

THE TIME-BOMB MYTH:
ROBERT JAY LIFTON AND WAR NEUROSIS IN VIETNAM VETERANS

by

RICHARD G. IVES
B.S., University of Iowa, 1968

A MASTER'S THESIS

submitted in partial fulfillment of the

requirements for the degree

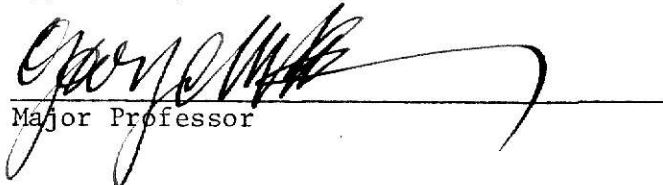
MASTER OF ARTS

Department of History

KANSAS STATE UNIVERSITY
Manhattan, Kansas

1977

Approved by:


Major Professor

LD
2668
T4
1977
I93
C.2

i
f 00

Document TABLE OF CONTENTS

	<u>Page</u>
INTRODUCTION	1
Robert Jay Lifton, A New Historian	15
THE OFFICIAL VIEW OF WAR NEUROSIS	51
WAR MEMOIRS	63
NATURAL DISASTERS	71
CONCENTRATION CAMPS	80
CONCLUSION	86
FOOTNOTES.	98
BIBLIOGRAPHY	115

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 also 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