

The Post-Vietnam Stress Syndrome: Some Cautions

Edward M. Colbach, MD

Because of his alleged post-Vietnam stress disorder, a veteran was found not responsible by reason of mental disease in a shooting incident. The outcome of his subsequent malpractice suite against the Veterans Administration raises some important cautions.

With the publication of DSM-III, the term posttraumatic stress disorder has increasingly come into use.¹ Yost and Williams,² among others, have particularly applied this diagnosis, including the delayed type, to Vietnam veterans. Atkinson *et al.*^{3,4} have written about the increasing number of Veterans Administration claims for disability based on this disorder, and they believe that their studies do validate the DSM-III criteria. Having served as an Army psychiatrist in Vietnam in 1968 and 1969, I am well aware of the burdens which that unpopular war placed on our very young military personnel. As always, though, some cautions are in order.

Baskir and Strauss⁵ have pointed out that those who served in Vietnam were primarily quite young Americans who had limited coping devices in civilian life. Staying in college with a certain grade point average, for example, was one way of avoiding the military. At the 67th Evacuation Hospital in Qui Nhon, where I worked, I studied 100 consecutive cases of soldiers who were having trouble adapting. I found that 99 of the 100 were high school dropouts. Even with all of the emotional and intellectual resources available to me personally and even though I was in a relatively protected setting, I returned from Vietnam with a lot of anger and mistrust which threatened my civilian adjustment.

Surprisingly, though, our actual psychiatric casualty rate in the war zone was quite low when compared with that of Korea and World War II.⁶ The one-year rotation, our overwhelming air and naval superiority, the usual absence of prolonged battles, and our extensive mental health services are some of the reasons given to explain this low rate. So the first caution involves not attributing too many current adjustment problems to Vietnam, especially if we sent there many individuals who had already demonstrated some impaired coping devices and who apparently did adequately while there. The interaction is a complicated one which defies easy analysis. Grant and Coons⁷ have warned against the simplistic connection of too much current behavior to Vietnam duty, just because a person had had some

Dr. Colbach is in private practice and is clinical professor of psychiatry, Oregon Health Sciences University, Portland, OR. Address requests for reprints to him at 623 N.W. 19th, Portland, OR 97209.

difficult service there. This warning is especially pertinent in the forensic area, where mitigation of responsibility has such obvious benefits.

In my second military year, I had a desk job in Washington, DC, as an Assistant Psychiatric Consultant to The Surgeon General of the Army. Because of my recent experience overseas, I was assigned many tasks involving Vietnam. There I first became aware of exaggerated war stories among returnees. Sparr and Pankratz⁸ noted a similar phenomenon in reporting on five men who presented to a Veterans Administration Medical Center with symptoms related to their alleged Vietnam experiences. Checking the military histories revealed that these men had blatantly misrepresented the facts and that four had not even been in Vietnam. So the second major area of caution has to do with just how true are the war stories.

Case

A man in his 30s was a Vietnam veteran who had served there as a helicopter crew chief for about four months in 1968.⁹ He was wounded by the malfunctioning of his own gun and was evacuated. His history prior to his military service indicated some angry impulsivity, which continued after his service.

In 1978 he had a bitter dispute with his ex-wife. He threatened her with a gun and at one point was put on probation to seek outpatient treatment. Over about nine months, he had six visits to a Veterans Administration satellite outpatient mental health clinic. His attendance was erratic. In October 1979 he lost control and once again went after his ex-wife with a gun. In the resulting shoot-out with the police, he was seriously wounded. Up until the shooting incident, his past military service had not been a factor in the formulations of people who had tried to help him. As his criminal trial for the shooting approached, however, a psychologist hired by the defense uncovered much material related to his Vietnam experience. Especially important was his story of shooting three Vietnamese children. He began to talk of a recurring nightmare of the killing. He also talked of many heroic deeds, such as rescuing a general, and claimed to have received several medals for valor.

At his criminal trial, he claimed the attempt to shoot his ex-wife was related to a flashback to his Vietnam experiences. A jury found him not responsible because of mental disease. He was sent briefly to a state mental hospital and then released under supervision. As a result of the jury findings, he received some national publicity and was also given a Veterans Administration disability rating for posttraumatic stress disorder.

The case did not end there, however. He then brought a civil malpractice suit against the Veterans Administration because it was alleged that they initially missed the diagnosis of posttraumatic stress disorder. If that diag-

Post-Vietnam Stress Syndrome

nosis had been made, more appropriate treatment, such as group therapy, could have been given. He asked for six million dollars because he now had the stigma of being a released mental patient and he had a leg disability.

In May 1984 the civil suit finally came to trial before a federal judge in Portland, OR. A key part of this trial involved the testimony of three individuals who had served with him in Vietnam, including his former commanding officer. They challenged the stories of his military action, especially the killing of the children. They testified that he primarily served a support function and did not see much combat. His discharge papers did not indicate the medals for valor which he claimed. His ex-wife testified that he never told her about bad dreams related to Vietnam. If anything, she said he bragged in a macho way about his experience there. Government expert witnesses focused on his intense anger at his ex-wife and downplayed the importance of Vietnam in the shooting.

A federal judge found that the subject had exaggerated his Vietnam experiences, that he was not suffering from a posttraumatic stress disorder, and that the attempt to shoot his ex-wife was not related to his Vietnam experience. He found against the plaintiff.

Discussion

This case points out how important it is to evaluate the actual stressor before making a diagnosis of post-Vietnam stress disorder. This can best be done by studying the available military records and especially by interviewing those who served with the veteran. Such an exhaustive investigation was not done here for the criminal trial but was instituted when millions of dollars were at stake in the civil suit.

This case also indicates that we should maintain a healthy skepticism whenever litigation, whether it be criminal or civil, is involved. As I have said before, my Vietnam experience left me with some unpleasant residuals. However, my fellow veterans and I do have a right to a myriad of other life crises without calling upon Vietnam to explain them.

Initially we ignored the Vietnam veteran, which was a disservice. Now, perhaps out of some guilty fascination, we run the risk of moving too far in the opposite direction. Whenever we are not careful guardians of reality, we do harm to everyone.

Acknowledgment

My thanks to Jack C. Wong, First Assistant United States Attorney, District of Oregon, for his help in preparing this article.

References

1. Post-traumatic Stress Disorder, Diagnostic and Statistical Manual III, American Psychiatric Association, Washington, DC, 1980

2. Yost JF, Williams T: Post-traumatic stress disorder of Vietnam veterans: psychiatric and forensic evaluations. Presented at the 14th Annual Meeting of American Academy of Psychiatry and the Law, Portland, OR, October 29, 1983
3. Atkinson RM, Henderson RG, Sparr LF, *et al.*: Assessment of Viet Nam veterans for posttraumatic stress disorder in Veterans Administration disability claims. *Am J Psychiatry* 139:1118-1121, 1982
4. Atkinson RM, Sparr LF, Sheff AG, *et al.*: Diagnosis of posttraumatic stress disorder in Viet Nam veterans: preliminary findings. *Am J Psychiatry* 141:694-696, 1984
5. Baskir LM, Strauss WA: *Chance and Circumstances*. New York, Alfred A. Knopf, 1978
6. Colbach EM, Parrish MD: Army mental health activities in Vietnam: 1965-1970. *Bull Menninger Clinic* 34:6: 333-342, 1970
7. Grant BL, Coons DJ: Guilty verdict in a murder committed by a veteran with post-traumatic stress disorder. *Bull Am Acad Psychiatry Law* 11:355-358, 1983
8. Sparr L, Pankratz LD: Factitious posttraumatic stress disorder. *Am J Psychiatry* 140:1016-1019, 1983
9. Solomon GJ: Opinion in the United States District Court for the District of Oregon, *Michael Pard and Kerry Pard v. United States of America*, June 20, 1984