

The Unwelcome Soldier:

How Post-War Experiences Shaped PTSD in Vietnam Veterans

While the conflict in Southeast Asia ended with the withdrawal of American military forces from Saigon Vietnam on March 25, 1973, the war still raged for thousands of veterans. These veteran's experiences in Vietnam took an emotional and psychological toll that was furthered by their often less-than-welcoming homecoming experiences. The frequency and severity of stress disorders, such as post-traumatic stress disorder (PTSD), were amplified among Vietnam veterans upon their homecoming due to the maltreatment by the public and mismanagement by the military.

PTSD is a very intricate and complicated web of issues that are all interconnected. The ability to rationalize their actions after the war is arguably the single most important determinant of PTSD severity. This ability to rationalize is dependent on two core issues: receiving displays of gratitude and being part of a group. Categorizing the homecoming factors in this way allows for an unambiguous examination of the role each support group played in intensifying PTSD in returning Vietnam War veterans.

Displays of gratitude can come in many forms: parades, monuments, awards, and even a simple "Thank you" from a friend or passerby. Veterans of the Vietnam War, however, did not receive any of these upon their return. Feelings of isolation among Vietnam veterans were caused by a combination of separate actions such as individual deployments and hasty discharges after the deployment. No single group can be held responsible for these mistreatments of veterans. Mismanagement by the military, on several different levels, as well as family, friends, and even strangers passing by on the street affected the psychology of Vietnam veterans.

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Introduction

In September 1969, Ted Podolak was returning home to Ohio from a fourteen month tour of duty in Vietnam. He wrote of his homecoming experiences in a letter several years later. Forty-eight hours after leaving Vietnam, Podolak was already out-processed from the Army and waiting at the airport for his flight home. Sitting in uniform with stitches above one eye and his arm in a sling, a group of young “activists” approached him. They made a few derogatory remarks and spat at him. While they missed, their intent was clear. Ted wrote, “Their gester [sic] confused and hurt me. I would have cried if my emotions had not been so numb. Little did I suspect that my emotions would remain confused to this day.”¹

While the conflict in Southeast Asia ended with the withdrawal of American military forces from Saigon Vietnam on March 25, 1973, the war still raged for thousands of veterans. Their experiences in Vietnam took an emotional toll. This toll varied from person to person, depending on a number of factors. While these factors are important to note as precursors to later events, the primary focus of this paper is the further emotional and psychological damage that returning veterans experienced as part of their homecoming. Experiences like Ted Podolak’s were certainly not uncommon and contributed to what already constituted a harsh reintegration into civilian life after war. These encounters culminated into what would later be recognized as post-traumatic stress disorder (PTSD).

¹ Bob Greene. *Homecoming: When the Soldiers Returned from Vietnam*. (New York: Putnam, 1989), 34.

The frequency and severity of stress disorders, such as PTSD, were amplified among Vietnam veterans upon their homecoming due to mismanagement by the military and maltreatment by the public. Ted Podolak's homecoming quickly and clearly illustrates these factors. First, the prompt separation from the military removed Podolak from the comrades and support structure he depended on for the previous fourteen months. Since many veterans could no longer relate with their old friends, this left them feeling isolated and out of place. Secondly, the utter disrespect the public showed to returning veterans undermined the soldier's belief he was serving his country. What soldier would want to return home to find the people he thought he was defending to be completely ungrateful and want nothing to do with him? Whether the veteran was treated with hostility or simply ignored, he was denied the appreciation necessary for him to cope with and justify his actions and experiences. This paper will expound upon these factors to demonstrate the importance of a support structure for returning veterans and how the military and the public failed to provide that structure.

Methodology

Before exploring support structures for veterans, however, it is necessary to understand the perception of stress disorders during the 1960s, 1970s, and 1980s. The level of understanding of stress disorders was entirely different than that of today and thus a new understanding is needed to shed the appropriate light on the issue. Stress disorders were certainly not new to war veterans. Terms such as "shell shock," "combat fatigue," "war neurosis," and "gross stress reaction" were used starting in World War I and continued to be used through the end of the Vietnam War. Post-traumatic stress disorder (PTSD) was not considered an official medical condition until 1980 when the

third edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM) was published by the American Psychiatric Association (APA).² This marked a significant change in the understanding of stress disorders and their causes.

The APA published the first edition of the manual, DSM-I, in 1952. DSM-I included “gross stress reaction” and “described it as a temporary condition produced by extreme environmental stress” that “should disappear after the individual was removed from the stressful situation.”³ Gross stress reaction was removed from the manual in 1968 with the publishing of DSM-II. The only similar information was referred to as “transient situational disturbance” and was still considered a temporary disorder.⁴ The DSM listings are important because they provide the nomenclature for the official diagnoses used by courts, hospitals, and insurance companies. Doctors, however, continued to use the diagnoses of gross stress reaction despite its removal from the DSM.⁵ Doctors clearly felt that DSM-II was inadequate and the old diagnosis was more valid than anything in DSM-II even though some veteran’s symptoms did not follow the temporary nature as defined by gross stress reaction. Clearly vast changes and improvements were needed in diagnostic and stress disorder definitions.

These changes came with DSM-III in 1980, which grew by 360 pages over DSM-II. These new pages include PTSD and adjustment disorders as psychiatric disorders. DSM-III defines PTSD as: “...the development of characteristic symptoms following a

²Edgar Jones. Historical Approaches to Post-Combat Disorders,” *Philosophical Transactions: Biological Sciences* 361 (1468, The Health of Gulf War Veterans) (April 29, 2006): 533-534.

³ Wilbur J. Scott. “PTSD in DSM-III: A Case in the Politics of Diagnosis and Disease,” *Social Problems* 37 (3) (August 1990): 295.

⁴ American Psychiatric Association.. *Diagnostic and Statistical Manual of Mental Disorders*. 2nd ed. (Washington, D.C.: APA., 1968), 48-49.

⁵ Wilbur J. Scott. “PTSD in DSM-III: A Case in the Politics of Diagnosis and Disease,” *Social Problems* 37 (3) (Aug. 1990): 298.

psychologically traumatic event that is generally outside the range of usual human experience.”⁶ Distinctive symptoms of PTSD include re-experiencing the traumatic event and numbing to or reduced involvement with the external world. Increased irritability and sporadic explosions of aggressive behavior with little or no provocation is particularly common among war veterans. The effects of PTSD can be greater and last longer if the stressor is human and the symptoms can set in immediately or years after the trauma.⁷ As mentioned earlier, there was no standard nomenclature for diagnosing veterans until DSM-III. DSM-III compiled the existing information and the new information from observations and studies of Vietnam veterans regarding various stress disorders into one universally-defined disorder, PTSD. It should be noted that “universally defined” does not mean “all-inclusive;” simply that it is the agreed upon term and characterization. Henceforth, for the purposes of this paper, all stress disorders diagnosed prior to the publication of DSM-III should be viewed the same as PTSD despite the fact that the disorder went by a different name. This basic understanding of PTSD as a psychiatric disorder can be applied to Vietnam veterans to obtain insight into the mental condition of the veterans when they returned home.

There are two major causes of PTSD: the traumatic event or stressor, and the support structure afterward. These two components have a simple relationship: the degree of trauma multiplied by the degree of social support equals the magnitude of PTSD.⁸ By understanding the mental condition of the veterans at the end of their tour, one can attain a better comprehension of how their homecoming could, and did, affect

⁶ American Psychiatric Association.. *Diagnostic and Statistical Manual of Mental Disorders*. 3rd ed. (Washington, D.C.: APA., 1980), 236.

⁷ Ibid, 236-237.

⁸Dave Grossman. *On Killing: The Psychological Cost of Learning to Kill in War and Society*. (Boston: LittleBrown, 1995), 283.

them. One veteran, Dennis Jackson, explains in a letter how their negative experiences with the public caused an “identity crisis” for him. Dennis explains that as a Marine, “You want to do right. You think you’re doing right... you’re serving your country, but public opinion says you’re scum.” After being spat on in the Memphis airport he was perplexed by the animosity that he received from people his own age. “I’ve never quite resolved it in my mind to this day. I just keep it buried with all the other rot in my mind (from my experiences).”⁹ The negative response Jackson received from the public trumped his ability to rationalize his actions as a Marine demonstrating the profound effect that public support can have. Public support, however, is not the only issue. The very nature of the war starkly contrasted that of previous wars, which had its own implications on the mental state of Vietnam veterans.

The war in Vietnam span from 1965 to 1973 and was the first major US encounter with a non-conventional enemy. Insurgency tactics made it difficult to identify the enemy from civilians and the dense jungle made it nearly impossible to clearly see a known enemy. This inability to definitively identify the enemy impeded the veterans’ capacity to rationalize and accept his actions. Soldiers saw their friends killed and maimed by a virtually unseen force leaving them feeling helpless. Veterans also returned home wondering if, or even fully cognizant, they had killed an innocent person. Being able to accept one’s actions is a necessary step to handling stress disorders and doing so within a few days or even within a few months after the trauma occurred can help limit or even prevent stress disorders. The nature of non-conventional warfare also

⁹ Bob Greene. *Homecoming: When the Soldiers Returned from Vietnam*. (New York: Putnam, 1989), 57-58.

eliminates clearly defined safe zones for the soldier to relax and ease his mind.¹⁰ These conditions make the Vietnam veteran unique by creating a level of uncertainty felt by its veterans that has not been seen in any other US war. This level of uncertainty fashioned itself as profound guilt in the veteran's minds.

For some veterans, the culmination of these trauma factors resulted in the formation of stress disorders before the trauma was compiled with the effects from the lack of social support. During the Vietnam War studies showed that the casualty rate for neuropsychiatric reasons was lower than previous wars; 12-15 per 1000 (1965-1969) soldiers compared to 37 per 1000 in Korea and 28-101 per 1000 in World War II.¹¹ These figures would prove to be premature as most veterans who developed severe PTSD did not exhibit symptoms until years after the war. This delayed reaction was caused by the guilt, formed out of the uncertainties, which the veterans maintained over the years.¹² The initial low rates reflected in these figures were primarily due to sporadic non-sustained fighting, that was unseen in previous wars, and to improved training.¹³ The training provided to Vietnam veterans was improved in the sense that the new methods make the soldiers more resilient to psychiatric trauma, at least initially. The training Vietnam veterans received was specifically designed to form them into efficient soldiers by accomplishing three goals: to dehumanize the enemy, use positive

¹⁰Dave Grossman. *On Killing: The Psychological Cost of Learning to Kill in War and Society*. (Boston: LittleBrown, 1995), 237-240.

¹¹Victor J. DeFazio. "The Vietnam Era Veteran: Psychological Problems," *Journal of Contemporary Psychotherapy* 7 (1) (Winter 1975): 9.

¹²Leslie Roberts. "Vietnam's Psychological Toll." *Science* 241 (4862) (July 8, 1988): 161.

¹³M. Straker. "The Vietnam Veteran: The Task is Re-Integration." *Diseases of the Nervous System* 37 (February 1976): 76.

reinforcement to condition them to kill, and creating denial defense mechanisms.¹⁴

These training methods created better soldiers in combat. However, years later as the dehumanization and conditioning wore off, the guilt some veterans had kept hidden inside reemerged in the form of PTSD. Some veterans used drugs and alcohol to try and bury their guilt, but this only served to delay the inevitable. Drug and alcohol abuse often made life worse by leading to a perpetuating cycle of self-destruction. Only those veterans who learned to accept their past actions and experiences were able to prevent, or at least minimize, their PTSD.

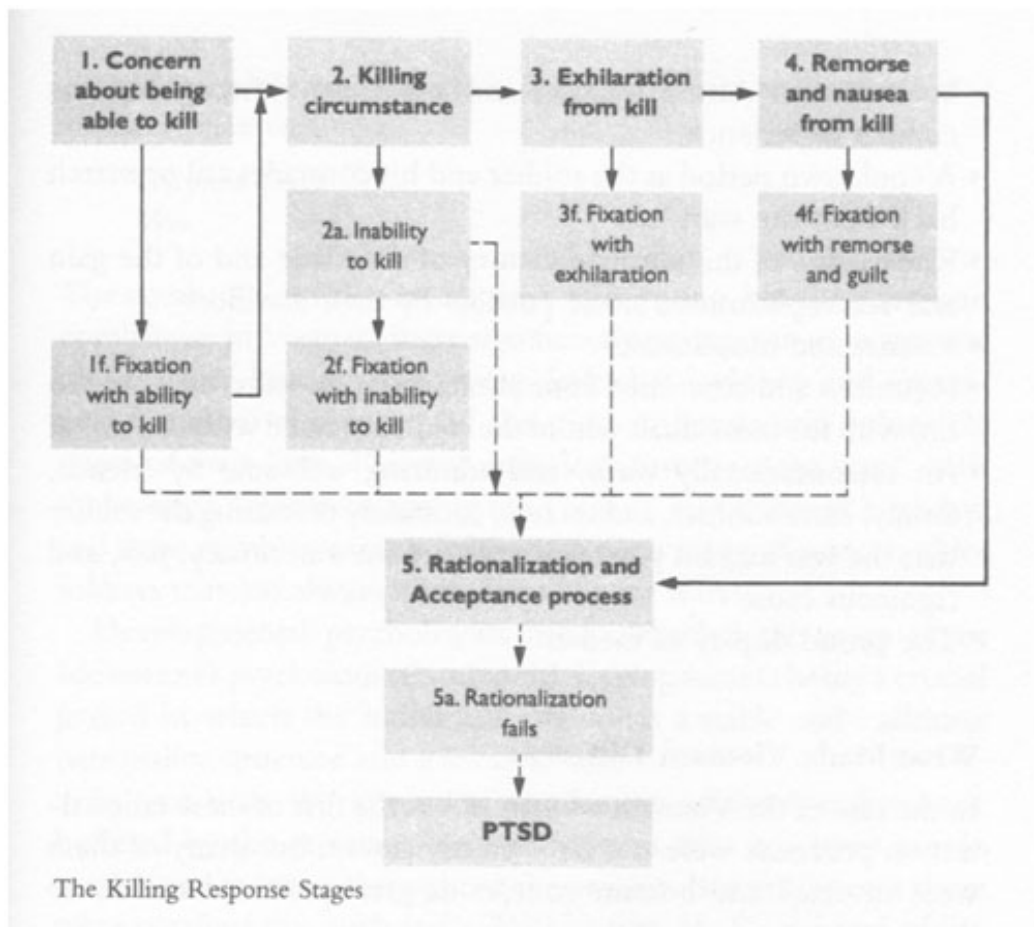


Figure 1: Dave Grossman. "The Killing Response Stages," *On Killing: The Psychological Cost of Learning to Kill in War and Society*. (Boston: LittleBrown, 1995), 263.

¹⁴ Dave Grossman. *On Killing: The Psychological Cost of Learning to Kill in War and Society*. (Boston: LittleBrown, 1995), 251-256.

Homecoming experiences fall under the rationalization and acceptance process (blocks 5 and 5a above). The failure of this process resulted in the development of PTSD and is the focus of this paper.

At this point it may sound like the Vietnam veteran was facing overwhelming forces that would all but guarantee the development of PTSD. In fact, there seems to be a popular myth that the majority of Vietnam veterans suffered from severe PTSD that significantly affected their everyday lives. While this is true for some veterans, most were able to move on with their lives. This is not to say that they did not still have difficulties. They could still develop mild cases of PTSD where these troubles were not as substantial in their daily lives. The Vietnam Experience Study conducted by the Center for Disease Control (CDC) stated that fifteen percent of Vietnam veterans suffered from PTSD since their discharge, a figure that has been widely criticized as too low.¹⁵ It is possible that some veterans may have exhibited some symptoms of PTSD but did not meet all the criteria to justify an official PTSD diagnosis, accounting for the arguably low figure. Another study showed that one of three veterans has difficulty with emotional closeness, relaxing, fears, and job worries. Additionally, “nearly one of two considers himself a hothead, and more than one of two has frequent nightmares.”¹⁶ Those veterans who did not develop PTSD likely were able to accept their role in Vietnam. Studies have shown that there is no condition of pre-disposition to PTSD.¹⁷

¹⁵Leslie Roberts. “Vietnam's Psychological Toll.” *Science* 241 (4862) (July 8, 1988): 159.

¹⁶Victor J. DeFazio, Stanley Laurence Rustin, and Arnold Diamond. “Symptom Development in Vietnam Era Veterans.” *American Journal of Orthopsychiatry* 45 (1) (January, 1975): 162.

¹⁷Ghislaine Boulanger, and Charles Kadushin. eds.. *The Vietnam Veteran Redefined: Fact and Fiction*. (Hillsdale, New Jersey: Lawrence Erlbaum Associates, Inc., 1986), 37-50.

Once the trauma is incurred, the development and severity of PTSD depends on the individual's ability to justify their actions and accept their experiences, which was diminished by their homecoming experiences.

It is apparent that PTSD is a very intricate and complicated web of issues that are all interconnected. From this basic overview of PTSD, it is possible to further explore how homecoming experiences for Vietnam veterans shaped their psychology. By looking at psychological information of the 1960s and 1970s and comparing it to veterans' accounts of their homecoming, it is possible to reveal what psychologists knew about PTSD and how the support structure failed to provide what was needed.

Historiography

Psychologists made great strides with the publication of DSM- III in 1980. This trend has continued this to this day with the publication of subsequent versions as psychologists continue to improve and refine their understanding of psychological disorders. Historians too have developed their views of Vietnam War veterans as the psychologists have. Some of the scholars and experts writing about Vietnam veterans after their return served during the Vietnam War themselves. The most notable psychological and historical experts include: Bob Greene, Charles Figley, Frank Freidel, John P. Wilson, and Victor DeFazio. However, these authors either focus on the trauma of the stressor or discuss the veteran's homecoming experiences without connecting them to the psychological aspect.

Other authors have made this connection with the veterans combat experiences, and still others have studied how veterans with PTSD interact with their surroundings

after the war (i.e. do they feel alienated, drink excessively, experience marital problems, cannot keep a steady job, etc). Only a very select few, particularly Dave Grossman, Jonathan Borus, and Charles Kadushin, have made a connection between the homecoming experiences of Vietnam veterans and how these experiences affected their PTSD. Kadushin's connection, however, is still limited. He focuses on the benefits of having someone to talk to and whether it is more beneficial for that person to be a professional or a friend.¹⁸ Grossman's approach, on the other hand, is quite graceful. He clearly explains both the stressor and homecoming factors that affect PTSD and illustrates them very well. However, of the 366 pages of his book, only forty-six are dedicated to the uniqueness of the Vietnam War. Unfortunately, only twelve of those pages make a connection between the homecoming experiences and their effect on veterans' PTSD. While these twelve pages are very eloquent, all the post-war factors pertaining to PTSD are consolidated together with no effort to categorize them.¹⁹

This paper classifies these factors according to two overarching categories and addresses the role of the military and public support structures within each. The ability to rationalize their actions after the war is arguably the single most important determinant of PTSD severity. This ability to rationalize is dependent on two core issues: receiving displays of gratitude and being part of a group. When these core issues are not adequately fulfilled, the veteran cannot rationalize and accept his actions during the war and may turn to drugs and alcohol in an attempt to continue to hide from their past. For some, these compounding issues were simply too much for them to

¹⁸Ghislaine Boulanger, and Charles Kadushin, eds. *The Vietnam Veteran Redefined : Fact and Fiction*. (New Jersey: Lawrence Erlbaum Associates, Inc., 1986), 121-131.

¹⁹Dave Grossman. *On Killing: The Psychological Cost of Learning to Kill in War and Society*. (Boston: LittleBrown, 1995), 266-279.

handle. These veterans tried to solve their problems with drugs and alcohol. Their refusal to face their problems, however, led them into a perpetuating cycle of self destruction which spawned its own set of problems, further contributing to their PTSD. Categorizing the homecoming factors in this way allows for an unambiguous examination of the role each support group played in intensifying PTSD in returning Vietnam War veterans.

Displays of Gratitude

One of the most obvious differences between the homecomings of Vietnam War veterans and veterans of other wars are the lack of expressed gratitude toward the veterans for their service. The display of gratitude is essential to the veteran's ability to rationalize his actions. Being thanked and rewarded for their service to their country would have given the veterans some of the reassurances that they needed in order to manage their misgivings about the war. Displays of gratitude can come in many forms: parades, monuments, awards, and even a simple "Thank you" from a friend or passerby. Veterans of the Vietnam War, however, did not receive any of these upon their return.

Bob Greene asked veterans to share their homecoming experiences, specifically if they had been spat on, and compiled the letters of over 200 Vietnam veterans who responded. Of the 234 responding veterans, sixty-four said they were spat on and another sixty-nine said they experienced other forms of expressed hatred toward them. One veteran was unable to get a plane ticket home while in uniform being told by three different airlines that there were no empty seats. However, after changing into civilian

clothes, seats suddenly became available.²⁰ Another had coffee thrown in his face by a young woman after discovering he was a Vietnam veteran and asked him, “Did you bayonet any babies?”²¹ James Wagenbach lost his right arm while serving in Vietnam. On two separate occasions he was approached by young individuals who asked how he lost his arm. When James told them he lost it in Vietnam their reply was, “Good. Serves you right.”²² One veteran, Tony, was helping return a fallen soldier’s body to his wife when a man walking by spit on the flag-draped casket and said, “Good, he deserved to die.” After setting the casket down Tony chased after the man who was long gone. Tony wrote that looking back he is glad he did not catch him because he would “probably still be in jail for murder.”²³ These incidents exemplify some of the more extreme cases of hatred and disdain that some veterans experienced.

While the majority of the encounters Greene compiled were hurtful or negative in some way, a few were positive and supportive. These random acts of kindness generally consisted of people buying returning soldiers drinks and paying for their dinner.²⁴ Glenn Endress arrived home on Christmas day. After receiving several dirty looks and accosting hypothetical questions from people in the airport, one man told him “Merry Christmas” and invited him to Christmas dinner with his family.²⁵ While these experiences made a few lucky veterans feel welcome upon their return home, they were the minority. Only nineteen of the 234 veterans who responded to Green’s question said they experienced some form of random kindness. The remaining sixty-eight did not

²⁰ Bob Greene. *Homecoming: When the Soldiers Returned from Vietnam*. (New York: Putnam, 1989), 189.

²¹ *Ibid*, 185.

²² *Ibid*, 195

²³ *Ibid*, 29-30.

²⁴ *Ibid*, 155, 157, 159-162, 170.

²⁵ *Ibid*, 150-152.

experience significant acts of hatred or kindness but at least mentioned some mild hostility or disregard.²⁶ By comparison, over fifty-five percent of returning soldiers experienced some form of severe animosity while a mere eight percent experienced some form of thoughtfulness from their countrymen.

Even loved ones showed little interest in talking to their veteran about the war. John Nesser explains this indifference in his memoir. He writes, "Though most people showed no hostility toward me, it seemed like they were not interested and did not want to talk about Vietnam. Many years later Linda [John's wife] told me that she and most of the relatives were reluctant to bring up Vietnam because they thought that I did not want to discuss it."²⁷ Nesser's account illustrates the taboo nature of the war. While Nesser's family undoubtedly supported him, they did not express it for fear of upsetting him. This display of indifference was out of care and concern for the veteran. A mimeographed letter that was distributed by the Red Cross and sent home by various servicemen before their return from Vietnam encourages families to ignore some of the bizarre behaviors their veteran may display while adjusting to civilian life:

... show no alarm if he insists on carrying a weapon to the dinner table, looks around for his steel pot when offered a chair, or wakes you up in the middle of the night for guard duty. Keep cool when he pours gravy on his dessert or mixes peaches with his Seagrams VO. Pretend not to notice if he eats with his fingers instead of silverware and prefers C-rations to steak. Take it with a smile when he insists on digging up the garden to fill sandbags for the bunker he is building. Be tolerant when he takes his blanket and sheet of his bed and puts them on the floor to sleep.

²⁶ Bob Greene. *Homecoming: When the Soldiers Returned from Vietnam*. (New York: Putnam, 1989), 17-269.

²⁷ John A. Nesser. *The Ghosts of Thua Thien: An American Soldier's Memoir of Vietnam*. (Jefferson, N.C.: McFarland, 2008), 171.

Abstain from saying anything about powdered eggs, dehydrated potatoes, roast beef, Kool-Aid, or ice cream. Do not be alarmed if he should jump up from the dinner table and rush to the garbage can to wash his dishes with a toilet brush. After all, this had been his standard. Also, if it should start to rain, pay no attention to him if he pulls off his clothes, grabs a bar of soap and a towel, and runs outside to take a shower.

It is important to note the language used throughout the letter. The family is encouraged to happily disregard the strange tendencies that their veteran may exhibit during their adjustment. Rather than talking to him actively showing interest in his experiences and concern for him, the family is told to take a laissez-faire approach and hope that he can sort out his difficulties on his own.

If this was the general regard a veteran could receive from his own family, imagine what he could expect to receive from a complete stranger. People have to go out of their way, regardless of the degree of the display, to express their gratitude or disdain on an individual level. The fact that so many, as indicated by the previous figures from Greene's compilation, were willing to go out of their way to express their hatred toward the veterans speaks to how strongly the nation as a whole felt about them. Furthermore, if individual displays are so rare then any form of collective display by the public should be, and was, non-existent. The military, on the other hand, had built-in methods of relaying gratitude.

Military institutions have ceremonies, in part, to relay gratitude toward service members. This public acknowledgment serves as positive reinforcement and can go a long way toward helping a soldier to accept his actions. Being presented an award is a rewarding moment for anyone and they would rightfully want to proudly display that

award. However, many soldiers who wore their uniform in public had their well-deserved medals spat on by civilians in disapproval for their participation in the war. Leonard Caldeira was walking down the street in San Francisco when a man spat on his uniform. “Nothing was said, but the incident saddened and confused me. I took off my uniform later that day and never put it on again during the rest of my stay in San Francisco.”²⁸ Such an act would counter the acceptance process that the medals were intended to facilitate. What good is an award if nobody reveres it? The self-satisfaction that comes from an award mainly comes from the feeling of respect by others. If this respect is absent, the award is rendered void. This illustrates again how maltreatment by the public trumped efforts to facilitate the soldiers rationalization process. The lack of gratitude led to a feeling of alienation among veterans. They did what they thought was right, only to be condemned for it. These feelings of alienation are part of a larger picture of division that will be discussed in the next section.

Isolation

There is no single action that led to the feeling of isolation among Vietnam veterans. Rather it was a combination of separate actions that led to their feeling of isolation. While most of these actions were taken by the military, the public also contributed to the problem. The root causes of most of the isolation problems were the treatment by the public and the fundamentally flawed force structure of the military.

The force structure during the Vietnam War was unique from any other war. In all other wars, US forces have deployed and returned as a unit. During Vietnam, however,

²⁸ Bob Greene. *Homecoming: When the Soldiers Returned from Vietnam*. (New York: Putnam, 1989), 40.

deployments were executed on an individual level. This is due to the draft system that was enacted during the Vietnam War. Individual deployments made logistics easier and nobody foresaw the repercussions that this could, and did, cause. These individual deployments meant that when a soldier returned home, he did so without the support of his comrades, which he had depended on for the duration of his deployment. Without the presence of his comrades, the veteran was left without a stabilizing role model and did not receive constant reassurance about his actions during the war. This mentoring is necessary for the veteran to be able to rationalize and accept his actions.²⁹

In addition to returning home without the moral and emotional support of comrades, soldiers also quickly lost the support of the military community upon their discharge. Most veterans, such as Ted Podolak and John Nesser, whom were mentioned earlier, were discharged within two or three days of leaving Vietnam. After their discharge, the veterans returned home where there were few others, if any, who understood what they had just been through. This quick transition from military life, and straight from a war zone nonetheless, to civilian life deprived soldiers of the necessary “cool down” period.³⁰ World War II soldiers spent days returning on troop ships where they could talk to each other about the war and rationalize their role in it. This gave them time to mentally transition from being a soldier at war, to being a civilian again. In contrast, Vietnam veterans were expected to make this transition in about 48 hours with none of their unit buddies to talk to during that time.³¹

²⁹Dave Grossman. *On Killing: The Psychological Cost of Learning to Kill in War and Society*. (Boston: LittleBrown, 1995), 268-272

³⁰Ibid, 264.

³¹Ibid, 268-272

When the veterans did get home, they often felt distanced from their old friends. The previous section, *Displays of Gratitude*, showed how the veterans were mistreated by the public. The gap in ideologies and experiences between much of the public and veterans that resulted in the lack of gratitude also made the veterans feel isolated from society. John Nesser said in his memoir he could no longer relate to most of his old friends. To him their conversations and perspectives on life now seemed very “juvenile.” John said his friends “were still locked in the high school or college mindset while I had been to war and had seen and experienced things that they could never understand.”³² Experiences like this were not uncommon for veterans. Many felt that the only people they could truly relate to were other veterans. The ideological and experience gap did not exist between veterans, at least not nearly to the same degree as between the public and veterans. This is why veterans like to spend time at the VFW and American Legion. They do not feel the same bonds and connections with anyone else except other veterans. Even veterans of different wars can feel more connected with each other than with non-veterans of the same generation.

Unfortunately, some Vietnam veterans felt isolated from the veterans of other wars as well. Since the Vietnam veterans were the only ones who returned unvictorious, other war veterans would sometimes look down on them. This further isolation contributed to the formation of “rap groups.” These were groups of Vietnam veterans who met and informally discussed their experiences and problems, sometimes with a psychiatrist or counselor present. These adjustment problems and feelings of isolation went on to affect other areas of their lives such as relationships and employment.

³²John A. Nesser. *The Ghosts of Thua Thien: An American Soldier's Memoir of Vietnam*. (Jefferson, N.C.: McFarland, 2008), 170.

While in Vietnam, many veterans did not want to associate with many new soldiers partly because they did not want to get attached and possibly see their new friend killed. Some veterans carried this safety mechanism, of keeping people at arm's length, with them after the war. For these veterans, this meant that they never allowed themselves to get very close to their families. Some married and had children, but they never got too close to them. Joe Moss could not tell his daughter that he loved her. Then when she left for college, Moss' PTSD emerged because he felt like he had lost her, just as he had lost friends in Vietnam. Pervis Crow left Vietnam before his comrade Stan Barker and did not speak to him or hear anything about him for over 30 years. During this time he continually struggled with the uncertainty of whether or not his friend made it out alive. Despite having only known Barker for a few months, he felt more connection and fondness with him than with his own son.³³

As mentioned earlier, some veterans used drugs and alcohol in an attempt to escape their PTSD. This was certainly the case for Crow as he spent much of the 30 years stressed over Barker's fate drunk. Crow said he would "drive around with two fifths under the front seat and two cases of beer iced down in the trunk." His Alcohol abuse led to family problems for him. His son said that he could not remember a day when he was growing up that his father was not drinking or drunk.³⁴ Crow was unable to rationalize his actions and cope with the uncertain fate of his friend. He had received no displays of gratitude upon his return from Vietnam, had been isolated by the military and the public, and then continued to isolate himself through his alcohol abuse.

³³ *Vietnam Homecoming*, The History Channel, December 16, 2005.

³⁴ *Ibid.*

Veterans like Pervis Crow who prioritized their personal problems and PTSD issues from Vietnam over their friends and family, exacerbated their existing problems. Refusal to confront their issues and attempt to rationalize them rather than trying to escape through drug abuse led them into a perpetuating cycle. The more they drank to escape their problems, the more they isolated themselves, and they had more employment problems, so they drank more. While these issues were self-induced, the initial problems were still generated by the lack of gratitude and isolation by the military and the public.

Conclusions

It is clear that post-traumatic stress disorder is a complicated matter. PTSD factors and their effects build on each other and snowball into a complex web of issues. Each influencing factor is connected to at least one other factor, if not several. This means that the analysis of these factors and their effects must be viewed as a whole. While it is possible to consider each factor individually, in the end it must be put into a wider context. This cumulative picture is necessary to perceive the second and third order affects that a single factor can have; that as one factor is affected it results in other factors being affected as well, starting a chain reaction.

It is also clear that no single group can be held responsible for the mistreatment of veterans. Mismanagement by the military, on several different levels, as well as family, friends, and even strangers passing by on the street affected the psychology of Vietnam veterans. Certain groups, however, can be held responsible for the majority of the neglect veterans received. The public, family, and friends can be held primarily

responsible for the absence of gratitude displayed toward the veterans, while the military is primarily responsible for the initial isolation of the veterans. This feeling of isolation varied among veterans after they got home depending on how well their family and friends received them and on how well the veteran was able to adapt to his new environment.

In more recent years people have realized how detrimental the mistakes of the past have been on Vietnam veterans and began to make it up to them. In Branson Missouri in 2005, a welcome home reunion was held for Vietnam veterans. Veterans were thanked by the community for their service and some, like Pervis Crow and Stan Barker, were reunited after 36 years. Even decades after their initial homecoming, this belated homecoming experience filled a void in the veterans' lives that had been vacant. In doing so, some veterans were able to close a chapter of their lives and put their past behind them. This is not to say that they were cured of their PTSD, but rather that the closure allowed them to accept the past and thus better cope with their PTSD.

While many Vietnam veterans developed PTSD, some common misconceptions have associated the two and become synonymous. There is a common image of Vietnam veterans being very short tempered and constantly slipping away into a thousand yard stare. While these are symptoms of PTSD, not every veteran developed them. Furthermore, most veterans who developed these symptoms are able to manage and control them in most situations. This image does fit some veterans, however, they are the vast minority. Most Vietnam veterans function quite well in their daily lives and should not be view in such a negative light.

Vietnam veterans should not be held in contempt for either the outcome of the war or for the outcome of their mental state. Vietnam veterans faced more obstacles, both in combat and in their homecoming, than any other American soldier. Grossman puts it quite eloquently: "Never in American history, perhaps never in all the history of Western Civilization, has an army suffered such an agony of many blows from its own people."³⁵ This agony of many blows resulted in mental scarring that veterans have struggled with for the rest of their lives. Psychologists have continued to make advances in their understanding of post-traumatic stress disorder with the development of DSM-III-R, DSM-IV, and DSM-IV-TR. Fortunately, the public has learned from the past and these new advances. Such treatment of veterans has never been repeated on any large scale, and hopefully, never will.

³⁵ Dave Grossman. *On Killing: The Psychological Cost of Learning to Kill in War and Society*. (Boston: LittleBrown, 1995), 280

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