

POST-TRAUMATIC STRESS AND AMERICAN VETERANS: A HISTORICAL
AND WAR LITERATURE ANALYSIS LEADING TO ART AS POTENTIAL
THERAPY

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CAPSTONE ABSTRACT

Post-Traumatic Stress and American Veterans: A Historical and War Literature Analysis

Leading to Art as Potential Therapy

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This capstone project examined the significance contributions of war literature towards bringing public awareness to, and helping to alleviate, the condition among some veterans that is commonly referred to as Post Traumatic Stress Disorder (PTSD). PTSD (also referred to as Post Traumatic Stress Injury – PTISI) is generally defined as a mental health condition that develops after a person is exposed to a traumatic event, such as sexual assault or warfare. Throughout history, men and women who have suffered through the horrors of battle have often times struggled with an invisible wound via a misunderstood affliction caused by severe tragedy, shock, and trauma through their combat experiences. In American history, military leaders and mental health advocates have endeavored to define this condition. In the US Civil War, the condition was referred to as Soldiers Heart. In the aftermath of World War I, it was deemed Shell Shock. During World War II, the affliction was termed Battle Fatigue. This project will examine the contributions of great war novelists such as Ernst Hemingway, Kurt Vonnegut, Kevin Powers, and others who through their gift of prose have helped to cultivate public awareness to the condition. The project will frame specific examples of

PTSD/PTSI in their works, and how intricately the author's own wartime and life experiences were reflected in the written page and through their characters. The paper will finish with inquiring whether or not there is therapeutic value in the power of art and the healing power of literature itself. Through electronic journal articles, books, and other source material, I have compiled extensive information on the topic at hand. As a retired Air Force officer and pilot, my experiences have augmented my presentation of this topic and the material at hand.

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Introduction

Throughout history, we have engaged in bloody wars and conflicts. Warfare as an activity has survived and endured from antiquity to the modern era. Tribes, clans, states, and nations have taken up arms in order to conquer and annihilate their fellow human beings. While it is impossible to tabulate the total number of people killed by warfare, the historian Roberto Muehlenkamp estimates that 123 million people died in the wars of the 20th century alone, with 37 million deaths attributable to military deaths, 27 million civilian collateral deaths, 41 million deaths due to genocide, and 18 million due to disease or other causes directly attributable to warfare (Muehlenkamp, 2017). No human endeavor seems to hold such fascination on the one hand, and sheer horror on the other, as warfare. Confederate General Robert E. Lee is said to have held the sentiment that “It is well that war is so terrible, lest we grow too fond of it” (Levin, 2008). While warfare could be described as a grand spectacle of men and women, machines, and incredible drama, it can also be aptly characterized as a nightmare of death, fear, mutilation, injury, genocide, and cruelty. A person could reasonably ask, what is the effect that war has on our human minds and emotional states? Is not the fragile mind or psyche as susceptible to injury as is the body? Modern psychiatrists, psychologists, and counselors described the mind’s response to severe emotional trauma and its effects as Post-Traumatic Stress Disorder (PTSD). There is a movement today to change the name of this condition to Post-Traumatic Stress Injury (PTSI), as the term “injury” is less offensive and judgmental than the term “disorder.” For the purposes of this paper, I will use the more common term “disorder” simply because it is more recognized by both the Veterans Administration and the media at large. This paper will examine the PTSD

syndrome, including clinical definitions, statistics, and a description of the consequences of this illness. I will then outline a brief history of PTSD in previous American wars, and how PTSD is described to war veterans specifically. While warfare affects many people who are not direct combatants, such as children or civilians, this paper will primarily focus on PTSD and the military soldier or combatant. This is not to minimize the trauma experience by victims of physical, sexual, emotional abuse, crime, torture, kidnapping, or terrorist attack. Rather, this paper focuses on veterans in for clarity.

I will examine great works of war literature to illustrate how the authors of war novels through their characters have dealt with the issue of PTSD within their literary art. Finally, I will explore current theories and trends of using literature and the arts as possibly therapy to relieve the effects of PTSD on the veterans themselves.

Definition of Post-Traumatic Stress

The Mayo Clinic defines Post-Traumatic Stress Disorder as “a mental health condition that is triggered by a terrifying event – either experiencing it or witnessing it. Symptoms may include flashbacks, nightmares, and severe anxiety, as well as uncomfortable thoughts about the event” (Mayo, 2018). The Mayo Clinic further describes the PTSD condition as a disorder manifested in individuals that is related to trauma or exposure to traumatic events. As specified by the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5 cited by Andrew P. Levin, Stuart B. Kleinman and John S. Adler, 2014), PTSD is a trauma and stressor related disorder that develops primarily due to “intensely stressful” or “watershed events” in the life of the individual. These events are usually associated with “threatened death, serious injury, or

sexual violence” (Levin, Kleinman & Adler, 2014). Further, the authors specify that PTSD sufferers usually either directly experience the traumatic event themselves, or are eyewitnesses to the event. PTSD symptoms can even arise through indirect experiences such as family members who experience trauma due to the direct impact of the trauma that a friend or loved one has experienced, and projects towards others. While individuals from all backgrounds, professions, and educational levels can and do experience PTSD as a consequence of a wide range and variety of trauma such as accidents or sexual abuse, this paper will primarily focus upon PTSD and the military soldier or military veteran. For the purposes of this paper, the term “soldier” will encompass sailors in the Navy, airmen in the Air Force, or Marine Corp members.

According to a prominent social support network for veterans and their families called PTSD United, an estimated 8% of Americans (24.4 million people) suffer from PTSD. This equates to a population roughly that of the state of Texas (PTSD United, 2018). The foundation also states that according to Veterans Administration statistics, over 20% of Operation Enduring Freedom and Iraqi Freedom veterans (Iraq and Afghanistan), 10% of Gulf War veterans, and 30% of Vietnam veterans have experienced some form of PTSD (PTSD United, 2018). There are other studies and statistics that support these figures as well. The RAND Corporation conducted a study in 2011 that determined that 22% of current veterans suffer from PTSD or major depression (see Figure 1).

Figure 1: RAND Corporation Findings - Percentages of Veterans Suffering from PTSD

Source: Levine, S. "Safe talk: tackling the issues facing returning veterans." Adelphi University. Web. Retrieved from: http://www.news.adelphi.edu/au_news/safe-talk-tackling-the-issues-facing-returning-veterans/. October 7, 2013.

PTSD Symptoms

According to the Mayo Clinic, symptoms for PTSD "may start within one month of a traumatic event, but sometimes symptoms may not appear until years after the event" (Mayo, 2018). The Veterans Administration (VA) has established an internal division called the National Center for PTSD. Founded in 1989, the National Center for PTSD seeks to care for veterans, research the causes for PTSD, and effectively apply treatments for the condition. According to the center, there are four types of PTSD symptoms (Symptoms of PTSD, as cited by National Center for PTDS, 2018). The first is reliving the event (also called re-experiencing symptoms). "Memories of the traumatic event can come back at any time. You may feel the same fear and horror you did when the even took place" (National Center for PTSD, 2018). The individual may have recurring nightmares, often vivid in nature. The person suffering may also experience flashbacks, which may the person feel like they are actually experiencing the event again. The person may also react to triggers, which can come in many forms. Triggers could be loud noises, smells, news reports, or other stimuli of sight or sound that causes the person to relive the traumatic event. One such trigger event was portrayed in dramatic fashion during Oliver Stone's 1989 film *Born on the Fourth of July*. As the young Ron Kovic, played by Tom Cruise, watches his hometown 4th of July parade down Main Street, the film depicts war veterans marching in their old uniforms. Several of the veterans depicted in the film are physically disabled because of their war injuries. As firecrackers

go off in celebration, many of the war veterans flinch and shake in fear in response to the the loud noises and screams emitting from the crowd (Stone, 1989).

The second symptom is characterized by the person avoiding situations that remind him or her of the event. The person may try to “avoid situations or people that that trigger memories of the traumatic event. He or she may even avoid talking or thinking about the event” (National Center for PTSD, 2018). The sufferer may attempt to avoid crowds or avoid driving, especially if they were involved in a road accident or military convoy when attacked. Other PTSD sufferers may avoid movies that deal with the subject of their trauma. The individual could also attempt to keep constantly busy as a means to help them avoid talking or thinking about the event (National Center for PTSD, 2018).

The third symptom is negative changes in beliefs and feelings. “The way you think about yourself and others changes because of the trauma” (National Center for PTSD, 2018). This means that the person may not be able to properly display love or affection towards others, may experience memory loss about the traumatic event itself and cannot find the will to talk about it, or may come to view the world as a completely dangerous place and believe they can trust no one (National Center for PTSD, 2018). The individual may also feel hopeless about the future, have difficulty maintaining close relationships, or become isolated or detached from family or friends. The sufferer may also become withdrawn, emotionally numb, have difficulty experiencing joy, and may have a lack of interest in activities they once enjoyed (Mayo, 2018).

The fourth symptom involves hyper arousal, or a state of always feeling keyed up or filled with anxiety. This symptom is characterized as: “You may be jittery, or always

alert and on the lookout for danger. You might suddenly become angry or irritable” (National Center for PTSD, 2018). In addition, the PTSD sufferer may have trouble sleeping (insomnia), experience difficulty concentrating, startled by loud noises, or he or she may insist on having their backs to a wall in a restaurant or public place (National Center for PTSD, 2018). Figure 2 summarizes these symptoms as three pillars (re-experiencing, avoidance, and hypervigilance), with the negative beliefs and feeling encompassed in the base of core symptoms.

Figure 2: PTSD symptoms

Source: “Posttraumatic Stress Disorder (PTSD)” Web. January 2018.
<http://traumadissociation.com/ptsd.html>

Finally, the symptoms of PTSD can vary over time in terms of intensity and frequency. Again, trigger events such as news stories or sounds may manifest and intensify a PTSD symptom. Some PTSD victims may also experience suicidal thoughts or tendencies. Other negative traits associated with people suffering with PTSD may include drug and alcohol abuse, eating disorders, or depression/anxiety (Mayo, 2018).

Post-Traumatic Stress and its Relation to the Military

The Civil War

According to DSM-5, it has only been since 1980 that the term PTSD has been used as a diagnosis for this condition (DSM-5 cited by Andrew P. Levin, Stuart B. Kleinman and John S. Adler, 2014). This is not to say that mental trauma and the PTSD condition did not exist before 1980 or in the aftermath of our nation’s previous wars and

conflicts. One of the first attempts to categorize PTSD observed in war veterans came about in the wake of the U.S. Civil War. The Civil War was the bloodiest war in American history, with an estimated 3.2 million men under arms, and over 620,000 soldiers' dead from combat, accidents, starvation, and disease (Civil War Facts, 2018). These statistics far outweigh American military deaths compared to other wars (see Figure 3).

Figure 3: American military war deaths

Source: "Civil War Facts." Civil War Trust. Web. January 26, 2018.
<https://www.civilwar.org/learn/articles/civil-war-facts>

Historians have read through Civil War diaries, letters, and hospital and pension files to examine some of the earliest documented cases of PTSD among Civil War soldiers. Some soldiers survived the horror of their physical wounds of shattered and amputated limbs, but suffered mental anguish and breakdowns that today we would diagnose as PTSD. One documented example is that of Corporal Hilt, a 25 year old from Michigan who was wounded at the Seven Days Battle in Virginia. According to historian Tony Horwitz writing for Smithsonian magazine, Hilt's arm was amputated and he later recovered physically; however, the Army was forced to transfer him to the Government Hospital for the Insane in Washington D.C. due to his symptoms: acute mania, withdrawn mind, apathy, and disturbed nature (Horwitz, 2015). His family testified that Hilt had never shown any mental illness before his service. Corporal Hilt never recovered mentally, and died in the insane asylum (Horwitz, 2015). The case study of Corporal Hilt could not doubt be repeated for thousands of other Civil War veterans who suffered from PTSD. It is clear the Civil War was truly traumatic experience for

many. Its military tactics did not keep up with the technology, meaning that generals would still order vast waves of men to charge one another over open ground, while enemy rifle muskets and cannon took a terrible toll on the battlefield. The Public Broadcasting Service producer, Lisa Q. Wolfinger, created a television documentary titled “Soldier’s Heart: Exploring PTSD During the Civil War.” During this program, Wolfinger explored how PTSD among veterans was misdiagnosed as cardiac strain or other physical ailments such as exhaustion. Doctors at the time used a variety of treatments for Civil War veterans, such as morphine, sedatives, and heart medication - all of which were ineffective. This episode demonstrated in realistic term what post-war life was like for Civil War soldiers who suffered from PTSD, including symptoms of flashbacks, extreme anxiety, alcohol abuse, and disorientation (Horowitz, 2016).

World War I

World War I shook the continent of Europe to its core, and unleashed a torrent of pain and death that was unequaled at that time in world history. Millions died, and millions more were wounded in the trenches and battlefields of Europe. Similar to the U.S. Civil War, rapid advances in technology made the battlefield a particularly bloody and dangerous place. In the wake of the war, many veterans exhibited symptoms such as catatonia, amnesia, or a paralysis with not ability to clearly communicate. Some veterans exhibited horribly contorted faces that are difficult to gaze on, even today (see Figure 4). Authors and university professors Dr. MaryCatherine McDonald, Dr. Marisa Brandt, and Dr. Robyn Bluhm wrote an article titled, “From shell-shock to PTSD, a century of invisible war trauma” (McDonald, Brandt, & Bluhm, 2017). The authors noted that it was English physician Dr. Charles Meyers who penned the first paper that attempted to

identify a condition known as “shell shock” in 1915. Dr. Meyers theorized that the symptoms were actually caused by brain trauma via the concussion caused by shell blasts. In doing so, Dr. Meyers misdiagnosed PTSD as a physical condition, and not as a mental one. Therefore, both the diagnosis, and the treatment of PTSD of World War I veterans was both inadequate and ineffective.

Figure 4: Shell Shocked Soldiers in World War I

Source: “Shell Shocked Soldier, 1916.” Rare Historical Photos. Web. February 6, 2018.
<https://rarehistoricalphotos.com/shell-shocked-soldier-1916/>

World War II

World War II is by far the deadliest conflict in world history. The global fatality statistics estimate that up to 80 million people were killed, many of them civilians (National WWII Museum, 2018). The official death toll for U.S. military members was 416,000 killed, and 670,846 wounded (National WWII Museum, 2018). As in the U.S. Civil War and World War I, technological improvements made the battlefield an increasingly deadly and dangerous environment. During the immense American military mobilization, military and medical personnel used extensive physical and psychiatric screening in order to eliminate candidates who previously suffered from maladies or problems that would make them unfit for combat service. According to anthropologist and author, Dr. David H. Marlowe, the military was surprised and shocked to find that despite extensive and careful screening of recruits that eliminated over one million Americans from military service during the war, medical personnel discovered that

approximately 25% of casualties of participants were caused by psychological trauma. The rate was even higher (over 50%) for soldiers who had engaged in direct and intensive combat for extended periods (Marlowe, 2001). Author and historian, Steven Bentley, notes that contemporary medical professionals came to the conclusion that diagnosed psychological “weakness” or “deficiencies” in character had little to do with subsequent emotional breakdowns due to combat in World War II. The medical profession initially categorized what we know call PTSD as “combat neurosis.” The name was later changed to “combat exhaustion”, and changed again to “battle fatigue” (Bentley, 2003). One of the most famous film depictions of a soldier suffering from PTDS “battle fatigue” was in the 1970 movie *Patton*, directed by Franklin J. Schaffner, and starring George C. Scott. In the film, an enraged Patton confronts and assaults a soldier in a field hospital whom the doctors had admitted for “battle fatigue.” Patton slaps the soldier and accuses him of cowardice. The event was witnessed by members of the press, who reported it to the public. The event is dramatized as devastating to both the soldier and to General Patton, who as a result of this outburst is removed from command (Schaffner, 1970). This depiction was factual, and was based on an actual event during the campaign in Sicily (Schaffner, 1970). See Figure 5.

Figure 5: Film Depiction of Patton Slapping Soldier Suffering from PTSD

Source: “PTSD Patton.” AR Gunners Magazine. Web. Retrieved from: <https://argunners.com/ptsd-patton/>. February 8, 2018

The Army, to its credit, attempted to deal with the issue of PTSD or “battle fatigue” by evacuating the most severe cases to rear areas of relative peace and security.

Once there, psychiatrists and other health professionals attempted to treat them, although the treatments varied in nature. These treatments included proscribing barbiturates, and even providing the soldiers with copious amounts of hard liquor (PBS, 2003). The Army also produced a training film in 1945 called “Combat Exhaustion.” This film was an attempt to train medical personnel to recognize the symptoms of “battle fatigue”, such as hyper vigilance, paranoia, depression, and memory loss (PBS, 2003). As millions of discharged World War II veterans attempted to return to civilian life, the U.S. military realized that it was struggling to address the large percentage of veterans who were seeking assistance in dealing with post-war trauma. Rather than deny the problem, the Army decided to produce and distribute another film in 1947, this time directed at the veterans themselves. It was called “Shades of Gray” and attempted to educate soldiers and their families in ways to recognize and deal with the symptoms of PTSD (PBS, 2003). While not entirely effective, the film was a milestone because the military recognized that PTSD was a real medical condition that needed to be acknowledge. This represented significant improvement from previous American wars, in that the government was attempting to both adequately diagnose and treat victims of PTSD. In 1946, Congress passed the National Mental Health Act, which addressed mental treatment and established health facilities under the auspices of the Veterans Administration (Magee, 2006).

Vietnam

During the Vietnam War, 8,744,000 Americans served in uniform, with over 3.4 million deployed to Southeast Asia (America’s Wars, 2018). Approximately 58,000 Americans lost their lives during the Vietnam War, and over 153,000 were wounded

(America's Wars, 2018). The Vietnam conflict differed in many ways from previous American wars in that public support wavered, there were large anti-war protests, and the enemy was not always easily distinguishable nor clearly defined. The Vietnam War undoubtedly, directly and indirectly through public opinion, caused many thousands of its veterans to suffer from PTSD. Writing for *Time* magazine in 2015, journalist Mandy Oaklander noted that a clinical study conducted from 2012 – 2013 determined that PTSD was common to many Vietnam veterans. The results of this study concluded that 40 years after Vietnam ended, some 271,000 veterans “have full war-zone related PTSD plus war-zone PTSD that meets some diagnostic criteria” (Oaklander, 2015). The estimates are that more than a third of the veterans who have current war-zone PTSD also have major depressive disorder” (Oaklander, 2015). According to the Veterans Administration, PTSD was only official recognized in 1980, five years after the conclusion of the Vietnam War. Therefore, the VA points out that Vietnam soldiers were the first group of veterans to have the label of “PTSD” applied to them (VA, 2016). Despite attempts to educate veterans themselves, and the public, it can be argued that Vietnam veterans suffer a stigma due to their war experiences. Many Hollywood movies, *First Blood*, *Rambo*, *Coming Home*, and *The Deer Hunter*, have depicted Vietnam veterans as maladjusted and mentally wounded from battles in Vietnam and its aftermath. It can also be argued, however, that this depiction is not without merit. Today, thousands of Vietnam veterans still suffer from chronic PTSD. Many of these veterans have struggled for decades with alcoholism, drug abuse, homelessness, and mental health issues (VA, 2018). See Figure 6.

Figure 6: Homeless Vietnam veterans

Source: “It’s time to help them.” [Pinterest](https://www.pinterest.com/virginiacharm/its-time-to-help-them/). Web. Retrieved from: <https://www.pinterest.com/virginiacharm/its-time-to-help-them/>. February 8, 2018

Despite the sufferings endured by Vietnam veterans, this is not to say there have not been significant advances made towards both the diagnosis and treatment of PTSD. In many ways our Iraq and Afghanistan war veterans owe a debt of gratitude to the Vietnam veterans because of the role the Vietnam veterans played in sparking the medical community to recognize the condition and to pioneer the road to treatment. These advances have greatly benefited today’s veterans, and this trend should no doubt continue to pay dividends in the years to come.

Gulf War, Iraq, and Afghanistan

The last group of American veterans to be discussed are those who participated in the 1990 liberation of Kuwait, the Gulf War, those who fought in Iraq 2003 to present, and Afghanistan 2001 to present. Iraq veterans are also called veterans of Operations Iraqi Freedom (OIF) and Afghanistan veterans are sometimes referred to as veterans of Operation Enduring Freedom (OEF). These three groups of veterans might be bundled together for the purpose of discussion in this paper because many military historians see the Iraq conflict as simply an extension of the first Gulf War, and also because both share the same theater of battle. Moreover, many veterans of the Iraq conflict were also deployed to the Afghanistan Theater. Moreover, many of these same veterans were deployed multiple times. According to the U.S. Department of Veterans Affairs, 2,322,000 service members are Gulf War (Desert Storm/Desert Shield) veterans (America’s Wars, 2018). Doctors Brian Shiner, Robert E. Drake, Bradley V. Watts, Rani A. Desai, and Paula P. Schnurr published a paper in the Journal for Military Medicine in

July 2012 titled, “Access to VA Services for Returning Veterans with PTSD” (Shiner, Drake, Watts, Desai, & Schnurr, 2012). These authors report that over 2.7 million veterans have served in both OEF and OIF. Using data from the year 2001 to 2010, the research team conducted a clinical study to determine how many of these veterans had PTSD. While the degree of PTSD and levels of prevalence can vary depending on the determination of factors, the team concluded that 16.6% of these veterans suffered from PTSD (Shiner, Drake, Watts, Desai, & Schnurr, 2012). One of the most interesting findings of their study was that Gulf War, Iraq, and Afghanistan veterans were more likely to seek out, access, and utilize PTSD services provided by the VA than were Vietnam veterans. Reasons why these particular veterans may seek help more readily might be because of the increased awareness of the medical community of the extensiveness of PTSD, and also an increased appreciation for the impact that PTSD has on individuals and society as a whole. The team estimated that approximately 57% of OEF/OIF veterans with PTSD were utilizing some form of VA services for treatment (Shiner, Drake, Watts, Desai, & Schnurr, 2012).

While no one definitive answer exists as to why these veterans seek out PTSD treatment more so than veterans of previous wars and those who serve in Vietnam, the VA team postulated that perhaps outreach programs, increased awareness, and availability of service could all be underlying factors. As previously discussed, the U.S. Army struggled in previous wars to identify and treat PTSD, and in most cases was forced to play “catch up.” For today’s veterans, not only has awareness of PTSD increased exponentially, so have the initiatives to eliminate the stigma of having PTSD. The U.S. military cooperated with, and encouraged the distribution of books such as

Courage After Fire by noted behaviorists and medical doctors Keith Armstrong, Suzanne Best, and Paula Domenici. These physicians have written about, and shared with veterans, subjects such as: focusing on the positive effects war-zone service, recognizing symptoms such as anxiety and anger, dealing with grief and loss, ways to manage employment and lifestyle difficulties, establishing trust with others, tips for re-adjusting to civilian life, and how to nurture familial and friendship relationships (Armstrong, Best, and Domenici, 2006). These doctors believe that veterans who are given the opportunity to communicate and properly express their post-war difficulties have a much greater propensity to effectively manage their PTSD symptoms than do sufferers who are unable to vocalize and come to grips with their own struggles (Armstrong, Best, and Domenici, 2006).

Like Vietnam veterans, thousands of Iraq and Afghanistan veterans in hostile areas were subjected to a stealth enemy that often used “booby traps” or Improvised Explosive Devices (IEDs) to maim, injure, or kill U.S. service personnel. It is reasonable to assume that these conditions exacted great deal of mental and physical anguish and suffering upon the veterans themselves.

In 2012, I was teaching a course on logistics to a group of Iraq and Afghanistan veteran officers. An Air Force Captain related to me his own experience with PTSD upon returning to the United States. He stated that he felt “overwhelmed and out of place” on his return to his family. In the initial days after his return, his family commented that he seemed “on edge” and hyper vigilant. The officer related that his family’s observations of his behavior only seemed to increase his anxiety. Early one morning, the officer heard very loud noises outside of his apartment complex. He

grabbed a baseball bat and ran out of bed, and said he began to sweat and shake profusely. He reported that he felt consumed by feelings of both fear and intense anger. Only after his wife spoke to him for several minutes was he able to calm himself down. The loud noises were from a garbage truck emptying the dumpster outside his apartment window. The Captain said that he associated loud noises with explosions, and the garbage truck had “triggered” an acute emotional response in him. He also related that he felt he was reliving an experience whereby he experienced an IED explode when several members of his unit were injured and killed. Given the 16.6% of Iraq and Afghanistan veterans with PTSD cited by Shiner, Drake, Watts, Desai, & Schnurr, there are thousands of this officer’s peers who served in Iraq and Afghanistan who undoubtedly have had similar feelings, symptoms, and responses. We are learning that PTSD is a very real condition, and it has all too real and tangible consequences.

Of the nation’s war veterans discussed thus far, the Gulf War, Iraq, and Afghanistan veterans have benefited the most from both a clinical standpoint that properly diagnosis their condition, but also in treatment. Today, VA centers around the county offer more services, including counseling, therapy, and medications to PTSD sufferers than ever before in our experience (Shiner, Drake, Watts, Desai, & Schnurr, 2012).

War Novels and Post-Traumatic Stress Disorder/Injury

While war is as old as human history, so is the art of storytelling. Whether through epic poems, drawings, tapestries, stories, or novels - human beings have always endeavored to seek an outlet to convey their experiences of war, their fears, and their

hopes. Warfare itself is a powerful and epic force, one that can change the face of nations and bend the arc of human history. However, war brings with it destruction, suffering, bloodshed, and death to the individual soldier. In its wake, war leaves behind grieving widows, traumatized children, and shattered lives. Misery, frustration, and tears of intense devastation are also its consequences. Is it at all surprising that human beings seek a way to make sense out of the morass of warfare? Do people wish to carry the living hell of war's burdens in their minds forever, or instead, do they seek ways to tap into their own imaginations and artistic gifts in ways that find an outlet for the truths they have been exposed to? An answer in the affirmative to these questions takes the position that war literature has been, and is, one such outlet. For the war novelist, whether he or she is a veteran or not, their gift of poetry or prose has served as a means towards healing and understanding. Author and journalist Joe Woodward summed it up well: "As long as there has been war, there have been writers trying to understand it, turning battlefield horror into narrative, trying to make something useful out of its debris" (Woodward, 2005). An examination of some of the great war novels is prudent, in that it supports the thesis that war novels play a role in raising awareness and public understanding of PTSD and helping the healing process. Novels also serve as an outlet for the war veterans themselves, whether by reading or authoring them.

The Red Badge of Courage

Stephen Crane's tale about the Civil War, told from the perspective of a common soldier, has been labeled by many literary critics to be one of the greatest war novels of the 19th century. The plot is simple in scope, yet gripping. An American, Henry

Fleming, enlists in the Union Army. He quickly moves from his family's farm to the encampment of the great Union army as it awaits orders to move on the dreaded Confederate enemy. Fleming's mind is filled with doubt as to how he will behave once the heat of battle touches him personally. As the army lies restless with rumors of movement and battle, so too is Henry's mind locked in a tense struggle as to what lies ahead. When finally engaged, Henry Fleming at first fights well alongside his friends, but as the enemy charges, he flees his comrades and the front lines in terror. After learning that his regiment held the line and won the battle rather than lost it, he is engrossed in deep shame and self-recrimination. He encounters a group of wounded soldiers, and his shame is only intensified by their wounds and bravery. He encounters a fatally wounded comrade, Jim Conklin, who dies before his eyes. Upon Jim's death, Fleming seems to undergo a transformation, and is subsequently wounded himself by a fellow Union soldier who was likewise filled with terror and fleeing the battlespace. Henry Fleming returns to his comrades, and realizes that his shame has not been discovered and that he has a chance to reclaim his honor as a man and as a soldier. Given a second chance upon engaging the enemy again, Fleming not only fights valiantly, but carries the unit's colors into battle at a crucial moment, thus ensuring the regiment follows him to fight and to hold the line during the critical battle (Crane, 1894).

The most pertinent question to be posed is this: could the character Henry Fleming have suffered from what is now classified as PTSD? The previously cited Mayo clinic findings state that PTSD can arise within one month or even years after the traumatic event (Mayo, 2018). Other researchers, such as of McDonald, Brandt, & Bluhm, conclude that PTSD and combat trauma can be almost instantaneous following a

terrible battle, artillery shelling, or loss of comrade on the field (McDonald, Brandt, & Bluhm, 2017). Moreover, McDonald, Brandt, & Bluhm point to more recent studies funded by the Veteran's Administration that seem to reinforce the notion that Fleming exhibited characteristics of PTSD, specifically the symptoms of desperately wanting to flee from perceived dangers and of withdrawing into a reclusive state (McDonald, Brandt, & Bluhm, 2017). While Crane himself was not a Civil War veteran, his classic novel was embraced by thousands of Confederate and Union veterans, who felt that the novel spoke to them personally. While written in the romantic style of its age of 19th century romanticism, the novel was also classified as fantastic realism, which was a marked departure from most war related literature for its time (Study.com, 2017). Clearly, Fleming exhibited some of the symptoms that are associated with current definitions of PTSD: disorientation, confusion, shock, and withdrawal from others. Fleming seeks solace in the forest, only to find that he is mentally tortured by what he refers to as "the thing" (Crane, 1894). Author David H. Barlow cites *The Red Badge of Courage* as an example of the difficulties that warriors experience. Barlow believes that Crane's characters mirror those of other novels, such as Homer's *Iliad* and *Odyssey* in that the characters in these epic works exhibit the same symptoms and behaviors observed among individuals who are diagnosed with PTSD today (Barlow, 1988, p. 419). Perhaps the best testament to the fact that Crane's classic novel has endured as strongly in the war novel genre is because it is beloved by veterans themselves. Those who have experienced the self-doubt, intense fear, and depression on the battlefield perhaps find solace in Crane's compassionate, yet accurate, portrayal of a young man endeavoring to survive war's assault on the body and the mind.

A Farewell to Arms

A Farewell to Arms is considered by many literary critics to be Hemingway's masterpiece. The narrator and main character is American citizen Frederic Henry, who is serving in the Italian Army as an ambulance driver and officer. The story chronicles Lieutenant Henry's experiences in the Italian army during WW I. The novel plausibly reflects Hemingway's real life experiences, as he was also an ambulance driver serving with the Italian army during WW I. Like his character Frederic, Hemingway was also wounded by a mortar shell, and convalesced in an allied hospital for many weeks before returning to duty. Before he is wounded, however, Frederic Henry is introduced by his friend Rinaldi to a beautiful and charming British nurse named Catherine Barkley. Frederic and Catherine begin a relationship, which soon blooms into a full love affair. Frederic is subsequently wounded, and Catherine travels to Frederic's hospital in Milan to work as a nurse and to be closer to him. Their love affair deepens, and Catherine becomes pregnant with Frederic's child. After he is well enough to leave the hospital, Frederic returns to his old unit, but quickly discovers that the war is going very badly for the Italian army. Not only are the Austrians defeating them along the battle front, but the dreaded and much feared German army has also joined the theater of battle. During a general retreat, Frederic flees with a small band of Italian soldiers, and shoots an enlisted man for insubordination. As the small group attempts to find safety, a group of Italians called the "battle police" take hold of Frederic and blame him, and other officers, for the ongoing defeat of the Italian army. As Frederic witnesses the other officers in captivity being interrogated and shot, he escapes before the same fate befalls him. He declares that his part in the war is over, and become a deserter. He takes the train to Stresa, Italy,

where he is reunited with Catherine. They enjoy days of satisfying food, drink, and each other's company. Late one night during a storm, however, a friend of Frederic's warns him he is about to be arrested in the morning for desertion. He and Catherine travel north via small boat up a lake and flee into Switzerland. They stay in a mountain lodge with a Swiss landlord couple through the winter months, again enjoying peace, solitude, warm fires, and healing far away from the war. As Catherine is close to giving birth to Henry's, they travel to a Swiss hospital, where her labor continues for a long time until the surgical staff finally suggests a cesarean to save Catherine's life. Their child is still born, and Catherine suffers a severe hemorrhage soon afterwards, and dies. Frederic then leaves the hospital and walks back to the hotel in the rain (Hemingway, 1929). The last paragraph in the novel is renowned for its portrayal of deep despair and hopelessness. Hemingway writes about Frederic leaving Catherine's body and the hospital, "It was like saying goodbye to a statue. After a while I went out and left the hospital and walked back to the hotel in the rain" (Hemingway, 1929). The rain is repeatedly used in the novel as a symbol for death.

Unlike Crane, Hemingway was a war veteran and soldier himself. Additionally, Hemingway was actually wounded. The author, Thomas Putnam, in his article titled "Hemingway on War and Its Aftermath" concludes that Hemingway's war experiences and struggles lived not only in Hemingway's art, but in almost every aspect of Hemingway's later life as a man. Putnam postulates that no American writer is more associated with the subject of war in the 20th century because he experienced it first-hand. Hemingway kept the reminders close at hand. Putnam observes that, "Hemingway kept the piece of shrapnel, along with a small handful of other 'charms' including a ring set

with bullet fragments, in a small change purse. Similarly he held his war experience close to his heart” (Putnam, 2006). There seems little doubt that Hemingway’s character Frederic reflected his own personality and experiences with war. Did Ernest Hemingway himself suffer from PTSD? That question cannot really be answered fully. We can look at various aspects of Hemingway’s life, and see upon it a reflection of many of the symptoms that we now associate with post-traumatic stress. Hemingway was an alcoholic who ultimately committed suicide. He struggled with intimate relationships, and had several failed marriages. He was said by friends to withdraw into himself, and sought peace in solitude (whether at sea or in the mountains). The war changed Hemingway, and his work reflected the scars of war (Putnam, 2006).

It can thus be argued that Frederick Henry was based in no small part on Hemingway himself. Henry was most likely an alcoholic, and throughout much of the storyline, Hemingway describes Frederic Henry and the other characters consuming many types of alcoholic beverages: grappa, wine, brandy, whiskey, vermouth, beer, and cognac. These are sources of great pleasure and joy for the characters, especially Frederic. In one passage, Frederic remarks: “Good whiskey was very pleasant. It was one of the pleasant parts of life” (Hemingway, 1929, p. 310). Fine drinks are used during celebrations, during meals, at breakfast, to relieve boredom, and during romantic evenings with Catherine. One of the nurses, Miss Van Campen, whom Frederic dislikes and has a strained relationship, discovers many empty, full, and half-full liquor bottles in Frederic’s hospital room, and has them taken away. She not only accuses Frederic of being an alcoholic, she blames alcohol for his jaundice, and then has Frederic’s leave with Catherine cancelled. Van Campen discharges Frederic from the hospital and has

him sent back to the front. Hemingway paints a picture of Van Campen intruding upon one of the few areas of the good life that Frederic has – the joys of alcohol. By removing the alcohol from him, she robs him of that indulgence and pleasure that he knows in hospital recovery. Frederic sought refuge from the war by drinking, and alcohol abuse among veterans is today recognized as somewhat common to sufferers of PTSD (Levin, Kleinman & Adler, 2014). Further, Frederic struggles with interpersonal relationships, and it is only Catherine with whom he can give and share love. In fact, Henry states in the novel that he never really loved anyone, and we also know that he has a very strained relationship with his own family. He later describes this stress to Catherine as they fantasize about meeting each other's families after they are married (Hemingway, 1929). Finally, Frederic's sudden and seemingly impetuous act of throwing off his uniform, deserting his comrades, turning his back on the war completely, and his flight into Italy and then Switzerland all point to someone with PTSD symptoms. Some soldiers with PTSD do in fact desert their posts no matter what the consequences, and attempt to flee to rear areas where they feel they can be safe. Frederic, for all his seemingly steady and cool persona, was in fact a man driven to the edge by the war. His obsession with food and drink, and later his flight to Switzerland were perhaps a reflection of a man struggling to find some earthly safety and pleasure away from the strain of his own mental anguish. Most importantly, it was only in the almost unconditional love of Catherine that he seemed to find peace.

Going After Cacciato

Perhaps no other American war novelist of the modern era speaks more profoundly to the plight of the Vietnam soldier than does Tim O'Brien. *Going After*

Cacciato is an anti-war novel written from standpoint of the third person point-of-view narrator who observes the main character of Paul Berlin, who is an American soldier during the Vietnam War. Berlin is described as soldier who is clearly frustrated with the Vietnam war. Berlin is clearly conflicted in his own feelings about the war and struggles with his relationship with his own parents, the violence of the war, and the very concept of duty (O'Brien, 1978). Cacciato, the title character member of Berlin's squad, is described as not very bright, and perhaps even mentally challenged. Cacciato is described as untroubled by the horrors and moral dilemmas of war, and appears less affected by trauma than other members of the squad. The novel's other characters provide additional reflections of soldiers' attitudes toward war. Lt. Martin is the former lieutenant of the squad is goes by the book, insisting that enemy tunnels be explored before being blown up, which results in several men in the squad being killed or wounded. Lt. Corson takes over from Martin, who was murdered or "fragged" by his own men. Corson is beloved by the men because he does not share Lt. Martin's penchant for protocol and standard operating procedure (SOP), and thus seems to care more about their lives than did Martin (O'Brien, 1978). Corson is described as having a drinking problem that got him busted from the rank of Captain twice, and is frequently ill throughout the novel. Doc Peret is the squad's medic, and is somewhat a voice of reason. Peret's medical treatment is sometime unorthodox, as he gives wounded or traumatized me M&M candy to calm them down. Stink Harris is a rather uncouth and foul character who has a penchant to shoot first and ask questions later. Oscar Johnson is an African-American NCO, and serves as second in command with a no nonsense approach to command. Jim Pederson is a devout Christian who is sympathetic to both friend and foe

alike, but is killed in a rice paddy. Other members of the squad are killed, injured, or become deserters (O'Brien, 1978).

Cacciato becomes a deserter, and the squad pursues him. Cacciato's deserting provides an initial clue regarding his character's possible diagnosis of having PTSD. As previously stated, McDonald, Brandt, & Bluhm point to recent studies that conclude that the act of fleeing from perceived danger, no matter what the cost, is a symptom of PTSD (McDonald, Brandt, & Bluhm, 2017). After initially chasing him to the edge of the known borders of the conflict in Vietnam and almost catching him, Cacciato magically escapes their grip. The squad then pursues Cacciato through many countries (Laos, Mandalay, India, Afghanistan, Iran, Turkey, Greece, Yugoslavia, Croatia, Luxemburg, Germany, and France). In Laos, the squad meets up with a refugee family and beautiful young girl named Sarkin Aung Wan, who becomes a guide, rescuer, and caregiver to Corson. She also becomes Berlin's lover. In Laos, the squad "falls" into a tunnel occupied by a North Vietnamese soldier who himself is a deserter, sentenced to a prison of sorts in the tunnels. The falling into the road has a surreal Alice in Wonderland parallel. Throughout the rest of the novel, the squad is periodically arrested or threatened with arrest and execution for not having proper orders, possessing weapons and explosive, lacking proper passports or credentials, and accused of being deserters themselves. At different points and locations in the novel, the characters seem to achieve a sense of peace, rest, and healing – only to be ripped out of their island of respite and thrown back into chaos and the pursuit of Cacciato. The characters contemplate many philosophical and moral questions throughout their "mission", including duty, morality, good vs. evil, life, purpose, redemption, sacrifice, and meaning. The tattered group of

soldiers finally make it to Paris, where Berlin wishes to leave the war for good and live in an apartment with Sarkin. Johnson, however, intrudes into this dream, mocks him, and presses Berlin back into service towards the “mission” of finding Cacciato. Berlin storms Cacciato’s room and fires into the darkness, filled with fear and confusion. At this point the plot then abruptly shifts to an alternate timeline, where the soldiers were pursuing Cacciato in Vietnam on a hill, where Berlin accidentally has killed him.

The novel also narrates the many flashbacks to an observation post on the beach, where Berlin is stationed. O’Brien’s narration technique itself reflects a jumbled chronology, which is perhaps a reflection of the chaos surrounding the characters and their own confused mental processes. It is a complex novel with a nonlinear plot and storyline, however, this construct only adds to the literary surrealism. Combined with the flashbacks, the fantastical approach of O’Brien serves as a firm foundation which allows the reader to better understand the torment of PTSD experienced by many Vietnam veterans. The sense of chaos presented in the novel also helps to create a sense of chaos in the mind of the reader. This approach helps the audience gain a greater appreciation of the muddled and fearful mental state of the characters.

Physician, scholar, and author Jonathan Shay, M.D., Ph.D., wrote a poignant book that touches on the subject of PTSD and the Vietnam veteran. *Achilles in Vietnam* was even lauded by Tim O’Brien himself, who said of Shay’s work: “Clearly one of the most original and most important scholarly works to have emerged from the Vietnam War” (Shay, 1994). Shay writes on the affect that PTSD has had on his own patients (many of them Vietnam veterans). They displayed, among other symptoms, a hostile or mistrustful attitude towards the world, feelings of being on edge, and a need for escapism; whether

through disassociation, avoidance behaviors, or suppression of memory (Shay, 1994). In *Going After Cacciato*, we witnessed the characters employ all of these tactics. The very “mission” of traveling out of Vietnam, across Asia, and into Europe itself is an epic tale of escapism and fantasy. Indeed, memory loss also infuses the characters. They are sometimes not even sure exactly how they got from point A to point B in their journey, as when they fall into a tunnel occupied by the Vietnamese to when they finally exit from said tunnel.

One of the clearest examples of Shay’s actual documented interactions with his PTSD patients and O’Brien’s novel is in regard to PTSD and persistence of survival skills. Shay writes that human beings are biologically programmed to attempt to survive in the face of danger. Shay writes that modern warfare is basically a condition of “terrorized captivity” for the combatants, and that soldiers have find ways to cope with the sheer physical and psychological torture of combat (Shay, 1994). But unlike other scenarios where people can simply flee (say from a burning building), combatants are often put into horrible circumstances that they cannot easily run away from. Shay writes: “Another veteran recalls one instance in which his lieutenant ordered him to take his squad into a senseless death trap in a rice paddy, and he refused. The lieutenant found three other men more compliant and sent them across the paddy, rather than around it. All three were killed by mines” (Shay, 1994, p. 177). This example is eerily similar to a situation in *Going After Cacciato* when Lieutenant Sidney Martin orders his men to go into a dangerous tunnel, rather than simply blow it up. A soldier, Frenchie Tucker, already had died trying, but the lieutenant ordered more men into the hole. Lt. Martin said the men would either comply with his irrational orders, or face a court-martial

(O'Brien, 1978, p. 89). Shay postulates that the act of forcing human beings to endure danger and trauma that they instinctively want to run from, but cannot, is a central cause of post-traumatic stress. The person feels betrayed by authority, and deals with this implausible scenario through fantasy, withdrawal, anxiety, insomnia, loss of ability to feel pleasure, nightmare, and depression (Shay, 1994). In specific and collective ways, the characters in *Going After Cacciato* and the narrative structure of the novel itself illustrates Shay's observations.

Other War Novels

There are many war novels that speak to the issue of PTSD. For the purpose of limiting this paper to a reasonable scope, they are not be discussed at length here. However, war novels that could be subjects for future study are *Slaughterhouse-Five* by Kurt Vonnegut, where the lead character Billy Pilgrim suffers nightmares and experiences an altered sense of time after witnessing the bombing of Dresden. Other prisoners don't even want to be near Pilgrim because of his whimpering and kicking (Vonnegut, 1955). Another war novel that deals with PTSD is Joseph Heller's classic *Catch-22*, where bomber pilot Captain John Yossarian undergoes a personality transformation due to the incredible trauma of flying bombing missions where the loss rates are incredibly high. Yossarian suffers from guilt and shame after witnessing the deaths of comrades, and his behavior becomes increasingly bizarre as the novel progresses in an effort to portray himself as insane (Keller, 1969). Perhaps this manifestation is actually the sanest response Yossarian can give in response to his traumatic reaction to his experiences. Finally, the novel *The Yellow Birds* by Kevin Powers speaks the modern Iraq veterans, and their struggles with PTDS. The character of

John Bartle clearly demonstrates PTSD symptoms after returning from the war due to his combat experiences and his guilt over the death of his friend Daniel Murphy. Bartle abuses alcohol, withdraws from friends and family, moves to an isolate cabin, suffers from insomnia, and exhibits an inability to experience joy (Powers, 2012).

Literature and the Arts as Possible Therapy for Post-Traumatic Stress Warriors

Poets have also given a profound voice to the traumatic experiences of war. Throughout history, epic poems and great poets have tackled the subject of warfare. The ancient Greek poet Homer, who wrote the *Odyssey* and the *Iliad*, is but one such example. Poets seem to possess unique and special powers of imagination and of expression. Consider the following excerpts from the poem book *Drum Taps* by Walt Whitman (Whitman, 1865).

An old man bending, I come, among new faces
 Years looking backward, resuming, in answer to children,
Come tell us old man, as from young men and maidens
 that love me;
 Years hence of these scenes, of these furious passions,
 these chances,
 Of unsurpass'd heroes (was one side so brave? the
 other was equally brave;)
 Now be witness again – paint the mightiest armies of
 earth;
 Of hard-fought engagements, or sieges tremendous,
 what deepest remains?
 --
 One's-self, must never give way – that is the final substance –
 that out of all is sure;
 Out of politics, triumphs, battles, death – what at last
 finally remains?
 When shows break up, what but One's-Self is sure?

Whitman was one of America's greatest poets, journalists, and writers. While he was not a soldier during the American Civil War, he volunteered (at the age of 42) to be a

nurse in care for the Union wounded. In this capacity, he experienced first-hand many of the horrors of war, including the terrible wounds and diseases that afflicted young soldiers. Whitman's poem speaks to the essence of what a soldier struggles with, namely, the very "self" that they must live with when the battle is over. The very "self" that is changed by the war. The mood of Whitman's poem moves from the exuberance of the soldier upon joining the Army, to a more dower feeling as the soldier realizes the terror of war. Moreover, many literary scholars believe that the poem was an avenue for Whitman to deal with his own emotional trauma from the war (Huck, 1998). Whitman's literary gift was a means to reconcile the horrible experiences that filled his psyche with a yearning desire to somehow make sense of it all. Today, this same formula of using literature as a therapeutic device can be employed for today's veterans who suffer with PTSD.

This paper has given clear examples of how several authors infused their literary works in ways that dealt with the issue of soldier trauma and PTSD, even if the term did not yet exist at the time of their publishing. Stephen Crane was not a veteran himself, however, his *Red Badge of Courage* almost certainly benefited from the author incorporating the tales and stories of veterans that Crane spoke to. As literary professor Robert Stallman stated in the novel's introduction, Crane most likely interviewed Civil War veterans in order to gain perspective into the lives and manner of the war (Crane, 1894). There can be little argument that Crane was wildly successful in doing so with great accuracy, as the novel was warmly received by both critics and the general public alike. Many of the novel's readers were no doubt veterans themselves, as tens of thousands were still live at the time of the release of *The Red Badge of Courage* (Crane,

1894). The novel to the veterans became a sort of therapy. In reading it, they were able to identify with its characters. Did their hearts break when Henry ran from his comrades, and then yet again soar with delight when Henry grabbed fallen flag in the midst of battle? It is fair to say that Crane's readers did. The novel would have been rejected by the veterans themselves if they did not see part of themselves within its rich framework.

I have also explored how literature as therapy can benefit the authors themselves, who are perhaps able to reconcile their own demons through the pursuit of their literary craft (i.e. Powers, O'Brien, Hemingway, etc.) But is there more evidence, other than conjecture, that literature can serve as therapy to the sufferer of PTSD? Fortunately, there is. Author and journalist Rory Tolan explored this genre in his article of *Vice Magazine* titled "A War Doctor Turned Poet Treats PTSD with Literature" (Tolan, 2015). Rory relates how poet Frederick Foote, a U.S. Navy doctor who served in both Iraq and Afghanistan, penned a novel titled *Medic Against Bomb* that encapsulates poems written by wounded soldiers of the Iraq/Afghanistan wars. Foote's states that his mission as a doctor is to heal, and believes that mental healing is as important as physical recovery from injury (Tolan, 2015). Dr. Foote graduated with medical degrees in neurology from both Georgetown and Yale. He served 29 years as a Navy physician. He also possesses a degree in Humanities from the University of Chicago, and this degree assisted in his approach to using the arts as therapy for PTSD. Dr. Foote believes that doctors should "new ways of treating veterans beset with brain injury and post-traumatic stress disorder" (Tolan, 2015). With the help of military funding, Dr. Foote started the Epidaurus Project and the Warrior Poets Project to use the art of literature as a means to heal veterans with PTSD. Foote has taken to the speaking circuit to laud his group's successes, and believes

that the arts will prove pivotal towards future care of PTSD victims (Tolan, 2015). See Figure 7.

Figure 7: Dr. Frederick Foote Addresses an Audience on the Healing Power of Literature

Source: “A war doctor turned poet treats PTSD veterans with literature.” *Vice*. Web. https://www.vice.com/en_us/article/8gdypg/healing-soldiers-with-literature-427. February 9, 2015.

Foote states: “Brain injury and PTSD are whole-person disorders because they affect every aspect of the person’s life and ability to function. In addition, medications and surgery – the main tools of conventional care – don’t work well alone in brain injury and PTSD. The best care combines both approaches” (Tolan, 2015).

Author and journalist Jeremy Ramirez wrote an extensive paper for the *Journal of Military Veterans and Health* in 2016. Titled *A Review of Art Therapy Among Military Service Members and Veterans with Post-Traumatic Stress Disorder*, Ramirez stated he wrote the paper because he wanted to assist the thousands of veterans returning from the Iraq and Afghanistan theaters who are increasingly battling postwar symptoms related to PTSD. Ramirez also stated that the suicide rate among veterans of all wars is unacceptable: 22 veterans commit suicide in the United States every single day (Ramirez, 2016). Ramirez wrote that according to the American Art Therapy Association, art as a therapy can help reconcile emotional conflicts, foster self-awareness, improve reality orientation, assist with managing substance abuse, reduce anxiety, and foster self-esteem (Ramirez, 2016). The most common VA healthcare approach towards treating PTSD is Cognitive-Behavioral Therapy (CBT), which attempts to change a

patients thinking from negativity towards a more positive outlook. Ramirez believes that CBT is effective in treating PTSD symptoms such as hyper-vigilance, but fails to treat victims suffering from emotional numbing and depression (Ramirez, 2016). Using art as therapy, however, helps victims to “bridge their memories of past traumatic events in order to better understand and communicate their traumatic experience...art therapy aims for participants to share their experience in a healing environment, which ultimately helps improve upon their behavioral and mental health (Ramirez, 2016). His article documents many cases where employing art therapy, including poetry and literature, serves to compliment the CBT treatments used by the VA healthcare system. This two-pronged approach shows great promise towards the treatment of present and future cases of PTSD.

Conclusion

The use of art, including literature, as a therapy mechanism for the military soldier, the airman, or sailor that suffers from PTSD is both promising and exciting, and can assist the medical treatment of PTSD. In many ways, the human mind remains a great mystery. While physical injuries may be somewhat obvious to recognize and to treat, injuries to the mental state and condition are no less real to the sufferer of these ailments – yet often it is the mental injury that is difficult to both diagnose and heal. To focus exclusively on the condition now classified as PTSD as it relates to the military warrior is complex. Throughout our wars and conflicts, our recognition to the reality of PTSD has taken decades to mature. Perhaps the seemingly slow response of the military and the medical community to PTSD in years past was due to some reluctance on its part to view America’s warriors as nothing less than always brave, resilient, and strong.

Reality, however, intruded upon this ideal, and the suffering of PTSD victims has become too large a problem for our society and nation to ignore. Progress, however slow, has been made. From the Civil War to the Afghanistan/Iraq conflicts, medical professionals and counselors have endeavored to both recognize and treat the victims of PTSD, and to increase the awareness of its severity. The great novelists, Crane, O'Brien, Hemingway, Vonnegut, and Heller, have also used their craft to open a window into the world of PTSD. The depth of their characterizations and their vivid prose has served as a dramatic illustration to this condition, and no doubt can serve both the victims of PTSD themselves and also their friends and family who struggle to understand this condition. In this, society as a whole owes a great debt to these authors. Theirs was, and is, a noble mission. Using art as a therapy to treat PTSD sufferers is showing great promise, as evident in work or Navy Dr. Frederick Foote, and others. Many current brain injury and PTSD patients at Walter Reed hospital have stated that the arts as therapy were the most helpful aspect of their entire treatment (Tolan, 2015). Future research is on-going in the medical community to reconcile to the hard sciences what therapists and artists have already discovered by their patients: the arts are a powerful weapon in our fight against PTSD.

In 2011, award winning war novelists Tim O'Brien and Tobias Wolff met on stage at Stanford University to discuss their unique gift of writing about the unpleasant, but gripping, topic of war. The symposium was titled "Ethics and War", and both O'Brien and Tobias used the forum as an opportunity to relate to the audience their own observations on war and its affect upon the veteran. O'Brien stated, "What I end up writing about is the aftermath stuff – what you end up carrying around for the rest of your

life” (Haven, 2011). Like O’Brien, Wolff is a Vietnam veteran who became an author, in addition to university professor. Wolff told the audience that trauma was part of war, and that the “horrible way we treated people” in war had a profound effect upon him (Haven, 2011). When asked about PTSD, O’Brien said, “One of the ways to deal with trauma is to be traumatized. I worry that there’s not enough trauma. We seem to heal too quickly, too easily, too smoothly” (Haven, 2011). Perhaps no other author, doctor, clinician, research scientist, psychiatrist, or counselor has ever stated this point so eloquently and profoundly as did O’Brien on that day at Stanford University. If human beings are not traumatized by the inhumanity and horrors of war, then perhaps that is more of a worrisome problem than if decent human beings are not bothered and affected by warfare itself. O’Brien said to the audience, “I think you’re nuts if you come back from what I went through and you aren’t nuts” (Haven, 2011). We as a society should embrace the sufferers of PTSD as noble examples of what it ultimately means to be human. Rather than exhibit a callous indifference to suffering and cruelty, those who deal with trauma by being traumatized are showing the rest of us what it ultimately means to be human.

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