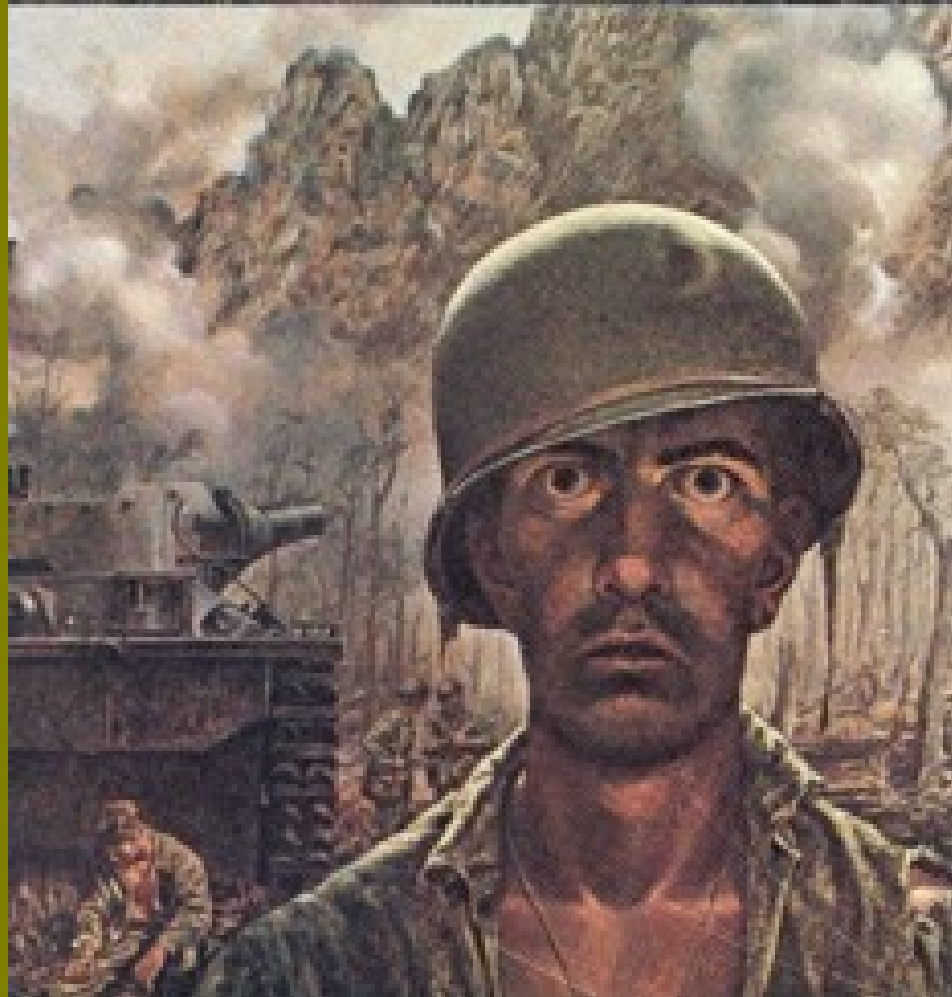


# The 2000-Yard Stare



Tom Lea, Peleliu, 1944

## Combat Stress from the Civil War to Iraq

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Most things in Tom Lea's famous painting belong to a particular time and place. The tank, the uniforms, the helmet, the vegetation, the jagged volcanic ridge--all evoke the battle of Peleliu.<sup>1</sup> The one feature that transcends the moment is the Two-Thousand Yard Stare itself. This telltale symptom of combat stress links Lea's Marine to the Marines at Fallujah. The timeless stare may link those Marines to the Greeks who fought near Fallujah at the close of the 5th Century, BC.<sup>2</sup> Understanding what combat stress is and figuring out how to deal with it, however, have changed as warfare has changed.

Despite these changes, important continuities in understanding and approach run not only from one war to the next but also between wars. This morning I want to talk about both

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<sup>1</sup>With respect to combat stress, the definitive account on Peleliu is Eugene B. Sledge, With the Old Breed at Peleliu and Okinawa (Novato, 1981), especially 74, 80. A comparable book on the Iraq War is Nathaniel Fick, One Bullet Away: The Making of a Marine Officer (Boston, 2005).

<sup>2</sup>John W.I. Lee, A Greek Army on the March: Soldiers and Survival in Xenophon's Anabasis (Cambridge, 2007), forthcoming; Francis J. West, Jr., No True Glory: A Frontline Account of the Battle for Fallujah (New York, 2005).

continuity and change from the Civil War through the Iraq War. These matters are the historian's stock in trade, the one contribution he can make to the study of combat stress.

First, the question of nomenclature. What we call things hints at what we think of them. The Civil War had no word for combat stress, no vocabulary for talking about it. Nevertheless, clues to its prevalence abound.<sup>3</sup>

To take just two examples. In July 1864 Captain Oliver Wendell Holmes, Jr., wrote home to his parents, "Many a man has gone crazy since this campaign begun from the terrible pressures on mind and body."<sup>4</sup> Holmes also wrote that feared he might be becoming one of them. The same Holmes went on to become one of the longest-serving Supreme Court justices in the history of the United States.

Official records as well as private letters offer evidence of combat stress, but sometimes the evidence is fragmentary. In November of 1864 a provost-marshal, or MP, picked up a straggler in the woods. "His eyes are in mourning for the loss of his character," the MP noted.<sup>5</sup> Had he seen an instance of the Two-Thousand Yard Stare? We can only speculate.

Not until after the Civil War was a term for combat stress devised. In 1871 the Philadelphia physician Jacob Mendez da Costa

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<sup>3</sup>The best book on the subject is Eric T. Dean, Jr. Shook over Hell: Post-Traumatic Stress, Vietnam, and the Civil War (Cambridge, MA 1999).

<sup>4</sup>Mark de Wolfe Howe, ed., Touched With Fire: Civil War Letters of Oliver Wendell Holmes, Jr., 1861-1864 (Cambridge, MA, 1946), 149.

<sup>5</sup>National Archives (NA), Record Group (RG) 94. Military Service Record of Private William C. Leeds, Co. K, 9th New Hampshire Volunteer Infantry.

wrote about what he called “Soldier’s Heart,” an expression emphasizing bodily features--the rapid pulse, labored breathing, and other heart-attack-mimicking symptoms that characterize what is now called panic disorder. “Soldier’s Heart” is not battlefield terminology but a postwar diagnosis. It was the work of a lone physician, the product of what da Costa himself could see and hear in an examination room.

The label Shell Shock was also the invention of a lone physician. In early 1915 Charles Myers published in The Lancet, a leading medical journal, an article on novel symptoms he had observed in combat infantrymen in the opening months of World War I. He ascribed these symptoms to the concussive effects of artillery explosions on the brain.

Myers soon changed his mind about this link--for one thing, he began seeing the same symptoms in troops nowhere near exploding ordnance. But Shell Shock, perhaps because of its short, hissing, menacing sound, captured the fancy of the civilian British public and defeated all official attempts to dislodge it. Along the Western Front the order went out to tag casualties “NYD dash N” for “Not Yet Diagnosed--Nervous,” but outside the Royal Army Medical Corps, the expression never caught on.<sup>6</sup>

In World War II and Korea, the lexicon of combat-induced psychic injury veered toward euphemism. “Battle fatigue” and “combat exhaustion,” vague terms suggesting a condition a little

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<sup>6</sup>Charles Myers, Shell Shock in France (Cambridge, 1940).

rest might cure, succeeded the more vivid, evocative, and symptomatic Soldier's Heart and Shell Shock. True, the darker expression "neuropsychiatric casualty" came into use, but it tended to be an in-house label, buried in documents like the 1st Marine Division's after-action reports on Guadalcanal.

Soldier's Heart shares its postwar character with Post-Traumatic Stress Disorder, which appeared in the Diagnostic and Statistical Manual of the American Psychiatric Association in 1980. But in contrast to Mendez da Costa's "Soldier's Heart" and Myers' "Shell Shock," the term PTSD was devised by an alliance of psychiatric committees and lay interest groups. Science joined politics at a propitious moment in the American cycle of wars and postwars. In the century between Soldier's Heart and PTSD the diagnostic emphasis migrated from the body to the mind and grew from a handful of symptoms to a laundry list.

Different as were the wars that gave rise to them, the labels Shell Shock and PTSD have one thing in common. Both came loose from their moorings in war and drifted into civil society, where they grew amorphous, diluted, and trivialized. You can read in the papers of "shell-shocked baseball pitchers" and "shell-shocked Congressmen." Silicon Valley was recently called a place that might be suffering from post-traumatic stress.

Watering down these terms has not diminished their usefulness in war. On almost any day you can find a news story on PTSD in Iraq. A reference to Shell Shock is now harder to come by.

Yet Traumatic Brain Injury, the most conspicuous casualty of the Iraq War, has the same cause Myers ascribed to Shell Shock in

1915: the concussive effect on the brain of the blast from an explosion. In Iraq, the blast is characteristically that of an Improvised Explosive Device, and PTSD, whose symptoms overlap those of Traumatic Brain Injury, has supplanted Shell Shock in our vocabulary.<sup>7</sup>

Diagnosis is not the only historical link between the Iraq War and World War I. In some respects, the treatment of combat stress in Iraq resembles the treatment of shell shock on the Western Front. Here a distinction must be made between British medical officers and their French counterparts.

The British delayed treatment of shell-shock casualties; the French acted as quickly and as close to the trenches as they could. There were practical grounds for this difference. The British were fighting abroad, but not at a great distance. Once they had given their casualties first-aid, they shipped them home, across the Channel, where they could be cared for in established medical facilities. Near as home was, however, this approach delayed treatment.

In contrast, the French were already home; they had no reason to delay treating shell-shock casualties and no reason to ship them elsewhere. More important, as the war wore on, they came to believe that shell-shock casualties benefited from early

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<sup>7</sup>Susan Okie, M.D. "Traumatic Brain Injury in the War Zone," New England Journal of Medicine, Volume 352, No. 20, May 19, 2005: 2043-2047; Susan Okie, M.D. "Reconstructing Lives--A Tale of Two Soldiers," New England Journal of Medicine, Volume 355, No. 25, December 21, 2006: 2609-2614; Department of Veterans Affairs, Office of the Inspector General, "Health Status of and Services for Operation Enduring Freedom/Operation Iraqi Freedom Veterans After Traumatic Brain Injury Rehabilitation," Report No. 05-0818-165. Washington, D.C. VA Office of the Inspector General, July 12, 2006; "A Shock Wave of Brain Injuries," The Washington Post, April 8, 2007; "Fighting the Terror of Battles that Rage in Soldiers' Heads," The New York Times, May 13, 2007.

attention--the earlier, in fact, the better. At the same time, some of their British counterparts came to think that delaying treatment had the effect not only of hindering the recovery of casualties but also of blighting their long-term prospects.

Nearly a century later, the French emphasis on forward treatment is the parallel to be drawn with the American experience in Iraq. As the work of Captain Bill Nash and others has shown, the closer medical personnel get to the battlefield sources of combat stress, the more successful they are likely to be at heading off permanent damage.<sup>8</sup>

In 1914, British and French army doctors were as unprepared for the mind wounds that greeted them from the battlefield as Civil War surgeons had been in 1861.<sup>9</sup> The 20th century saw a big improvement in lessons learned. Yet successive wars also disclosed things hitherto unrecognized or insufficiently understood.

World War II brought the discovery of duration as a factor in the incidence and severity of combat stress. Army psychiatrists in North Africa and Europe found that the longer a soldier was in combat, the more susceptible he became to combat fatigue. Some said a man would reach his breaking point within 30 days of continuous fighting; others put the number at roughly 100.<sup>10</sup>

The magic number mattered less than the idea that every combatant, regardless of character, training, or experience, was at

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<sup>8</sup>"The Struggle to Gauge a War's Psychological Cost," *The New York Times*, November 25, 2005.

<sup>9</sup>See W.H.R. Rivers, *Instinct and the Unconscious: A Contribution to a Biological Theory of the Psycho-Neuroses* (Cambridge, 1920), 2.

<sup>10</sup>The classic study is Roy R. Grinker and John P. Spiegel, *Men Under Stress* (Philadelphia, 1945).

risk for combat stress. The grueling campaigns of the Pacific and European theaters, different as they were, were alike in subjecting their participants to the experience of a “forever war.”<sup>11</sup>

Eventually, the role that duration--the length of time troops were exposed to combat--played in the genesis of combat stress fell into relative neglect. Intensity, the sheer remoteness of combat from what was deemed ordinary human experience, came to the fore.

In Vietnam, week-long combat patrols alternated with short periods of rest. Perhaps this accounts for the shift. Perhaps the relative decline of small-unit cohesion deflected attention to intensity, more likely to be experienced alone than shared with others. Perhaps the relative shortness of a combat tour in Vietnam, where troops went out from the United States alone and came home alone, at least figuratively, had something to do with the preoccupation with intensity.

In any case, attention has begun turning back to duration as a factor in combat stress. A recent study shows that increases in the number and frequency of deployments to Iraq, combined with shorter intervals at home, have increased the incidence of combat stress. As the Army has recently stretched deployments from 12 months to 15, the incidence seems unlikely to decline.<sup>12</sup>

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<sup>11</sup>To borrow the title of Joe Haldeman’s science-fiction novel, The Forever War, first published in 1975, and which the author and many of his readers see as a book about Vietnam.

<sup>12</sup>The study concentrates on line companies of soldiers in Brigade Combat Teams and marines in Regimental Combat Teams. Office of the Surgeon, Multinational Force-Iraq, and Office of the Surgeon General, United States Army Medical Command, Mental Health Advisory Team (MHAT) IV Final Report, 17 November 2006 (Washington, D.C 2006), 23-24; Thomas E. Ricks and Ann Scott Tyson, “Troops at Odds With Ethics Standards; Army Also Finds More Deployment Means More Mental Illness,” The Washington Post, May 5, 2007.

Moreover, the wars in Iraq and Afghanistan have seen veterans returning in numbers that are already overwhelming the Veterans Health Administration's capacity to deal with disability claims and provide long-term care. In the aftermath of the Civil War, which also overwhelmed medical facilities, claims for psychiatric disabilities were almost invariably disallowed. Veterans and their families dealt with the torments of chronic stress as best they could. In our day, the obstacles some veterans have faced in gaining access to treatment have had tragic consequences.<sup>13</sup>

Vietnam was the last protracted American war fought by a largely conscripted force. Iraq is the first such war in a century to be fought by a volunteer force. Previous American wars have seen a mixture of the two kinds of forces.

The Civil War started out with a volunteer Union Army hugely augmenting a tiny professional one, but as time wore on, enthusiasm for enlisting diminished, and by 1863 a draft was in full swing. The Philippine Insurrection was fought by career soldiers. The world wars and Korea all resorted to conscription--in World War II the United States could not have fielded such a gigantic armed force any other way.

Is a conscripted military more susceptible to combat stress than a volunteer army? Sigmund Freud thought so. Freud argued that the long-service professionals of the Austrian army were more

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<sup>13</sup>Linda Bilmes, "Soldiers Returning from Iraq and Afghanistan: The Long-term Costs of Providing Veterans Medical Care and Disability Benefits," Faculty Research Working Papers Series. John F. Kennedy School of Government, Harvard University, January 2007; Ira M. Rutkow, Bleeding Blue and Gray: Civil War Surgery and the Evolution of American Medicine (New York, 2005).

inured to the stresses of combat, and perhaps to those of life in general, than were conscripts torn from the comforts of civilian society. He presented no evidence to support this claim, however, and although other investigators have made the same assertion, neither have they.

Assertion in the absence of evidence is a persistent feature of the history of combat stress. In World War I, for instance, the outbreak of shell shock, sometimes in epidemics, was ascribed to the new environment of industrialized warfare. But in subtler, unnamed forms, combat stress appeared in the trenches near Richmond in the last year of a largely preindustrial war.

The environment of the battlefield has changed enormously since 1865. To the wars of position in America and France succeeded the wars of movement against Germany and Japan, followed by the frontless wars in Vietnam and Iraq, where the enemy, if less lethal in his capabilities, was everywhere and nowhere at once.

When the technological changes in warfare are added to the changes in the environment of the battlefield, no battles could seem more remote from each other than Gettysburg and Fallujah. Nevertheless, combat stress showed up in every one of these vastly dissimilar wars. Its ubiquity confirms that the one enduring element in the midst of change is the susceptibility of the warrior.

Despite these continuities between wars, Iraq is also a war of firsts. It is the first to be waged under the aegis of the PTSD diagnosis; the first to employ forms of preventive medicine against psychic injury; the first to use psychotropic drugs in treatment; the

first to be fought under a widespread public understanding that combat stress is a medical category, not a moral failing.

Nevertheless, it still comes with a stigma that does not adhere to physical wounds; psychological casualties continue, in some quarters, to be regarded as threats to good order and discipline.<sup>14</sup>

Like most things in the history of war, public perception of combat stress has not followed an unswerving trajectory from ignorance and misunderstanding to understanding and acceptance. Consider the evidence from Hollywood, an industry far more disposed to mirroring public attitudes than shaping them.

The 1947 film “The Best Years of Our Lives” portrays three World War II veterans struggling to readjust to civilian life. The dialog makes no mention of battle fatigue, to say nothing of combat stress, but each of the three main characters exhibits symptoms. The Frederic March character, a former Army sergeant, has a pronounced drinking problem; he is self-medicating to put the war behind him. The Dana Andrews character, an ex-bombardier, is plagued with flashbacks. The Harold Russell character, a sailor who lost both hands in the Pacific, contends with the psychic dimensions of his physical injury.

This Oscar-winning film could not be more sympathetic in its portrayal of veterans locked in the embrace of combat stress. All

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<sup>14</sup>In a series for National Public Radio, Daniel Zwerdling reported on problems soldiers diagnosed with PTSD have encountered within the chain of command on their return from Iraq to Ft. Carson, Colorado. Originally broadcast on December 4, 8, and 21, 2006; March 6, April 19, and May 24, 2007, the series is archived at [www.npr.org](http://www.npr.org). For stories critical of the Veterans Health Administration on the score of treatment, see, for example, Dana Priest and Anne Hull, “The War Inside,” [The Washington Post](http://www.washingtonpost.com), June 17, 2007. On perceived shortcomings in the treatment of PTSD at Walter Reed Hospital, see Anne Hull and Dana Priest, “Little Relief on Ward 53,” [The Washington Post](http://www.washingtonpost.com), June 18, 2007.

three characters eventually break free--this is Hollywood, after all--but not before we have seen the bad effects of the so-called “good war.”

In the aftermath of Vietnam, Hollywood’s gaze shifted from troubled veterans to psychotic ones. Audiences were shown the terrible consequences of a bad war. Consider the homicidal Robert DeNiro of “Taxi Driver,” the suicidal Christopher Walken of “The Deer Hunter,” Bruce Dern, the rage-filled Marine of “Coming Home.” The list goes on. From Hollywood’s perspective, Vietnam was the war that drove men mad.

How will the film industry portray the stress casualties of the Iraq War? It’s too soon to tell. Many documentaries on Iraq have been released, but notable films of the imagination have yet to appear. Given changes in the public understanding of combat stress, when such movies are made perhaps their plots will more closely resemble the fairly nuanced treatment of “The Best Years of Our Lives” than the caricatures of the post-Vietnam era.

The last “first” with respect to the Iraq War, if I can put it that way, is the willingness of the American military to face combat stress head-on. There are exceptions to every generalization, of course, and this one is no exception. Still, we are a long way from General Patton and the infamous slapping incident of 1943. For evidence of the new willingness to face up to combat stress, consider this COSC conference, the first of its kind.

Another small but significant example comes to mind. Last year Garry Trudeau, creator of the “Doonesbury” comic strip,

published The War Within; One More Step at a Time. Trudeau recounts the struggles of B.D., a longtime denizen of “Doonesbury,” who loses a leg and acquires combat stress on deployment in Iraq. Trudeau has been a critic of the war since its inception. He was a conspicuous critic of the Vietnam war before that. His weighing in on combat stress is not surprising.

If Trudeau has a long history of opposing wars, he is today by no means anti-military. This is especially apparent in The War Within, where B.D.’s travails are depicted with understanding and sympathy. Perhaps this explains why General Richard B. Myers, Chairman of the Joint Chiefs of Staff when Operation Iraqi Freedom began, contributed a preface to Trudeau’s book. On the subject of combat stress Trudeau the career anti-war cartoonist and Myers the career officer find common ground. This, I think, is a sign of something new.