Home From the War: A Study of Psychiatric Problems in Viet Nam Returnees

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Home From the War: A Study of Psychiatric Problems in Viet Nam Returnees

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Fifty patients who developed psychiatric problems after return from tours of Viet Nam combat duty were compared with a group of patients who had not had such duty. The Viet Nam returnees reported more conflicts in intimate relationships and had a higher incidence of depression and somatization than did the noncombat group. Although the returnees manifested more aggressive and suicidal threats, they did not evidence more direct aggressive or suicidal behavior. The authors suggest that although Viet Nam returnees face significant readjustment stress, their reactions are generally internalized and their potential for violent aggression is no greater than in those without Viet Nam experience.

In previous wars and in Viet Nam, psychiatric problems in combat have been much studied. There is also, however, great potential value in studying the longer-range psychological effects of combat and particularly the problems of servicemen's readjustment to a noncombat environment. These subjects were discussed during and following past wars, particularly World War II1(1, 2), but there has been little significant study of such problems in the present Viet Nam conflict. One professional publication (3) has dealt with psychiatric problems among Viet Nam returnees; this was a general discussion of ten patients, six of whom had completed full tours in the combat zone.

In contrast to this relative paucity of published clinical data there has been considerable comment in the press about readjustment problems in Viet Nam returnees, indicating the understandable concern of the civilian population about the social aspect.

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TABLE 1
Percent of Patients with each Diagnosis in the Three Groups Studied

<table>
<thead>
<tr>
<th>DISCHARGE DIAGNOSES</th>
<th>OVERALL PSYCHIATRIC ADMISSIONS</th>
<th>VIETNAM RETURNES (POSTCOMBAT)</th>
<th>NON-VIETNAM RETURNES (NONCOMBAT)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychosis</td>
<td>23</td>
<td>28</td>
<td>16</td>
</tr>
<tr>
<td>Neurosis</td>
<td>20</td>
<td>22</td>
<td>14</td>
</tr>
<tr>
<td>Personality disorder</td>
<td>54</td>
<td>50</td>
<td>66</td>
</tr>
<tr>
<td>(including situational reaction)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No disease</td>
<td>4</td>
<td>0</td>
<td>4</td>
</tr>
</tbody>
</table>

pects of such problems. This paper presents the findings of an initial screening survey of psychiatric problems in Viet Nam returnees at the Philadelphia Naval Hospital. It is hoped that these data can identify some significant aspects of postcombat adjustment and encourage scientific study and discussion rather than subjective speculation about the topic.

Method

A series of 50 Marine and Navy subjects was compiled from inpatients admitted to the neuropsychiatric treatment center, Philadelphia Naval Hospital, between November 1967 and December 1968, utilizing the following criteria: 1) completion of assigned tour of duty in the Viet Nam combat zone, and 2) onset of or hospitalization for psychiatric problems within one year after return from Viet Nam. Patients medically evacuated from Viet Nam were excluded from this series, as were all other patients who had not completed their assigned combat tours for a variety of reasons. The series included only those who had served their time in the combat area and who had emotional difficulties requiring hospitalization following their return to the continental United States. These cases were located and compiled from a review of patient records and from cases reported by the attending psychiatrists. These 50 cases were found to consist of 42 Marine and eight Navy patients, with a mean age of 22.5 years and a mean length of service of 47.6 months.

For comparison, a second group was compiled of patients who had not had Viet Nam service. An attempt was made to select those of roughly equivalent age, service branch, and length of service, otherwise utilizing random choice. When completed, this group without war zone experience also had 42 Marine and eight Navy patients, with a mean age of 21.5 years and a mean length of service of 36.1 months. Hospitalization records of the two groups were reviewed. Pertinent clinical and historical data were extracted and compared in an effort to determine patterns of difference and/or similarity between the groups. The results follow.

Results

Diagnostic and Dispositional Patterns

Table 1 presents diagnostic data for the two groups and compares them with total psychiatric inpatient diagnostic data for the same period (November 1967-December 1968). It must be noted that the psychiatric treatment center at Philadelphia Naval Hospital is a final echelon evacuation hospital, so the admissions include a greater percentage of severe and clinically or administratively complicated psychiatric problems than would be found in other naval facilities. Thus, the caseload statistics do not reflect the overall incidence of emotional illness or dispositional trends of the general Navy/Marine population.

It is apparent that the incidence of psychosis was higher in the postcombat group than in the noncombat group but similar to that of the general psychiatric caseload. Psychoneurosis was also higher in the postcombat group than in the noncombat series and again roughly equivalent to that of the overall admissions. Personality disorder was diagnosed much less often in the postcombat group than in the noncombat group but approximately the same as in the general caseload.

The disposition statistics (table 2) basically reflect the diagnostic patterns, with fewer postcombat men returning to duty or being administratively separated; more were referred to the Physical Evaluation Board for consideration of a potentially service-incurred or service-aggravated disability. To
Percent of Patients with Various Dispositions in the Three Groups Studied

<table>
<thead>
<tr>
<th>Position</th>
<th>Overall Psychiatric ADMISSIONS</th>
<th>VIET NAM RETURNES (POSTCOMBAT)</th>
<th>NON-VIET NAM RETURNES (NONCOMBAT)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Duty</td>
<td>33</td>
<td>28</td>
<td>30</td>
</tr>
<tr>
<td>Administrative separation nar-</td>
<td>33</td>
<td>32</td>
<td>46</td>
</tr>
<tr>
<td>rative summary and Medical Board</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical Evaluation Board</td>
<td>25</td>
<td>36</td>
<td>16</td>
</tr>
<tr>
<td>Discharge, physical disability</td>
<td>6</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>3</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

summarize, the distribution of diagnostic categories was similar in the postcombat group and the general psychiatric population but differed from the noncombat group, in which there were fewer psychoses and considerably more personality disorders. This may well result from selection factors inherent in the difficult task of finding Marines with two or three years of service but without combat experience for inclusion in the second group.

Clinical Factors

Table 3 compares clinical factors in the combat and noncombat groups. The Viet Nam returnees had less history of antisocial behavior (legal difficulties) prior to their current illnesses than did the noncombat patients. They also had a lower incidence of psychiatric contacts prior to current illnesses than did the second group. These findings are consistent with the greater number of personality disorders in the latter group. The Viet Nam returnees, however, had a higher percentage of legal difficulties temporally related to their current hospitalization than did the other group as well as a higher number of problems related to alcohol and more conflict in intimate relationships.

Particularly interesting are the comparative patterns of internally and externally directed aggression. Suicidal attempts or gestures related to current hospitalization occurred with similar frequency in both the postcombat and noncombat groups. Suicidal threats or preoccupations, however, were much more frequent in the postcombat patients. Related to this and of special interest are the findings concerning externally directed aggression. Overt aggressive behavior occurred with equivalent frequency in the

<table>
<thead>
<tr>
<th>TABLE 3</th>
<th>Clinical Factors Identified in Viet Nam Returnes and Non-Viet Nam Returnes</th>
</tr>
</thead>
<tbody>
<tr>
<td>FACTORS</td>
<td>VIET NAM RETURNES NUMBER</td>
</tr>
<tr>
<td>Antisocial behavior prior to present illness</td>
<td>22</td>
</tr>
<tr>
<td>Prior psychiatric contact</td>
<td>11</td>
</tr>
<tr>
<td>Associated with present illness</td>
<td></td>
</tr>
<tr>
<td>Antisocial behavior</td>
<td>22</td>
</tr>
<tr>
<td>Alcohol misuse</td>
<td>17</td>
</tr>
<tr>
<td>Conflict in intimate relationships</td>
<td>28</td>
</tr>
<tr>
<td>Suicidal attempts or gestures</td>
<td>8</td>
</tr>
<tr>
<td>Suicidal threats or preoccupations</td>
<td>13</td>
</tr>
<tr>
<td>Aggressive behavior</td>
<td>12</td>
</tr>
<tr>
<td>Aggressive preoccupations</td>
<td>9</td>
</tr>
<tr>
<td>Aggressive threats</td>
<td>10</td>
</tr>
<tr>
<td>No aggressive problems</td>
<td>30</td>
</tr>
<tr>
<td>Anxiety with somatization</td>
<td>16</td>
</tr>
<tr>
<td>Anxiety without somatization</td>
<td>5</td>
</tr>
<tr>
<td>Anxiety (total)</td>
<td>21</td>
</tr>
<tr>
<td>Depression with somatization</td>
<td>17</td>
</tr>
<tr>
<td>Depression without somatization</td>
<td>14</td>
</tr>
<tr>
<td>Depression (total)</td>
<td>31</td>
</tr>
</tbody>
</table>

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two groups, as did aggressive preoccupa-
tions. However, aggressive threats were sig-
nificantly more frequent in the postcombat
group. It is also noteworthy that in 60 per-
cent of the Viet Nam returnees there were no
aggressive problems either in overt behavior,
threats, or preoccupations, as compared to
52 percent of the noncombat patients. This
suggests that aggressive problems may not be
more common following exposure to combat
experience. More specifically, direct behav-
ioral expression of aggressive conflicts did
not appear to be increased among postcom-
bet patients, although threats and preoccu-
pations with such conflicts seemed more
likely to occur.

Subjective manifestations of emotional
disorder were tabulated (table 3), specifically
affective and somatic symptoms including
anxiety and depression with or without so-
matization. Generalized anxiety symptoms
occurred with only minor differences in in-
cidence. There was a greater difference in
somatic manifestations of anxiety, however,
with more Viet Nam returnees having such
documented physical symptoms than the
noncombat group. Of interest is the finding
that depressive syndromes occurred in a sig-
nificantly greater number of the Viet Nam
returnees, again with much more somatiza-
tion. The increased amount of somatization
suggests more internalization and more sig-
nificant neurotic psychopathology in the
postcombat group, and the frequency of
depression hints at some of the psychody-
namics of these returnees.

Discussion

It is important to emphasize that this
screening study involves such a small series
that any generalizations are speculative,
based upon statistical hints. Yet interesting
ideas are suggested by the findings.

It would appear that the Viet Nam re-
turnees who develop psychiatric problems
have a somewhat greater incidence of disci-
plinary and alcohol difficulties than do their
peers who have not served in the combat
zone. Certainly this is consistent with what
many military psychiatrists believe they have
observed and may be part of a common
adjustment syndrome. Many returnees
complain bitterly of the more rigid military
structure of stateside duty, with its more
"spit-and-polish" environment and inflex-
ible authority relationships compared to the
combat zone milieu. Displacement of hostil-
ity onto authority figures and the military
service in general frequently results in impul-
sive infractions of regulations and defensive
use of alcohol. Even so, such behavior occurs
in less than half of the postcombat group.

The frequency of conflicts in intimate rela-
tionships (with families and girl friends) and
the high incidence of depression in the Viet
Nam returnees are both consistent with the
findings of Goldsmith and Cretekos(3) and
tend to validate the speculations of those
authors as well as the formulations of Grink-
er(4) in World War II concerning the im-
portance of dependency problems in the
psychiatric disorders of combat veterans. It
is theorized that while participating in com-
bat the individual's dependency needs are
gratified by the strong group identification
of the combat unit, supplemented by an
active fantasy life consisting of rosy day-
dreams about how wonderful life at home
will be upon return. The reality of coming
home rarely matches this fantasy and, in
fact, may involve actual rejection as well as
the usual requirements for adult, indepen-
dent, responsible behavior such as that of a
husband and father. In the face of these frus-
tations of dependency needs, depressive
syndromes are predictable. Whether residual
factors of guilt, mourning, or problems of
self-esteem stemming from combat expe-
rience are generally significant in these post-
combat depressions is debatable.

Our experience with combat psychiatric
casualties in Viet Nam indicated a high inci-
dence (54 percent) of depression there(5),
suggesting that problems with guilt and re-
sponsibility are as important and frequent
in acute combat-precipitated disorders as
the stress of situational fear and resultant
anxiety syndromes. This present study clear-
ly suggests that among returnees from Viet
Nam, anxiety syndromes may also be no
more common than among noncombat pa-
tients. Among those returnees with both de-
pressive and anxiety syndromes, however,
there is a greater tendency to manifest con-
flicts somatically. As the noncombat group
had such a high percentage of personality
disorders, one may speculate that their re-
porting of affective states without definite

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physical manifestations of these states indicates more superficial disorder. The post- combat group, however, demonstrated the somatic as well as the psychological aspects of their depression and anxiety.

There has always been much interest and anxiety about combat veterans' aggressive potential. This is a valid social concern, kept active by occasional well-publicized incidents of violence involving servicemen and ex-servicemen. The data in this study suggest that Viet Nam veterans are no more likely than non-Viet Nam veterans to be pre-occupied with aggressive conflicts or to act out such conflicts, although they may be more likely to make aggressive threats. Consistent with this, the Viet Nam veterans seem to be no more likely to act out self-destructive impulses than other servicemen without combat experience but more likely to threaten such self-destructive behavior.

It would appear that combat zone experience does not eradicate controls of either internally or externally directed overt aggressive behavior, although such controls may be temporarily overcome by group sanction, survival needs, and other factors in combat. Experience in the combat zone verifies the fact that the control of verbal and other indirect expression of aggression is also decreased in the combat environment. It is quite socially approved to talk about aggressive feelings and even to threaten; this decrease in the taboo against aggressive talk and threats apparently is more likely to continue after leaving combat than is the decrease in actual control of direct aggressive expression. It is noteworthy that aggressive problems of all types were slightly less frequent in the Viet Nam returnees than in the noncombat group. It is our speculation that the aggressive potential of Viet Nam returnees is much overrated. Our figures indicate that the combat veteran may be more likely to talk about violence but no more likely to behave violently.

This is not a new finding but reflects the experience of past wars. In 1945 Grinker(4) noted that returnees from combat showed more aggressiveness and hostility in their verbalizations and behavior. Concerning direct acting-out of aggression, however, Grinker wrote:

Have we not heard that war creates a new type of superego that permits and condones release of aggression and facilitates abandonment of old repression? Was not one of the major sociological problems after the war supposedly to be concerned with the animal-like warriors whose unleashed hostilities, no longer directed against the enemy, would be directed against society? It has become quite obvious that for the majority of men, removal of external prohibitions against killing and encouragement of human destruction do not develop a killer. Neither the soldiers of the First World War nor those of the British, Canadian or French armies of this war reacted in this way. Normal men nurtured by American civilization do not care to kill, even though external prohibition embodied in law, regulation, and police are removed.

Our present data concerning returnees from Viet Nam indicate that these statements are as valid today as they were in 1945. It is important that this be recognized in view of the sometimes emotional reaction to violent incidents involving service personnel and veterans when they do occur.

REFERENCES
