Post Traumatic Stress Disorder:

Historical Antecedents and Social Construction

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Memorial Day, 2012. The main stage, the Vietnam Memorial Wall in Washington, DC. Barak Obama, introduced by former Senator and Vietnam veteran Chuck Hagel. Speaking to the cameras, the President called the Vietnam War, “one of the nation’s most painful chapters.”

Treatment of Vietnam veterans he said, “ . . . was a national shame, a disgrace that should have never happened. . .”

[Slide 2: Spitting Hippy]

News pundits were quick to associate the President’s remarks with the most enduring images of veteran mistreatment: that of the spat-upon veteran. The *LA Times* editorialized that it was a mythical image—an edifying myth the editor said, but still a myth.[[1]](#endnote-1)

The myth of spat-on veterans, along with that of the treasonous “Hanoi Jane,” aka Jane Fonda, indeed provides powerful grounding for the legacy of the war we’ve come to know.[[2]](#endnote-2)

[Slide 3: PTSD “Despondent Soldier”]

But there is another image, one perhaps even more potent that provides resonance for the President’s words—the image of veterans traumatized by war and their homecoming experience. It is the veterans suffering from Post-traumatic Stress Disorder.

It is my contention that the President’s words about the shameful treatment of veterans “rings true” for many Americans because PTSD has morphed from a medical term to a cultural trope.

 My view builds on studies of PTSD as a socially constructed diagnostic category, a view inevitably met with the objection, “So, you think PTSD isn’t real?” The casual listener—that’s nobody here, of course—might hear that to be my thinking. In fact, though, I believe the reality of PTSD to be no less than that assigned to it by medical science—but quite different. We can see in its antecedents and evolution a realness that now extends into political and cultural spheres.[[3]](#endnote-3) Let’s look at the history of the war-trauma meme that we know today as PTSD.

 [Slide 4: Shell Shock]

World War I. Doctors see soldiers with unexplained tremors, some gone blind or deaf overnight, others mute, paralyzed. Charles Meyers, a British doctor, speculates that their behaviors are somehow related to exploding shells on the front. So he calls it “shell shock.” But then soldiers who have yet to see combat appear with similar symptoms.

[Slide 5: Hysteria]

Historian Michael Roth says shell shock in many ways resembled hysteria. That was very embarrassing. Hysteria was a female disorder. Doctors tried to find another name for it and look long and hard for a physical explanation.

Decades later the historian of psychiatry Elaine Showalter wrote that doctors were, “So prejudiced against a psychological cause that they just kept looking and looking”—some kind of wound on the body, evidence of a bomb blast, something physical. Anything but psychological.

Those doctors were men schooled in the tradition of the French neurologist Jean-Martin Charcot. Charcot thought hysteria was caused by “brain lesions.” But autopsies failed to reveal the lesions. That theory had its cameo moment in the treatment of shell shock but historian Ben Shephard in his book *War of Nerves* says the idea was “comprehensively routed” by critics even before WWI was over.

[Slide 6: Salpetriere]

Hysteria, however, had remained in play. Working at the Hospital Salpetrière in Paris in the early 1880s, Charcot sketched his patients, imaging them as figures in classical paintings that hung in his office. Later, he posed patients, as classical figures for photography, and sold the photographs to the public. He turned his lectures at Salpetrière into performances with his hysterical patients the stars of the show.

Charcot’s influence ran through the worlds of art, theater, and novels. It looped back into the cultures of medical practice and public policy, and forward to influence the thinking about war trauma.

Sigmund Freud had seen Charcot’s work at Salpetriere and thought that the symptoms of hysteria could be a kind of “body speak,”—the reappearance of ideas, fears, memories banished from consciousness.

Applied to shell-shocked veterans, Freud’s insight suggested that they had repressed the conflict between fear and duty. The repressed memories of failure later reemerged as fantasies of the military accomplishments they thought were expected of them--false memories, replete with the physical symptoms attributable to combat.[[4]](#endnote-4)

This did not mean that the illness of veterans was not “real.” Rather, it shifted the diagnostic gaze from causes external to the victim, like exploding shells, to causes that were internal to the mind and emotions of the veteran. What the patient was *really* afraid of was his own shortcomings.[[5]](#endnote-5)

Just as studies of Charcot’s work point to the influence of art and culture on what the patients were exhibiting and the doctors were seeing, reviews of shell-shock’s origins see it cradled in the popular culture of the times. Newspaper stories and the “sympathy and imagination of the public,” as historian Martin Stone wrote, overrode all else in the matter of the “new disease” shell shock.[[6]](#endnote-6)

And, just as the camera, then new at Salpetriere, had magnetized the attention of doctors on “the visual,” a new technology played into the medical minds conceptualizing shell shock—the movie camera. It was the impairment of motion, *paralysis*, that called forth a new diagnostic category befitting veterans of modern war. The moving picture camera was just what the doctors ordered.

[Slide 7: Caligari]

In his 2010 book *Shell Shock Cinema: Weimar Culture and the Wounds of War*, Anton Kaes suggests a synergy between early film itself—jumpy, with abrupt juxtapositions, and silent—and the symptoms it purported to capture—spastic movements, contortions, and muteness. It’s easy to imagine that the oddness of body-images appearing in these films would suggest that certain positions and postures carried mental health implications—look how “crazy” that guy in the film looks!

Kaes, accordingly, is certain that the cinematic representation of World War I veterans was an essential element of political culture in inter-war Germany. In the 1920 film *The Cabinet of Dr. Caligari*, for example, the war veteran Cesare appears in a coffin under the influence of the mysterious Doctor. Cesare begins to move, stepping from the coffin in a stiff and jump-cut motion that resembles the movement now associated with shell-shock victims.

Films like *The Cabinet of Dr. Caligari* used the medical imagery of shell shock to suggest to Germans that the loss of the war had also been a social and cultural shock to their pride and national identity; metaphorically, shell shock was the unseen wound carried by veterans, and as well, in the body politic as the silent disease of national trauma demanding vengeance through more war.[[7]](#endnote-7)

By the end of the war, British and European doctors were seeing more shell shock patients who had never been exposed to shells than had. And, one German doctor asked: why weren’t soldiers shell-shocked by the explosion of their own artillery guns? Shortly after the war, the British War Office Inquiry into `Shell Shock’” called it a “gross and costly misnomer” and advised “ . . . that the term be eliminated from our nomenclature.”[[8]](#endnote-8)

And yet, in the United States, shell-shock became an even more common ailment after the armistice. Elaine Showalter speculates that the rise in post-war symptoms was due to veterans’ resentments of the war and political sentiments surrounding it—a suggestion that veterans’ symptoms depended on something more than the war itself.

World War II provided a contrasting case. Its brutality registered on the bodies of dead and wounded. And yet curiously, observed one doctor, “In the Second World War hysterical symptoms disappeared almost entirely.”

The absence of shell-shock-type damage could have been due to the improved practices of doctors.[[9]](#endnote-9)

More likely, is that World War II would be remembered as “The Good Fight,” a righteous-cause that was won.

[Slide 8: America Racing into its Glory Days]

Post-World War II American culture was triumphalist. The privations of war visited upon soldiers and their families quickly receded in the rearview mirror as the nation raced into its glory days.[[10]](#endnote-10)

Still more interesting, is Eric Leeds’ psychoanalytic approach to the disappearance of shell-shock, its *reappearance* in the guise of PTSD after the war in Vietnam—and its third act as Traumatic Brain Injury in the next century.

The confining and channeling nature of modern society, wrote Leed, required the denial and suppression of libidinal drives. Periodic releases of “the insubordinate libido” were necessary, he wrote. War, he said, provided a “field” for “instinctual liberation.”[[11]](#endnote-11)

That peace-war binary played out classically in World War II as spasms of violence in the Nazi death camps, the suicidal assaults on Normandy, and the fire and atomic bombings of whole cities.

World War I had been different. A slow and grinding affair with an outcome that was unclear and unsatisfying—sort of like Vietnam would be.

In the study of war trauma and post-war culture, the war in Vietnam fits better as a type with the first World War than the second: plagued with controversy, lacking a defined objective, and a post-war narrative that displaced the war itself with the figures of emotionally and psychologically damaged men.

[Slide 9: “Shopping-cart Soldier”]

The United States slid into Vietnam with military plans spun from World War II. In Vietnam, those expectations met guerilla tactics that blurred the lines between friend and foe, combat and noncombat. The murkiness of the war diminished the “drive-discharge” function that it might otherwise have served, leaving the United States profoundly frustrated.

Met with questions such as “did you see combat?” Vietnam veterans were at a loss for answers: combat in Vietnam was everywhere, yet nowhere in particular. It was an unconventional war, not a “real” war by the standards of the Greatest Generation.

Hollywood mostly ignored the war, preferring instead to tell the war-at-home story in which we see the victim-veteran portrayed as criminal, crippled, or crazy. It is those images of social and psychological wreckage that Americans would come to remember what the war, and its veterans, was all about—or be reminded of by the President on Memorial Day.

Mental health workers began a campaign in the 1970s to gain recognition of war neurosis as a condition for treatment. That campaign ended in 1980 when “Post-Traumatic Stress Disorder” was added to the DSM.

PTSD, the diagnostic category, was called into being by the American post-Vietnam War experience, its conception conflicted by political and cultural dynamics.

The conflict over PTSD’s definition was fought in the trenches of the American Psychiatry Association, the PSA, along the line dividing neurology from psychology: the former looking for organic and biochemical causes; the latter weighing more heavily expressions of fantasies and troubled relationships—if that sounds familiar, it’s because it replays the paradigmatic tensions surrounding shell-shock treatments fifty years earlier.

Flashbacks were the *sine qua non* of PTSD but debates over what they were fell along the same llines: neurologists vs. the Freudians. Psychiatrist Fred Frankel wrote that the *linage* of “flashback” began in literature and film, extended into the drug culture of Haight Ashbury, and thence to the symptomology of PTSD. Frankle would eventually conclude that flashbacks were “at least as likely to be the product of imagination as of memory.”[[12]](#endnote-12)

[Slide 10: VVAW]

Veterans politicized and empowered by their wartime experience further complicated the meaning of PTSD. The long-haired veterans in the streets with the protesters? Were these “real” men? Best they go unacknowledged—or their image be redrawn.

That “redrawing” began in the summer of 1972 when thousands of Vietnam veterans marched on the Republican National Convention in Miami Beach to protest the renomination of Richard Nixon as President. The *New York Times* published an op-ed piece that effectively recast veteran political mobilization as a psychological problem, their activism a form of carthesis.

 Looking back, PTSD’s champion Chaim Shatan called that opinion piece the turning point for professional interest in war trauma.[[13]](#endnote-13)

There was a spate of films from 1968 to 1970 that portrayed Vietnam veterans in political fashion but from then on, Hollywood overdid itself with “*crazy*-vet” movies.

[Slide 11: The Goodyear Blimp on “Black Sunday”]

 The classic was the 1977 film *Black Sunday*. It starred Bruce Dern as a twitchy, sexually dysfunctional returnee who joins a Palestinian plot to arm the Goodyear Blimp and fly it over the Orange Bowl on Superbowl Sunday.[[14]](#endnote-14)

The new DSM III in 1980 included PTSD. That changed the narrative, imparting a status upgrade to those claiming psychic injury from “just crazy” to “wounded.” In turn, “the invisible wound” could be accepted as a kind of Purple Heart, evidence of combat experience: the veteran with a PTSD diagnosis was now *ipso facto*, a *combat* veteran, a hero even.[[15]](#endnote-15)

Recalling Stone’s observation that news and cultural media had expedited Shell Shock’s acceptance during World War I, it’s hard to resist suggesting that the “science” of war trauma had once again been led by forces external to itself.

By the mid-1980s a virtual epidemic of war-related trauma swamped social workers, many wrapping together hard-to-believe war stories with claims of PTSD.

A 1983 article in the *American Journal of Psychiatry* examined five cases whereupon men had presented post-Vietnam War symptoms. Three of the men said they were former prisoners of war. “In fact,” the authors found, “none had been prisoners of war, four (of the five) had never been in Vietnam, and two had never even been in the military.” [[16]](#endnote-16)

Those five cases were not outliers: while the press and medical professionals regularly said 30-50% of Vietnam veterans suffered from PTSD, only 15% of soldiers in Vietnam had seen combat.

Boys having grown to military age by 1990 had seen veterans represented as damaged goods and heard the stories of veterans forgotten and spat on. Little surprise, then, that they went off to war in the Persian Gulf expecting the same, and returned “symptomatic” and feeling neglected.[[17]](#endnote-17)

[Slide 12: The Unseen Wound]

The Gulf War was a vacuous affair, prompting reaches for alternative credentials: post-Vietnam culture offered the “unseen wound.” Men home from the Gulf complained of mysterious ailments; stories of birth defects and elevated cancer rates proliferated—none of it confirmed by epidemiological studies. What was clear is that “sick” is the most acceptable way to come home from war.

Just weeks ago, the *New York Times* reported that 255,000 Gulf War veterans have been granted disability benefits despite many of the problems having “no clear causes.”[[18]](#endnote-18)

By the time troops departed for the invasion of Iraq in Spring 2003, their coming-home story was already written. For an April AP report, science writer Joseph B. Verengia asked, “How many soldiers will require mental health treatment?” Why didn’t he ask if soldiers home from Iraq would be tearing up Eighth Avenue to prevent the renominaton of George W. Bush at the 2004 Republican convention? Why did he choose the medical framing, over a political one?

The answer, I think, is that the PTSD storyline had achieved hegemonic status. To think *out*side that box was to risk ridicule, perhaps even, political or professional rebuke—“why do you hate our veterans?”

A year later, a wave of PTSD news reports was washing over the country. *The* *Washington Post* (November 2004), *USA Today* (October 2007), The *New York Times*, all the major television news outlets, and many newspapers in local/regional markets had done series or special reports on veterans home with mental health issues.[[19]](#endnote-19) In 2006 the *Boston Globe* did a four-part series with 20,000 words and an on-line photo gallery.

The *New York Times*’ center piece was a series about 121 veterans charged with homicide for killings committed after their return. About 1/3 of the victims were spouses, girlfriends, or children—a fact that held my interest: the construction of war-story defenses against misogyny pointed to problems with American masculinity. But the press was not seeing it.

Like with the war in Vietnam, Hollywood filtered the new wars through homecoming stories fore-grounding trauma-stricken veterans: *Stop Loss* and *The Valley of Elah* being two of the best known. There are no political veterans in these films.[[20]](#endnote-20)

The density and purity of the PTSD storyline in the 21st Century coming-home imagery makes it an essential new chapter in the study of war trauma. But its blending with Traumatic Brain Injury gives PTSD more than a life-extension—more or less? Maybe more avatar than advent?

By 2010 when I became interested, TBI was so ubiquitous within the PTSD news stories, that I assumed it been there all along, quietly present in PTSD’s panoply of war-related conditions. But it hadn’t.

In fact, a computer search of medical journals for veterans with Traumatic Brain Injury found only one published prior to 2008. TBI’s route into professional use was, like PTSD’s, and Shell Shock before it, mediated by news stories and popular culture.

Public interest in TBI began in May, 1989 when news broke about a 28 year old white investment banker who had been raped and beaten while jogging in Central Park. The *Times* worked *traumatic* brain injury into several of its follow-up stories—but why? It was a crime story colored with enough “urban legend” to evoke the associated fears but was the word “trauma”, then, used as a qualifying term to “brain injury”—a certain kind of brain injury? Or could emotional trauma be the *cause* of brain injury?[[21]](#endnote-21)

Interest jumped again in the late 1990s with stories about head injuries to NFL quarterbacks but these stories seemed to use TBI as a synonym for concussion—and none of those articles, or those on “the jogger” connected to war injuries.[[22]](#endnote-22)

But things were about to change. And if you’ve followed me so far, the course of events probably would not surprise you. The incursion of TBI into the war-injury discourse was led by the news media; it came with celebrity, a “face” with the market leverage of a television news anchor—ABC newsman Bob Woodruff.[[23]](#endnote-23)

Woodruff, forty-five years old at the time, was an embedded reporter with the 4th Infantry Division in January 2006 when the vehicle carrying him was hit by an improvised explosive device (IED). With his head above the hatch, Woodruff was struck by stones and shrapnel from the explosion.

The Woodruff story got front-page coverage in the *New York Times* the next day and nine more in the next five days. He had serious damage to the left side of his throat and lower jaw. News stories on his medical condition did not mention Traumatic Brain Injury until thirteen months later, when a press conference promoted an *ABC* documentary based on a new book written by Woodruff and his wife Lee—a press conference about a television program about a book written by a television personality.

[Slide 13: Bob Woodruff]

 The press conference featured Woodruff talking about his recovery from . . . traumatic brain injury. The *Times* report on the news conference mentioned TBI four times but didn’t inquire into how that term had found its way into Woodruff’s story.

In fact, that was a story in itself: the story of the trauma narrative that incubated in the writing of the Woodruffs’ book.[[24]](#endnote-24) Entitled *In an Instant*, the book gives us no reason to think he suffered a brain injury, but it does illuminate the constructionist properties of the TBI/PTSD formulations, and underscores the weight of their narrative value relative to their diagnostic value: like any real-deal combat veteran, Woodruff’s worst wounds were on the inside, unseen.

That narrative value can be weighed by comparing the number of TBI stories in the news before and after the press conference: before the press conference, there had never been a news story about TBI as a war injury; in the month after, eleven stories covered TBI, with nine of those connecting the diagnosis with war veterans.[[25]](#endnote-25)

The most important of the nine was Paul D. Eaton’s March 6, 2007 *NYTimes* op-ed. Eaton was a retired Army major general, whose opinion piece was a virtual sequel to the 1972 *Times* op-ed on PTSD that propelled it into medical and popular discourse, Eaton now declared TBI to be “the signature malady of the [Iraq] war”—the signature malady by declaration of a retired general, not a doctor, and despite having almost *no* association with war veterans prior to the *ABC* program.

On March 12, *Times* reportersSusan Sontag and Debora Alvarez moved “the signature malady” phrase off the opinion pages and into mainstream news, writing as a matter of fact that “TBI *has become* a signature wound of this war.” By the end of April, the Woodruff’s book was flying out of the bookstores onto the *Times* best seller list (where it bumped Barak Obama’s autobiography *The Audacity of Hope* from the #1 spot).

Professional interest in war-caused TBI also exploded after the Woodruff media blitz with twelve journal articles in 2008 and fifty more since.[[26]](#endnote-26)

In April 2007, *Washington Post* reporter Ronald Glasser declared Improvised Explosive Devices to be “the signature weapon” of the war. According to Glasser, “Iraq has brought back one of the worst afflictions of World War I: shell shock. The brain of the soldiers is shocked, truly.” Clearly, this is not brain damage that is small(t)raumatic but (T)rauma that causes brain injury.[[27]](#endnote-27)

Glasser continued, drawing a distinction between the standard care for a highway accident and an IED explosion: “TBIs from Iraq are different . . . . something else in Iraq is going on.” He quotes a neurologist Stephen Macedo saying: “When the sound wave moves through the brain, it seems to cause little gas bubbles to form . . . when they pop, it leaves a cavity. So you are littering people’s brains with these little holes.”[[28]](#endnote-28)

Even a gentle parsing of Glasser’s words—“TBIs from Iraq are different”—points to the meaning of TBI being at least as much derived from the socio-cultural context of the war as from anything diagnostic—as if the same event happening in Indiana would *not* cause TBI, or a different kind of TBI.

I’m skeptical. In the first place, the analogy to World War I shell shock undercut the that case—unless, of course, Charcot’s microscopic lesions finally manifested as tiny bursting brain bubbles.[[29]](#endnote-29)

My skepticism has some good company. In a 2009 *New England Journal of Medicine* article Dr. Charles Hoge noted the vagueness of TBI. In words that could have come from the historians of shell shock, Hoge wrote, “Psychological factors, compensation and litigation, and patients’ expectations are strong predictors of [TBI] symptoms.” Traumatic Brain Injury, he noted, correlates more strongly with PTSD than with concussion.[[30]](#endnote-30)

And again, like with Shell Shock and PTSD there are some the numbers don’t add up. The “signature wound,” TBI was widely attributed to the “signature weapon,” the IED. But *USA Today* reported in spring 2012 that there were 25 veterans claiming TBI for every death due to IED explosions. How could that be when Humvees, the targets of choice for IEDs, are manned by units numbering only four or five? If one is killed, how can twenty more be injured by the same explosion?[[31]](#endnote-31)

I could end here with something snarky about junk science but junk culture is more fun—so indulge me for a couple more minutes.

The deconstruction of war-trauma nomenclature reveals it to be a stew of ingredients gathered from popular culture, political agenda, medical technology, and the folk-mystic of things-unseen (like wounds), and the ”science” that stirs the stew.

The appetite for that nomenclatural dish was driven as much by post-war contexts as the wars themselves. Iraq and Afghanistan were even more ambiguous than Vietnam, making “combat” and “valor” even harder to define. With wounds making heroes, and invisible wounds countable, everyone who deployed could have a hero-eligible story, and the nation’s foundational sense of itself as a besieged people sacrificing for the defense of Good could be affirmed. The individual and collective demand for wounded warriors, in other words, was fertile ground for growth and the entertainment market was happy to oblige.

The promotion of PTSD/TBI took the synergy of medical and commercial cultures to levels way beyond Charcot’s marketing of his patient’s photographs. An hour-long MTV special had pop-rocker Kanye West making unannounced home makeover-type visits to three Iraq War veterans suffering from PTSD. He showers them with money and concert tickets and backstage meetings with stars Rihanna and Pharrell who join in feting the veterans as “heroes”.

[Slide 14: Marlboro Man]

My favorite of all the *med*-tainment was the ABC *Nightline* segment on James Blake Miller, a Marine veteran of Iraq. The story opened with the familiar factoid—one -third of veterans of Iraq and Afghanistan seek treatment for PTSD. And, “It’s not just those who are weak,” intoned the narrator Martin Bashir as we’re shown a photograph of Miller with a cigarette dangling from his lips and a helmet on his head. For many Americans, said Bashir, Miller had become “a symbol of strength and resolve,” the country’s new “Marlboro Man.” Now, the voice-over said, he was “the symbol for PTSD.”[[32]](#endnote-32)

[Slide 15: Marlboro Man Newspaper]

Miller, from a holler in Eastern Kentucky, had been a radio operator and describes having “called in tank fire” on Iraqi militants. He tells the interviewer that “he lost friends there.” His pack-a-day cigarette habit exploded to six-plus packs a day while in Iraq, we’re told.

Without the “Marlboro Man” packaging, the story reported, *qua* war story, didn’t have much weight. The implausibility of his smoking almost 200 cigarettes a day, meanwhile, raised questions about what the *Nightline* producers hoped to cover-up with such an outsized claim.”[[33]](#endnote-33)

The fusion of the PTSD theme with the Marlboro Man imagery made manifest the expression of loss, defeat, and damage through the iconography of strength, honor and masculinity that the country had been fumbling for since its evacuation of Saigon in 1975. Miller was the real deal—the photograph said so and so did his PTSD: the message that *real* men return from war with unseen damage was hard to miss.[[34]](#endnote-34)

Now I can end. PTSD packs a lot of synergy. As a diagnostic category, it helps bring mental and physical health services to war veterans who need them; as cultural trope, it valorizes psychic wounds as combat credentials while simultaneously casting the stigma of “damaged” over everyone who returns from war.[[35]](#endnote-35)

The inglorious nature of the wars from Vietnam through Iraq and Afghanistan meanwhile, leave Americans searching for meaning in those conflicts and finding it in loss and sacrifice. There’s a danger in that.

We know that Anton Keas is right—the “invisible wound” credentialing the combat bona fides of men needing them is also insentience fillable by fantasies from the dark side of the collective unconscious.

Those fantasies, enlivened by images of shell-shocked WWI veterans, led Germany back into war and its destruction in WWII; enlivened by its images of PTSD-stricken veterans, the U.S. sought collective remedy for its “Vietnam syndrome” in its Gulf War slaughter of retreating Iraqis—a slaughter abetted by a US presence in Saudi Arabia that supercharged the Jihadi movement right into the World Trade Center.

Fantasized-hurts defy rationality, they conflate means and ends, cause and effect, self and other. Fantasized-hurts conjure the enemies responsible for them, a projection of the internal onto the alien Other. With that projection blocked, the conjuring turns back on the Self, wherein its own destruction is imagined.

The American fascination with apocalypticism is an abreaction to the trauma wrought by its defeat in Vietnam, its visions of doom manifest in the burning towers—“it is *they* who did it,” wrote Jean Baudrillard, “but *we* who wished it.[[36]](#endnote-36)

The loss, the hurt, the trauma—imagined, conjured, wished—is very real, manifesting as urination on Taliban corpses, as narcissism in the atrocities at Abu Graib Prison where US soldiers photographed themselves committing the atrocities they had staged for the trophy photographs; and the PTSD defense currently waged by St. Bales for his murderous nighttime rampage in Afghanistan.[[37]](#endnote-37)

The disparaged Vietnam veterans invoked by President Obama are mythical, their image sustained by the legend of spat-on veterans, the fantasy of a treasonous movie star, and the mystic of invisible wounds.

There is danger in that.

Myths are group stories, stories as real as the people who tell them—as real as the group, the nation, that the stories create.

A nation bonded by its commitments to avenge its hurts—hurts symbolized by its wounded and disparaged veterans and unable to distinguished hurts inflicted by Self and Other—is a danger to all.

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1. McGough, Michael. (2012). [↑](#endnote-ref-1)
2. I’ve written about the myth of spat-upon veterans (1998) and the vilifying of Jane Fonda as “Hanoi Jane” (2010). [↑](#endnote-ref-2)
3. The constructionist properties of PTSD are developed best by Young (1995). [↑](#endnote-ref-3)
4. Harrington (2008, pp. 75-76) has an accessible account of Freud’s breakthrough. See also Stone (1985, p. 255) for the reworking of Freud’s insights by British psychologist W.H. Rivers. *New York Times* columnist Maureen Down (2010) made clever use of Freud’s insight in writing about Connecticut Attorney General Richard Blumenthal’s false claim to being a Vietnam veteran. [↑](#endnote-ref-4)
5. W.H. Rivers’ insight would be reprised by Hyer et al. for a 1990 study that found low self-esteem rooted in parental practices was a better predictor of suicide among Vietnam veterans than was military experience. Controversies over veteran suicides are touched on in other chapters. [↑](#endnote-ref-5)
6. Browne (1985, p. 158); Stone (1985, p. 254). [↑](#endnote-ref-6)
7. Kracauer (1947) goes even more deeply into the political subtexts of *Caligari*. [↑](#endnote-ref-7)
8. Great Britain (1922). [↑](#endnote-ref-8)
9. The average psychiatric casualty rate per 1,000 troops for the years 1965-69 was 11.96 as compared with 37 for the Korean War. Rates for World War II ranged from 101 to 28 depending upon the unit reported (U.S. Senate, 1972b). Bourne (1972) reported that 6% of the evacuations from Viet Nam were for psychiatric reasons as compared with 23% in World War II. See Showalter (1997, p. 74) for the claim that hysteria disappeared. [↑](#endnote-ref-9)
10. The GI Bill, more formally known as The Servicemen’s Readjustment Act, was the government program for many benefits. [↑](#endnote-ref-10)
11. Leed (1979, p. 17). [↑](#endnote-ref-11)
12. Frankel (1994, p. 321). [↑](#endnote-ref-12)
13. Scott (1993) has the best account of the political wrangling leading to PTSD as a diagnostic category. See also Young (1995). The *Times* op-ed was Shatan’s own (1973). Conrad and Schneider (1992) argue that the distinction between what is considered “criminal” and what is considered “sick” or “mad” is the outcome of social and political process. [↑](#endnote-ref-13)
14. *Black Sunday* had an especially strong emotional impact because of its association with the massacre of Israeli athletes by the Palestinian Black September group in Munich, Germany in 1972. [↑](#endnote-ref-14)
15. Lair (2011, P. 218) makes similar observations about the notion of veterans with “invisible wounds.” [↑](#endnote-ref-15)
16. For “factitious PTSD” see Sparr and Pankratz (1983) and Lynn and Belza (1984). Hagopian (2009, p. 73) writes that Jack McCloskey team leader of the San Francisco Waller Street vet center, funded by the Veterans Administration outreach program, refused to check the DD-214 discharge papers of new clients before counseling them. As a result, says Hagopian, “some of the clients his staff saw turned out not to have been Vietnam veterans at all.”

 [↑](#endnote-ref-16)
17. By the 1990s, a show of hands in my college classes would reveal that most students “knew” about Vietnam veterans with PTSD (or that they had been spat on by protesters), while few had ever heard of Vietnam Veterans Against the War, the largest single membership organization of that generation’s veterans.

 The co-mingling of war trauma with traumatic homecoming experiences in the discourse of PTSD *ala* veterans of Vietnam is seen Raja Mishra’s 2004 *Boston Globe* report: “The most recent studies found that about 30 percent of Vietnam veterans had developed psychological problems after the war, as condemnation of soldiers by stateside critics exacerbated combat stress in some.” Mishra didn’t cite the “recent studies” he was referring to. [↑](#endnote-ref-17)
18. Dao (2012). [↑](#endnote-ref-18)
19. The *New York Times* op-ed (Satel 2006) presents a case study for media scholars in how “form” can override “content” in the *Times*’ practice of “agenda setting.” The content of Satel’s piece expressed her skepticism of PTSD’s widespread application by the medical community. Its form, on the other hand, given by its title (“For some the war won’t end.”) and the follow-up set of letters printed five days later under the heading “For Veterans, a Longer Battle,” ran counter to the point she was making. Moreover, six (out of seven) letters published attacked her position, some of them taking the kind of spurious approaches she was criticizing. In “form,” in other words, the *Times* used Satel’s op-ed to say that PTSD, pro or con, is what the nation should be talking about. [↑](#endnote-ref-19)
20. One of the few films getting the home-front/war-front interface right was *Hurt Locker* wherein the hero is pushed back to Afganistan by dishes and diapers at home as much as he is pulled by the adrenalin rush he’ll get from combat. [↑](#endnote-ref-20)
21. Sociologist Egon Mayer noted at the time that the jogger’s race, class, gender, and occupational identities drew a disproportionate amount of interest to her plight, thereby threatening to obscure the thousands of other victims of violence and rape, many of them racial or ethnic minorities. See Woff (1989) for the *Times* story on the April 21, 1989 assault. Altman (1989) wrote TBI into the *Times*’ coverage. Mayer’s comment is in his letter to the *Times*, June 17, 1989. [↑](#endnote-ref-21)
22. A MedLine search 2 found an increase in articles after 2005 but not even a doubling of the number by 2012. The number actually decreased from 2010 to 2011 and appears to be decreasing even more dramatically in 2012. [↑](#endnote-ref-22)
23. Goldin and Merrick express their reservations about fMRI in a 2012 article, “Neuroscience or Neurobabble?: What’s this thing called fMRI?”. [↑](#endnote-ref-23)
24. A Lexis-Nexus search for “traumatic brain injury” turned up thirteen stories on TBI during that year but none of them mentioned Woodruff. See Stanley (2007) for the *Times* coverage of the press conference. The *Washington Post* (Kurtz, 2007) covered the same press conference but made only one reference to TBI, indirectly connecting it to Woodruff. There are shades of difference in the *Times* and *Post* reportage on Woodruff’s TBI, suggesting some hesitancy on the part of the *Post*. [↑](#endnote-ref-24)
25. The Woodruffs’ book was the difference maker; within a week it was #1 on the *New York Times* best-seller list. [↑](#endnote-ref-25)
26. The computer search done by student researcher Kati Chorbanian used Google Scholar Search, a search engine that aggregates links to other search engines such as PubMed and APA PsycNet as well as direct links to journals such as the New England of Medicine. A Medline search *ala* Footnote 2 (above), but refined to “veterans” but not psychology and psychiatry journals, confirmed the Google Scholar results: 2005 = 0; 2006 = 0; 2007 = 8; 2008 = 14; 2009 = 28; 2010 = 14; 2011 = 15.

 [↑](#endnote-ref-26)
27. The IEDs, Glasser wrote, had caused “wounds and *even deaths* among troops who have no external signs of trauma but whose brains have been severely damaged” (italics added). [↑](#endnote-ref-27)
28. An “air embolism” or “gas embolism” entering the brain through blood (the vascular system) is possible but that does not seem to be what Glasser and Macedo have in mind. [↑](#endnote-ref-28)
29. In her 2011 article “The Paradox of PTSD,” Katherine Boone states matter-of-factly that shell shock was “quickly discredited” after WWI. She then acknowledges that “the term lingers on.” [↑](#endnote-ref-29)
30. The “compensation and litigation” phrase in Hoge’s observation is especially ominous because it raises the specter of patients’ intentional misrepresentation of their conditions for financial gain. And “faking impairment,” writes Dr. Albert M. Drukteimis, “may not be that difficult.” In one study, he wrote, “children were instructed to `fake bad’ on comprehensive neuropsychological testing with minimal guidance on how to do it. Of 42 clinical neuropsychologists who reviewed these cases, 93 percent diagnosed abnormality, 87 percent of those said it was because of brain dysfunction; no clinician detected malingering. When specific tests for malingering or exaggeration are not administered, the likelihood of missing deliberate distortion is even higher.”

 [↑](#endnote-ref-30)
31. The TBI numbers are from the Department of Defense as reported by *USA Today* (Zoroya 2012). The death figures are from iCasualties.org (May 4, 2012). According to iCasualties.org, 117 deaths in 2007 were due to Improvised Explosive Devices (IEDs), the weapons most often associated with TBI. Pairing numbers from these two sources, that would mean that there were 25 TBI injuries claimed for every TBI death—an almost impossibly high ratio, given that Humvees were the often-hit targets of IEDs and the standard crew size of those vehicles was four. [↑](#endnote-ref-31)
32. The “old” Marlboro Man was the cowboy pictured in advertisements for Marlboro cigarettes from the 1950s into the 1990s. The image associated traits of ruggedness with smoking Marlboros and spawned tropes like “Marlboro Country” usually referring to rough-and-tumble occupations like ranching. Three men who modeled in the Marlboro ads died of lung cancer. The *Wikipedia* entry for “Marlboro Man” in September of 2010 led with a reference to James Blake Miller. [↑](#endnote-ref-32)
33. Not being a smoker, I consulted a colleague who is. He said even the most dedicated chain smokers burn only three or so packs of cigarettes a day, about half of what *Nightline* claimed for Miller. The fact that Miller never says, on camera, how much he smoked leaves open the possibility that the six-plus packs a day was an invention of the news people and that Miller just went along with it. Miller does, however, channel a Pat Tillman type story, telling the ABC interviewer that the Marines offered him an early departure from Iraq lest “something happen to the [Marlboro Man] identity that Americans now linked to.” Pat Tillman was the U.S. Army ranger and former NFL football player killed by friendly fire in Afghanistan in April, 2004.

 [↑](#endnote-ref-33)
34. The association of tobacco smoking with masculinity and strength reaches back well beyond the Marlboro Man era. In the 1920s advertising for cigarettes made claims for virility. [↑](#endnote-ref-34)
35. The Veterans Day edition of the PBS News Hour, airing November 11, 2011, reported that 46% of human relations specialists fear that PTSD is a factor in the workplace performance of veterans. [↑](#endnote-ref-35)
36. Baudrillard (2002). [↑](#endnote-ref-36)
37. On the Abu Graib Prison, see Lila Rajiva in McKelvey 2007. On the urinated Taliban corpses, see Lembcke (2012a). On PTSD in the Sgt. Bales case, see Lembcke (2012b). [↑](#endnote-ref-37)