

**From Shell Shock to Post-Traumatic Stress: The Veterans and Psychiatrists That  
Reformed Mental Health Care and Concurrently Broke The Barriers and Stigma Behind  
Treatment**

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My decision to conduct my History Fair project about the evolution of veteran mental health care stemmed from experiences within my own life. Growing up in a military family, as well as living on multiple military bases has given me a unique perspective and interest in this specific aspect of history.

Upon starting my research, I was unclear about what I had to research in order to get the information necessary. However, upon viewing an encyclopedia about the evolution of veteran health benefits, I realized that I had to focus on the evolution of veteran mental health medicine. This adjustment has allowed me to collect a narrower and more complete collection of research. Upon concluding my preliminary research, completed using encyclopedias, I began searching for more complex and thorough sources for future research. The National Institute of Health's PubMed Central database has provided extensive information about the government's findings. This source allowed me to find a more analytical and data-driven source to help explain the evolution of veteran mental health treatment. The combination of this with other unique sources has helped me better narrow the argument of the fascinating project, thus increasing its quality and effectiveness of addressing the theme: breaking barriers. Attempting to connect my research to barrier breakers, I began to extensively research the work of Shatan, Lifton, and Haley. The three mental health professionals, turned activists, lobbied the American Psychiatrist Association to include PTSD in the third edition of the Diagnostic and Statistical Manual of Mental Disorders. PTSD's inclusion urged the government to spend more resources on mental health. I examined the intentions behind researchers like Shatan, Lifton, and Haley which led me to the conclusion that their opinions on the Vietnam War inspired them to conduct trials that exposed the mental health issues within veterans. I developed an argument asserting the correlation between these psychologists and the veterans they worked with to evolution to the government's mental health system for veterans. I interviewed veterans from the Korean and Vietnam War, as well as Operation Desert Storm.

I presented my research and findings in an essay format. This form of presentation utilize my skill set best and allowed me to convey my message easiest. Since I plan on conducting a series of interviews to help bring life to this project, I was narrowed to either a documentary or essay, however, I decided that a written report of my findings would be more informative.

My project relates directly to this year's NHD theme of *breaking barriers* due to its attention to the barrier breaking mental health professionals Shatan, Lifton, Haley and the veterans they worked with, in mental health treatment who transformed "Shell Shock" and "Combat Neurosis" into a more diagnosable, treatable, and less stigmatized "PTSD." Their efforts were revolutionary to military psychology and have a profound impact on treatment for all those who suffer from mental illnesses today. Ultimately, there is much more work to be done, but their efforts lay the foundations for future barrier breakers.

**From Shell Shock to Post-Traumatic Stress: The Veterans and Psychiatrists That Reformed Mental Health Care and Concurrently Broke The Barriers and Stigma Behind Treatment**

The Department of Veteran Affairs estimates that 17 veterans die of suicide per day, but no matter how stunning this number may be, this staggering statistic was formerly worse (National). Throughout history, the mental health of veterans has not been prioritized as treatment was heavily stigmatized due to society's hesitation to believe in the impact of mental health. Such hesitance was especially pervasive throughout the Vietnam War era, an increasingly polarized and traumatic period of American history. As Vietnam War veterans suffered from their traumatic experiences, many turned to medical professionals to help advocate and pressure the United States government to recognize the severe and long-term effects of war-time combat. Despite the many issues that linger within the system today, the improvements ultimately vitalized a comprehensive mental health system for veterans, thus breaking the initial barrier of stigmatization behind receiving treatment and paved the way to revolutionizing military training and prevention programs, as well as expanded treatment opportunities for civilians.

While the suffering of Vietnam veterans brought attention to the importance of mental health, soldiers were known to anguish in the trauma and experiences of war throughout history. Religious texts like the Judaist Torah and Christian Bible's Book of Deuteronomy contain recordings of military leaders' removal of soldiers who suffered from nervous breakdowns on the frontlines (Crocq). Military Historian John Keegan recalled a World War II veteran who told

him, “of course, killing people never bothered me,” (Keegan 23). Keegan further writes, “in black and white it looks a horrifying remark... that, through his failure to suffer immediate shock or lasting trauma, he was forced to recognize some deficiency in his own character or, if not that, then, regrettably, in human nature itself,” (Keegan 24). Both examples serve as documentation and a testament to the severity that the trauma of war had on those who served since conditions went largely unnoticed and untreated until recently.

While American veterans similarly suffered following previous wars, the homecoming of World War II veterans began to raise awareness to the traumatic effects of war within veterans, but ultimately never broke the barrier of stigmatization. After noticing a trend of veterans complain of their traumatic experiences following World War II, psychiatrists began to conduct further research and reclassified previously known mental illnesses through observing veterans struggle with their experiences (Blashfield). The psychiatrists’ work began a new era of mental healthcare in 1952 when the American Psychiatric Association – APA – published the first Diagnostic and Statistical Manual of Mental Disorders – DSM-1 (Friedman). The first edition of the medical journal contained a variety of mental illness, including a gross stress reaction, a diagnosis for those who exhibited relatively normal behaviors but also sporadically showed symptoms of traumatic events, like combat (Friedman) (Blashfield). Similarly to Shell Shock and the handful of other terms previously used, the gross stress reaction continued to ignore the long-term effects that trauma could have on an individual. Because of this oversight, the 1968-published DSM-II eliminated the gross stress reaction and replaced the disorder with an “adjustment reaction to adult life,” (Friedman). While the reaction finally acknowledged the long-term effects that trauma could have on an individual, the “adjustment reaction to adult life”

was concentrated on very specific constraints and failed to recognize the severity of the symptoms of suffering veterans.

Prior to the improvements in mental health treatment, veterans suffered without legitimacy from medical professionals and the government and were consequently offered few opportunities for treatment. Korean War Veteran, Marine Corps Second Lieutenant Phillip J. Burr, who was awarded the Naval Cross and a Purple Heart for extraordinary heroism, explained, “there was little emphasis on what soldiers were feeling. When I got hurt, it was the physical ailments that received attention, not any mental injury I may have sustained,” (Burr). While medical knowledge has improved greatly throughout the twentieth century, only preliminary research was conducted that related to the long-term effects of trauma. This limited research thus allotted to minimal progress in breaking the barrier behind mental health stigmatization, as symptoms were viewed as a temporary condition (Friedman). Medical professionals, as well as society, viewed veterans’ struggles as curable with time, despite the behaviors exhibited by veterans being chronic and long-term.

Because of the failure to comprehend the effect trauma had on everyday life, many veterans who were unable to receive the proper treatment struggled to remain employable. Vietnam Veteran Don Marini explained, “[Soldier’s] lives pushed the pause button and the world kept going and then our lives unpaused when we got back [to the United States],” (Martini). Since many who served fell behind in their careers, Martini explained, “everybody [who served] kinda laid low, tried to find a job, and just had to find a new path,” (Martini). Martini explained further that he considered himself lucky for the success he had in his career, but many fellow returning soldiers did not benefit nearly as much as he did (Martini). Lack of unemployment

started a downward spiral for returning veterans as many turned to self-destructive behaviors, such as violence, drugs, alcohol, and suicide. War-torn veterans' isolation from society allowed a feeling of loneliness and frustration to bombard the community and destructive actions to occur increasingly frequent (Resenberger).

However, the lack of employment and isolation that veterans experienced were only marginally detrimental when compared to the negative sentiment that surrounded Vietnam veterans at the time. Due to the controversy surrounding the Vietnam war, veterans, especially those who suffered mental illness, faced an aggressive stigma from society. Veteran-friendly groups, like the American Legion, shunned Vietnam veterans due to their lack of success in the war (Shatan). Conversely, pacifists and anti-war activists argued that returning soldiers were too aggressive and desecrated the veterans as "baby-killers" (Shatan). Media and pop-culture, in movies like *Rambo* and *Born on the Fourth of July*, embraced a similarly atrocious view and portrayed Vietnam veterans as dangerous and psychotic freaks (Leventman). The negative treatment that Vietnam veterans experienced when returning to the United States further isolated many of the servicemembers and worsened the situation as a whole. Esteemed Boston College sociologist Seymour Leventman noted in 1978, "nothing reflects so much of what is wrong with American society as its treatment of Vietnam veterans . . . one can only reiterate that the negative legacy of Vietnam lies more in civilian society than in the psyches of veterans" (Leventman).

Since trauma is often hidden from an individual's exterior emotions, medical professionals began to recognize a recurring pattern within individuals who claimed to be suffering from the effects of Vietnam. While working as a social worker at the Boston Veterans Administration Hospital, Sarah Haley understood that the majority of symptoms reported by

veterans weren't relative to an underlying mental issue. Rather than diagnosing veterans with paranoid schizophrenics or a character disorder like the majority of other medical professionals, Haley began to comprehend the medical catastrophe that occurred throughout Veteran Affairs Hospitals across the nation (Bloom). Haley, the daughter of a World War II military intelligence agent, understood the damage that trauma had on an individual's behavior due to her own experiences with her father (Bloom). However, upon treating a Vietnam veteran who discussed his experiences of war, Haley comprehended not only were soldiers continuing to suffer from their experiences, but the experiences in which some soldiers suffered from were unprecedented

Haley's discovery led the social worker to refer the soldier to Psychiatrist Robert Lifton (Scott). Lifton, a former Air Force psychiatrist during the Korean War, was a staunch anti-war activist who was active in the New York and Boston chapters of the Vietnam Veterans Against the War (Bloom). Lifton's rise to prominence in the anti-war movement was in large part due to his successes but was also due to the work of Dr. Chaim Shatan, a fellow psychiatrist and activist (Shatan, 1972).

Similarly to his colleagues, Shatan was compelled to work towards a solution to the mental health epidemic within the returning veteran community. Shatan, who then-served as the co-director of the postdoctoral psychoanalytic training clinic at New York University, became perturbed by the struggles of many Vietnam veterans that the psychiatrist had interacted with (Shatan). A year later, in 1972, Shatan penned an op-ed to the New York Times titled "Post-Vietnam Syndrome" in which the psychiatrist detailed the experiences of the veterans witnessed in "group rap" sessions that he, Lifton, and Haley held (Shatan).

The group rap sessions gave an opportunity for the mental health professions to help and observe veterans as they struggled with their experiences. Lifton, Shatan, and Haley used the discussions to advance their research on the severity of the veterans' symptoms. The culmination of this research was later used to challenge the government's lack of attention to mental health treatment. Not only were the Rap Groups monumental in providing an opportunity for medical professionals to gain insight into the trauma, but they also gave Vietnam veterans an open space to express their pain and trauma (Scott). And unlike more traditional individual therapy, rap groups gave veterans a medium to communicate with one another to express what many found to be unspeakable (Shatan). Veterans were connected with rap groups through fellow servicemembers or the limited resources that the Veteran Affairs hospitals provided (Shatan). Vietnam veterans Against The War, the first major anti-war group to address the importance of mental health reform, also helped connect their members to rap groups, especially as Shatan, Haley, and Lifton were active in the organization.

In order to reach their goal of establishing a more comprehensive diagnosis for veterans who struggled with trauma, Haley, Lifton, and Shatan presented their research at the 1975 meeting of the American Psychiatric Association. At the meeting, the trio spoke of their findings from the rap groups, which included a list of symptoms unique to veterans (Caplan). Following their presentation, Robert Spitzer, the psychiatrist and chair behind the publication of APA's DSM-III, challenged Haley, Lifton, and Shatan to further substantiate their claims (Scott). If verified, the trio of mental health professionals could count on the next edition of the DSM to include their findings. The Vietnam Veterans Working Group, compiled of forty-five psychiatrists, psychologists, chaplains, and veterans, was established to generate such research



(Caplan). Two years later in 1977, Spitzer accepted their findings and then three years following, in 1980, DSM-III included a diagnosis that met their findings: Post-Traumatic-Stress-Disorder, commonly referred to as PTSD.

In response to the research by medical professionals, the United States government developed a comprehensive mental health system for those suffering from PTSD and other mental illnesses. Prior to the 1980 published DSM-III, the medical community began to anticipate the formal establishment of PTSD (VA). After hearing Dr. Lifton's testimony eight years earlier, Senator Alan Cranston became an advocate for treatment for veterans and pushed his colleagues to pass the Veteran's Health Care Amendments Act (Stein). Not wanting the government to be caught unprepared, Congress, in 1979, passed the act which established mental health treatment opportunities for Vietnam veterans (VA).

Veteran Affairs hospitals across the nation were rapidly overhauled to effectively suit the medical needs of all veterans and even began to help veterans with employment. As the medical evidence pointed out that there was a defined link between the trauma that veterans faced on the battlefield and their struggles at home, Congress subsequently passed appropriations to establish Vet Centers across the United States (Committee). The Vet Centers by design were not aligned under the management of local VA medical centers but rather targeted to serve only Vietnam veterans, many of whom had PTSD or other readjustment issues. However, the mission behind these centers was later adjusted to include veterans of all conflicts (Committee). The government's sudden change of heart with the treatment of mental health in veterans is a direct correlation to the APA's initiation to include PTSD in the next edition of the DSM two years prior.

Since the majority of trauma from Vietnam stemmed from the experiences of war and kept servicemen and women from assimilating back into society, the military has greatly increased its training and prevention of mental health illnesses. For instance, the Air Force utilizes Airmen Resilience Training to increase recognition of stress symptoms and connect airmen with information on accessibility for mental health and other support services (Treatment). Similar prevention training is offered throughout all military branches. Coast Guard Captain Eric Doucette explained, “The Coast Guard utilizes various uniformed and civilian resources, like our Work-Life offices and toll-free support number to help service members and their families in crisis receive the timely support they need,” (Doucette). The evolution of the government from initially offering no treatment opportunities to encourage servicemen and women to ask for help when in crisis is a direct effect of the barrier-breaking efforts and pressure of mental health professionals following Vietnam.

In addition to treatment opportunities, the government has expanded research and utilized other organizations' research into PTSD and other mental health issues that affect veterans and other individuals. Most notably, the Government has utilized the Institute of Medicine's 2014 report: Treatment for Posttraumatic Stress Disorder in Military and Veteran Populations (Treatment). This research has helped lead to the destruction of stigmatization behind receiving treatment and increased the quality of such care, thus helping veterans to assimilate back into society without stigmatization.

The Government's intervention, made possible by the veterans and medical professionals' pressure, has benefitted the healthcare system as a whole, benefiting all civilians, especially those who suffer from mental illness and trauma. Since Haley, Shatan, and Lifton's

utilization of rap groups, group therapy has become a primary method of treatment for post-traumatic stress and other disorders (Friedman). In 2018, following a now annual occurrence, Congress appropriated 50 billion dollars toward mental health funding (APA). The research that the government has done in PTSD and other diagnoses has been equally as beneficial for civilians who suffer from such disorders.

While issues still exist today and there is still work to be done, the improvements ultimately vitalized a mental health system for veterans which broke the initial barrier of stigmatization of receiving treatment for all people. The work of veterans and psychologists to pressure the government to develop a comprehensive military mental health system stands as a testament to the power that individuals have in breaking barriers behind the mental health stigma. Ultimately the work that Lifton, Shatan, Haley, and the countless veterans and other medical professions contributed to help create a much larger and positive shift in the public sentiment behind mental health. The stigma behind receiving help and treatment has decreased greatly, but there is even more work ahead. As the United States continues to cope with roughly 129 people falling ill to suicide daily, others will continue to follow in the footsteps that many veterans and medical professionals made following the Vietnam War to create a society without barriers of stigmatization (Suicide).

## Works Cited

"APA Praises Congress for Passing Bill That Funds Mental Health and Substance Use Services."

*American Psychiatric Association*, 28 Sept. 2018,

[www.psychiatry.org/newsroom/news-releases/apa-praises-congress-for-passing-bill-that-funds-mental-health-and-substance-use-services](http://www.psychiatry.org/newsroom/news-releases/apa-praises-congress-for-passing-bill-that-funds-mental-health-and-substance-use-services). Accessed 15 Dec. 2019. This is a "press release" from the American Psychiatric Association about Congressional funding for Mental Health and Substance Use Services. The APA is a credible organization and plays a major role in my essay as it contributes to the many early progress in military mental health research. The press-release is a primary source since it is communicated directly from the organization. There is no reason for the APA to distort the information.

Congressional funding relates to my argument because the latter half of the essay's paragraphs relate to the "destigmatization" of mental health treatment and services. The very fact that Congress passes annual appropriations for such treatment is proof that it is more culturally accepted. This relates to the larger theme of barrier breakers because of the work that APA psychologists and veterans made in making PTSD and other illnesses more culturally supported.

Blashfield, Roger K., et al. *The Cycle of Classification: DSM-I Through DSM-5. Annual Review Clinical Psychology*,

[apsychoserver.psych.arizona.edu/JJBAREprints/PSYC621/Blashfield\\_etal\\_2014\\_ARCP.pdf](http://apsychoserver.psych.arizona.edu/JJBAREprints/PSYC621/Blashfield_etal_2014_ARCP.pdf). Accessed 30 Sept. 2019. This is a history of research between the Classifications of DSM by the Annual Review Clinical Psychology in 2014. This source is credible since it is a well-established, highly-regarded medical journal. The authors of the review are Roger K. Blashfield, Jared W. Keeley, Elizabeth H. Flanagan, and Shannon R. Miles, all of whom are college psychology professors. The source discusses in-depth the changes between DSM-II and DSM-III, specifically that "there were 228 categories of mental disorders in the DSM-III (163 categories defined using diagnostic criteria) discussed in 494 pages, making the size of the DSM-III much larger than either the DSM-I or DSM-II." The source details that the additional length contained a greater detailed and more comprehensive diagnosing of mental illnesses, like the newly established PTSD. This source has provided helpful insight into the differences in the genres of DSM. This connects to the theme of barrier-breaking because DSM-III was the first report to recognize PTSD and the links between war and post-war life. The historical significance

of this is that the researches contributed greatly in making PTSD treatable and liveable for Veterans, and others.

- Bloom, Sandra L. "International Handbook of Human Response to Trauma." *International Handbook of Human Response to Trauma*. International Society for Traumatic Stress Studies, [www.istss.org/about-istss/history.aspx](http://www.istss.org/about-istss/history.aspx). Excerpt originally published in *International Handbook of Human Response to Trauma*, . This is a history of the origins of The International Society for Traumatic Stress Studies. This source is credible since it is written by the former president of the international society, Sandra L. Bloom, MD. The source relates to my overall research since it discusses the effect PTSD psychologist Dr. Chain Shatan, a central aspect of my project, has the creation of the organization. The article states, "Shatan described what came to be called post-traumatic stress disorder, and told how he had noticed these symptoms in the Vietnam veterans he and his colleagues had been seeing in "group rap" sessions." Shatan's early recognition of his observations are remarkable and helped further the process of treatment exponentially. This source has been incredibly helpful due to providing more history of Shatan's work. This connects to the theme of barrier-breaking because Shatan saw early signs and recognized what we now refer to as PTSD. The historical significance is that Shatan exposed the problems behind PTSD and that this helped lead to better treatment.
- Burr, Phillip J. Interview. Conducted by Ryan Doucette, 26 Nov. 2019. Phillip J Burr served as a 2nd Lieutenant in the United States Marine Corps during the Korean War. Burr served as the officer for his platoon on the front lines and was severely injured as were many of his men. Burr was awarded a Purple Heart and Naval Cross for his heroism. I asked Burr about his experiences in the military and the way that the mental health of corpsmen was viewed during the 50s. Burr gave me important insight as a Corpsman and an Officer, as well as an injured soldier. His insight helped construct my overall argument that there was limited attention to mental health in the military for most of our nation's history. This relates to the overall theme of breaking barriers since following the Vietnam war, the Government began paying attention to the veteran's mental health.
- Caplan, Paula J., and Lisa Cosgrove, editors. *Bias in Psychiatric Diagnosis*. [books.google.com/books?id=IORaZsFWEIEC&pg=PA30&lpg=PA30&dq=dr+shatan&source=bl&ots=QbjKVtBFoM&sig=ACfU3U1X5xyeBakaLXJ9ggu9Pstc45SPw&hl=en&sa=X&ved=2ahUKEwiF\\_tT7p\\_TkAhUQmeAKHXkSBelQ6AEwCHoECAkQAQ#v=onepage&q=dr%20shatan&f=false](https://books.google.com/books?id=IORaZsFWEIEC&pg=PA30&lpg=PA30&dq=dr+shatan&source=bl&ots=QbjKVtBFoM&sig=ACfU3U1X5xyeBakaLXJ9ggu9Pstc45SPw&hl=en&sa=X&ved=2ahUKEwiF_tT7p_TkAhUQmeAKHXkSBelQ6AEwCHoECAkQAQ#v=onepage&q=dr%20shatan&f=false). Accessed 28 Sept. 2019. This is a history of the Bias of Psychiatric Diagnosis relating to PTSD. This source is credible since it is written by Lisa Cosgrove and Paula Caplan, both of whom have Ph.D.'s in Psychology. The source challenges Dr. Chain Shatan and Dr. Robert Lifton, as conflicted by their bias from being opposed to the Vietnam War. The article states, "Shatan. Lifton and other sympathetic practitioners were collaborating with the Vietnam Veterans Against the War (VVAW) to gather data on the problems facing veterans." This inherently wasn't an issue, but often

conflicted with their scientific work. However, their passion or bias, motivated the two doctors and their colleagues to persist and work diligently to conduct studies to prove PTSD should be included in DSM-III. Once again, Shatan (and Lifton's) early recognition of his observations are remarkable and helped further the process of treatment exponentially. This connects to the theme of barrier-breaking because Shatan and Lifton, as well as other doctors, saw early signs and recognized what we now refer to as PTSD. The historical significance is that Shatan and Lifton exposed the problems behind PTSD and that this helped lead to better treatment.

Committee on the Assessment of Ongoing Effects in the Treatment of Posttraumatic Stress Disorder, compiler. *Treatment for Posttraumatic Stress Disorder in Military and Veteran Populations: Initial Assessment*. National Academy of Sciences. *National Center for Biotechnology Information*, [www.ncbi.nlm.nih.gov/books/NBK201099/](http://www.ncbi.nlm.nih.gov/books/NBK201099/). Accessed 30 Sept. 2019. This source is part of a collection of research journals provided by The National Center for Biotechnology Information. The source is written by the Committee on the Assessment of Ongoing Effects in the Treatment of Posttraumatic Stress Disorder which is part of the larger Institute of Medicine. The source is reliable because it is published by the Government and apart of the National Academy of Sciences. The source details Congress' intervention into the crisis of mental health looming over the Department of Veteran Services. It states, "The Vet Centers were formally established by an act of Congress in 1979, and were, by design, not aligned under the management of local VA medical centers... they were originally targeted to serve only Vietnam veterans, many of whom had PTSD or other readjustment issues, but they have expanded their mission to include veterans of all conflicts." Ironically, PTSD was not yet established in DSM-III until 1980, the year following, but the US Government already felt the necessity of establishing services for Vietnam Veterans. This connects to the theme of barrier-breaking because of "activists" like Shatan and Lifton helped advance treatment and PTSD awareness which was unheard of at the time. The historical significance of this is that their efforts contributed greatly to modern veteran medicine and the government reacted and became increasingly aware of the issue at hand.

Crocq, Marc-Atoine. *From shell shock and war neurosis to posttraumatic stress disorder: a history of psychotraumatology*. *National Institute of Health*, [www.ncbi.nlm.nih.gov/pmc/articles/PMC3181586/](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3181586/). This source is part of a collection of research journals provided by the US National Library of Medicine, part of the National Institutes of Health. The source is reliable because it is written by two doctors who are researchers at the Institute for Research in Neuroscience and Neuropsychiatry, Rouffach, France. The source elaborates on information about DSM-3 and the first connected ties between the Trauma of War and PTSD that I have found in other research. The source discusses " the late and delayed effects of combat exposure in the form of PTSD were a significant source of suffering and disability among veterans in the United States." Unlike

prior wars where veterans experienced psychological ailments on the battlefield, veterans from Vietnam were experiencing the effects of trauma at home, post-war. The source estimates that out of the "700,000 Vietnam veterans - almost a quarter of all soldiers sent to Vietnam from 1964 to 1973 - required some form of psychological help." This major development in the need for treatment probably helped stem the involvement the government had in research in the coming years. This connects to the theme of barrier-breaking because DSM-III was the first report to recognize PTSD and the links between war and post-war life. The historical significance of this is that someone must've exposed the problems behind PTSD and that this helped lead to better treatment.

Doucette, Eric J. Interview. 30 Dec. 2019. I interviewed Captain Eric J. Doucette of the United States Coast Guard to see what effects there have been in the Coast Guard's approach to mental health since joining in 1988. Doucette is a 32-year veteran of the service and currently serves as the Captain of the Port of Boston and the Commanding Officer of Sector Boston. Doucette is a government official and provided a reliable testimony. While he could not specifically point to any notable differences, he did explain what is currently provided and his view on how the Coast Guard is in handling Guardsmen who need assistance. This benefited my argument because it supported my claim that there are many treatment opportunities for servicemen and women. This relates to my overall argument that mental health care became stigmatized because 50 years ago there were no programs accessible.

Figley, Charles R, and Joseph A Boscarino. "The traumatology of life." *The Journal of nervous and mental disease* vol. 200,12 (2012): 1113-20. doi:10.1097/NMD.0b013e318275d559 This source is part of a collection of research journals provided by the US National Library of Medicine, part of the National Institutes of Health. The source is reliable because it is written by two doctors who are notable psychology researchers: Charles R. Figley and Joseph A. Boscarino. The source discusses the impact the American Psychiatric Association had on the government's reaction to expanding treatment for veterans. The source discusses " The next year, the American Psychiatric Association published its third edition of the Diagnostic and Statistical Manual of Mental Disorders (APA, 1980) that included, for the first time, PTSD. Shortly after that, the Veterans Administration established criteria for a service-connected, psychiatric disability rating for PTSD. The first "Vet Center" (VA-sponsored outpatient mental health centers) opened in 1979 and by 1990, there were nearly 200 around the country." This major development in the accessibility of treatment was unarguably stemmed by the important research Haley, Shatan, and Lifton completed which encouraged the APA to include their findings. This connects to the theme of barrier-breaking because the APA's DSM-III was the first report to recognize PTSD which led to governmental actions.

Friedman, Matthew. *History of PTSD in Veterans: Civil War to DSM-5*. U.S. Department of Veteran Affairs, [www.ptsd.va.gov/understand/what/history\\_ptsd.asp](http://www.ptsd.va.gov/understand/what/history_ptsd.asp). Accessed 17 Sept.

2019. This is a history of research into PTSD in veterans by the United States Department of Veteran Affairs. This source is credible since it is a governmental organization and they have been the primary agency that conducted the research that is written about. The source claims that "in 1952, the American Psychiatric Association (APA) produced the first Diagnostic and Statistical Manual of Mental Disorders (*DSM-I*), which included "gross stress reaction." Unlike in other sources, I finally found a solid timeline of the creation of DSM, which will help me research and pinpoint a more specific timeline for this project. The source then continues to say, "In 1980, APA added PTSD to *DSM-III*, which stemmed from research involving returning Vietnam War Veterans, Holocaust survivors, sexual trauma victims, and others. Links between the trauma of war and post-military civilian life were established." This source has been incredibly helpful due to providing a specific year for DSM and also including information about the first established links between the trauma of war and post-military civilian life. This connects to the theme of barrier-breaking because DSM-III was the first report to recognize PTSD and the links between war and post-war life. The historical significance of this is that someone must've exposed the problems behind PTSD and that this helped lead to better treatment.

Friedman, Matthew J., MD, PhD, et al. "POST-TRAUMATIC STRESS DISORDER IN THE MILITARY VETERAN ." *POST-TRAUMATIC STRESS DISORDER* , [www.ptsd.va.gov/professional/articles/article-pdf/id12012.pdf](http://www.ptsd.va.gov/professional/articles/article-pdf/id12012.pdf). This source is a publication of the Psychiatric Clinics of North America, specifically about Post-Traumatic Stress Disorder (PTSD). The source is written by three psychologists: Matthew J. Friedman, Paula P. Schnurr, and Annmarie McDonagh-Coyle. Friedman is used in another source in this project as well. The source is credible because it is published by the Psychiatric Clinics of North America and used by the Government. The source discusses the prevalence of PTSD in veterans and compared the disorder to the likelihood of civilians exhibiting similar symptoms. This relates to my larger theme of the argument that the Government acted on PTSD because it finally exposed the long-term damages that trauma had on an individual. This relates to the larger theme of the project because without the efforts of the veterans in engaging medical professionals, the diagnosis of PTSD may have never come to fruition.

Horwitz, Allan V. "The Evolving Conception of PTSD." *Johns Hopkins University Press*, Johns Hopkins University, [www.press.jhu.edu/news/blog/evolving-conception-ptsd](http://www.press.jhu.edu/news/blog/evolving-conception-ptsd). This is a history of the origins of The Evolving Conception of PTSD. The author, Allan V. Horwitz, is a Board of Governors and Distinguished Professor of Sociology at Rutgers University and has written "*PTSD: A Short History*." The source is a secondary source, it is a reflection and history of PTSD. The source relates to my overall research since it discusses the effect and So What? aspect of my project. The article states, "The current acceptance of post-traumatic stress disorder as a legitimate psychiatric diagnosis



thoroughly contrasts with its contentious history. Before a purely stressor-related diagnosis emerged in the DSM-III the credibility of PTSD sufferers was highly contested." This admission that DSM-III proves about PTSD, one of Shatan and Lifton's accomplishments, has led to the destigmatization of post-trauma treatment. This connects to the theme of barrier-breaking because its effects has led to a change of societal opinion of PTSD. In the twenty-first century, PTSD treatment, and all mental health treatment, is still stigmatized, but the political and scientific backing of DSM-III has lessened the effect.

*How Common is PTSD in Veterans? U.S. Department of Veteran Affairs,*

[www.ptsd.va.gov/understand/common/common\\_veterans.asp](http://www.ptsd.va.gov/understand/common/common_veterans.asp). Accessed 17 Sept. 2019.

This source is from the National Center for PTSD, a sub-department of the U.S.

Department of Veterans. The source is a secondary source because it is a report. The source is accurate because it uses data provided by the United States government. The source claims that "it is estimated that about 30 out of every 100 (or 30%) of Vietnam Veterans have had PTSD in their lifetime." This data contrasts the estimated PTSD rates from Operations Iraqi Freedom (OIF) and Enduring Freedom (OEF). It cites, "about 11-20 out of every 100 Veterans (or between 11-20%) who served in OIF or OEF have PTSD in a given year." The decrease in the rate of PTSD may be due to the increased attention and preventative measures that have been established since the Vietnam War. This also makes me wonder if the lower PTSD rate was due to changes on the battlefield from Vietnam. This connects to the theme of barrier-breaking because of the changes in techniques and treatment that must've come about between Vietnam and OIF/OEF. The historical significance of that whoever or whatever exposed the problems behind PTSD has helped lead to better treatment.

Keegan, John. *The Face of Battle*. New York, Viking Press, 1976. *The Face of Battle: A Study of Agincourt. Waterloo and the Somme* by John Keegan provide insight into battle throughout history. The source is secondary since Keegan is a historian and recalling history based on his knowledge. The source is trustworthy and reliable since Keegan is a renowned author and historian who helped form the current view of battle in general. In the source, Keegan describes the focus of battle and provides a memoir about a soldiers' compliance and ease with killing others. Although not intending to raise awareness of the mental stability of the soldier, the book provides an interesting insight to me as I am studying the effects of mental health in soldiers and battle. This connects to my overarching question because it provides subsidiary details to the background of soldiers' failure to promote beneficial mental health. This is important because it continues the disconnect between soldiers and society.

Kory, Deb. Videoconference interview. Conducted by Robert J. Lifton. This is an interview with psychologist Robert J Lifton over his extensive career. The interview is conducted by Deb Kory, a fellow psychologist. This source is credible and primary since it is an

interview by one of the main components of my project: Lifton. In response to the source that challenges Dr. Chain Shatan and Dr. Robert Lifton as conflicted by their bias from being opposed to the Vietnam War, this interview gives me insight into how their biases helped support their overall mission. When asked about how being an activist affected his work, Lifton responded: "I was intent on combining scholarship and activism." This connects to the theme of barrier-breaking because Lifton, as well as Shatan, Haley, and other doctors, saw early signs and recognized what we now refer to as PTSD in part to their hypersensitivity to the controversial war.

Leventman, S. (1978). Epilogue: Social and historical perspectives on the Vietnam veteran. C. R. Figley (Ed.), *Stress disorders among Vietnam veterans: Theory, research and treatment* (pp. 291-295). Brunner/Mazel. Seymour Leventman was an esteemed Boston College sociologist who was known as the most reputable sociologist on war during his time. He is a reputable source due to his role at a prestigious institution and the quality of the work he was known to produce. The book is a secondary source since he is reflecting on others' experiences. In the book, Leventman writes on his views of how he views how society viewed Vietnam veterans as dangerous and psychotic freaks. Leventman further writes, "nothing reflects so much of what is wrong with American society as its treatment of Vietnam veterans . . . one can only reiterate that the negative legacy of Vietnam lies more in civilian society than in the psyches of veterans." This relates to my overall theme since it helps reinforce how stigmatized the treatment of veterans was and how that changed over the following decades.

Marlowe, David H. *Psychological and Psychosocial Consequences of Combat and Deployment*. 2001. *Rand*, [www.rand.org/content/dam/rand/pubs/monograph\\_reports/MR1018z11/MR1018.11.ch9.pdf](http://www.rand.org/content/dam/rand/pubs/monograph_reports/MR1018z11/MR1018.11.ch9.pdf). Accessed 9 Oct. 2019. This particular chapter is a contradiction and rebuttal to Shatan and Lifton's work. This source is credible since it is written by an American Board of Professional Psychology certified psychologist, David H. Barlow. The source relates to my overall research since it questions Dr. Chain Shatan and Robert Lifton's biases when researching PTSD and PTS, a central aspect of my project. The article states, "Approximately 2,900,000 Americans served in Vietnam over the entire period of the conflict, and a majority of these were support personnel, not combat troops. Presumably, one-third of the total force has suffered PTSD since the war. This might make sense if Vietnam had really been, for almost all personnel there, as traumatic as described in Lifton and Shatan's Winter Soldier testimony." Barlow's questioning of the estimated affected victims gives me insight into how difficult and heavily debated the issues behind PTSD were. This connects to the theme of barrier-breaking because, despite the bias behind Shatan and Lifton, Barlow adds to their work by inserting his interpretations, a vital component of the scientific process.

Martini, Don. Interview. Conducted by Ryan Doucette, 26 Nov. 2019. I interviewed Don Martini, a local Vietnam Veteran, about his experiences in the Army during the war. Martini spoke at Bedford High School's Veteran Day information session. He spoke about his later curiosity about why the United States was in Vietnam and a lot of the trauma that many fellow soldiers felt. His interview provided a lot of useful information to my project as it was a first-hand account of what happened. I was especially inspired by the experiences he shared since it was clear that some aspects of the war were hard for him to talk about but nevertheless wanted to discuss them since he could share his experiences to help prevent a similar war in the future. This helps relate to my overall project because it gave insight into how the trauma of Vietnam severely hurt those involved.

*National Veteran Suicide Prevention Annual Report*. Office of Mental Health and Suicide Prevention, 2019. *Department of Veteran Affairs*, [www.mentalhealth.va.gov/docs/data-sheets/2019/2019\\_National\\_Veteran\\_Suicide\\_Prevention\\_Annual\\_Report\\_508.pdf](http://www.mentalhealth.va.gov/docs/data-sheets/2019/2019_National_Veteran_Suicide_Prevention_Annual_Report_508.pdf). Accessed 12 Jan. 2020. The *National Veteran Suicide Prevention Annual Report* is an annual report compiled by researchers at the Department of Veteran Affairs to track mental health and suicide statistics within the armed forces. The source is reliable since it is produced by the government with the intent of alerting the public with the looming crisis that veterans face when it comes to suicide. I incorporated this information within my project since it provided a true reflection on how bad suicide is within veterans and how there is a correlation between trauma and mental illness. I specifically used the data of the 17 veteran suicides a day to provide a troublesome lede into my essay. This relates to the overall theme of breaking barriers since the mental health professionals in 1970 partnered with veterans to raise pressure against the government's inaction to the unprecedented crisis.

Pols, Hans, and Stephanie Oak. "War & military mental health: the US psychiatric response in the 20th century." *American journal of public health* vol. 97,12 (2007): 2132-42. doi:10.2105/AJPH.2006.090910 This source is part of a collection of research journals provided by the US National Library of Medicine, part of the National Institutes of Health. The source is reliable because it is written by two doctors who are experts in psychological research. Unlike the other sources, this publication details the political history of the evolution in the late 1900's of military psychological treatment. It states, "The recognition that many veterans suffered from chronic psychiatric disorders was the outcome of a long process that began in 1970 when Chaim Shatan and Robert J. Lifton adopted the cause of a group called Vietnam Veterans Against the War." This information is unique because it is the first to contrast that outside influence, in this case soldiers who fought in Vietnam, on the Government to accept findings of PTSD and other psychological findings. The article proceeds to state, "their efforts were reinforced by the acceptance of the diagnostic category of post-traumatic stress disorder in the 3rd

edition of the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders* at the 1980 annual meeting." From here, I am curious about discovering more about Shatan and Lifton and their work. This connects to the theme of barrier-breaking because Shatan and Lifton help advance treatment and PTSD awareness. The historical significance of this is that their efforts contributed greatly to modern veteran medicine and pushed the government to be more aware.

Rensberger, Boyce. "DELAYED TRAUMA IN VETERANS CITED." *New York Times* [New York], 3 May 1972. *New York Times*, [www.nytimes.com/1972/05/03/archives/delayed-trauma-in-veterans-cited-psychiatrists-find-vietnam.html](http://www.nytimes.com/1972/05/03/archives/delayed-trauma-in-veterans-cited-psychiatrists-find-vietnam.html). Accessed 28 Sept. 2019. This is an article detailing the original findings of trauma in post-war Veterans. The article is written by New York Times reporter Boyce Rensberger. The source is written in first-person since it was written in 1972 and interviews many of the early PTSD-researching doctors. The article includes an admission from, "Dr. A. Carl Segal, formerly on the staff of the Army hospital at Fort Benning, Ga., told the meeting that until recently, the Army had been bragging about the low psychiatric casualty rate of the Vietnam war." This admission was furthered by Shatan's veteran groups who reported signs of being "Unable to forget, unable to endow their Vietnam experience with meaning, they live through some things forever." This connects to the theme of barrier-breaking because the Army Doctor and the Department of Veteran Affairs are recognizing the scientific and social advances that these psychologists are making. The historical significance is that Shatan, Lifton, and other doctors are exposing the problems behind PTSD and that this helped lead to better treatment.

Scott, W. (1993). *The politic of readjustment: Vietnam veterans since the war*. Hawthorne, NY: Aldine de Gruyter. This source is written by Wilbur Scott, a notable sociologist who was notable for his work relating to the sociology of the military. This source is secondary as it analyzes what happened so that Lifton, Shatan, and Haley were able to be successful. In the book, Scott details the processes that Haley went through connecting a Veteran who was troubled by his actions in Vietnam to one of Shatan's rap groups. This information supplements my project in many ways as it helps provide information about Sarah Haley, the social worker at the Boston Veteran Affairs Hospital as well as information on the rap groups that were being used to both help the Veterans as well as supplement the research that the trio was conducting,

Shatan, C. (1972). Post-Vietnam syndrome. *New York Times*, p.35, May 6. .

The source by Dr. Shatan, a central protagonist in my argument, is a primary source as it appeared in the *New York Times* in 1972, during the early stages of the development of PTSD. It is a reliable source because it provides insight into the views of Shatan and his colleague, Dr. Lifton. In the source, he describes his reactions to the death of Medal of Honor recipient Dwight Johnson which led him to his curiousness in the trauma that

Veterans were facing. Shatan explained how the negativity surrounding Vietnam Veterans were detrimental to their rehabilitation back into society. This is significant because it further explains the background and reasoning behind the research he conducts in future years. This is significant because the research results in a change of tone by the Government when treating those who suffer from PTSD and other war-related illnesses.

Smith, R. Tyson, and Owen Whooley. "dropping the disorder in ptsd." *Contexts*, journals.sagepub.com/doi/pdf/10.1177/1536504215609300. Accessed 9 Oct. 2019. This is an article about the differences between Post-Traumatic Stress Disorder (PTSD) and Post-Traumatic Stress (PTS). The article was included in *Contexts* magazine, a quarterly magazine about sociology. The source is secondary as it includes quotes and insights from individuals who study and have experienced PTS and PTSD, but the article is written by reporters. The article includes an admission that despite "hard-fought campaign for the recognition of psychological wounds from war, establishing PTSD as a mental disorder... PTSD in 2015 is different than PTSD in 1980." This information and insight do not necessarily help me construct my argument, but rather gives insightful information about the long-term effects of the on-going research kickstarted by Haley, Lifton, and Shatan. This connects to the theme of barrier-breaking because their actions had a massive impact of treatment and research for PTSD and PTS treatment.

*Suicide Statistics. American Foundation for Suicide Prevention*, afsp.org/about-suicide/suicide-statistics/. Accessed 12 Jan. 2020. The American Foundation For Suicide Prevention compiles an annual report compiled by researchers to track mental health and suicide statistics within the general public. The source is reliable since it is produced by a reputable organization with the intent of alerting the public with the looming crisis that society faces when it comes to suicide. I incorporated this information within my project since it provided a true reflection on how bad suicide is within the public and how there the progress made. I specifically used the data of how 119 Americans fall ill to suicides a day to provide a troublesome exit out of my essay as a call-to-action. This relates to the overall theme of breaking barriers since the mental health professionals in 1970 partnered with veterans to raise pressure against the government's inaction to the unprecedented crisis.

Treatment for Posttraumatic Stress Disorder in Military and Veteran Populations: Final Assessment. 2014 Jun 17;. doi: 10.17226/18724. Review. PubMed PMID: 25077185. The *Treatment for Posttraumatic Stress Disorder in Military and Veteran Populations: Final Assessment* is an annual report about the current state of PTSD and other mental health issues within the DOD and VA. The source is reputable since it is published by the Institute of Medicine and further published by the National Institute of Health. The source is secondary since it is a report. The report discusses what the different branches do currently and explain how the Air Force conducts resiliency training to help airmen be more aware of issues within their own mental health and fellow airmen. The report also

discusses how it is utilized by the government and how it advocates for more intervention by the military and government to do more to prevent suicide or other problems of PTSD. This relates to my overall theme that a group of mental health professionals made grade strides in the destigmatization of mental health since now the military is listening to criticism and working harder to prevent suicide and PTSD.

"VA History In Brief." *Department of Veteran Affairs*,

[www.va.gov/opa/publications/archives/docs/history\\_in\\_brief.pdf](http://www.va.gov/opa/publications/archives/docs/history_in_brief.pdf). Accessed 8 Dec. 2019. This is a brief history of the Department of Veteran Affairs provided by the Department itself. It is secondary because it recalls events throughout the Department's past. Realistically, there is no reason to distort information, but since it is a government organization with a "controversial" past, I, as always, am attentive to possible biases. The source discusses the response of the Department to the establishment of PTSD in DSM-III. It also discusses the rise in treatment and research that came about because of it. This source connects to the project's overall theme because it shows how the work of veterans and psychologists helped create a better governmental system for the mental health of veterans.

Walton, Stephanie. "U.S. Chamber Foundation, Department of Veterans Affairs Launch Effort to Prioritize Mental Health in the Workplace." *US Chamber of Commerce Foundation*, US Chamber of Commerce , 13 Nov. 2019,

[www.uschamberfoundation.org/blog/post/us-chamber-foundation-department-veterans-affairs-launch-effort-prioritize-mental-health](http://www.uschamberfoundation.org/blog/post/us-chamber-foundation-department-veterans-affairs-launch-effort-prioritize-mental-health). Accessed 15 Dec. 2019. This is a press release from the U.S. Chamber of Commerce Foundation announcing a partnership between the Commerce Foundation and the Department of Veteran Affairs to prioritize mental health in the workplace for veterans and civilians. The source is primary since it is a press-release from the actual organization documenting the partnership. There is no reason for the Chamber of Commerce or the VA to distort the information, both are trusted bodies of information. The partnership speaks to my argument that the Government and organizations are more interested in helping solve the suffering of veterans and individuals. This relates to the overall theme of barrier breakers since the work of medical professionals and veterans are monumental to this evolution in our culture and how we treat those suffering from mental illnesses or disorders.