

POST-VIETNAM SYNDROME: MANIFEST ANXIETY OF
VIETNAM VETERANS AND NON-VIETNAM VETERANS

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Chapter 1

INTRODUCTION

The development of the theoretical background has been included in this chapter. In addition to the theoretical background, the following sections are discussed: the statement of the problem, statement of the hypothesis, purpose of the study, significance of the study, definition of terms, and the limitations of the study.

THEORETICAL FORMULATION

The Vietnam War has produced a multitude of casualties. There are over 50,000 Americans dead, over 300,000 wounded, and 45,000 of them permanently disabled. For the people of Indochina the death toll is still rising as the war continues, despite the signing of the Paris Peace Accords over two years ago. Since the signing of the Paris Peace Treaty of January 27, 1973, 250,000 North and South Vietnamese have been killed in the fighting. In addition, there are still 1,000 U. S. servicemen listed as Missing in Action in Southeast Asia.

The ravages of war can be clearly seen in ex-servicemen's torn bodies and in the numbers of the dead. There is a tendency to emulate the Defense Department and evaluate our casualties in terms of dead and wounded. But the Vietnam War

is different and will have a large number of adverse consequences, not the least of which will be a group of veterans who will feel, with strong reasons, that they were treated dishonorably by a country to which they were deeply attached. Some of the horrors of the war are not visible and are difficult to comprehend once seen.

Two years after the U. S. withdrawal from Vietnam, the personal strains of the war are still firmly etched in a number of shocking statistics. Of the 2.4 million Vietnam veterans who served in Southeast Asia between 1961 and 1973, some 55,000 are presently receiving government compensation for psychiatric disorders. Cederleaf, former senior staff psychiatrist at the Veterans Administration hospital in Minneapolis, has estimated that 50 percent of the returnees need some professional help in adjusting to civilian life. About 25 percent of the 800,000 veterans who have sought admission to Veterans Administration hospitals or have been sent there by the authorities have attempted suicide. As many as 26 percent of the veterans, who served in Vietnam, have experimented with heroin and other drugs.¹

In previous wars, the ex-soldier returned home to the accompaniment of bands playing, flags waving, and cheering crowds. The soldier was looked upon as the conquering hero.

The Vietnam veteran returns to a crashing silence--if he's lucky. More likely, he gets the

¹"Postwar Wounds," Time, 104:10, September 2, 1974, p. 63.

finger pointed at him as a tool in a rotten political war that everybody hates. By intensifying the veteran's guilt, we may be building big problems, not only in him but in our whole society.²

Post-Vietnam Syndrome (PVS) is the veteran's attempt to reintegrate into society after undergoing the intense and conflicting experience of war. The aftershock of war is intensified by the absence of homecoming celebrations. Due to the rotation system, Vietnam veterans return home one at a time, without their units, their "buddies," and their usual victory parades. The Vietnam veteran returns unheralded and unwanted to an ambivalent nation and bears the burden of an unpopular war.

The soldier going to Vietnam experiences adjustment problems; and, likewise, it is also an adjustment to return home. Vietvets (Vietnam veterans) often display depressive symptoms--sleep disturbances, sadness, hyperirritability, loss of energy, apathy, and difficulty in initiating activity; these have been noted by physicians and laymen frequently enough to constitute a specific syndrome. Rather than individual pathology, it has usually been understood as a situational reaction.³

Caplan, professor of psychiatry, at Harvard's Medical School related that a significant proportion of

²Chaim F. Shatan, M.D., "How do we turn off the guilt?" Human Behavior, 2:2, February, 1973, p. 56.

³Douglas R. Bey, M.D., "The returning Veteran Syndrome," Medical Insight, 4:7, July, 1972, p. 42.

Vietnam vets have serious problems in readjusting to civilian life. These problems may last up to two or more years, and are manifested by job instability, difficulties in relating to other people, depression, social alienation, anger and resentment, emotional irritability, poor controls over aggression, and alcoholism and drug addiction.⁴

Post-Vietnam Syndrome is both a cause and effect. It is a cause of emotional difficulties, interpersonal problems, joblessness, distrust, and alcohol and drug addiction. It is an effect of the nature and ramifications of the Vietnam War.

The Vietnam veteran returned home with heightened vulnerability. Their defenses of denial and suppression that had helped ward off painful responses to combat experiences tended to break down as they were removed from the situation of external danger. In addition, their precombat methods of dealing with hostile impulses could no longer be safely counted upon. With the resulting preoccupation with inner experience and fear of their own angry impulses, the veteran's capacities to adapt to new or difficult situations were greatly reduced, especially if the problem evoked anger or required aggressive action.⁵

⁴Gerald Caplan, M.D., "Why Vietnam Vets Feel Like Forgotten Men," U.S. News and World Report, 70:13, March 29, 1971, pp. 42-43.

⁵Richard P. Fox, "Post-Combat Adaptational Problems," Comprehensive Psychiatry, 13:5, September, 1972, p. 441.

Community psychiatric out-patient clinics, community mental health clinics, and university counseling centers are observing symptoms such as an increased use of alcohol and drugs, violent outbursts, impulsive activity, and insomnia in some Vietnam returnees. These psychiatric symptoms may be accompanied in some Vietnam returnees by an elevation in manifest anxiety, a directly observable behavioral state where defensive reactions provide the avenue for inferring the presence of internal anxiety.⁶

THE PROBLEM

Veterans of previous wars have been held in special reverence by this nation. The treatment of Vietnam Era veterans is contradictory to past tradition. The implication is that today's veteran is plagued with emotional difficulties, alcohol and drug addiction, and violent behavior. It is generally assumed that the Vietnam veteran has a good deal more anxiety to cope with than non-Vietnam veterans, the increased anxiety resulting from the stress of war. This is not, however, a universal opinion. The examiner herein investigated the difference in anxiety level between Vietnam veterans and non-Vietnam veterans.

⁶R. F. Enzie, F. A. Montgomery, and R. M. Sawyer, "Manifest Anxiety of Vietnam Returnees and Undergraduates," Psychological Reports, 33:2, October, 1973, p. 446.

Statement of the Problem

Is there a significant difference in the anxiety level between Vietnam veterans and non-Vietnam veterans as measured by the Taylor Manifest Anxiety Scale?

Statement of the Hypothesis

There is no significant difference in the anxiety level between Vietnam veterans and non-Vietnam veterans as measured by the Taylor Manifest Anxiety Scale.

Purpose of the Study

It was the purpose of this investigation to determine if there was a significant difference in the anxiety level between Vietnam veterans and non-Vietnam veterans. The relevancy of this study was evidenced by the increasing number of psychiatric casualties. Various mental health facilities have been reporting an increase in the number of veterans displaying emotional problems.

Significance of the Study

When one reads an account of a veteran suffering from emotional difficulties, displaying violent behavior, or being addicted to alcohol or drugs, one wonders what the effect of past military experiences has on the behavior of the veteran. The Vietnam War has produced more controversy than any other American conflict. It is of little wonder that the reaction and treatment of the Vietnam Era veteran causes great concern. This study will aid in the understanding

of the veteran's personality and will assist in the development and modification of programs designed to foster the satisfactory readjustment of the veteran to the civilian environment.

DEFINITION OF TERMS

In this division, descriptive terminology relevant to this study are defined to clarify their usage.

Vietnam Veteran

An ex-serviceman who served in Southeast Asia.

Non-Vietnam Veteran

An ex-serviceman who did not serve in Southeast Asia.

PVS

This abbreviation refers to Post-Vietnam Syndrome.

Vietvet

An ex-serviceman who is a veteran of Vietnam.

V.V.A.W.

This abbreviation refers to Vietnam Veterans Against the War, an organization composed of anti-war veterans and civilians.

Grunt

A grunt is an infantryman in Vietnam.

MAS

This abbreviation refers to the Taylor Manifest Anxiety Scale which was the instrument used to examine the subjects.

MMPI

This abbreviation refers to the Minnesota Multiphasic Personality Inventory from which the MAS and the L, K, Sc, and D scales were taken.

L-scale

This scale measures the extent to which the person lies or attempts to present a false picture of himself. This scale was included to establish validity.

K-scale

A high score on this scale tends to show a person who minimizes his own faults. It was included to see if any marked group differences would appear.

Sc-scale

This scale is a reasonably good indicator of reality contact and was included to see if any marked group differences would appear.

D-scale

This scale is a measure of depression and was included to see if any marked group differences would appear.

LIMITATIONS OF THE STUDY

This study was made with a specific group of Vietnam veterans and non-Vietnam veterans for the purpose of comparison. The sample groups were selected from the undergraduate and graduate student body of Emporia Kansas State College and as such can only have implications as to veterans of a select group. In selecting participants for this study no attempt was made to control such variables as length of stay in Vietnam, combat versus non-combat assignments, age, sex, or marital status of the participants.

Chapter 2

REVIEW OF RELATED LITERATURE

It is not unusual for soldiers to experience situational reactions to a combat environment. But after return to the natural environment, the ex-soldier generally regains his role as a productive citizen. Why then is the Vietnam veteran different from his predecessor? The Vietnam War was unique and the consequences of the veterans were unlike those in past wars. It is also evident that today's veteran displays characteristics different from his father or grandfather. Another pertinent issue is reaction to the veteran by both the public and the government. And finally what distinguishes a separate category of symptoms designated as Post-Vietnam Syndrome?

CONSEQUENCES ENCOUNTERED BY VIETNAM VETERANS

Corson, former colonel, U.S. Marine Corps, said that Vietnam was different. There was no finite time or space. Front lines and rear lines did not exist and there was no sensation of territorial acquisition. In contrast, during World War II, once a Pacific Island was taken, it was kept. It was won and it was ours, but not so in Vietnam. In Vietnam, they search a village, leave it, then come back a week later

to find it back in the hands of the enemy; nothing seemed secure. All this left the G.I. disoriented, out of balance, and out of key.⁷ This lack of security may cause confusion and anxiety in the soldier.

One of the most pressing problems for today's veteran is unemployment. In December 1974, the unemployment rate for the twenty to twenty-four year old Vietnam Era veteran was fifteen and three-tenths percent (15.3%), twice the national average.⁸ Public and government apathy for the Vietnam veteran has only compounded their employment problems. Veterans of previous wars were boosted by federal "hire-a-vet" drives from the moment of discharge, but it was not until the fall of 1970 that President Nixon launched the Jobs for Veterans campaign. The main emphasis of this campaign was a television commercial, "Don't forget, hire the vet". The widely publicized use of drugs and atrocities in Vietnam has further diminished the employment opportunities.

The G.I. Bill is another area of complaint by the Vietnam Era veteran. For example, a full-time student with two dependents after World War II received a total cash value of \$16,160.00, while today the same student of the Vietnam Era receives a total cash value of \$13,176.00.⁹ Because the

⁷Arthur Egendorf, "The Unstrung Heroes," Penthouse, 5:8, April, 1974, p. 58.

⁸"December Unemployment Rates 15.3% For Young Vietnam Era Vets, Over Twice The National Average," National Association of Concerned Veterans Newsletter, 3:1, January-February, 1975.

⁹Ibid.

present G.I. Bill is inadequate in the face of inflation, only twenty-one percent (21%) of the eligible Vietnam Era veterans are enrolled in college programs as compared to approximately fifty percent (50%) of the eligible World War II veterans.

Drug addiction is described by some experts as a deep and complex problem among Vietnam veterans. Some 50,000 to 100,000 ex-grunts have had either to "kick" a heroin habit or try to live with it.¹⁰ This author makes no reference as to when the habit was acquired, whether in the service or after discharge.

The conflicts encountered by today's veterans are evidenced in the prison population. In 1973, thirty-two percent (32%) of the federal prison inmates were veterans, eleven percent (11%) of whom had served in Vietnam. Their crimes included: robbery, auto theft, marijuana law violations, narcotics law violations, and murder. According to a combined study by the Veterans Administration and Department of Defense completed in 1974 at Washington University in St. Louis, from a random sample of 600 veterans, one in five had been arrested within six months of their return.¹¹ In this study, the population sample was not identified; nor were the variables of the subjects. The nature of the Vietnam

¹⁰"The Vets: Heroes as Orphans," Newsweek, 81:10, March 5, 1973, p. 22.

¹¹Corinne Browne, "The Vietnam Veteran: Vets in Prison," Penthouse, 5:11, July, 1974, p. 58.

War, unemployment, the current G.I. Bill, and drug abuse are all factors contributing to the readjustment problems of the Vietnam veteran.

REACTION TO VIETNAM VETERANS

What has been the reaction of the public, veterans' organizations, and government agencies to the Vietnam veteran? Have they responded to the needs of today's veterans?

This war is not like any other war, observes Tackman, an official of the New York City Division of Veterans Affairs; there are no bands, no parades, no troops marching home. He continues: I know of one instance where a boy returned to his neighborhood after being away for two years and they thought he'd been in jail. The business firms are not as anxious to hire them as they were after WW II when everybody wore his little 'ruptured duck' emblem in his lapel, and 'I am a veteran' meant something to the individual. Many of the boy's difficulties are due to the national dissent.¹²

The Educational Testing Service, Princeton, New Jersey reported that our national newspapers have decided veterans do not make good copy. In 1946, popular magazines printed over 500 articles about veterans. In 1972, they printed less than fifty.¹³

The Vietnam veteran's absence did not create a manpower shortage as it did in World War II, therefore, his value is appreciably lower as far as the businessman is

¹²Sandy Goodman, "Back From Vietnam: The Invisible Veterans," Nation, 206:23, June 3, 1968, p. 723.

¹³Tim O'Brien, "Prisoners of Peace," Penthouse, 5:7, March, 1974, p. 61.

concerned. Unless an American had a close friend or relative in Vietnam, it is conceivable that he might become completely apathetic to the U.S. involvement in Vietnam. This apathy was reinforced by the absence of rationing, personal sacrifice and suffering.

In a study commissioned by the Veterans Administration, the Educational Testing Service concluded that both the American Legion and the Veterans of Foreign Wars have not demonstrated enough concern about the plight of today's veteran.¹⁴ New York County Commander of the American Legion D'Amico, called the treatment of the returning veteran degrading--the greatest disgrace perpetrated against any U.S. serviceman ever--perpetrated by the people and the government.¹⁵ There was a sense of isolation evolved from fighting a war that no one cares about. When denied comradeship in veterans' organizations adjustment difficulties may be intensified.

The Veterans Administration remains the federal government's third largest agency in the budget and the second largest in employment. How has the Veterans Administration viewed the Vietnam veteran and what kind of reception has been provided for the Vietnam veteran? The Veterans Administration reports are confusing and contradictory.

¹⁴Jonathan Braun, "Vietnam Veterans: They Need Help Now," Parade Magazine, The Wichita Eagle and The Beacon, March 24, 1974, p. 8.

¹⁵Catherine Breslin, "Vietnam Veterans: A Shocking Report On Their Damaged Lives," Redbook, 141:1, May, 1973, p. 141.

Ninety-nine percent (99%) of the Vietnam Era veterans are decent, normal men. Half a million have enrolled in veterans organizations, one million are working, and nearly two hundred thousand have returned to school.¹⁶

But as with most statistical interpretations, the conclusions drawn reveal only a part of the truth. Veterans Administration claims are always based on the Vietnam Era veteran which includes some two million men who never set foot in Southeast Asia. Their figures say little about the returning Vietvet who cannot afford to go to school on the existing G.I. Bill, find employment, or are addicted to drugs. Nor do they mention that group of veterans who feel a sense of depression and alienation for having been forced to engage in a war few of them think was worth the effort.

A large number of casualties come home with neuro-psychiatric problems. One-third of the sixty-six thousand admissions to veterans hospitals each month fall into this category. Lumry, coordinator of clinical psychology at the veterans hospital in Minneapolis, related that today's veteran is more likely to express his conflicts, to show anger freely and to act out his frustrations. He is, she thinks, more likely to shoot someone.¹⁷

¹⁶Murray Polner, "The Vietnam Vet," Commonweal, 96:1, March 10, 1972, p. 12.

¹⁷"The Vets: Heroes as Orphans," Newsweek, 81:10, March 5, 1973, p. 28.

Some ex-soldiers have been informed that their disturbances manifested themselves too late to prove the service connection required for Veterans Administration treatment.¹⁸ The very delay in the appearance of symptoms has fostered the Veterans Administration's claim that this war has resulted in fewer psychiatric casualties than any other war in which the U.S. has fought. Often these problems do not surface until several years later.

Bourne, a former combat psychiatrist of Emory University, has revised his earlier opinion that Vietnam has yielded fewer psychiatric casualties than any other U.S. war. He has been impressed by the slow accretion of late emotional reaction in veterans. Bjornson of Jefferson Medical College, Philadelphia, and Livingston of Baltimore, both concur emphatically.¹⁹

The problems of the Vietnam veteran are so broad that Veterans Administrative authorities have given a blanket name to them: post-Vietnam psychiatric syndrome (PVNPS). There is something special about Vietnam veterans, they are different from veterans of other wars.

¹⁸Chaim F. Shatan, M.D., "How do we turn off the guilt?" Human Behavior, 2:2, February, 1973, p. 56.

¹⁹Ibid., p. 58.

SYMPTOMS, CAUSES, AND RESULTS OF POST-VIETNAM SYNDROME

In order to better understand Post-Vietnam Syndrome, it is necessary to describe the Vietnam veteran and some of his experiences. As this is done, it will become evident that Vietnam and the veteran of Vietnam are indeed different from previous wars and veterans.

The Vietnam veterans have been the youngest boys the U.S. has ever sent to fight overseas, just over twenty when they entered the service--two years younger than those who fought in Korea. Three quarters of the officers and over a third of the enlisted men were married, probably more than in any other war.²⁰

These veterans are different from their fathers and grandfathers. They have been ignored, as soldiers and veterans. Unlike the returning servicemen of earlier wars, they have not been celebrated in film or song, and there are no victory parades.

The symptoms of PVS occur on two levels. In milder cases, the veteran feels constantly depressed and unable to get involved in ordinary life. In severe cases, a veteran may brood for days and then begin to experience violent flashbacks to his war experiences. One veteran in Casper, Wyoming, who had accidentally napalmed a Vietnamese orphanage, still reconstructs in his head the writhing bodies of

²⁰Alice Lake, "Now That He's Home Again," McCalls, 96, January, 1969, p. 44.

screaming children.²¹ Flashbacks to prior war scenes are not limited to Vietnam veterans.

Segal, formerly on the staff of the Army hospital at Fort Benning says that it has become increasingly clear that there have been delayed emotional and behavioral reactions to combat experiences. At the Fort Benning mental health facility, increasing numbers of veterans were seen for rage reactions, anxiety, depression, and psychophysiological symptoms. These often appeared to be associated with depressed and repressed guilt.²²

O'Brien, a Vietnam veteran and author, says PVS is a mixture of guilt, anxiety, depression, disgust, alienation, emptiness, and estrangement.²³ In an article by Fox, the presenting clinical symptoms of PVS were usually some combination of anxiety, depression, insomnia, nightmares, infractions of the law, and marital and family problems.²⁴ Anxiety is again mentioned as one of the central features of PVS and it would appear as if the veteran of Vietnam would suffer from chronic anxiety.

A clinical study of Vietnam returnees at Camp Pendelton, California consisted of 106 cases. Sixty-five

²¹"Postwar Wounds," Time, 104:10, September 2, 1974, p. 63.

²²Catherine Breslin and Mary Jury, "Post Vietnam Syndrome," Today - The Philadelphia Inquirer, August 20, 1972.

²³Arthur Egendorf, "The Unstrung Heroes," Penthouse, 5:8, April, 1974, p. 59.

²⁴Richard P. Fox, "Post-Combat Adaptational Problems," Comprehensive Psychiatry, 13:5, September, 1972, p. 437.

percent (65%) of the patients were diagnosed as having an adjustment reaction and the other major diagnostic category was that of depression. The group of patients generally had no prior history of emotional or behavioral problems, most had functioned well in the military, and few had previously consulted a psychiatrist. For the vast majority eighty-four percent (84%), this was the first referral for psychiatric problems. Their symptoms were of acute onset and usually could be dated to a period shortly after their return from Vietnam.²⁵ This study supports the claim that Vietnam veterans' problems are a result of a situational reaction and not individual pathology.

According to a study in a veterans' hospital in Tacoma, Washington, the onset of the veteran's emotional illness is likely to have occurred other than in a combat zone and the factors precipitating his illness are most likely to be associated with an inability to adjust to civilian life.²⁶ This study may imply that in World War II, soldiers suffered greatly on the battlefield, but were well received at home. In Vietnam the case is just the reverse. For the Vietnam veteran returning home, the battle may be adjustment to a civilian environment.

²⁵Ibid., p. 438.

²⁶Gordon W. Chaplin, "Viet GI is Home - To What?" The Baltimore Sun, May 16, 1971.

One Veterans Administration study of recently discharged Vietnam veterans found that about fifty-two percent (52%) have readjustment problems.²⁷ Additional reliable surveys and studies conducted by the military and by the Veterans Administration indicated serious and prolonged readjustment problems existing in approximately one out of five veterans. But to a lesser degree, all veterans were experiencing some readjustment difficulties.²⁸ These studies indicated that non-combat as well as combat veterans suffer from readjustment problems.

When Vietnam veterans are compared to veterans of previous U.S. conflicts are there any similarities or differences in psychological difficulties? The clinical records of young patients from World War II, the Korean conflict, and Vietnam were studied and the following conclusions were made. The data indicated that the Vietnam veteran who seeks psychiatric treatment does indeed differ from the veteran of World War II and Korea. The data was consistent in showing a strong trend toward increased externalization of affect. To a much greater extent than previously, today's veteran is expressing maladjustment in the form of acting out behavior.

At the Minneapolis Veterans Administration hospital, a study was conducted with three sets of veterans, all of them under twenty-six when first admitted. The sample included

²⁷Tim O'Brien, "Prisoners of Peace," Penthouse, 5:7, March, 1974, p. 61.

²⁸Egendorf, op. cit., p. 58.

eighty-one veterans of World War II, two hundred thirty-five from the Korean conflict, and four hundred fifty-eight Vietnam Era veterans. The Vietnam Era veterans differed in tendencies toward greater discontent with their life situation, delinquent behavior, less respect for others, less trust, and diminished feelings of social responsibility. They also found, not unexpectedly, a sharp increase in drug use as well as a trend toward greater suicidal and assaultive tendencies. Also they found an excessive use of alcohol.²⁹ Certainly no one factor is responsible for the changes in behavior and symptoms that have been described. The experience of military service during the time of an unpopular and widely criticized war may well have played a part, but in addition, the young veteran, in common with all young people, has been reared in a period of dramatic social change.

Veterans returning from World War II experienced a just war, a victorious war and appeared to have glided back into peace, easily and gently. The Educational Testing Service has stated that instead of shaking or altering fundamental values, the World War II experience may have actually reinforced a number of traditional values. World War II veterans returned with memories of pretty girls from Paris, Guadalcanal, and the Bulge. They came home with increased

²⁹Murray Polner, No Victory Parades: The Return of the Vietnam Veteran (New York: Holt, Rinehart, and Winston, 1971), pp. 144-145.

religious faith, more independence, and more optimism.³⁰ It has been difficult for the Vietnam veteran to gain independence and optimism in light of the reception he has received at home. The economic situation contrasts greatly with that following World War II. People on the homefront cannot recall the battles fought in Vietnam as in World War II.

In 1970, a study found that the Vietnam veteran is in much worse shape than his World War II counterpart. Suicidal or assaultive tendencies are fifty percent (50%) higher, drug usage is almost three hundred percent (300%) higher, and there are thirty percent (30%) more suicidal acts.³¹

Transition from a war environment to a civilian environment is not easy for veterans of any war. Why are the veterans of Vietnam experiencing such devastating reactions to be labeled with Post-Vietnam Syndrome? What are the reasons for not having a Post World War II or Korean War Syndrome?

Lifton related that the veteran's overall psychological task is of finding meaning and justification in having survived, and in having fought and killed.³² Many of the discontented veterans have also retained complicated forms of guilt. The guilt stems from having survived when their

³⁰O'Brien, op. cit., p. 114.

³¹Egendorf, op. cit., p. 58.

³²"Post-Vietnam Struggle," Winter Soldier, 3:4, June, 1973, p. 6.

"buddies" did not, guilt for having killed other humans, and guilt for having joined in or at least witnessed the destruction of an enemy and a country they never hated.³³

There is always guilt in battle, but it is particularly unbearable when few know why the battle is being fought. Then to return to a society that sees no honor in having served, to not come home victorious as in previous wars, to feel that no one really cares if he lived or died except for relatives or close friends; these things alienate the Vietnam veteran from the rest of America.

The Vietnam veteran must also make a swift adjustment to his re-entry into civilian life. One week the veteran is in Vietnam and the next week he is in the United States. In between, he has flown more than 10,000 miles, endured a great temperature and time change, and received his separation papers; all within one week. The feeling of total anonymity strikes the Vietnam veteran right down to the neighborhood level. One veteran related, "On my block nobody knows that I went away, much less that I got back alive."³⁴

One source of difficulty for the Vietnam veteran was the method of troop replacement. Troops were assigned to Vietnam for a set period of time and both deployment and replacement were on an individual rather than a group basis.

³³Murray Polner, "The Vietnam Vet," Commonweal, 96:1, March 10, 1972, p. 13.

³⁴William Barry Furlong, "The Re-entry Problem of the Vietvets," The New York Times Magazine, May 7, 1967, p. 23.

This meant the returnee was confronted with the need to resolve and integrate his war experiences simultaneously while being separated from his war "buddies". Hence he lost not only meaningful friendships, but also the opportunity to work through shared experiences. The rapidity of the troop replacement also complicated the adaptational process. As has been demonstrated with grief reactions, the passage of time is an important feature in the psychology of the working through and integration of intense experience. The abruptness of his return provided the veteran of Vietnam with little opportunity for such work.³⁵ In previous wars, soldiers were, in most cases, deployed and replaced by units rather than individually. The transition period was longer and this gave soldiers an opportunity to share war experiences.

In the two world wars and Korea the soldiers left our country shorthanded. These occupational gaps were temporarily filled by women until the veteran's welcomed return. The Vietnam veterans returned to find their spaces permanently filled by other men and women and crowds of civilians ahead of them in the unemployment lines.³⁶ The Vietnam veteran fought in an undeclared and therefore psychologically illegitimate war, without either ceremonies of

³⁵Richard P. Fox, "Post-Combat Adaptational Problems," Comprehensive Psychiatry, 13:5, September, 1972, p. 440.

³⁶"The Invisible Veteran," Human Behavior, 3:3, March, 1974, p. 34.

departure or parades of victorious return. Rather, some men speak of "sneaking back into society" just as they were "sneaked into Vietnam" by higher authorities.³⁷

Calling a declared war psychologically legitimate may be questionable. The fact is that soldiers were deployed to Vietnam with public awareness. A summary of the causes of Post-Vietnam Syndrome would include: the low transferability of military training, rising unemployment, the stigma of drug addiction, the sense of isolation of veterans returning home alone, and an ambivalent public reception.

Veterans of previous wars were not devoid of readjustment problems, but it is clear that their integration into society did not prove as difficult as for veterans of Vietnam. In what way are the symptoms of Post-Vietnam Syndrome manifested in Vietvets?

The first public acknowledgement of PVS emerged in the tragic death of Medal of Honor winner, Dwight Johnson, killed in a Detroit robbery attempt. A Valley Forge army psychiatrist, who began treating him more than a year after he returned home, diagnosed him as suffering from depression caused by post-Vietnam adjustment problems. Thousands of veterans are experiencing severe psychic suffering and tens of thousands may be experiencing milder suffering that is never recognized. By throwing onto the steps of Congress the

³⁷Robert Jay Lifton, Home From The War (New York: Simon and Schuster, 1973), p. 99.

medals with which they were rewarded for murder in a war they had come to abhor, the veterans symbolically shed some of their guilt.³⁸

Levy, a Harvard sociologist, believed that the total number of veterans in need of therapy runs into the hundreds of thousands, though of course the degree of emotional disturbance varies. Solomon, professor of clinical psychiatry at Stanford University School of Medicine, feels these veterans are like time bombs walking among us and that they are going to carry these conflicts with them for the rest of their lives. The Veterans Administration commissioned a study from Louis Harris and Associates in 1971, which indicated that twenty-six percent (26%) of all veterans admitted using drugs since returning home and that drug usage among returning veterans was up fifty percent (50%) from preservice levels.³⁹

Vietnam veterans have been involved in hijackings, armed robberies, murders, and suicides. This alone is testimony that the official claim of few psychiatric casualties is a misconception. In group sessions, Shatan, has heard of countless personal defeats in education, marriage, work, individual and collective disasters; most of which bear a

³⁸Chaim F. Shatan, M.D., "The Grief of Soldiers: Vietnam Combat Veteran's Self-Help Movement," American Journal of Orthopsychiatry, 43:4, July, 1973, p. 645.

³⁹Catherine Breslin, "Vietnam Veterans: A Shocking Report On Their Damaged Lives," Redbook, 141:1, May, 1973, p. 141.

similar stamp. Most of them share the hidden psychic wounds inflicted by this war. Wounds that are manifested in terror, grief, guilt, and rage.⁴⁰

Given the unpopularity of the war, indifference to the Vietnam veteran is understandable. He may have brought some of this on himself. The veteran seems eager to fade into civilian life as quickly and quietly as possible. He is very closed mouth about his experiences in Southeast Asia. Veterans of Vietnam do not gather in social groups to tell war stories.

⁴⁰Shatan, op. cit., pp. 641-642.

Chapter 3

METHODS AND PROCEDURES

One of the most important emotions from a psychological viewpoint is anxiety. Anxiety has been referred to as psychic pain and is acutely unpleasant. Stress situations are known to induce anxiety. The objective of the methods and procedures adopted were to measure the anxiety level in the participants of this study. This chapter will include: population and sampling, procedure and data collection, materials and instrumentation, and data analysis.

POPULATION AND SAMPLING

Two sample groups were selected from the undergraduate and graduate student body of Emporia Kansas State College. The subjects were randomly selected from a list of veterans on campus provided by the Veteran's Affairs Office of Emporia Kansas State College.

Group I consisted of Vietnam veterans. These subjects had served on active duty between 1961 and 1973 and been stationed in Southeast Asia. Group II consisted of non-Vietnam veterans. The members of this group had served on active duty between 1961 and 1973 and served in areas other than Southeast Asia. There were twenty-eight subjects in each group.

PROCEDURE AND DATA COLLECTION

The majority of the tests were administered in a group testing situation with the examiner present at all times. The setting was free of outside distraction. The remainder of the tests were administered individually and the examiner was not present. The nature of the study was not divulged to the participants after completion of the test. When questions came up about the items on the examination, the subjects were told to reread the directions. This answer proved to be sufficient.

MATERIALS AND INSTRUMENTATION

All participants were rated according to the scores they attained on the Taylor Manifest Anxiety Scale (MAS). The fifty items of the MAS were embodied within one hundred other buffer items which were selected from the Minnesota Multiphasic Personality Inventory (MMPI). All items (fifteen) from the L scale were included to establish validity. Those individuals who attained an L score of twelve or more were excluded. The one hundred buffer items were taken from the K, Sc, and D scales. Out of seventy-three items fifty-four were selected from the Sc scale. Out of twenty-seven K items, twenty were selected. Out of fifty-one D items, forty-four were selected. Some of the items are repeated from scale to scale and all items of this type were included. The remainder were selected at random and all of the items were arranged on the examination in that manner.

DATA ANALYSIS

The statistical procedure used was a t test. The t test was used to measure the significance of differences between means for the L, K, Sc, D, and anxiety scales for the two groups. The .05 level of confidence was used to evaluate significance.

Chapter 4

ANALYSIS OF DATA

This study was primarily designed to investigate the anxiety level of Vietnam veterans and non-Vietnam veterans. This chapter included a discussion of response analysis and how the responses were analyzed. The t -tables are presented and the results obtained in the study.

RESPONSE ANALYSIS

To obtain the data necessary for this study, seventy veterans were randomly selected and contacted individually by the experimenter. A total of fifty-six respondents were tested representing eighty percent (80%) of the original sample. All subjects were tested within a two week period.

STATISTICAL ANALYSIS

The statistical data presented in the following discussion were the results of fifty-six raw scores. Each group consisted of twenty-eight tests. The mean value for each scale is presented in Table 1 and the t score for each scale is presented in Table 2. The item most relevant to the study is the t score for the anxiety scale. The null hypothesis under investigation was:

There is no significant difference in the anxiety level between Vietnam veterans and non-Vietnam veterans as measured by the Taylor Manifest Anxiety Scale.

Table 1

Mean Values for L, K, Sc, D, and Anxiety Scales for Vietnam Veterans vs. Non-Vietnam Veterans

Scale	Group I	Group II
L	3.17	3.37
K	10.04	9.75
Sc	8.96	9.36
D	12.14	12.86
Anxiety	12.25	12.36

Table 2 indicates that there were no significant differences between the two groups at the .05 level of confidence. Based on the results of this experiment the null hypothesis was accepted.

Table 2

t -Scores for L, K, Sc, D, and Anxiety Scales for Vietnam Veterans and Non-Vietnam Veterans

Scale	df	t -Score
L	54	0.37
K	54	0.34
Sc	54	0.28
D	54	0.75
Anxiety	54	0.61

Chapter 5

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

In this chapter, the organization and findings of the present study have been discussed. The conclusions have been presented to place the study in perspective. The recommendations have been included to facilitate in the development of progress to aid in the treatment of veterans suffering from readjustment problems.

SUMMARY

The plight of the Vietnam veteran is symptomatic of a much greater problem. America has lost its perspective and with it a very precious resource, our capacity for compassion and gratitude for those who have sacrificed for us. Most of all, we have lost our capacity for that now discredited emotion called patriotism. Where are those unforgettable scenes of yesterday in Times Square of Victory in Europe and Victory in Japan Day? There were scenes of boys being welcomed home as heroes, hugged and kissed in the streets by girls, and serenaded by brass bands. More important, most of them got their old jobs back or new and better ones. And there was an adequate G.I. Bill. What are today's veterans getting? Spot announcements on radio and television saying

"Don't forget; hire the vet." Skimpy allowances toward renewed education, long lines at the unemployment offices with no jobs at the end, and second class treatment by the Veterans Administration. And worst of all, veterans are being regarded with suspicion and distrust. They are shunned as "killers" and "drug addicts." More is spent on the rehabilitation of the Vietnamese than on those who fought the battles.⁴¹

Vietnam was an unpopular war. Current opinion holds it to have been a wrong war. But we are not going to expunge our feelings of communal guilt by punishing those who accepted their government's word that it was a right and just war. They did not start it or plan it. Their goal, as of all soldiers, was to get it over and get home. And we have no right to make them sorry for having made it home.⁴²

Heady anticipation beforehand, a shock from the suddenness of the change, then a slowing down of time, a loss of fatefulness in events, a sense of anticlimax, depression, a feeling of isolation, and gradually attempts to put back the pieces and begin again--this is how many veterans (with plenty of variations) describe the road back from Vietnam.⁴³

The survivor of Vietnam carries within himself the special taint of his war. His sense of guilt concerns not only what he did or did not do, but his feeling about the

⁴¹Bob Guccione, "The Vietnam Veteran," Penthouse, 5:7, March, 1974, p. 43.

⁴²Ibid.

⁴³Paul Starr, The Discarded Army: Veterans After Vietnam (New York: Charterhouse, 1973), p. 29.

overall project. This is an image of Vietnam as a war of "grunts" immersed in filth rather than one of noble warriors on a path of glory.⁴⁴

The Vietnam War was an executive encroachment of Southeast Asia. The war was illegal from a constitutional point of view. It was in contradiction to Article I, Section 8, of the Constitution which gives Congress the power to declare and make war. The central fact of the Vietnam War was that few really believed in it. As we look at the situation in Southeast Asia today, it can be said that it was all for nothing.

The literature about the readjustment problems of Vietnam veterans is not in agreement. A number of the researchers make reference to the anxiety that is experienced by the veteran of Vietnam. Some feel that the Vietnam veteran has more anxiety to cope with than other veterans. This idea is not universally accepted nor is it backed by conclusive research. It was the purpose of this study to measure the difference between Vietnam veterans and non-Vietnam veterans in anxiety level. Since previous measures of this kind could not be found and are apparently nonexistent, it seemed to be prudent to clarify the issue with properly conducted research.

⁴⁴Robert Jay Lifton, Home From The War (New York: Simon and Schuster, 1973), Introduction.

For this study, two groups were selected from the undergraduate and graduate student body of Emporia Kansas State College. Each group consisted of twenty-eight veterans. Group I was composed of Vietnam veterans and Group II consisted of non-Vietnam veterans. All subjects were rated according to their performance on the Taylor Manifest Anxiety Scale. The MAS was taken from the Minnesota Multiphasic Personality Inventory along with one hundred buffer items from the L, K, Sc, and D scales. The significant of differences between the two groups on all five scales was determined by a t test. The names of all participants were kept confidential and participation was strictly voluntary.

CONCLUSIONS

Analysis of data indicated that there were no significant differences between the two groups at the .05 level of significance on all five scales. Based on the results of this experiment the null hypothesis was accepted.

There is no significant difference in the anxiety level between Vietnam veterans and non-Vietnam veterans as measured by the Taylor Manifest Anxiety Scale.

The relative value of this study was limited by the following factors:

1. The study was based upon a specific group of veterans selected from the undergraduate and graduate student body of Emporia Kansas State College. As such, they can only have implications to a limited sample of veterans and no general conclusions may be inferred.

2. Only male veterans were included and therefore the study cannot pertain to female veterans.

3. In selecting participants no attempt was made to control such variables as time spent in Vietnam, combat versus non-combat roles, age, sex, or marital status.

RECOMMENDATIONS

To help the Vietnam veteran adapt psychologically to civilian life, Levy suggested that the military should place as much emphasis on preparing the soldier for peace as it does in training him for war.⁴⁵ The following basic elements should be included in the design of primary prevention programs within the military to foster healthy coping on reentry:

1. Modification in the method of deployment and replacement of troops.
2. Programs providing clarification and education concerning the adaptational tasks in readjusting to a civilian environment.
3. Altering military skills to insure that they are transferable to the civilian job market.

There are also many things the society can do to assist veterans in their transition period. For the individual to adjust more comfortably and easily on his return, it is not

⁴⁵"The Violent Veteran," Time, 99:11, March 13, 1972, p. 46.

as important for him to be treated as a hero, but that some recognition be given to the experiences and suffering he has endured.⁴⁶

Some of the main concerns of the returning veterans are employment, education, and medical care. It is necessary for the economy to be receptive to the veteran. G.I. Bill benefits must be adequate in the face of the increased cost of living and education. It is also imperative that the Veterans Administration assume responsibility for all veterans of Vietnam, whether they meet the strict criteria of eligibility or not. In addition, there should be congressional legislation allocated for new federal expenditures. These funds would be for the purpose of sponsoring and facilitating innovative public and private programs for readjustment of veterans.

A further solution may be rap groups consisting of other veterans. Rap groups, sponsored by the Vietnam Veterans Against the War (V.V.A.W.), have been established to fill a need of countless Vietnam veterans to work through the guilt and rage of Post-Vietnam Syndrome. Some veterans have opted for peer group rap sessions because of the distrust and suspicion of establishing psychiatric services. The self-help groups of the V.V.A.W. and Twice Born Men, a San Francisco self-help program, are not a radical form of treatment. Alcoholics Anonymous (A.A.) consists of former

⁴⁶Starr, op. cit., p. 3.

alcoholics and Synanon is made up of former drug addicts. These programs have had much success in the treatment of alcoholics and drug addicts.

What do Vietnam veterans expect and want from the society that sent them to fight a war in Southeast Asia? Essentially, they want what we all desire: good jobs, a useful place in society, fair treatment, dignity, and most of all a promising future. Definitely, in the future, they want no more Vietnams.

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