cultural Revolution; Thought Reform and the Psychology of Totalism: A Study of "Brainwashing" in China; Boundaries: Psychological Man in Revolution; and Home From the War: Vietnam Veterans, Neither Victims nor Executioners. In addition, he had served as editor for The Woman in America and America and the Asian Revolutions.[38] Our concern will be mainly with Death in Life, in which Lifton first posits conclusions about the psychological effects of being a survivor, and Home From the War, in which he applies these conclusions to veterans of the Vietnam Era.

Lifton has synthesized not only conclusions about Vietnam veterans but an entire approach to the study of history, a history he believes is unlike the history which has gone before. Hence, he terms it the New History.

"We are in the midst of universal historical dislocation," he explains.[39] Man's history has taken a new course:

> But long before that [moon] flight, man's history--one could say his entire modern history--has been characterized by a series of breakdowns and blurrings of boundaries. And since World War II that process has become so intense and so extreme that we may take the year 1945 as the beginning of a new historical epoch.[40]

Here Lifton refers to the dropping of the atomic bombs on Japan, which he contends is the starting point of an era of the possibility of the extinction of mankind by technology. As man faces the daily threat of impersonal death from the sky, he perceives that the institutions which once bolstered him, religion and politics for instance, are now impotent to prevent that death--indeed, they may even seem to hasten it.

> The larger crisis has to do with more fundamental psychohistorical dislocation, around no longer viable psychic symbols and forms in general and around technology in particular, and with the inadequacy of our entire institutional structure as now constituted for coping with unprecedented historical forces.[41]

The crisis is one of identification; men can no longer see themselves as part of an institution which does not promise them symbolic immortality. Thus, the individual turns inward to discover his own identity, which is often lacking or underdeveloped because of his previous immersion in institutions. The result, particularly in the yet-flexible young, is the creation of the protean man. This new type of individual (the name comes from the Greek god Proteus, who could assume many forms) is characterized by "exaggerated experimentation" with "a confusing array of identity fragments."[42] He continuously shifts his identity and beliefs, always searching for one identity which will enable him to live comfortably with rampaging technology. Such social chameleons have been present for a long time, but Lifton believes that "the extremity of recent historical developments has rendered him a much more discrete and widespread entity."[43] Additionally, the rise of mass communications has accelerated the creation of protean man by presenting

the individual with a wide variety of possible identities he might assume. Summing up, then:

> I would stress two general historical developments as having special importance for creating protean man. The first is the worldwide sense of what I have called historical (or psychohistorical) dislocation, the break in the sense of connection which men have long felt with the vital and nourishing symbols of their cultural tradition--symbols revolving around family, idea-systems, relition, and the life cycle in general . . . . The second large historical tendency is the flooding of imagery produced by the extraordinary flow of post-modern cultural influences over mass-communication networks.[44]

Lifton sees history as having changed and man as having changed, therefore he posits a new approach to studying these new entities: "Radical historical moments like ours--characterized by extraordinary intensity of change, inertia, and threat--call forth equally radical responses."[45] Lifton's response has many names: "advocacy research," "idiosyncratic research," or "disciplined subjectivity."[46] Whatever term he used, Lifton means a form of research which encompasses both the scholar's attempts at accurate information-gathering and the advocate's ethical and political stands; he debunks the traditional concept of "objectivity" as harmful to the researcher. More fruitful are "efforts to evolve a level of self-awareness that avoids both pseudo-detachment and indulgent confessional . . . ."[47] While he demands ethical commitments to the broad issues which transcend the particular subject of investigation, Lifton does not "advocate the substitution of emotion for reasoned argument," rather, he believes that the scholar must not only recognize who he is and what he believes, he must not pervert his research by attempts to ignore these beliefs:[48]

> A number of us concerned with psychohistory have come to stress precisely this kind of self-location as a prerequisite for, and integral part of, the general approach. It resembles what anthropologists speak of as disciplined subjectivity, and involves an ever-expanding use of the self as one's research instrument.[49]

Lifton repeats the criteria for "advocacy research" several times in his book on Vietnam veterans, Home From the War:

> . . . to bring passion to investigation, and scholarship to political and ethical stands.[50]

> . . . intellectually rigorous investigation is combined with commitment to broader social principles, causes, or groups.[51]

> . . . intellectual responsibility in a subject of this kind requires carrying one's ideas beyond the immediate data, while anchoring that speculation in concrete observation.[52]

Contemporary feeling about American involvement in Vietnam often runs so high that Lifton may be correct in his pessimistic view of the possibilities of an objective viewpoint. It is therefore even more important that we assess Lifton's own postion on Vietnam and factors in Lifton's background which may contribute to the "committed" nature of his research. He has attempted to be candid on this subject, recognizing that his Jewishness has given him a concern for dislocation and survival, two of the fundamental concepts in his study of Vietnam veterans.[53] So strong is his concern for these two notions, in fact, that he takes upon his own shoulders the burden of actually being a survivor of Hiroshima and Vietnam "by proxy."[54]

> If one is to grasp holocaust from a distance, one must, at some inner level, decide to become a "survivor" of that holocaust, and take on the "survivor mission" of giving it form in a way that contributes to something beyond it.[55]

> [After a 1967 visit to Vietnam] I had a survivor-like sense that the only way to absorb such an "extreme experience" was to give it form and significance for myself and for others.[56]

Lifton does not explain what his "extreme experience" was in Vietnam except to note some conversations with military personnel "with whom I might have felt much in common were it not for the barrier created by their mission."[57] This barrier was sufficiently weak to later allow Lifton, "in a very real sense," to share the guilt of the veterans he interviewed.[58] Guilt is not the only reaction Lifton shares with the subjects of his investigations. He reports that after interviewing survivors of Hiroshima, "the completion of each interview would leave me profoundly shocked and emotionally spent."[59] This type of strong emotional reaction was so shocking that "without strong ethical involvement . . . one could hardly mobilize the energy and discipline necessary for a study of this kind."[60]

The ethical commitment which Liftons brings to his work stems from his "continuously Left position":

> . . . I have been generally sympathetic to radical-liberal, radical, and non-totalitarian socialist positions; and specifically preoccupied with issues of peace and nuclear danger. My better sense of opposition to the grotesque American adventure in Vietnam has its roots in a longstanding condemnation of America's anti-revolutionary interventions in various parts of the world, though my sympathy for political and social revolution in these areas and elsewhere has been tempered by a distrust of totalistic dogma wherever it occurs.[61]

Summing up then, Lifton's research into the issue of Vietnam veterans is motivated, in large part, by a leftist rejection of America's role in Vietnam and an emotional constellation of guilt, shock, and abhorrence:

> This book, then [Home From the War], emerges from my own formative place: as an investigator, writer, and teacher struggling to develop and convey new approaches and a new body of theory responsible to and autonomous from the psychoanalytic-psychiatric tradition in which I was trained; as a physician (however vestigial my actual medical talents) and a psychiatrist with a continuing commitment to healing; as a radical critic of American institutions with particularly intense concerns about war and nuclear weapons and equally strong involvement with issues of personal and social transformation; as a forty-six-year-old man with specific struggles toward and conflicts around wholeness and integrity--having to do with mixtures of commitment, ambition, and temptation, and involvements with family, friends, institutions, groups, money, and work.[62]

The dangers of attempting "to bring passion to investigation, and scholarship to political and ethical stands" are apparent.[63] If the researcher's biases are sufficiently strong that there is a danger of his misrepresenting his data, then his resulting conclusions can only be highly suspect. That is the traditional view; Lifton believes that narrow adherence to the data is an incorrect approach in cases involving broad social and ethical issues: "intellectual responsibility in a subject of this kind requires carrying one's ideas beyond the immediate data, while anchoring that speculation in concrete observation."[64] Therefore, if the investigator frees himself from his data to a greater degree than is usually accepted, his interpretative responsibility is correspondingly increased and he must hemself be always aware of his own biases.

In the work most pertinent to this paper, Lifton's biases are self-explained:

> In referring to the young and their quests, my examples are drawn mostly from the more radical among them, and what I say refers more to those who are white, educated, and of middle-class origin . . . .[65]
>
> In neither case can the people I describe be anything more than a very small minority within their age group, their country, or, for that matter, their university.[66]

In fact, Lifton's sample of interviewed Vietnam veterans was almost solely composed of members of the radical Vietnam Veterans Against the War, that is, those veterans who held articulate antiwar positions: "I made no attempt to gather data from a 'representative' group of veterans."[67] Lifton interacted with these veterans via "rap groups," or small discussion groups, in which Lifton was a participant as well as a facilitator. Of course, the danger that Lifton's own involvement in the issues to be discussed would prejudice his perception of the veterans' responses was a distinct possibility. He admits that his own biases did actually become confounding:

> I realize, in retrospect, that the process [of confounding] was enhanced by the willingness of professionals, or at least some of us, to give expression to our own anger and rage directed towards groups or individuals actively responsible for the war.[68]
>
> We professionals, in other words, came to the rap groups with our own need for a transformation in many ways parallel to that we sought to enhance in the veterans.[69]

Although Lifton thus acknowledges the bias inherent in his research, he does not see this as a shortcoming, remarking that "a revolutionary insight demands a form of *onesidedness* that must in some degree distort."[70]

What is the nature of this revolutionary insight? It is the underlying psychohistorical theme in Lifton's work, a theme which is behind his justification for using small, atypical samples to reach universal conclusions:

> The rap group members seem to me to exemplify certain shared themes, psychological and historical, that in one way or another affect all people in our era and are likely to take on increasing importance over the next few decades and beyond.[71]

These themes are historical; we now turn to Lifton's approach to psychohistory.

Psychohistorians, according to Lifton, have traditionally used three techniques.[72] The first of these he calls "armchair psychoanalysis of history" and the example he uses is Freud, who applied a few specific principles of individual psychology to interpret major historical events or time periods. Erik Erikson exemplified the second approach, that of the great man in history, by relating the psychological struggles of important individuals, such as Martin Luther, to the primary historical currents of an era. The third approach, espoused by Lifton himself, is that of the "shared psychohistorical themes" observed in people who have experienced important historical occurrences, such as the bombing of Hiroshima or the conflict in Vietnam. To Lifton, "every individual life is bound up with the whole of human history."[73] To approach an understanding of large historical trends, therefore, Lifton's technique is in:

> . . . seeking out groups of men and women whose own history can illuminate important characteristics of our era. The focus is therefore upon themes, forms, and images that are in significant ways shared, rather than upon the life of a single person as such. I retain a psychoanalytically derived emphasis upon what goes on inside people, upon interviews which encourage the widest range of associations, and also upon the reporting of dreams. But all this is done in a manner departing greatly from ordinary psychiatric protocol, through something close to a free dialogue emerging from the specific situation in which interviewer and interviewee find themselves. The relationship we develop is neither that of doctor and patient nor that of ordinary friends, though at moments it can seem to resemble either. It is more one of shared exploration--mostly of the world of my "research subject," but including a great deal of give-and-take, and more than a little discussion of my own attitudes and interests.[74]

In his attempt to transcend individual experiences and arrive at historical generalities, Lifton, true to his "subjective advocacy," becomes a part of that individual experience and perhaps unwittingly alters it. Such potential biasing of the data must be under the conscious control of the interviewer if it is to be minimized. With this Lifton agrees and puts forth two principles which the interviewing psychohistorian should keep always in mind. The first is "openness to information and impressions from all directions," and the second is "disciplined effort to keep constantly in mind what I consider . . . the three general dimensions of shared psychological behavior anywhere--universality (in a psychological and biological sense), cultural emphasis or style, and contemporary (and modern) historical influences (Lifton's emphasis)."[75] Thus, one overcomes his biases by conscious effort at openness and seeing beyond the data to the greater historical current. This circular process of investigation, in which the greater

trend must be both sought after and pre-assumed, would tend to lead the investigator to arrive always at that insight he wishes to provide, but this, too, is perhaps a necessary evil, for "he who would provide insight--let us now say the psychohistorian--is inevitably present in that insight--present in the immediate situation, the traditions that inform the insight, and the ongoing historical forces that occasion it."[76] This argument is undoubtedly correct, however the unattainability of complete objectivity seems scant reason not only to abandon attempts at objectivity but to embrace subjectivity wholeheartedly--yet this is precisely what Lifton does. What he achieves, far from being just "subjective advocacy," is "investigative radicalism."[77] For Lifton, the New History becomes the "radical and widely shared recreation of the forms of human culture--biological, experiential, institutional, technological, aesthetic, and interpretive . . . ."[78] The shapers of the New History, therefore, are "political revolutionaries, revolutionary thinkers, extreme holocausts, and technological breakthroughs . . . . "[79] Armed with a radical investigative technique and a radical theoretical base, Lifton approaches the Vietnam veteran.

Many of Lifton's ideas are based upon his interviews with survivors of the atomic-bombing of Hiroshima. Lifton spent a number of years in Japan, including six months of residency in Hiroshima.[80] Much of this time was spent in formal interviews and informal conversations with Japanese about Hiroshima. From these conversations, he developed his theory of survivors, which is the basis for his later work on Vietnam veterans. These interviews, which took place seventeen years after the event were still sufficiently disturbing to leave Lifton "profoundly shocked

and emotionally spent."[81] True to his notion of advocacy research, Lifton became deeply committed to the prevention of nuclear warfare. His survivor theory must be seen in the light of this sort of reaction.

Lifton maintains that the most immediate and profound effect that the bombing of Hiroshima had upon its survivors was "the sense of a sudden and absolute shift from normal existence to an overwhelming encounter with death (his emphasis)."[82] This "death immersion," as Lifton also terms it, will remain with the survivor in one form or another for the rest of his life.[83] It will be the major motivator of much of his future behavior. Lifton differentiates between this survivor's death immersion and the normal shock and grief which often accompanies someone's dying. The former involves death on a mass scale, but, much more importantly, it involves absurd death: "premature death and unfulfilled life. Death that has no relation to the life cycle . . . ."[84] Normal death, while perhaps tragic, still falls within one's notions of normal life:

> Death is a test of the meaning of life, of the symbolic integrity--the cohesion and significance--of the life one has been leading.[85]
>
> . . . only in meaningful death can one simultaneously achieve a sense of immortality and articulate the meaning of life.[86]

The death that the survivor is exposed to is a meaningless death in which the identity of the victims is lost in the mass catastrophe. The effect on the survivor is that he experiences "a vast breakdown of faith in the larger human matirx supporting each individual life, and therefore

a loss of faith (or trust) in the structure of human existence (his emphasis)."[87] Lifton also refers to this breakdown as a "severance of the sense of connection--or the inner sense of organic relationship to the various elements, and particularly to the people and groups of people, most necessary to our feelings of continuity and relatedness."[88] The catastrophe that has produced the survivor is so universe-shaking in the magnitude of its death immersion, that the individual is divested of any feeling of connection--he becomes victim to "historical dislocation."[89] We shall discuss now the psychological effects of such dislocation--namely numbing, depression, and anxiety--in connection with Lifton's second theoretical pillar, survivor guilt.

The concept of "survivor guilt" is a central part of Lifton's survivor theory. Briefly, the survivor feels guilty because others died but he lived; Lifton also calls this phenomenon "guilt over survivor priority."[90] He believes:

> The survivor can never, inwardly, simply conclude that it was logical and right for him, and not others, to survive. Rather, he is bound by an unconscious perception of organic social balance which makes him feel that his survival was made possible by others' deaths: If they had not died, he would have had to; if he had not survived, someone else would have (Lifton's emphasis).[91]

The weak point in this argument is the notion of "an unconscious perception of organic social balance." Because it is unconscious, it is unreachable for investigation, save by those who practice and believe in unconsciousness-tapping techniques such as psychoanalysis. More fundamentally, is there an "organic social balance" to be perceived?

An unconscious perception would in all likelihood be based on some reality in the environment; this would posit the actual existence of a "social balance," in which an individual's existence would rest upon another's death, and an individual's death would enable someone else to live. The world has not yet reached the point wherein such a balance has been attained. Although Lifton's thinking may be faulty here, his observation is essentially correct; for whatever reason, survivors often feel that they have caused the deaths of others.[92] The result is an overwhelming sense of guilt, which becomes fixed within the survivor as the following internal sequence:

> I almost died; I should have died; I did die, or at least I am not really alive; or if I am alive, it is impure of me to be so; anything I do which affirms life is also impure and an insult to the dead, who alone are pure; and by living as if dead, I take the place of the dead and give them life (Lifton's emphasis).[93]

A closer look at this statement will clarify the survivor's situation. "I almost died" is the closest he comes to the reality of his experience, although it is the mass death around him that is more important for the formation of this perception than actual personal danger. "I should have died" reflects the survivor's idea of the "organic social balance," noted above, or at least some feeling that he is responsible for others' deaths. "I did die, or at least I am not really alive" demonstrates the dislocating nature of the catastrophe: the survivor's previous life has been destroyed, his previous self is dead, and he will from hence forward be a new person--a survivor. In a larger sense, such an attitude derives from "the temporary annihilation of the bonds of human identification through violently administered premature death on a mass scale."[94]

The catastrophe has been universe-shattering for the survivor; his faith in the human matrix has been shaken so that he cannot recognize life as he knew it before. With the phrase, "or if I am alive, it is impure of me to be so," the survivor plunges into the guilt which, Lifton says, forms the core of his future life. It is impure to be alive because life is at the cost of others' liquidations, the impurity of the murderer. The conclusion of the survivor's inner sequence--the claims that the dead alone are pure, that they must not be insulted, and that they must be brought to life by the living death of the survivor--may be culturally Japanese in origin, rather than a general survivor phenomenon. Such a conclusion fits readily into the traditional Japanese adoration of ancestors, with the difference that the survivor faces life terminated outside of the normal chain of aging. Lifton, however, does not take note of the possible cultural interference with his survivor theory and concludes that the entire inner sequence is typical of all survivors.

The tremendous feelings of guilt, the sudden death immersion, and the loss of any sense of connection to normal existence combine and interact to produce severe psychological symptoms in the survivor, according to Lifton. In the course of interviewing survivors of Hiroshima, he detected several distinct psychological manifestations of surviving the catastrophe.

The first symptom Lifton labels "psychic closing-off" or "psychological numbing."[95] This occurs in cases where an individual is exposed to extreme situations, such as Hiroshima, which produce intense emotions of fear, anguish, and horror:

> . . . human beings are unable to remain open to emotional experience of this intensity for any length of time, and very quickly--sometimes within minutes--there began to occur what we may term psychic closing-off; that is, people simply ceased to feel.[96]

By some mechanism which Lifton does not try to explain, the survivor's mind simply suppresses the emotions which are too severe to bear. We know they are suppressed rather than eliminated, because they often re-appear in the form of other psychological symptoms. One of these is withdrawal, which stems not only from the attempt to keep unbearable emotions under control by limiting one's exposure to stimuli which might evoke those emotions, but also from the survivor's "inner sequence" noted above, which labels the survivor as dead and which demands a dead life out of respect for those who did not live through the disaster. Lifton found that many of the Hiroshima survivors live the lives of recluses, with almost no social intercourse, and attributes this lifestyle to survivor guilt and suppressed emotions.[97] Yet another factor which tends to lead survivors to withdraw is the reaction of others to them. The survivor finds himself with the "unwanted identity" of survivor to be pitied or even feared by others.[98] Therefore, it is a combination of reactions to the catastrophe which makes some survivors withdraw from human contact.

Another psychological symptom Lifton found was depression or despair, which he also attributed to the suppression of intense emotions.[99] The existence of depression would also fit into Lifton's theories on a broader plane; someone who has lost contact with a previous life and

has lost the feeling of connection with the rest of humanity might not unnaturally feel depression. Thus, depressions reported by the survivors might well be metaphysical in nature, as well as the more typical depression we expect in someone who has lost loved ones.

A fear of "counterfeit nurturance" also plagues the survivor.[100] He often rejects the offers of aid which other people put forth, reports Lifton. The reason for his behavior is this: The survivor has experienced a massive inversion of what he previously perceived as reality; his home and family, even his previous body may be gone forever. Therefore, he concludes that what he saw as real before was in fact counterfeit. He fears that what he presently experiences is false also, thus he rejects others' concern as unreal and leading only to later disillusionment.

The final psychological symptom Lifton takes note of is anxiety. The survivor's anxiety has two origins. First, because he has suppressed the emotions surrounding his experience, he has never had the chance to come to grips with them and resolve them; thus he only delays the inevitable problem. Second, the survivor finds himself adrift alone in a world that no longer makes sense, and it is not surprising that he is anxious about where he is and what will happen next. He fears further disaster.

Lifton suggests two possible outcomes for the survivor. The first is that he will be permanently psychologically crippled, manifesting one or more of the symptoms described above, living a "life of grief."[101] The second is that he will overcome his survivor's guilt by taking on the "survivor's mission."[102] Lifton uses this term

to describe the reactions of many of the Hiroshima survivors who came to feel that, because of their extraordinary experience, they had a mission to prevent such an event from occurring again. The important thing to consider here is that such an attitude is life-embracing and, perhaps, therapeutic. One who has the survivor's mission is not content merely to revere the dead and wallow in his own psychological reactions rather, he strives to make sense of his experience and to confront life--he tries to re-attach himself to the human matrix. These, then are the two options facing the survivor. They will determine the course of the rest of his life.

Lifton's theories about the Vietnam veteran rely heavily upon his Hiroshima survivor theory. The Vietnam veterans whom Lifton encountered were mostly affiliated with the New York Office of Vietnam Veterans Against the War (VVAW), a radical organization.[103] Because Lifton "made no attempt to gather data from a 'representative' group of veterans," his interviewees cannot in any sense be viewed as typical.[104] This, however, does not prevent Lifton from generalizing from his atypical sample, making a most sweeping claim:

> There is something special about Vietnam veterans. Everyone who has contact with them seems to agree they they are different from veterans of other wars.[105]

They are different in ways we shall presently describe. Lifton goes on to say that Vietnam veterans are more different from veterans of some wars, World War II in particular, than other wars, such as World War I.[106] He believes that veterans of the earlier war and Vietnam

veterans share reactions of "great disillusionment and elements of absurdity and guilt" as well as "considerable inner corruption."[107] The difference here, Lifton maintains, is that the post-World War I pacifists were "individual poets or philosophers," whereas the anti-war veterans from Vietnam were "ordinary war veterans"--a tenuous claim when based upon the VVAW.[108]

Vietnam veterans are not only different from other veterans, they are different from other Americans:

> What distinguishes Vietnam veterans from the rest of their countrymen is their awesome experience and knowledge of what others merely sense and resist knowing, their suffering on the basis of that knowledge and experience, and, in the case of anti-war veterans, their commitment to telling the tale.[109]

That which "others merely sense and resist knowing" is, presumably, the "reality" of the war--death, defoliation and a whole list of atrocities. Vietnam veterans, supposedly detect the wrongness of these horrors and are therefore a dimension or two apart from the rest of the American population, which does not.

When he refrains from his efforts to canonize veterans, Lifton presents compelling parallels between them and survivors of Hiroshima. Both have experienced, to some extent, an <u>encounter with death</u>. With those from Hiroshima, the encounter was both intense and sudden. For some soldiers in Vietnam, that was also the case, but more typically, the encounter was more gradual. It began with with the "death and re-birth" of basic training, wherein old standards and ways of life were stripped away and replaced with "<u>the machismo of slaughter</u>."[110] It continued with the veterans' entry to Vietnam itself, a country of

uncertain allies and enemies, a culture warped by the presence of a foreign army, and seemingly omnipresent danger. Small wonder, then, that many returning veterans were "men who felt themselves to have returned from the land of the dead."[111] Indeed, they had returned from a strange, perilous country that contrasted sharply with the land to which they returned.

It was not just death that the veterans felt themselves surrounded by, Lifton maintains, it was absurd death, "the malignant bind into which American G.I.s were helplessly thrust."[112] This absurdity had two forms: the first was the senselessness of the deaths the soldiers saw around them--the whole war itself, in fact--a feeling similar to that experienced by Hiroshima survivors. The second form of absurdity was the sense of taking part in a war that represented the inversion of the moral standards with which the soldiers had been raised.

The first type of absurdity may be a phenomenon which, says Lifton, generally occurs in those who witness violent mass death. Such a situation, present in all wars, was present in Vietnam too, of course. Lifton reports that many of the soldiers felt "a sense of the war's total lack of order or structure, the feeling that there was no genuine purpose."[113] Thus, the deaths they witnessed appeared to be without meaning, not even as an act of heroism: "the men were adrift in an environment not only strange and hostile but offering no honorable character, no warrior grandeur."[114] This "sense of inner absurdity about fighting and dying in Vietnam" began to form in every G.I.'s mind,

claims Lifton, "soon after his arrival" and remained with many of the veterans even after discharge.[115]

The second type of absurdity is more specific to the war in Vietnam, with its large number of civilian deaths and great destruction of the environment. The soldiers saw that they themselves were the perpetrators of the death and destruction, they they were unwanted aliens viewed as hostile by the populace. The soldiers saw themselves as executing an evil mission but believed that they had to do so or face the wrath of military justice or the omnipresent, invisible, enemy--thus, Lifton has subtitled this form of absurdity "absurd evil."[116]

> The prominent emotional tone here is all-encompassing absurdity and moral inversion. The absurdity has to do with a sense of being alien and profoundly lost, yet at the same time locked into a situation as meaningless and unreal as it is deadly. The moral inversion, eventuating in a sense of evil, has to do not only with the absolute reversal of ethical standards but with its occurrence in absurdity, without inner justification, so that the killing is rendered naked.[117]

It is Lifton's contention that, in previous wars, the American soldier could rationalize the need to act counter to his socialization and kill, by reference to greater goods, such as the conquest of evil aggressors. In the war in Vietnam, says Lifton, this rationalization was not possible in the face of daily evidence that America was the evil aggressor, for "the central fact of the Vietnam War is that no one really believes in it."[118] Recognizing the fact that most American soldiers were not exposed to killing or atrocities, Lifton postulates "that the sense of absurd evil radiated outward from the actual killing and dying, and that every American in Vietnam shared in some of the corruption of that environment."[119]

For many, the two forms of absurdity interacted to produce the same result found in Hiroshima survivors, a "break in the sense of connection." The unreality of the Vietnam experience leads the veteran to doubt some of the more fundamental realities which have been with him all of his life:

> Holocaust, sometimes even anticipated holocaust, is a destroyer of psychological continuity, individual and collective. It brings about a sense of "world destruction" (prominent in Hiroshima and concentration camp survivors, and, in more symbolic ways, in Vietnam veterans too), or, what I have called, "a vast breakdown of faith (or trust) in the larger human matrix supporting each individual life, and, therefore, loss of faith (or trust) in the structure of existence."[120]

Vietnam veterans are thus cut adrift from one of the anchoring points of the human psyche, the sense of "social continuity."[121] The seeming order of the world is ripped away, to reveal an existence in which men no longer grow old and die but are haphazardly destroyed without apparent purpose. Men who survive to become veterans "have a sense of violated personal and social order," a sense which contributes to later problems in readjusting to civilian life.

Like the Hiroshima survivors, Vietnam veterans find themselves burdened with a "death identity" and experience the "fear of contagion" in others:

> In general, men who have killed take on, for others in society, a quality of being a little more (or less perhaps a little less) than human. They are felt to have entered into a forbidden realm of control over life and death, which separated them psychologically from the rest of us.[122]

This attitude toward Vietnam veterans is compounded by the unpopularity of the war and by its vicious nature, with high civilian casualties, many atrocities, and other manifestations of a guerrilla war. Thus, some veterans found themselves labeled as "murderers" or "baby-killers," terms which perhaps struck too close to the truth in the minds of those who had themselves confronted the war divested of its patriotic trappings. As the Hiroshima survivor was "tainted" by radiation, so the survivor of Vietnam "carries within himself the special taint of his war," a war others perceive as "a war of grunts immersed in filth (rather than one of noble warriors on a path of glory) who return in filth to American society."[123] Furthermore, portions of the society to which they return are hostile to them because of their participation in the war:

> Sent as intruders in an Asian revolution, asked to fight a filthy and unfathomable war, they return as intruders in their own society, defiled by that war in the eyes of the very people who sent them as well as their own.[124]

How are they defiled? We have already mentioned that Vietnam veterans are set apart by the fact that they have slain, dared to interfere with the matrix of life. a postwar fear, traditional since the first of America's wars, is also a factor--the fear that veterans become so brutalized by war that they cannot be absorbed back into society and so become criminals or vagabonds. After the conflict in Vietnam, the high incidence of heroin addiction brought the traditional fear to the minds of many, who began perceiving veterans as "dopers" or "killers."[125] Vietnam veterans have erred in other ways too, says Lifton. Most importantly, they did not win the war, thereby becoming the "agents of

humiliation" of their country.[126] The American people, says Lifton, cannot face their own culpability in allowing the war to continue, thus they seek a scapegoat and find the veterans themselves.[127]

The society which these young men returned to was sometimes one more radical than the one they had left. New anti-establishment ethical standards and widespread anti-military sentiment often left veterans in rejected isolation, according to many of those Lifton interviewed. The negative attitudes which veterans experienced created a significant contributing factor to their survivor guilt, a key concept in Lifton's construction of the veteran problem, a concept to which we now turn.

Lifton evolved the notion of survivor guilt from his investigation of the survivors of Hiroshima. It remains, somewhat altered, in his discussion of Vietnam veterans. So central is survivor guilt to the postwar life of the veteran, says Lifton, "one can say that guilt becomes the fulcrum on which the psychological destiny of the Vietnam survivor turned."[128] The primary cause of this guilt is the death of others--particularly the death of those in one's own unit. Like the survivor of Hiroshima, the soldier "becomes bound to an unconscious perception of organic social balance which makes him feel that his survival was made possible by others' deaths . . . ."[129] As with his study of the Hiroshima aftermath, Lifton postulates an unprovable "organic social balance" to account for the instigation of guilt. Yet, this time he is able to provide a more concrete factor. The soldier feels guilt because he has committed the ultimate transgression, he

has "actively violated the human order beyond anything resembling acceptable limits"; that is, he has killed.[130] The two factors, ultimate transgression and survivor guilt, interact insidiously:

> The veteran struggling with these transgressions finds that the two forms--killing and surviving--have merged into a diffuse sense of death guilt associated with his involvement in the overall evil of the military project.[131]

The veteran acquires a sense of the "evil of the military project" from the society to which he returns, as mentioned above, through the media and through the attitudes of many of his peers. Thus, survivor guilt, the transgression of killing, and the negative reactions of *at least* segments of society interplay in the following sequence, which Lifton derived from his interviews:

> . . . the men tended to experience a three-step sequence in their awareness of guilt: first, fleeting images of self-condemnation directly after killing or surviving (this initial awareness of guilt is more widespread than generally recognized, despite the advanced state of numbing and brutalization during combat); next, further desensitization, both sudden and sustained, that comes to dominate psychic life sufficiently during the time in Vietnam (and often for a considerable period afterwards) to ward off and minimize periodic flashes of guilt feelings; and finally, a sustained post-Vietnam confrontation with individual and shared forms of guilt.[132]

Therefore, Lifton submits that Vietnam veterans, for a variety of reasons, carry a tremendous burden of guilt back with them into civilian life. The story could end there, except for the very strength of the guilt feelings, which cannot be entirely forgotten nor eliminated. In a classical Freudian manner, they re-emerge in varied forms of emotional and behavioral dysfunctions, some of which, Lifton maintains, will be detrimental to society for generations to come.

Lifton cites us no statistics for the frequency of psychological disturbances in Vietnam veterans, but he believes that they are widespread, not only in radical anti-war groups such as the one from which his interviewees came but even in veterans who strongly supported the war:

> . . . even those who later came to insist that we should have gone all-out to win the war--should have "nuked Hanoi" or "killed all the gooks"-- are struggling to cope with their confusion and give some kind of form and significance to their survival. There is much evidence that antiwar and prowar veterans (the categories are misleading, and the latter hardly exists in a public sense) are much closer psychologically than might be suspected--or to put the matter another way, take different paths in struggling to resolve the same psychological conflicts.[133]

Political position, therefore, has little bearing on the existence of psychological problems in the veteran; that virtually all veterans will suffer from them to some extent is Lifton's implication. The intensity of the problems will vary from individual to individual:

> . . . my impression was that the intensity of residual conflicts were [sic] roughly parallel to one's degree of involvement in (or closeness to) combat, but that the sense of absurd evil radiated outward from the actual killing and dying, and that every American in Vietnam shared in some of the corruption of that environment.[134]

Veterans who served in a support capacity in the rear echelons are thus also likely to be "survivors" and experience survivor guilt. The guerrilla nature of the war, with its raids and rocket attacks on rear areas, add to the acceptability of Lifton's point here; it is possible that large numbers of soldiers who did not experience direct combat still encountered the deaths of friends or their own near-deaths.

When the veteran--prowar or antiwar, combat troop or rear echelon troop--returns to society with his internal burden of guilt, incidents within civilian life began to trigger the psychological problems:

> Anything that makes psychological contact with the survivor's constellation of death anxiety, guilt, and loss can serve as a symbolic reactivation of his original death immersion. The death immersion (in this case the war) can itself be viewed as a symbolic reactivation of earlier "survivals"--of childhood experiences--small "holocausts" associated with separation, disintegration, and stasis.[135]

We can see now how Vietnam veterans may be viewed as "psychological time-bombs." It will take only the right triggering experience to bring to the surface all of the emotional turmoil of a lifetime! Thanks to the intermediary trauma of the war, every past trauma will be unleashed upon the veteran, who in turn will unleash it upon an unsuspecting society. What are these psychological problems which we shall see? Lifton describes several.

The most common manifestation will be psychic numbing, the deadening of emotions which Lifton described in Hiroshima survivors. Like those survivors, Vietnam veterans' numbing will have two origins, the shock and horror of war experiences and the overwhelming sense of survivor guilt. About the first origin, Lifton speaks of "the advanced state of numbing and brutalization of combat."[136] This numbing has, in turn, several aspects: "Fundamental to the desensitization process is fear--of the enemy, and the overall hostile environment, of being killed or wounded, of the military authority above one."[137] The other origin of psychic numbing (or "freezing") is the guilt feelings we described

above.[138] The psyche reacts to this painful emotion by stifling it, by putting the memories of the traumatic events in a "dead space" in the mind.[139] Like all Freudian guilt, however, it cannot be held down and soon shows itself in varied destructive forms. In addition, the psychic effort needed to keep a lid on this guilt results in an inability to carry on normal psychological functions, such as integrity and evolution:

> We may assume that continuity and change co-exist and that they are not antagonistic, but work themselves out in response to a constant flow of images and a continuous building and alteration of inner forms. Only with extreme numbing does the process stop, or rather seem to stop. For that kind of numbing blocks access to the kind of combination of death encounter (actual or symbolic) and the psychic and social possibility beyound the encounter that can bring about transformation centered on integrity.[140]

By sitting on the guilt, trying to ignore it, the psyche passes up any chance to resolve the conflicts and assuage the harmful emotions. This, Lifton calls "static guilt."[141] It can last, he believes, for years--perhaps never to be resolved.

Another psychological problem found among Vietnam veterans is alienation or withdrawal. Lifton claims that this is the characteristic which most sets veterans of Vietnam apart from veterans of other wars.[142] We have discussed the societal trend toward rejection of these new veterans because of their not winning the war, their supposed brutalization, and like reasons; it is not unnatural for an individual to withdraw from the presence of those he feels are hostile to him. Some veterans "see themselves as a victimized group unrecognized and

rejected by existing society" which sent them to fight its war in the first place.[143] Other veterans actually see themselves as culpable in some vague way for the defeat, specific deaths, or atrocities. They withdraw into themselves out of a feeling that they are unworthy to mingle with normal people. Still others withdraw because psychological reactions to the war have left them with an "impaired capacity for intimacy and trust," so that they are unable to endure normal interpersonal relationships.[144] In yet other veterans, there is a feeling that they have been so changed by their war experiences that they can no longer face "the unreality of ordinary existence."[145] Some of these young men return to their families unable to accept their previous relationship with their parents, and the resulting conflicts leave both the parents and the veteran viewing his new self as "alienated."[146] We can see, with Lifton, that a veteran's subsequent alienation and withdrawal from human relationships can have one or more of many causes, but behind each lie his war experiences.

Depression is another one of the symptoms Lifton found frequently in his interviewees. It is not unnatural to expect that someone who suffers from severe guilt feelings will experience periods of depression. Indeed, many of the veterans Lifton talked to displayed symptoms of "profound" depression.[147] Lifton's explanation for the presence of depression is brief, saying only that the depression "represented a survivor's inability to create viable inner forms either in relation to the war he had fought or the world he had reentered."[148] The psychic

mechanics which result in depression are thus seen as being related to those of "static guilt": a psychological paralysis prevents the veteran from resolving inner conflicts and confrontations brought about by his participation in the war and his subsequent return to an unaccepting society. Since he cannot "create viable inner forms," that is, justifications for his experiences which are acceptable to himself, the depression remains.

The "fear of counterfeit nurturance" which Lifton found in survivors of Hiroshima was also present in Vietnam veterans, he reported. One would suppose that someone who had experienced the trauma of a holocaust or a war would seek emotional support from others, but that is not what Lifton found. He discovered that both Hiroshima survivors and Vietnam veterans vehemently rejected such support. About the veterans, Lifton found that many were having great difficulty establishing postwar relationships because of their inability to let other people get emotionally close to them. These veterans are in a particularly unhealthy bind, for though they view themselves as needing special care because of the magnitude of their experiences, they cannot accept help offered them because they see it as being false or receiving it as a sign of weakness.[149] The latter fear, that of being weak, we can perhaps relate to general societal standards, such as sex-role social expectations, and to military toughness standards inculcated during training--standards which are usually even more severe than those ordained by the general society. The former fear, that the help is false, stems from the veterans' perception that the universe is counterfeit. As a soldier, the individual has experienced the breakdown of

many of his values and beliefs. Lifton's veterans "described experiencing themselves as counterfeit" because of their participation in behaviors they did not believe in.[150] Lifton speaks of this "inner corruption" of the soldiers as leading to the creation of "a counterfeit universe, in which all-pervasive, spiritually reinforced inner corruption becomes the price of survival."[151] The soldiers seemingly must participate in this corruption because of their own helplessness in the face of "murderous technology gone berserk and equally 'deadly' institutional arrangements (military, theological, psychological) for denying brutal truths, reinforcing false witness, and corrupting everyone in the process."[152] Added to this creation of a counterfeit world is the soldiers' "breakdown of faith in the human matrix" mentioned above, by which premature death shakes the order of reality for the soldier. The veteran then returns to civilian life with an "impaired capacity for intimacy and trust."[153]

> Having experienced a particularly poisonous version of the "end-of-the-world" image that characterizes extreme situations, they distrusted, feared, and could not believe in, the renewed human ties they desperately craved as a psychological basis for reconstituting that world.[154]

These veterans could not bear to risk suffering "still another form of corruption and disillusionment" that intimacy represented to them.[155] Psychologically, they remained in Vietnam, where "the image of the counterfeit . . . is likely to be aggravated to the point of dominating one's entire psychic life . . . ."[156] Lifton reported that the reason many of the veterans who were members of his rap groups joined is that they felt "they can fully trust only those who share their experience

and their mission--though in each this trust may live side by side with suspicions toward one another, related to suspicion of oneself."[157] Even here, the trust is limited, for if one has allowed himself to be counterfeit, the world must seem so.

Anxiety is yet another symptom that Lifton found in both Hiroshima survivors and Vietnam veterans. He attributes the presence of "every kind of anxiety" in his veterans to their "death immersion."[158] One is naturally afraid when confronted with danger and death. A further cause for anxiety is in the profound insecurity which is produced when one's faith in the "human matrix" is shaken. Lifton does not indicate the frequency of anxiety in his interviewees, but one is left with the impression that it is common.

Another symptom Lifton found in veterans, one that he did not find prevalent in survivors of Hiroshima, is rage. Lifton sees two reasons for the rage (or, variously, "touchiness" or "bitterness") he found very widespread in his veterans.[159] First, he believes that much of the anger is justifiably rooted in the nature of the war in Vietnam, in which the enemy was "enragingly evasive" and the American troops were "bitterly impotent."[160] In addition, he notes that many veterans feel that they were "used," or victimized, by the military or the public to fight an unsavory war, and they are consequently angry about that.[161] Some feel "betrayed" by a nation they feel has treated them cruelly.[162] The severe dichotomy between civilian and military life often produced "a special kind of rage reserved for the military"--an occurrence probably none too rare in other wars either.[163] The second reason which Lifton hypothesizes

for Vietnam veterans' rage has to do with their death immersion and survivor guilt:

> . . . the men were left with their acute survivor grief, with their sense of guilt and loss, which could in turn become quickly transformed into rage.[164]

> Unresolved death guilt can also be expressed through feelings of rage and impulses toward violence. These are prominent in survivors of any war, but the binds, betrayals, and corruptions experienced by the Vietnam veteran fuel these tendencies to the point where they invade large zones of his psyche.[165]

The "habit of violence" acquired in the war becomes fixed in the veteran's mind.[166] It manifests itself in a sort of "free-floating" anger which may be directed at anyone or anything:

> . . . their rage and potential violence is [sic] directed not at an appropriate (because responsible) external target, but at someone or something that can be effectively blamed. We are then in the realm of the scapegoating formulation, in which the survivor ceases being a victim by making one of another. The result can be a vicious circle of imagined or actual violence and continuing entrapment.[167]

It is this stewing anger and violence which Lifton believes is the greatest danger these veterans present to society, for he claims that there is a "very real danger of greater amounts of overt violence in this group of veterans than in veterans from previous wars."[168] Thus, though there is no evidence to support the fear, common after each American war, that veterans will bring their brutalization back into society, Lifton believes that the danger does exist with the new veterans. Also, he fears that effective preventative measures will not be undertaken because "Veterans Administration doctors are likely to

interpret their rage at everything connected with the war as no more than their own individual problem."[169]

Lifton reports a few less-common symptoms in his interviewees which bear mention. In some, there was a feeling of increased vulnerability--as if they were living on "borrowed time"; this feeling often produced hypochondriasis.[170] Some veterans displayed a sort of restlessness, both physical (which led some to become wanderers) and psychological:

> Most of the men exemplified what I have called the Protean style--quick and frequent shifts in identification and belief, in interests and immersions of all kinds, with a ready capacity to reject each one (or portions of it) in favor of another.[171]

In fact, there is quite a wide variety of psychological disorders Lifton attributes to the war:

> . . . restlessness to the point of perpetual motion, psychological freezing or numbing to the point of near-stasis, profound depression, psychosomatic complaints, recurrent nightmares, every kind of anxiety, and perhaps suicide and psychosis as well . . . .[172]

As a psychiatrist, Lifton is of course concerned with the short-termed effects these symptoms will produce in the Vietnam veterans he interviewed--possible unhappiness for them and those around them. As a psychohistorian, Lifton is concerned about the historical effects of large numbers of Vietnam veterans entrapped by guilt. He postulates that such a phenomenon would have serious negative effects on society, and, although his own sampling of veterans was limited, he believes that there is a substantial number of disturbed veterans who may not be so easily recognizable:

> But the real casualties of the Vietnam war, at least in numbers, may well be those who see no psychiatrists and bear no psychiatric or medical labels, yet are nonetheless plagued and diminished by numbed guilt they can neither animate nor even recognize. For them reordering is out of the question, and their continuing struggle against awareness of transgression or guilt may drive them to extreme acts of destruction and self-destruction--as in many cases already reported among Vietnam veterans of seemingly purposeless violence or mass murder, the significant but unknown number of veterans who stay on hard drugs, or who (according to the testimony of many families) continue over a considerable time to live in distraught withdrawal from fellow beings because unable to risk vulnerability to guilt in that dimension.[173]

Although he is not as specific as Murray Polner, who in No Victory Parades (1971) predicted that veterans would turn either to Stahlhelmism or violent leftist revolution, Lifton still fears the effects of "an important segment of a generation of young American men [who] built identities and life-styles around the rage and violence of a war environment as absorbing as it was corrupting."[174] It is this hidden rage, ready to spring to the surface, which gives the veterans the aura of "psychological time-bombs," but historical ill-effects of the war could take much more insidiously subtle forms. "Vietnam veterans . . . are more likely to pass along negative aspects of the survivor experience down through the generations."[175] In what way? Lifton feels that "veterans' death anxiety and death guilt, along with their bitter rage, are bound to enter into the emotional tone of family transactions" in a variety of ways; perhaps the veteran will shower his family with "exaggerated fear and overprotection" as a result of his own shaken faith in the universe, or perhaps he will demand "purity and perfection" from them as an unconscious eulogy to his dead comrades.[176]

Whatever the approach, "we may be certain that Americans will be struggling with the guilt-numbing constellation of Vietnam survival for many generations to come."[177] In fact, by our exposure to the war, "we have become a nation of troubled survivors"--presumably with the guilt, numbing, and all the other psychological problems which go with surviving.[178]

In summation, Lifton believes that Vietnam veterans are significantly different from veterans of prior wars in their confrontation with death and with the absurdity of this latest war. Because of the unique nature of the war, its unjustness and unpopularity, these new veterans have developed psychological dysfunctions which affect not only themselves but the rest of their nation and perhaps future history. Lifton eschews the term "Post Vietnam Syndrome (PVS)" when he refers to his interviewees because he feels it is an erroneous and misleading concept:

> . . . Post Vietnam Syndrome is a dubious, easily abused category, especially in its ready equation of affects of the war with a clinical condition (a "syndrome"). That has been done, for instance, in relation to various forms of rage, guilt, and protest which, as I have suggested, are actually appropriate to the experience and can be expressed in constructive, "healthy" ways. The implication that can often accompany the use of the term is that normal or desirable behavior (in contrast to the Post Vietnam Syndrome) would be to adapt quietly to existing American Society and war-making arrangements.[179]

The veterans who do "adapt quitely" are those who will most likely be the ones with long-term psychological debilitation, centering around unresolved guilt. The proof of this, claims Lifton, lies in the large numbers of delayed psychiatric casualties he has heard about from colleagues.[180] The road to mental health for these men--and,

perhaps, for the nation--is the recognition of the psychic changes they are experiencing:

> We may thus postulate a three-sided model of post-Vietnam psychiatric health and impairment involving reordering, survivor formulation/mission, and the access of numbing and guilt. Where there is a combination of absent or profoundly impaired survivor formulation and mission, together with vulnerability to guilt (when numbing is no longer effective), reordering cannot take place and casualties are most likely to occur. With impaired formulation/mission and relatively intact numbing, reordering is again impossible but reactions are more likely to be indirect--subclinical patterns of suspicious withdrawal, periodic rage (sometimes bursting into violence), and impermanence of relationships with restless dissatisfaction. Where the survivor mission/formulation evolves with some force but numbing remains strong, a sustained struggle between the two may ensue, and gradual reordering is possible. Where there is a combination of active formulation/mission and equally active confrontation of (and vulnerability to) guilt, animating forms of reordering are most likely to occur. Even with this relatively ideal combination of elements, however, the process is likely to remain tenuous and subject to relapse. Previous life history is, of course, enormously important, but in much more subtle, unpredictable ways than usually assumed--and always greatly influenced by the degree to which a post-Vietnam environment (or group) encourages, gives shape to and emotionally supports the reordering process.[181]

Thus, the postwar psychological success of veterans will be varied, but predictable in some ways. Lifton makes no specific prediction about the specific effects of three million Vietnam veterans on American society or history, yet he feels there will be far-reaching ones. The magnitude of those effects certainly depends on the proportion of veterans falling into each of Lifton's categories cited above. Here again, he makes no predictions.

In the remainder of this paper I shall compare Lifton's data and conclusions to those of other investigators, not restricting subject matter to war veterans. Rather, four sources of information will be tapped: official reports about war neuroses, personal war memoirs, studies of natural disaster survivors (such as survivors of tornados), and studies of Nazi concentration camp survivors.

THE OFFICIAL VIEW OF WAR NEUROSIS

First, we shall examine the official interpretation of war neuroses. Prior to World War I, the state of the psychological sciences was so primitive that the notion of war neurosis, or even shell-shock, was unknown. Aberrant behavior in soldiers was attributed to lunacy, malingering, cowardice, or malicious mischief. Perhaps significant numbers of soldiers who would later be diagnosed as psychiatric casualties took the traditional avenues of escape--desertion, and self-inflicted wounds.[182] Not until the Civil War was there recognition of psychological dysfunctions, other than lunacy, in soldiers. Even then, "a review of reports of the United States Army Medical Service during the Civil War reveals virtually no official concern with the problems of the neuropsychiatric casualty."[183] The reason for this lack of concern is clear; mental disorders were deemed rare among soldiers. Only 2410 cases of insanity were reported in the Medical and Surgical History of the War of the Rebellion, the official history.[184] Two other reported syndromes, "nostalgia" and paralysis, give us some inkling that psychic breakdowns took other forms than insanity, but these two were rarely reported.

"Nostalgia" was defined by the Surgeon General of the Union Army as "a species of melancholy, or a mild type of insanity, caused by disappointment and a continual longing for the home."[185] He reported that some of these cases were so severe that they had to be sent home to save their lives.[186] Nostalagia sufferers were unable to perform their military duties, in spite of having no physical injuries; the Surgeon General recommended "occupation for mind and body" as a treatment for those men.[187] In the first year of the war, there were 5213 cases of nostalgia, a rate of 2.34 per thousand men. This rate increased yearly as the war went on.[188]

Paralysis was a much less documented syndrome; there was no differentiation between paralysis resulting from physical damage to nerves and that perhaps psychological in origin. The rate of discharge for paralysis was 20.8 per thousand men, enough to cause one to speculate that perhaps some of the cases were the result of psychic trauma--as many "shell-shock" cases were in World War I.[189] There can be, however, no definite conclusions drawn about Civil War paralysis.

Thus, stymied by the rudimentary knowledge of the human psyche at the time of the Civil War, we can make only the following tentative conclusions. There were some soldiers who suffered debilitating degrees of what we would call today depression and anxiety. There is no indication that large numbers of men were affected nor that, when the veterans returned to civilian life, the affected men made any detrimental impression on society.

The psychological sciences remained of little consequence in the military. The Spanish-American War produced no documentation of war neurosis, although there were some reports of individuals going insane under trying conditions.[190] Interest in the phenomenon of psychic breakdown in war did not flower until the First World War.

In World War I, the traditional label of "insanity," meaning psychosis, still applied to about the same percentage of men in previous wars, but in the vast majority of cases, it did not.[191] Those cases were labeled neurotics. They were deemed so if unable to perform military duties, while having suffered no physical injury.[192] The United States Surgeon General's Office concluded that sixty-three percent of shell-shock victims had been predisposed to psychological breakdown prior to military service.[193] For the first time, war neurosis was noted in significant numbers of returning veterans.[194]

What were the symptoms of war neurosis? The Surgeon General's Office was able to provide a succinct list in its postwar report.[195] Some of the patients displayed "neurasthenia," constant tiredness or listlessness. The "effort syndrome" was similar to neurasthenia, but involved chronic fatigue only of individual body areas. There was "psychasthenia," which psychiatrists described as chronic hesitation or doubt, the inability to make decisions or act positively. Many patients were "hypochondriacs," preoccupied with physical complaints and over-concerned with health and bodily functions. The most publicized shell-shock cases were classified as "hysterics" by military psychiatrists. Hysteria was given two primary classifications, sensory and motor;

patients reported paralysis, blindness, deafness, or tremors. A broader type of war neurosis was "anxiety neurosis," symptomatized by depression, apathy, insomnia, nightmares, and psychosomatic disorders such as ulcers or heart palpitations. A final category was "anticipation neurosis," which was virtually identical with anxiety neurosis but which occurred in men expecting to be sent to the front.

"Anxiety neurosis" is the most interesting syndrome reported by the Surgeons General's Office, for it appears to encompass many of the most important psychological reactions reported by Lifton. The other syndromes of World War I war neurosis seem less closely related to symptoms he found in Vietnam veterans. Hysteria and the effort syndrome, for instance, are particular to their war; later conflicts produce almost no occurrences of them. Neurasthenia and psychasthenia do not reappear in other wars as distinct syndromes. Rather, their symptoms appear without the unifying label. Lifton reported both listlessness and chronic hesitation in Vietnam veterans, for example.

Compared to psychiatrically disturbed soldiers of the First World War, Lifton's veterans are hardly "unique," as he proposes. While it is true that there are differences in symptomatology between psychiatric casualties of the two wars, similarities also abound. The differences parallel the evolution of mental illness during the past century in Western culture in general. The similar "anxiety neurosis" seems to have remained constant in character, though possibly increasing in frequency. If Vietnam veterans are different from

veterans of World War I, it is not manifested in any significant dissimilarity between their psychological reactions to their war.

The rate of psychiatric casualties in World War II was about three times that of World War I.[196] For the Army, emotional disorders became "a principal cause of manpower attrition."[197] There were, in fact, 929,000 American men admitted to hospitals in World War II as psychiatric casualties; 648,500 of them were diagnosed as psychoneurotic.[198] For the first time, organized efforts to study veterans were undertaken. Some samples of psychiatric patients in VA hospitals produced the statistic that up to one-fourth of the patients had developed their problem after discharge from the military.[199] An exhaustive study of returnees from the campaign in Europe led one researcher to conclude that large numbers of men soon to be discharged were "in poor physical condition and emotionally disturbed. . . ."[200] The returnees themselves believed that military experience had been detrimental to them.[201] Overall, unfortunately, veteran studies were still rare; the Surgeon General's Office noted that very little information existed about psychiatric disorders which might develop after discharge, thus we must continue to rely almost solely upon data concerning in-service disorders.[202]

To discover what symptoms were characteristic of war neurosis in World War II, we shall examine the conclusions of five separate works. Abram Kardiner, in his 1947 book, War Stress and Neurotic Illness, lists a number of chronic symptoms he found in soldiers hospitalized for psychiatric reasons.[203] He included hypochondriasis, withdrawal,

tics, ritualized behavior, psychosomatic disorders, irritability, apathy, tendency toward aggression and violence, nightmares, and a few hysterical reactions.[204]

Samuel Stouffer and his research staff described psychiatric disorders in returnees from Europe. In their book, The American Soldier: Combat and Its Aftermath, published in 1949, they too reported a variety of symptoms.[205] These were hypochondriasis, guilt, disillusionment, anxiety, depression, apathy, resentment, hypersensitivity, restlessness, and irritability.[206] Stouffer's samples of returnees were very large, from a few hundred to several thousand.

Norman Q. Brill's 1955 book, A Follow-up Study of War Neurosis, was built around the use of medical records and interviews with veterans who had been hospitalized during their service for psychiatric reasons.[207] Besides a rate of suicide three times the general societal rate, he reported the following symptoms: anxiety, depression, nightmares, insomnia, headaches, alcoholism, irritability, difficulty in concentrating, restlessness, and gastrointestinal disorders.[208]

Roy R. Grinker and John P. Spiegel used clinical interviews with Air Force personnel as the basis of Men Under Stress.[209] They reported that airmen "show quantitative rather than qualitative differences in reactions from the foot soldier."[210] A list of pathological symptoms they found includes free anxiety, depression, "an intense and haunting identification with friends and close buddies, living or dead," "survivor's guilt," pathologically bitter fatalism, hostility, sexual

impotence, insomnia, restlessness, loss of energy, startle reaction, preoccupation with combat experiences, suspiciousness, loss of appetite, and disorientation.[211]

Lastly, there is the Surgeon General's Office's 1966 volume, Neuropsychiatry in World War II.[212] The most common pathology in psychiatric evacuees was some form of anxiety reaction.[213] Somatization reactions were also very common.[214] There were a few of the gross hysterical reactions of shell-shock cases of World War I; these occurred usually in patients with low intelligence.[215] A few patients suffered "acute transient schizoid reactions," perhaps the archetypical "going mad" in battle.[216] Fifty-two to seventy-three percent of all returnees (not mental patients) reported somatic or nervous symptoms to military doctors; these complaints included anxiety, irritability, restlessness, depression, and gastro-intestinal disorders.[217]

The purpose of these dreary lists of symptoms compiled by independent researchers is to demonstrate the commonality between the so-called unique post-Vietnam psychiatric "syndrome" and the constellation of pathologies found in soldiers of World War II. All of the elements Lifton points to as typifying the Vietnam veteran are present in World War II soldiers, returnees, and veterans. The parallels are much closer than, say, Vietnam and World War I--perhaps because of improved psychiatric technique or perhaps because of the changing nature of mental illness. The symptoms which, Lifton maintains, set the new veterans apart from the old-survivor guilt, rage, depression, and anxiety, for example--are amply evidenced in participants of a war thirty years previous.

The Korean War is presently ill-documented as far as war neurosis is concerned. The war itself had both mobile and static phases, thus encompassing characteristics of both World Wars. The rate of psychiatric casualties was quite low, about half that of World War II.[218] Of all medical evacuees, one-third were psychiatric patients.[219] Not unlike the Civil War, there was a mysterious "fever of unknown origin" which accounted for almost double the hospital admissions that war neurosis did.[220] These fevers may or may not have been psychosomatic in origin. Interestingly, only eighteen percent of returned American POW's were deemed to be suffering from psychiatric conditions.[221] Information concerning symptomatology in the Korean War is sketchy, but overall seems to be the same as that of World War II.[222]

We now return to the conflict in Vietnam, this time considering what researchers and observors other than Lifton have concluded about Vietnam veterans. Initially, the picture is very good; in a 1968 report, the Office of the Surgeon General reported that the incident of psychiatric breakdown in Vietnam was far less than in any previous war.[223] This is the continuation of a trend seen, the report goes on, in the two World Wars, with the addition of several new preventive measures such as a one-year tour and the R and R program.[224] As before, a few men were temporarily overwhelmed psychologically by extraordinary incidents of stress or deprivation, but the rate of returning these men to the field was excellent.[225] The percentage of men discharged for psychiatric reasons was 13.73, compares to 33.10 in World War II and 23.09 in the Korean War.[226] The classical "combat fatigue" with its

constellation of symptoms was rare. A new form of casualty, drug-induced psychosis, was in evidence as the war went on.[227] Overall, it seemed as if the military was well on its way to winning the battle against war neurosis.

The return of veterans to society was much more thoroughly examined than after previous wars, and here the picture of the Vietnam veterans begins to appear less rosy. The veterans faced both the indifference of society and the outright hostility of some sections of it. Many returnees sought to enter, or re-enter, a university situation, where they were often labeled as fascist pigs by their peers.[228] Some observers believed that this sort of negative reaction in others led Vietnam veterans to attempt to disappear back into society as fast as they could, to avoid confrontations.[229] Initially, Veterans Administration psychiatrists noted that few disturbed veterans reported to them, but as more and more veterans returned, the doctors began to receive large numbers of psychiatric admissions.[230] This trend led to the notion that the real psychological problems created by the experience of the war in Vietnam did not appear on the battlefield but upon return to the United States. The symptoms would be delayed until environmental conditions brought them to the surface; the veterans were "psychic time-bombs."[231] The societal turmoil of the late 1960's and early 1970's and substantial economic problems which kept many veterans out of work seemed to indicate that the "explosion" of many of these "time bombs" might be relatively soon--that is a hypothesis put forth in both Polner's No Victory Parades and Lifton's Home From the War.[232]

Opposed to this way of viewing Vietnam veterans, a tiny minority of researchers contended that the post-Vietnam war neurotic was a myth. In a 1974 article, Jonathan F. Borus concluded from a comparison of Vietnam returnees and new recruits that there was no evidence of significantly more maladjustment in one group than the other.[233] Perhaps using Vietnam veterans still in the service, unexposed to societal pressures, was misleading in this case. Against the Tide, Lieutenant Colonel Peter B. Petersen's 1974 book, is perhaps the most ambitious attempt to refute the notion of Vietnam veteran "time-bombs."[234] Unfortunately, it is a poorly written work, pretentious and facile in its analysis of prior endeavors concerning the military and veterans. Petersen's bewailing others' lack of objectivity becomes tedious--particularly in the face of his own very great pro-military bias. His method concerning the effects of combat on infantrymen consisted of administering a questionnaire to the men of the battalion he commanded in Vietnam in 1969 and then re-administering it one year later, when they had returned to the United States.[235] The questionnaire perportedly measured the importance that men put on approval from others, social interaction, group participation, and attainment of status.[236] His finding was that "the effects of combat on the beliefs of infantrymen are not detrimental to society."[237] From that, he further concluded that it is "a major misperception by critics of the U.S. Army . . . that soldiers returning from Vietnam are disoriented and tend to be a detriment to society."[238] The shortcomings of his work are manifest. A one-year delay between the two administrations of the questionnaire is simply too short to refute the contention of other observers that adverse reactions

are of a delayed nature. It is doubtful that Petersen's questionnaire, conceived as a job interest tool, was appropriate to measure the sorts of adverse reactions reported in veterans ("disorientation," for example). Finally, his simple-minded criticisms of the books and articles of the critics of the Army, including Lifton, point out that Against the Tide comes from an unscholarly individual enamored with his pseudo-scientific methodology. Thus, we find that the minority debunking the idea of a post-Vietnam syndrome is a small, unscholarly one at the present time.

The vast majority of observers agreed with Lifton that a number of maladjusted, unhappy veterans existed. Peter G. Bourne, in his book The Psychology and Physiology of Stress: With Reference to Special Studies of the Vietnam War listed three types of combat-precipitated psychological syndromes.[239] The first he called "combat fatigue"; it occurred in soldiers with previously good psychological histories and military records. Anxiety, depression, withdrawal, apathy, agitation, and psychosomatic disorders were some of the forms combat fatigue took. The second syndrome Bourne called "pseudo combat fatigue." It had the same symptoms as combat fatigue but occurred in soldiers predisposed to psychological problems, which was evidenced by previous personality disorders and a poorer response to treatment. "Combat neurosis" was the third type, found in men who had previously been psychoneurotics. The symptoms were again the same.

The Veterans Administration described some of the reactions its doctors found in Vietnam veterans in a booklet, The Vietnam Veteran in Contemporary Society. Fifty-four percent of the psychiatric casualties

they had treated had some form of depression.[240] Many veterans were suspicious, impulsive, and overly sensitive.[241] The strange "fever of unknown origin," present in both World War II and Korea, once again was present-although there is no concrete evidence that this is psychosomatic in origin.

The Committee on Veterans' Affairs took testimony from a number of observers of veterans and published its transcripts in 1974, entitled Source Material on the Vietnam Era. Its several experts reported the following psychological reactions from veterans: bitterness, confusion, anger, withdrawal, alienation, depression, irritability, poor aggression control, suspiciousness, anxiety, inability to relate to others, unrealistic thinking, immaturity, marital problems, and suicidal tendencies.[242]

Journal articles tended to verify the above findings. One author found "explosive aggressivity," flashbacks, and a phobic view of the world as a hostile environment in veterans he interviewed.[243] Another indicated that veterans he dealt with were embittered and angry; the same researcher found that veterans who had experienced heavy combat were more oriented to violence than non-veterans.[244] Immaturity, frustration, guilt, and self-aggression were found in veterans by yet another investigator.[245]

Time after time, in study after study, the evidence built up that a number of Vietnam veterans became psychologically disturbed during and after their military experience. Lifton is certainly borne out in this case, yet no one seems willing to speculate on how widespread this

phenomenon is, nor how long-lasting it is. For Lifton, the answers were clear: the post-Vietnam syndrome is present in virtually all veterans, even if it has no apparent manifestation, and it is not only long-termed in its effects upon the veteran, it is historical in nature and will affect generations to come--and perhaps the future of this country.

WAR MEMOIRS

The next source of information about war memoirs we shall examine is the personal account, written during or after the conflict. The most prolific period of these accounts was after World War I, but other wars have had their witnesses too. A sampling of these many tales, some of them fictionalized, gives us further verification of the traumatic results of war upon the psyche.[246]

Psychic numbing and brutalization are infrequently mentioned directly in personal accounts, except the occasional observation that one becomes inured to the grim sights of war. Ernst Juenger used alcohol during and after World War I as a numbing agent, while Henri Barbusse made note of the fact that he and his comrades came to view themselves as brutes and animals because of the degrading nature of trench life.[247] Juenger also mentioned that the soldiers he knew became very callous after serving at the front.[248] Otherwise, these soldiers of World War I seemed to accept their brutalization matter-of-factly, as a normal consequence of war.

The guilt which permeates Lifton's description of Vietnam veterans is not nearly so evident in personal accounts. Mostly, any guilt feelings

center around a man's feeling that he has abandoned his comrades when he is wounded or transferred from his unit. These guilt feelings were strong enough, for instance, to make Siegfried Sassoon return to the front after he had been returned to England for medical reasons. Charles Carrington specifically mentions his guilt feelings at being assigned a job in the rear echelons.[249] Except for these reasons, there is no recollection of the sort of "survivor's guilt" Lifton posits.

Alienation and withdrawal from other people are phenomena much more frequently noted. Carrington mentions withdrawing into himself in the trenches to such an extent as to be likened to a "zombie."[250] Stephen Graham wrote the belief that war changes a man so that he cannot relate fully to others: "war robs the individual soldier of reverence, of care except for himself, of tenderness, of the hush of awe which should silence and restrain."[251] The most frequent subject of alienation was civilian society. Carrington mentions the long time it took for him to readjust to civilian life.[252] He maintains the gap between civilians and veterans widened during the '20's.[253] Ferenc Imrey, in a remark strikingly reminiscent of Lifton, wrote that returning to civilian was like "returning to the living from the world of the dead."[254] He wondered:

> Would I ever be able to adjust myself to the new conditions, and what would be my standing in any circle of normal life? I was frankly ill at ease among the commonplace and uncertain of how I should adjust myself to it.[255]

He felt removed from those who had not known the war:

> Also I could not endure association with those who were always happy. Happiness in the world of that

> day seemed but wanton effrontery and grated upon me.[256]

In World War II, Glenn Gray expressed the need to withdraw physically from society:

> Sometimes I am overcome with the desire to go off by myself and live in a hermitage. I cannot face the prospect of going back to any of my old haunts after the war.[257]

Barbusse describes feeling alienated from civilians while he was on leave. He was particularly resentful of civilians' glorification of the war.[258] In a broader context, he writes that he felt estranged from his leaders, his nation, and even his religion.[259] More recently, the book of poetry of Vietnam veterans, Winning Hearts and Minds, is rife with embittered verse portraying the veterans alienation from their nation and their families.[260]

Another focus of alienation is the self; many personal accounts describe estrangement from what one was before the war. Hervey Allen, a soldier in World War I, wrote that, after battle, "no one . . . is ever quite the same again."[261] He explains:

> Men who have faced death . . . can never again have the same attitude towards life. It is hard to be enthusiastic about little things again. The fact that everybody is soon going to die is a little more patent than before. One sees behind the scenes, the flowers and the graveblinds, the opiate of words read from the Good Book, and the prayers. For there is Death, quiet, calm, invincible, and there is no escape.[262]

Besides alienation from his previous innocence, Allen here shows that Lifton would call a "death imprint" or "death immersion"--an overwhelming

preoccupation with death and dying. Glenn Gray wrote in his World War II diary that he felt aged by the war.[263] He, too, felt that his prior identity had vanished:

> So often in the war I felt an utter dissociation from what had gone before in my life; since then I have experienced an absence of continuity between those years and what I have become.[264]

Thus, alienation and withdrawal seem to be common themes in these personal accounts of war.

There are a variety of other psychological manifestations reported by the men who wrote about their personal war experiences. Frequently mentioned are the haunting memories of men's deaths or maimings.[265] Here one is reminded both of Polner's category of the "Haunted" Vietnam veterans and of Lifton's discussion of the survivors "death immersion." The memoir writers speak of sleepless nights or terrible nightmares in which dead friends or gory scenes will not leave their minds.

Depression also hounds several of the literary veterans. They report "unhappiness," "a state of depression," "dispiritedness," and "the feeling of utter yearing and despair."[266] Carrington described himself as "a nervous wreck" after serving in the trenches.[267] After the war, he reports, he became listless and apathetic.[268]

The issue of death colors many of the accounts. Alan Seeger spoke of the unique perspective possessed by those who have faced death, an observation with which Lifton agrees.[269] Gray noted that men who had experienced war might "lose forever the faith in his physical immortality" and that the adjustment to the new realization might "be harder than the physical recovery from his wounds."[270] We have previously cited Hervey

Allen's remarks about the presence of a "calm Death" behind every aspect of the facade of civilian life.

A new final observations from the personal accounts are noteworthy. Carrington felt that the war had hindered his internal growth:

> The 1916 fixation had caught me and stunted my mental growth, so that even ten years later I was retarded and adolescent. I could not escape from the comradeship of the trenches which had become a mental internment camp, or should I say a soldiers' home.[271]

It is interesting to speculate how many other young men, removed from society during years perhaps crucial to their psychic and social development, were similarly stifled. Glenn Gray displays what Lifton would call "survivor mission" when he admits that he wrote The Warriors in an attempt to heal "the intellectual wounds of World War II" which he incurred.[272] Tolstoi put down what he believed to be the only escape from the psychological trauma of war: "the one consolation is forgetfulness, the annihilation of consciousness."[273] These words may hold as true today as they did in his time.

Lest we be misled into thinking that only unfavorable responses are reflected in the personal accounts, we shall briefly consider the minority of writers who held that war was glorious, or, if it was not, it was merely something to be patiently muddled through for king and country. Such interpretations occasionally appear, even in accounts largely unfavorable to war. The work which most typifies this minority viewpoint is Frank Dunham's The Long Carry, a book about his experiences as a stretcher-bearer in World War I.[274] As described by Correlli Barnett

in his forward to the book, Dunham displays "robust John-Bullish cheerfulness" and "philosophical resignation" to his fate as soldier. Barnett contrasts this with the several negative accounts of the war and lays the reason for the differences between them upon the different backgrounds of Dunham, son of a lower-middle class family, and the majority of the others, members of the upper-middle class:

> The cumulative effect of these war reminiscences has been to present the soldier's experience as one of unremitting, unrelieved horror, terror, and suffering, and to present the British soldier himself as reduced to a perpetual state of morbid introspection and incipient breakdown. However, the best-selling war reminiscences were mostly written by sensitive literary gentlemen from sheltered and comfortable upper-middle-class backgrounds--men imbued with late Victorian and Edwardian literary romanticism. The squalor of the trench zone, the cruelty of wounds and death, hit them particularly hard. The question therefore has to be asked: was their extreme reaction to the Western Front really representative of the feelings of ordinary officers and men as a whole?[275]

Barnett believes they were not representative. It is true that while we do know that many men underwent the severely negative psychological experiences portrayed in the personal accounts, we do not know how widespread these experiences were. Certainly they were not limited to "literary gentlemen." This issue is pertinent to the American soldier in Vietnam. Were the relative affluence and high educational level of these soldiers in part responsible for the traumatization they experienced? In other words, were the Americans too "soft" for war? Indisputably, the more used to affluent living that a man is, the more difficulty he will have adjusting to the deprivations of war. However, we cannot yet take the logical step of thus connecting this "softness" and traumatization until sufficient cross-culture research has been carried out.

Before we take a final look at Lifton's suppositions in the light of the information about war neurosis cited throughout these past several pages, we shall draw a few tentative conclusions about war neurosis itself. One of the central issues which concerned psychiatrists involved in treating war neurosis was what brought about the grave symptoms found in its sufferers; to wit, were men predisposed to breakdown by prior, perhaps hidden, psychological weaknesses, or was the trauma of the war experience so severe that normal men would crack under its pressures. We have seen that the former viewpoint was accepted during and after World War I, and that the latter viewpoint was advocated during World War II. Peter Bourne, in The Psychology and Physiology of Stress, takes perhaps the most compelling perspective in his discovery of both causes in soldiers committed to psychiatric wards in Vietnam.[276] Other researchers have also made this claim, that both predisposition and normal reaction to trauma--sometimes operating separately, sometimes acting together--produce war neurosis.[277] Any more precise statement cannot be made at present, because of the elusive nature of "predisposition" and the psychological sciences' as yet primitive attempts to define and detect it. Thus, the interplay between normal breakdown under stress and predisposition to breakdown can only be assumed in a general way. That both factors contribute to war neurosis seems certain.

The issue of the violent veteran has occupied the attention of psychiatrists, the public, and the media. Are veterans "trained killers" used to a life of violence or are they no more likely to be violent

than nonveteran members of society? Again, the answer probably lies somewhere in between. The fear that large numbers of brutalized men would return to society only to take up a life of mayhem and crime was present in civilians after every American war back to at least the Civil War. Veteran crime waves have materialized only to very small degrees; the vast majority of veterans have made successful adjustments. Yet, recent evidence indicates that veterans may be more oriented toward violent behavior than non-veterans.[278] Perhaps this violence is not manifested in such grossly overt behavior as crime or rowdyism, rather it may take the form of milder, yet also dysfunctional, interpersonal conflicts--or the inner-directed aggression of suicidal tendencies or depression. Veterans' violence is an ill-understood area of investigation and merits further research.

We know more substantial things about war neurosis, however. We know that large numbers of men were discharged for psychiatric reasons during both World Wars and that smaller, yet significant, numbers were discharged for the same reasons during the Korean and Vietnam wars. We know that, in 1973 for instance, 183,000 veterans were in mental hospitals or correctional institutions--many undoubtedly there as a consequence of war neurosis.[279] There are over 28 million living veterans; of those who collect tax-funded disability checks, twenty percent are for psychiatric reasons.[280] We know that the psychological sciences have not been particularly successful in treating war neurosis, so that such factors as postwar interpersonal experiences are a much greater contributor to the recovery of mental health than is any form of therapy. Most veterans,

with or without the symptoms of war neurosis, seem to readjust to civilian life successfully, that is, they display no gross overt behavior problems. There is, nevertheless, the question of delayed response. Will there be "a considerable latent period before the stunned ego reacts in retrospect to the dangers it has escaped or the frustrations it has experienced"?[281] Can, as Polner and Lifton suggest, the psychic wounds of large numbers of veterans become the driving force for social and political reform? History must give us the answer for the Vietnam veteran, but history has also shown that reform movements have not originated from American veterans of earlier wars, nor have mass violence and mass psychic breakdowns. The "psychic time-bombs" never detonate.

NATURAL DISASTERS

Natural disasters are known to produce psychological stress in their survivors also. Certain parallels are present between Lifton's Hiroshima survivors and Vietnam veterans and the victims of natural disasters: there is loss of life and violent destruction of property in all cases, as well as a stripping-away of previous life styles.

We shall consider three examples of disaster research. The first is Martha Wolfenstein's book Disaster: A Psychological Essay. She relied heavily upon taped interviews with disaster survivors, as well as her own previous research in the field and the reactions of civilians in wartime.[282] The second instance of disaster research is "Disaster and and Mental Health" by Robert N. Wilson, in Man and Society in Disaster, edited by George W. Baker and Dwight W. Chapman.[283] Wilson's work is

primarily a review of the literature dealing with the psychological reactions of survivors. The third example is a study of the results of a 1966 tornado which destroyed a section of Topeka, Kansas. The book, co-authored by James B. Taylor, Louis A. Zurcher, and William H. Key, is entitled Tornado: A Community Responds to Disaster.[284] This, too, was based largely on interviews with survivors.

Perhaps the most frequent psychological symptom reported was the "Disaster Syndrome."[285] This reaction was variously described as an absence of emotion, a lack of response to present stimuli, docility, an "inhibition of outward activity," "a reaction of daze," reacting as if stunned, and apathy.[286] It is strikingly similar to Lifton's "psychic numbing," which he reported in both Hiroshima survivors and Vietnam veterans. Perhaps related to "psychic numbing" or the "Disaster Syndrome" was the tendency on the part of many of the disaster survivors to deny the existence of the catastrophe.[287] This strange disbelief presupposes that the victim is suppressing sensory evidence to the contrary, that is, he must be "numbing" his perception of the disaster and his reactions to it. Further parallels between disaster survivors and Lifton's subjects were in evidence.

The researchers reported that, like Hiroshima and Vietnam survivors, the disaster victims felt varying degrees of anxiety. Often, this reaction centered around a fear that there would be an immediate re-occurrence of the catastrophe.[288] More frequently, it had to do with two reactions quite like those Lifton reported. The first of these was a sense of increased vulnerability in the survivors.[289] Many felt that they

were living on borrowed time or were especially marked for destruction. The second anxiety-producing reaction was a sense of the disturbance of the normal order of things. This "strange disruption of their expectable world" into "a new social reality" left the survivors psychologically adrift, unable to find their bearings.[290] For each, the destruction of a stable environment led to the "loss of a personal landscape"--both literally, in the form of great destruction of personal property and familiar landmarks, and figuratively, in the form of the alteration of social and personal roles.[291] No longer under the "protection of the environment," now perceived as hostile, these survivors felt abandoned to their fates, a reaction reported also by Lifton.[292] The disaster researchers do not go on to take the theoretical step which Lifton next took, the assumption that the victims feel detached from the "human matrix." It would be tempting to take such a step, however, if the disaster-induced anxiety were to prove long-term, a topic we shall consider further on.

Another psychological symptom reported by Lifton as well as the disaster researchers was depression.[293] Some of this depression, of course, was tied to actual loss of home or loved ones. At least one researcher believed that it was probably closely tied to the numbing Disaster Syndrome and represented a manifestation of general lowering of affect.[294] Another believed it to be an all-encompassing "sense of loss," similar again to feelings Lifton reported in his subjects.[295] Withdrawal frequently accompanied depression.[296] One researcher thought this to be the result of an "attitude of centrality," in which the survivor

believed that the whole catastrophe centered around himself and that it was only he who was affected.[297]

The disaster researchers found another symptom in their survivors which was rather like that labeled "fear of counterfeit nurturance" by Lifton. Unlike Lifton, who related it to the loss of connection to the human matrix, the disaster researchers attributed this reaction to survivor's fear of losing his independence or to an American cultural dislike of displaying need or weakness, a sort of entrenched pride.[298] Thus, although the resulting behavior was identical in Lifton's subjects and in the others'--aid was rejected, sometimes angrily--the motives are interpreted quite differently. Lifton's subjects, he believed, feared that any goodness shown them could not be trusted because the entire universe had lost its reliability. The disaster researchers believed their subjects, on the other hand, though often perceiving a breakdown in the expectability of their world, rejected help out of a fear of becoming too dependent on other people or of showing weakness.

Concomitant with this rejection of succor was the emergence of the "role of victim."[299] The disaster survivors found themselves "willy-nilly cast into a specific role," one which had one implication for people who had not experienced the disaster and another for those who had.[300] Just as Lifton had described, people who had not shared the disaster saw the survivors as a breed apart, something to be held in awe or, contrarily, pitied for their helplessness or need.[301] The survivors themselves developed the tendency to divide the world into survivors and other people, "us and them."[302] With fellow-victims, there

was a sense of solidarity and shared suffering, but with other people, there was a certain distancing and even hostility. Again, Lifton had reported these very reactions in Hiroshima survivors and Vietnam veterans.

The disaster researchers identified a survivor guilt in their subjects comparable to that which Lifton regarded as so important. Some of this guilt was based on specific incidents in which the survivors believed that they had not done enough to help relatives or neighbors. However, certain feelings of guilt were more diffuse in nature. Some victims believed that the disaster had been sent as some sort of punishment by God and that a more virtuous life would be required in the future.[303] Also there was often a feeling that "God had let us down."[304] Wolfenstein speculated that survivors frequently felt guilty because they wished that the disaster had happened to others and were actually angry that it did not.[305] She also maintained that the experiencing of guilt might be closely tied to cultural standards of culpability, citing the Japanese as a family-tied society which might tend to produce feelings of guilt readily--a factor to which Lifton gave little emphasis in his analysis of Hiroshima survivors.[306] James Taylor and his associates, it should be noted, found no evidence of guilt in the Topeka tornado survivors. They speculated that the reason for this might be the widespread destruction, which caused the victims to feel as if they were all part of the same experience and that no one was to blame.[307]

A psychological reaction which Lifton did not report but which the disaster researchers laid great emphasis upon was the feeling of elation.

Usually, this feeling was tied to a feeling of "immunity"; the victim had lived through a catastrophe and felt invulnerable to danger.[308] Thus, some survivors, rather than being numbed, were "excited, laughing, hyperactive."[309] They were glad to be alive, some to the point of feeling omnipotent.[310] Others felt a great surge in religious faith; God had protected them.[311] Still others felt a joyous renewal of faith in humanity; for them, the disaster had been a "great equalizer," with everyone working together in the aftermath for the good of all.[312]

Lifton developed his intricate "survivor theory" to account for the psychological reactions he found in survivors. The disaster researchers explained the reactions they found in different ways. The "Disaster Syndrome," that is, psychic numbing, was seen as the result of the victim's psychological energies being absorbed for "internal re-integration" or psychic defense.[313] Apathetic behavior resulted when "the ego, no longer capable of mastery, dedicates itself to defense rather than to enterprise."[314] Apathy may thus be seen as a defensive measure, usually against anxiety resulting from the disaster.[315] The research team noted that the great destruction of the physical and social environments left the survivor cueless, reminiscent of sensory deprivation experiments. They posited that there were close parallels between the psychological reactions of disaster survivors and those of subjects in those experiments.[316] The research team of Baker and Chapman believed that "the healthier the individual is under normal conditions, the healthier he is likely to be under disaster conditions," thus raising the possibility of predisposition.[317] They went on to list a number of ways that disaster could increase the risk of mental illness:

1. In the short run, an individual exposed to the extreme shock of an explosion, fire landslide, bombing, or whatever, will show some symptoms of disorientation and lessened ability to function with confidence . . . .

2. Physical trauma directly attendant on disaster may fix disorder or the propensity to it. The most obvious examples are brain damage due to a severe blow and toxic conditions due to some kind of poisoning. The sheer physical effects of disaster are not limited to somatic damage as such but the damage may also promote drastic behavior changes. . . .

3. A variety of psychosomatic and other symptomatology has been observed in the victims of disaster during a period of one day to three weeks after impact. These symptoms, including vomiting, diarrhea, insomnia, and threatening dreams, usually are seen by those affected as a relatively 'normal' and explicable consequence of strain. Little is known about the possible durability of the symptoms or their conceivable importance in engendering mental illness. At the present stage of knowledge most psychiatrists would probably deem these minor and transitory phenomena, although there is no evidence of a comprehensive check on any disaster population after a time sufficient for accurate judgment has elapsed.

4. Loss of a beloved object through disaster implies illness rather than health. This is the more true in our society, where the cards are stacked against facile or quick adjustment to interpersonal loss. . . .

5. In overwhelming disaster, the impoverishment of the interpersonal and physical environment will lead in the long run to perceptual and cognitive difficulties classifiable as mental illness. Fortunately we do not (yet) have any instances of disaster on such a massive scale.[318]

Lifton would disagree with this last statement, pointing in particular to Hiroshima. In any event, the disaster researchers in larger interpreted the reactions of their survivors less abstractly than Lifton interpreted the reactions of his.

For Lifton, the psychological disorders of Hiroshima survivors and Vietnam veterans would be of long, even historical, duration. The

disaster researchers, too, theorized about the durability of psychic problems in their subjects. Wolfenstein reported that many of the survivors she observed talked about the disaster frequently, reliving it over and over in their minds.[319] She felt that later psychological stresses might rekindle anxiety originating in the disaster.[320] Taylor and his associates, while acknowledging that there would be some chronic psychiatric cases resulting from the catastrophe, felt that the vast majority of victims would become "renewed" or "remobilized," usually through the human contact of friends and relatives.[321] They concluded: "to be a victim is an ephemeral thing; the reactions and the roles recede, and the changes become part of the ongoing continuity of life."[322] Baker and Chapman were not nearly so certain. Their review of the literature seemed to indicate that "even though shock be an affair of a few hours or, at most, days, no one is certain that the remission of symptoms indicates entire recovery."[323] They therefore concluded, "it is probably fair to say that we know comparatively little about the long-run mental health consequences of disaster experiences."[324]

What can we conclude from a comparison between Lifton's work with survivors and the results of the disaster researchers' studies? Although the researchers did not prove to be of one mind, we may posit the following conclusions. Psychic numbing, the Disaster Syndrome, seems to be present in large numbers of people after a widespread traumatic incident. It is characterized by withdrawal into oneself, apathy, confusion, and a low level of behavior. Varying degrees of anxiety and depression are evidenced in survivors of said traumatic

incidents. Sometimes these reactions are short-lived, often they are not; their duration is uncertain. There is a tendency for some survivors to reject the assistance offered by others, a phenomenon similar to Lifton's "fear of counterfeit nurturance." Many disaster survivors suffer from guilt feelings, usually centering around a perception of culpability for someone else's death or injury.

Against these similarities to Lifton's findings, there are some observations which Lifton did not include, or which are contrary to his findings. The researchers' reports of numbing and guilt feelings were not unanimous; some reported these reactions, but others specifically denied their presence. The reaction of elation was unreported by Lifton, whereas the disaster researchers mentioned it as a very visible reaction in survivors. The disaster researchers felt no need to indulge in the sort of theoretical speculation to which Lifton resorted in his attempt to ascertain causation of the psychological reactions he found. They relied instead on rather conventional notions of ego-defense and trauma. Finally, though it can only be said that we do not know for certain whether the psychic reactions of the victims are long-term, the disaster researchers indicate that they believe that the reactions are mostly transistory--certainly not psycho-historical.

Lifton's conclusions about survivors thus meet with varying success in the light of the literature concerning disaster survivors. What is noteworthy here is that, although this information was readily available to him, Lifton seems not to have been aware of it or to have availed of it. He was therefore led to conclude that Hiroshima and Vietnam were unique situations representing new psychological and historical phenomena. This now appears erroneous.

CONCENTRATION CAMPS

When considering the experience of surviving, it is difficult to avoid the case of the survivors of the Nazi concentration camps and death camps. Lifton, in his zeal to classify Vietnam veterans as "unique," seems to have ignored these survivors and the body of research which exists concerning them. Had he not done so, he would have discovered that the psychological symptoms that the camp survivors manifest are quite similar, if not identical, to those he noted in veterans.

Three works provide sufficient information to describe the psychic effects of surviving the campls. They are: Leo Eitinger's Concentration Camp Survivors in Norway and Israel, Henry Krystal's Massive Psychic Trauma, and Terrence Des Pres' The Survivor: An Anatomy of Life in the Death Camps.[325]

Guilt, a key reaction in Lifton's description of Vietnam veterans, was clearly evidenced in camp survivors. Sometimes, the guilt feelings were unattached to any specific experience, rather the camp survivors felt that, if they had "suffered so much, they must be guilty of something.[326] Some survivors felt a general sense of guilt about their passivity during internment, that is, they condemned themselves for not resisting the Nazis.[327] One survivor saw survivor guilt as a typical condition in those who stay alive when others die around them:

> Survivor guilt is a form of pathological mourning in which the survivor is stuck in a magnification of the guilt which is present in every bereaved person. The ambivalence, or more precisely, the repressed aggression toward the lost object prevents the completion of mourning.[328]

Another researcher posited, as Lifton did, the theory that survivors operate under the perception of a balance of death within the camps. That is, inmates believed that if someone else died, they did not have to.[329] Des Pres, however, took issue with Lifton concerning the survivors' method of dealing with their feelings of guilt through the "survivors' mission." The error Des Pres saw was that, "in Lifton's view, however, the fact that living men and women insist upon remembering the dead is clear proof of neurosis," whereas Des Pres considered such remembrance as normal, not pathological.[330] Here we must ourselves take issue with Des Pres, for it was not the mere remembering of the dead which Lifton believed neurotic, it was the immersion of the survivor's life in a self-denying homage to the dead which was Lifton's concern.

The separate investigators of concentration camp survivors agreed that the two primary psychological symptoms of the survivor guilt they encountered were depression and anxiety:

> When finally the guilt erupts into consciousness, with or without a precipitating event, the mental distress resulting from it becomes overpowering and can involve the entire personality. Clinically this distress becomes manifest in two typical ways: (1) through a feeling of depression, inner misery, and pain; (2) through a feeling of being persecuted, attacked, and hated.[331]

> The guilt is felt as a constant depression which follows them; it is sometimes a personalized, active force, expressing itself clinically in terms of a constant fear and vigilance, with paranoid reactions.[332]

> The oppressive guilt is behind many depressive and anxious reactions of our patients.[333]

> The guilt-produced anxiety itself created many symptoms: States of anxiety and agitatinn resulting in insomnia,

> nightmares, motor unrest, inner tension, tremulousness, fear of renewed persecution, often culminating in paranoid ideation and reactions. Such survivors appear chronically apprehensive and perpetually harassed, are often afraid to be alone, though unwilling to engage in social activities or even conversation.[334]

Further, many survivors' behavior is molded by "a constant fear of death."[335] Specific fears are that: 1) something dreadful will happen to the survivors' loved ones, 2) the same sort of catastrophe will reoccur, and 3) certain people or events will remind the survivor of his ordeal.[336]

Guilt-caused depression leads some survivors to "morbid brooding" and "complete inertia."[337] Depression in concentration camp survivors often seems to have an important element of masochism, manifesting itself in overt and covert self-condemnation.[338]

Lifton found his Vietnam veterans to be filled with rage; the observors of concentration camp survivors also found anger and aggressiveness in their subjects. "Chronic reactive aggression" was the phrase Krystal used to account for the touchiness and sudden outbursts of anger he observed.[339] He related survivors' masochism and suspiciousness directly to suppressed anger, noting that these "are common ways of dealing with the reactive aggression."[340] The other investigators seldom found this sort of rage; although they did find considerable inward-directed aggression.

Psychic numbing was common in both Lifton's veterans and survivors of natural disasters. Predictably, there was ample evidence of it in concentration camp survivors, termed "affect lameness" and "emotional

anesthesia" by the researchers, psychic numbing often was recognized by the survivors themselves, who yearned for "the return of their former ability to express affection and to be spontaneous."[341] Some survivors felt that they could not laugh any more, feel any more. Others combined their death immersion and psychic numbing and described the result as "emotional death."[342]

These five principal symptoms--feelings of guilt, anxiety, depression, rage, and psychic numbing--were described by the researchers as the Concentration Camp Syndrome. Krystal summarized:

> It is characterized by a pervasive depressive mood with morose behavior and a tendency to withdrawal, general apathy alternating with occasional short-lived angry outbursts, feelings of helplessness and insecurity, lack of initiative and interest, prevalence of self-deprecatory attitude and expressions.[343]

Concentration Camp Syndrome was so prevalent, so cohesive, that all three research sources bring attention to it, just as other observors have commented upon Post Vietnam Syndrome. Again, Lifton did not consider this source of information.

A variety of other psychological symptoms was found, albeit less frequently, in concentration camp survivors. These were: increased fatigability, concentration problems, bitterness, emotional instability, sleep disturbances, nervousness, irritability, somatic complaints, withdrawal, brooding absorption in the past, goalless drifting through life, loneliness, partial amnesia, hypermneisa (intense, involuntary remembering of traumatic events--now colloquially called "flashbacks"), infantile relationships, and hypochondriasis.[344] Most of these symptoms had been found by Lifton in Vietnam veterans, had been reported by investigators of disaster survivors, and had been mentioned

by the memoirists we have cited above.

There are further similarities between concentration camp survivors and Lifton's veterans. Lifton spoke of the survivor's loyalty to his dead comrades, of his dedication to their memory via the "survivor's mission" to publicize and remember them. Des Pres found identical feelings in camp survivors.[345] Lifton spoke of the "survivor's identity" which the survivors he studied shared, so that they felt bound together and different from others. Again, Des Pres reports an identical situation.[346] Lifton noted that his survivors felt like they had lost their old identities and had become disconnected from the world. Des Pres reported a similar feeling of loss of the "old self" in camp survivors.[347] He elaborated: "They lost, in other words, the delicate who of symbolic identifications available to men and women in normal times."[348]

Note here the similar language to Lifton's "loss of the sense of connection to the human matric." Eitinger also noted:

> . . . one point of information was reported by practically every one of the investigated persons in an almost stereotyped way. 'I was not the same after my captivity in the concentration camp' or 'not the same person.'[349]

Lifton observed that his survivors sometimes felt their experiences to be unreal at the time they took place. Concentration camp inmates also frequently felt an "overriding sense of <u>nightmare</u> and <u>unreality</u>," they too reported a sense of the unbelievability of what actually happened.[350] Lifton reported his survivors immersed in a living death. Eitinger observed survivors who described themselves as no longer alive, living corpses.[351]

Lifton spoke of Vietnam veterans being "psychic time-bombs." Krystal noted that the individual's ego-strength and established defense mechanisms would determine for each case if and when psychological symptoms would be manifested.[352] Thus, though Krystal acknowledges the possibility of a "delayed reaction," he does not ascribe the inevitability to it which Lifton does. Lifton maintained that the survivor could overcome his death-in life by converting his static guilt to active, motivating guilt. He noted, however, that many survivors would never make this transition. Etinger believed that the prognosis for psychologically disturbed survivors was poor:

> . . . a psychic stress situation, which, to a great extent, surpasses the individual's power of endurance, which totally destroys his social norms and values, and which deprives him of his belief in himself, without any event in a positive direction occurring to counteract this, leads to deep changes in his personality, which, in many cases, appear to be irreversible.[353]

One further observation of Des Pres is noteworthy. It was his contention that many of the survivor's psychological problems resulted from the societal resistance he encountered when he refused to forget his catastrophe. Society sees the survivor as pointing an accusing finger, turning his guilt back on society. But, in fact, claimed Des Pres, "survivors do not bear witness to guilt, neither theirs nor ours, but to objective conditions of evil."[354] If we posit that American society in the 1960's and '70's had ambivalent feelings about its involvement in the war in Vietnam and that one of these feelings was guilt, then its often hostile treatment of veterans becomes an understandable striking-out at a group of young men it believed (quite

often correctly) wanted to make it feel its guilt more intensely. This is concordant with Lifton's idea that American society resented its Vietnam veterans as reminders of the southeast Asian debacle, hence of its own culpability.

As with disaster survivors and memoirists of earlier wars, concentration camp survivors manifest the guilt feelings, rage, anxiety, and depression--as well as a variety of other psychological symptoms--that Lifton uncovered in Vietnam veterans. His contention that these veterans are unique sufferers is thereby demonstrated to be incorrect.

CONCLUSION

Robert Lifton has failed in his analysis of Vietnam veterans. His contention that these veterans are different from veterans of earlier wars, that they are representative of a new historical trend, does not survive the evidence which veterans of other wars, survivors of natural disasters, and inmates of concentration camps provide. His contention that Vietnam veterans are "psychic time bombs" subject to detonation under sufficient environmental stress is also incorrect in the light of the lack of such detonations is significant numbers of these other survivors.

Why did Lifton not succeed? His failure raises questions about his method, advocacy research, and his theoretical approach, the New History. In the following discussion, I shall examine the causes of his failure and posit guidelines for a new approach to the issue of Vietnam veterans.

Further, I shall propose some questions which Lifton has dealt with inadequately.

Advocacy research, the deliberate inclusion of the researcher's moral position in his work, was the method Lifton employed in his study of Vietnam veterans. He believed that, rather than attempt an impossible objectivity, the researcher should not only be aware of his own prejudices, but use them as a starting point for his academic endeavors.

There can be no doubt that total objectiviey is impossible to achieve. The most ardent proponent of objectivity, science, is itself merely one way of looking at the universe, hence it, too, is a biased perspective. Presently, however, it is a powerful viewpoint, so that most traditionally non-scientific disciplines; such as psychology, logic, and history; have adopted scientific methodology at least in part. If data are scientifically verifiable, they are assumed to be true, and failures of the scientific technique, such as the inability to predict human behavior accurately, are excused by claims of information paucity or theoretical inadequacy. Thus, if science is seen as the best (perhaps only) approach to truth, then its self-proclaimed ideal, objectivity, is of utmost desirability. Objectivity is, as I have said, impossible to attain--if not because it is itself the product of a single perception, then because the men who strive for it are themselves subject to a myriad of biases, some quite overt but many of indecipherable subtlety. This fact is evident in the infighting which occurs in many disciplines. Researchers of differing theoretical positions, all attempting

to achieve scientific objectivity, contrive similar experiments, produce diverse results, and then critically disect one another's work as biased or poorly executed. The elusive nature of reliable data is responsible in part, but much of the confusion lies in the biases of the researchers themselves.

If objectivity is impossible to gain, then, what is the alternative? Lifton's alternative is the immersion of one's subjectivity in the research. There is a vast difference, however, in being aware of one's subjectivity and being shackled by it. Lifton sabotaged his research by loading his data. His primary (nearly sole) source of information about Vietnam veterans was rap groups composed of members and affiliates of the Vietnam Veterans Against the War, an articulate, militant group of disillusioned young men. We expect to find such veterans disturbed about their war experiences but we have absolutely no reason to believe that they are a representative sample of Vietnam veterans. Lifton acknowledged this but restricted himself to his biased sample because it suited his moral position about the Vietnam conflict. His forthright stand may be admirable, but we can only conclude from his research that a small number of organized East Coast veterans manifest chronic rage, depression, anxiety, alienation, and other psychological disturbances. Atypical sampling is a common nemesis of scientific research, but seldom has it been so contrived and seldom have such grandiose conclusions been drawn from it. In a circular fashion, Lifton seems to try to justify his anti-war position by

developing "empirical" data about the war's disasterous results. His advocacy research leads him to overlook the considerable information about veterans of other wars and survivors of other catastrophes. It is no wonder, then, that he labels his conclusions "unique", for they are indeed unique to him.

Lifton uses his advocacy research to probe the New History. The era of this New History, it will be recalled, began in 1945 with the initiation of the nuclear age. For the first time, Lifton claims, man is subject to extermination via rampaging technology. Man perceives that his traditional sources of stability--institutions, religion, and political systems--no longer provide safety from the new technology, thus he becomes "protean", ever changing his beliefs and life styles in the hope of finding his lost security. Man has become "psychohistorically dislocated" in his sense of disconnection from historically valid ways of dealing with the world. Lifton sees himself as a psychohistorian employing advocacy research to investigate this New History.

Lifton is a strange historian, one who deals almost soley with the present and the future. His aforementioned inadequate investigation of veterans of past wars, concentration camp survivors, and victims of natural disasters belies his claim of being a historian. His narrow, atypical sample of Vietnam veterans raises serious doubts about his scholarship in general. His approach to psychology is restricted in its ascribing to man a supreme motive of giving meaning to his own death. Seen from this perspective, Vietnam veterans are indeed archetypes of protean man and are surely children of the New History.

It is undoubtedly tempting for a researcher who restricts himself to present phenomena and to speculation about the future to conclude that he is living in a unique age. It is the duty of the historian, especially one who claims to deal with broad psychohistorical trends, to be historical, that is, to trace these trends backward in time as well as forward. In this Lifton fails. His own position of an anti-war intellectual dogs his theoretical stand in the same way it confounds his investigative technique. His underlying assumption is that war is so abominable it must be unique, thus its survivors too will be unique. As war becomes progressively more terrible and meaningless, so too do veterans become more unique in their psychic shattering. We have seen, however, that this is not the case. Whether the conflict in Vietnam was more terrible and meaningless than other wars is a moral issue, which may or may not be verified empirically--certainly not by Lifton's narrow approach. The types, severity, and frequency of psychological disturbances in Vietnam veterans is more capable of verification, and the data seem to suggest that the Vietnam war was not a greater producer of psychological symptoms in veterans than other wars.

Although Lifton contends that Vietnam veterans are "neither victims nor executioners", it is clear that he does perceive them as victims of manipulation--by American foreign policy, the military, and the New History. Here, too, Lifton sees himself as a victim--of a foreign war his moral position is impotent to affect and of a nuclear threat he is likewise unable to quell. His ominous predictions of psychic timebombs and atomic holocaust might possibly become a reality, but

Lifton's perception of man as a helpless victim of historical forces greater than he deems it a certainty that these catastrophes will take place. All of the necessary preconditions for such events are also seen by Lifton as inevitabilities. Lifton's insufficient grasp of the complexity of history leads him to a simplistic approach to historical causality.

Lifton's failure leaves a number of questions suggested but unanswered. One of the foremost of these is the question of advocacy research. Complete objectivity is impossible, furthermore it may be dangerous. Laws restricting the use of animal and human research subjects, while often hindering the scientist, serve to remind us that we are still a society based upon moral precepts. Total objectivity in scientific experiments could potentially lead to the dehumanizing "research" carried out by Nazi doctors in the early 1940's. Yet, as evidenced by Lifton's resarch methods, the loss of objectivity can be a fatal blow to empiricism. Basically, Lifton was correct in his assertion that the investigator must locate himself within his research, that is, he must constantly be aware of his own values and prejudices which might affect his results. Also, much research is no longer of the "see what happens" variety, rather it is formulated to confirm, refute, or expand previous experiments, and the scientist often has a vested interest in the results. Thus, there already exists this sort of "advocacy research." A thin edge exists, on one side of which the researcher can have his idiosyncratic perspective and still generate adequately objective experiments, on the other side of which the researcher's viewpoint confounds his work. The crucial factor, at

least in Lifton's case, seems to be the intensity of the moral position and how central it is in the researcher's life. Lifton, in the early 1970's, was existing in an environment in which the war in Vietnam was a pervasive issue. This, in combination with Lifton's explicit anti-war position, combined to make his research task difficult, if not impossible. His failure, while it illustrates the danger inherent in advocacy research, does not debunk the notion of advocacy research. Such an approach to experimentation has already been with us for some time and has undoubtedly contributed a great deal to our knowledge of the universe.

We might ask, in response to Lifton's narrow conception of the New History, how unique <u>is</u> the present era? Disillusionment with the present and fear for the future are hardly new feelings, yet they appear to be so to one without a sense of history. Psychohistorians will some day concern themselves with the Nuclear Age--as they have already investigated the times of the Black Plague, the Reformation, and the S.S. They will however, have the advantage of hindsight. It is truly dangerous for an historian to write about his own day and the future, for he is by necessity limited in his perspective. Lifton, through his misuse of advocacy research, further limited himself by ignoring the historical prescedents of the phenomena he dealt with. How unique is now? The question can only be approached with the broadest possible perspective. Is the present era the only time in which societies have faced mass extermination by forces they saw themselves as helpless to combat? Europeans during the Black Plague

and Jews in the early 1940's spring to mind as two examples worth comparing to the present-day "protean man." This is not to say that history only repeats itself nor that unique circumstances or events are not a reality. Rather, it is history which determines uniqueness. Thus, the Nuclear Age may be seen to be both similar to past eras--say in the psychological reactions of members of members of a society facing potential extinction--and it may be seen to be unique--such as in the magnitude and speed of the possible holocaust. Similarly, the conflict in Vietnam may have been unique in many aspects--the extensive media coverage, the wide use of heroin by soldiers and the formation of groups of antiwar veterans--but it was also similar to past wars in the manifestation of mild-to-severe psychological disturbances in its veterans. The psychohistorian's beliefs may dictate that he has a responcibility to the present and the future, but he must always be aware of and make use of his debt to the past.

I have commented on the distinct similarity between psychological symptoms manifested by survivors of various traumas--tornadoes, war, and concentration camps. It remains for other investigators to firm up these similarities by detailed study of the psychological effects these phenomena produce in their survivors. While "combat fatigue," "disaster syndrome", and "concentration camp syndrome" are recognized by many of their investigators, they have not yet been linked together in a broad theoretical framework. Such an endeavor, besides being of importance in the recognition and treatment of dysfunctions produced

by such gross environmental pressures, could perhaps result in a model of reactions to lesser traumas--automobile accidents, death of a loved one, amputation, and divorce for example. While Lifton himself did not make such associations, he is to be lauded for his attempt to bring one traumatic situation, being a Vietnam veteran, to the attention of his fellow professionals and the public.

In his attempt to publicize the plight of Vietnam veterans as he saw it, Lifton raised a question which other social scientists and clinicians must still answer: whither Vietnam veterans? Two facts are clear. First, as best we can tell from available data, wars of the last two centuries have produced psychiatric casualties of various types, frequency, and severity. Second, most of these casualties are successfully absorbed back into society (that is, they become productive members of society; we simply do not know if they are happy or "adjusted."). Some, however are not, becoming institutionalized or at least displaying a variety of dysfunctions. It is these less severe cases which are the enigma. What becomes of them? Do they continue as chronic cases, perhaps turning to alcohol, drugs, or the psychiatrist's couch? Does their anger, anxiety, and depression effect their family lives, as Lifton postulated, developing into wife-beating, over-protectiveness, or aloofness or do they recover from the trauma of war, perhaps nurtured by constructive experiences and relationships. Intuitively, one must believe both patterns emerge, but this view must and should be verified or disproved by organized clinical investigation. Several problems may arise to thwart such an endeavor. First is the

ever present problem of funding, exacerbated by the desire in the majority of the American public to forget the Vietnam war and its concomitant domestic unrest. Although the American people are occasionally reminded by the mass media of the existance of Vietnam veterans, they are presented almost soley with images of drug addicts and psychotic killers, hardly conducive to arousing sympathy or financial support. Seemingly, the Vietnam era is a gap in the memory of this nation. If, however, support were forthcoming, there remains the problem of methodology. How would one reach those veterans with "post Vietnam syndrome" but not severely enough disturbed to attract the attention of professionals? Public appeals and questionnaires are the most realistic approaches but they produce their own sampling biases. It is problematical whether such approaches would generate sufficient data to begin with, for Vietnam veterans, it is to be recalled, are members of that society which is attempting to forget the war. If the problem of methodology were surmounted, what action could be taken if the knowledge gained therefrom showed significant numbers of disturbed veterans? Programs of mass treatment would raise their own problems of funding and methodology. All in all, the prospects of identifying and treating psychologically disturbed Vietnam veterans are few.

The knowledge which we now possess about psychiatric casualties of war calls for renewed action by the psychiatric services of the armed forces. While it seems to be the case that the number of severe psychiatric breakdowns in soldiers has decreased, there is no evidence

that the frequency of less severe psychological problems following military service has diminished. In fact, it appears to have increased--perhaps because of the nature of the war in Vietnam or because of more effective recognition of the problem. The military could take a number of actions. It could reinvest its efforts in screening out those susceptible to psychic breakdown. This technique has proved to be ineffective in the past, and there is no reason to believe that any better results would be manifested in the future. The military could initiate an improved program of political indoctrination for recruits, in an attempt to motivate them, give meaning to their role, and remove some of the "absurdity" of modern war. However, it is doubtful that the indoctrinaters could have the desired effect on a population of relatively educated and sophisticated young American men without resorting to draconian methods almost approaching brainwashing, and the American people are as yet unready to accept such techniques. The approach which promises the most chance for success with psychiatric casualties would be one of de-programming. Using this method, the psychiatric service would organize a program of individual and group counselling. The goal of the de-programming therapy would be to uncover anger, guilt, anxiety, and other symptoms found in veterans, then discuss ways to deal with these feelings in relation to the civilian life to which the veteran will return. Thus, many of the attitudes of disturbed returnees could be put in a more helpful perspective. Of course, acute cases would be referred to more intense and longer-termed therapy. Such a program would hopefully defuse many "psychic time-bombs," that is,

veterans would be much better prepared to face the stresses concommitant to the return to civilian life. They would be much more capable of dealing with the rage, depression, and other psychological aftermaths of war.

Unfortunately the outlook for this sort of innovation--and the outlook for disturbed Vietnam veterans alike--is bleak. These veterans are indeed not the "executioners" the mass media frequently portrays them as, nor the "victims" of a corrupt war as Lifton would have us believe. They are veterans more like their fathers and grandfathers than unlike them. It is this similarity which suggests that untold numbers of Vietnam veterans suffered the psychic trauma their predecessors did, yet, as after other wars, they were cast back into society to survive or falter as best they can. Most seem to carry on, perhaps taking with them through their lives the feeling which author James Jones so aptly describes:

> How many times had they heard the old, long-drawn-out, faint field command pass down the long length of vast parade grounds, fading, as the guidons moved out front.
>
> So slowly it faded, leaving behind it a whole generation of men who would walk into history looking backwards, with their backs to the sun, peering forever over their shoulders behind them, at their own lengthening shadows trailing across the earth. None of them would ever really get over it.[355]

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THE TIME-BOMB MYTH:

ROBERT JAY LIFTON AND WAR NEUROSIS IN VIETNAM VETERANS

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B.S., University of Iowa, 1968

AN ABSTRACT OF A MASTER'S THESIS

submitted in partial fulfillment of the

requirements for the degree

MASTER OF ARTS

Department of History

KANSAS STATE UNIVERSITY
Manhattan, Kansas

1977

Americans have been concerned for generations about the effects war veterans might have on society. After the war in Vietnam, the question of the abnormal veteran has been raised again by the emergence of Post Vietnam Syndrome, a constellation of both aberrant behavior, such as drug usage and violence, and adverse psychological symptoms, such as depression, rage, and anxiety.

The most prolific and articulate observer of Vietnam veterans has been Robert Jay Lifton, a psychiatrist and psychohistorian whose special interest is the phenomenon of surviving. He proposes in Home From the War that these veterans represent a manifestation of war neuroses unlike that seen in veterans of previous conflicts. Because of this uniqueness, Lifton believes, Vietnam veterans pose a problem to American society; they are "psychic time-bombs."

Lifton feels that there is a turmoil of emotions within virtually every one of these latest veterans and that sufficient stress in the environment will lead to the surfacing of these emotions in the form of behavior directed toward others--violence, for instance--or behavior directed at himself--depression and suicide perhaps. Further, Lifton posits that the resulting storm of psychological dysfunctions will be historical in nature; it will affect generations of Americans through family and social interactions.

To test Liftons ideas, a comparison has been made between his findings about Vietnam veterans and other data about survivors. The sources of information used were: official reports on war neurosis in other wars, memoirs by participants in other wars, studies of the survivors of natural disasters, and observations of concentration camp survivors.

The findings of the comparisons are that Vietnam veterans are not unique in their symptoms and behavior; previous veterans, survivors of natural catastrophes, and ex-inmates of concentration camps display the anxiety, rage, and depression--as well as a variety of other symptoms--which Lifton described in Vietnam veterans. Lifton's notion that his vererans were unique is thus shown to be erroneous. Further, in the absence of the "psychic time-bombs" phenomenon in the other survivors investigated, this notion of Lifton's must be similarly rejected.

Lifton's investigative technique and theoretical position are the reasons for his incorrect conclusions about Vietnam veterans. In an exemplary case of prejudiced research based on a too narrow perspective, Lifton has clouded an important issue, that of the veteran's return to society. The remainder of the thesis suggests that more scholarly endeavors be executed in the areas of post-war neuroses and traumatic neurosis in general.