

Enduring Casualties of War: Delayed Treatment of Combat Stress in World War II Veterans

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Post-Traumatic Stress Disorder (PTSD) is an issue facing veterans today, from the soldiers returning from Iraq to those who fought in previous wars. Although this may seem like a contemporary issue, the discussion occurring now is a reaction to a time when PTSD was ignored. Although behavioral changes in combat veterans were noticed for centuries, initially no resources were available and later psychiatric treatment carried a stigma. The effects of PTSD on soldiers became increasingly clear as the Iraq War progressed; however, as veterans of previous wars are aging the issues surrounding misdiagnosed or untreated psychological disorders are becoming known.

Previously, discussion of PTSD was limited to the medical community. Only recently has PTSD become a part of the popular culture and public dialog with initiatives such as the Wounded Warrior Project. This earlier silence leaves the impression that PTSD did not always exist, which is a matter of perception based on media exposure, and not an actual reflection of history. There is a suggestion that the increase in PTSD is not due to the combat or people, but rather to coverage. Today, the conversation surrounding psychological disorders is widespread; however, during World War II it was commonly believed that only a few men suffered from PTSD and no one wanted that marginalizing stigma.

The contemporary reaction to PTSD is a response to World War II. "Soldiers now returning from war with PTSD have the benefit of a medical community that acknowledges the realities of the condition and a vast body of research that

identifies avenues for healing, something not available to their 'shell-shocked' predecessors."¹⁶¹

In the United States, psychological disorders relating from combat experiences were misunderstood and improperly treated for decades surrounding the two World Wars. It was difficult for World War II veterans to explain their wartime involvement to civilians; the lack of understanding, coupled with intense social stigma, resulted in a deficiency of treatment for veterans. Moreover, psychologists were not yet equipped to treat the combat veterans produced by World War I and World War II; as a result many psychological traumas went untreated. The lack of appropriate mental health treatments and understanding made the transition back to civilian life extremely difficult for combat veterans, some of whom are still struggling today.

Historically, psychological issues related to combat have been grossly misunderstood. Symptoms reported by soldiers were hyper-vigilance, nightmares, heart arrhythmia, the inability to emote, and extreme fatigue. Terms such as "shell-shock" or "soldier's heart" were used to describe this unexplained, but common, phenomenon. The social stigma attached to this diagnosis was extreme; soldiers were referred to as cowards if they had to leave the front-lines for a mental-health issue. The British military allowed executions of men as late as World War I for the crimes of "cowardice" or "desertion

¹⁶¹Daryl S. Paulson and Stanley Krippner, *Haunted by Combat: Understanding PTSD in War Veterans*, 1st Rowman & Littlefield ed. (Lanham: Praeger, 2010), xv.

in the face of enemy" which were most likely related to psychological disorders rather than fear.¹⁶²

The American practice in World War I was to treat these shell-shocked soldiers as close as possible to the front-lines in the hopes of quickly returning the men to the battle. During World War I, it was expected that a man would again be fit to fight relatively quickly, which led to a 70 percent return to duty rate. Comparatively, there were a significantly lower number of men returned to duty in World War II.¹⁶³

Charles Myers, a medical officer, coined the term "shell shock" in 1917, but soon began to dislike the name when he recognized that many men suffered the symptoms of shell-shock without experiencing combat. In the early years of World War I, shell-shock was believed to be the result of a physical injury to the nerves. In other words, shell-shock was the result of being buried alive by exploding artillery or exposure to heavy bombardment, both of which could result from a nearby shell.¹⁶⁴

No single, unanimous definition of shell-shock exists. The South Borough Committee, appointed in 1920 to prevent future shell-shock epidemics, defined the disorder as:

¹⁶² Nigel Hunt and Ian Robbins, "Telling Stories of the War: Ageing [sic] Veterans Coping with Their Memories through Narrative," *Oral History* 26, no. 2 (Autumn, 1998): 58.

¹⁶³ United States Military, "Combat Stress Control: Medical Field Training," http://www.pdhealth.mil/downloads/AF_CSC_Slides.pdf, November 2, 2011.

¹⁶⁴ Joanna Bourke, "Shell Shock During World War One," BBC http://www.bbc.co.uk/history/worldwars/wwone/shellshock_01.shtml, October 15, 2011.

"emotional shock, either acute in men with a neuropathic predisposition, or developing as a result of prolonged strain and terrifying experience, the final breakdown being sometimes brought about by some relatively trivial cause. [Or] nervous and mental exhaustion, the result of prolonged strain and hardship."¹⁶⁵ Despite this definition, the actual cause of shell-shock was fiercely debated by psychologists during World War I and World War II. One common idea was that psychological disorders that soldiers faced were the result of a poor diet, stress of living in a foreign environment, or exhaustion.¹⁶⁶ W.H.R. Rivers, a medical anthropologist who worked with men suffering from the disorder, believed the symptoms developed after men were unable to fully repress their experiences. Doctors, such as Rivers, felt shell-shock was "the inevitable result of the sustained and intense stress of combat."¹⁶⁷

Despite the beliefs of these doctors, not all of their contemporaries agreed. Gordon Holmes, a consulting neurologist to the British Expeditionary Force, thought shell-shock was the trait of a coward. Military commanders felt the disorder was preventable through more thorough screening and training of recruits. Though the cause of shell-shock was debated, the military took steps hoping to prevent future psychological complaints. Recommendations were made, such as removing the term "shell-shock" from official language. Moreover, "no case of psycho-neurosis or of mental

¹⁶⁵Edgar Jones, "Historical Approaches to Post-Combat Disorders," *Philosophical Transactions: Biological Sciences* 361, no. 146 (April, 2006): 537.

¹⁶⁶ Jones, "Historical Approaches," 533.

¹⁶⁷ *Ibid.*, 537.

breakdown, even when attributed to a shell explosion or the effects thereof, should be classified as a battle casualty any more than sickness or disease is so regarded."¹⁶⁸

Shell-shock has become synonymous with the trench warfare of World War I. Though it was not widely understood, references were frequently made to its destructive symptoms. Virginia Woolf created a character named Septimus in her novel *Mrs. Dalloway*. This man was a World War I combat veteran. Septimus witnessed a military comrade die in an explosion, resulting in hallucinations and a complete loss of sensation. His doctors recommended rest and interacting with people instead of isolating himself within his own mind. Septimus faced criticism for "cowardly and strange behavior" and he received more pity and disgust than sympathy and support. Unable to cope with the war memories and hostility from society, Septimus eventually killed himself.¹⁶⁹

Shell-shock was thought to result from the concussive force of exploding shells, making it a purely physical problem. This belief lead shell-shock treatment to be "governed by existing norms of manhood, which deemed the general anxiety, hypervigilance, night terrors, and other symptoms of PTSD warrant for punishment and scorn." This attitude influenced the public's perception of returning combat veterans. Men, including combat veterans, were "expected to bear his wounds with stolid conviction, and if mental wounds were like bodily wounds, they were to be dealt with in the same way."¹⁷⁰

¹⁶⁸ Ibid., 537.

¹⁶⁹ Virginia Woolf, *Mrs. Dalloway*, 1st Harvest/HBJ ed. (San Diego: Mariner Books, 1990).

¹⁷⁰ Paulson, *Haunted by Combat*, xvi.

If mental breakdown was a "paralysis of the nerves," then massage, rest, dietary regimes and electric shock treatment were thought to be the best treatment options. If a psychological source was indicated, the "talking cure," hypnosis, and rest would speed recovery. The "talking cure" was based on psycho-analysis theories developed by Sigmund Freud. He believed that the cause of mental illness, such as shell-shock, was found in subconscious memories.¹⁷¹

The realization that the symptoms associated with shell-shock could vary, but that all related to combat experiences, provided a breakthrough. Hypnosis was a common treatment for World War I veterans as psychologists were drawing heavily from the teachings of Freud and his term "war neurosis." Freud focused on the idea of war neurosis, and the resulting nightmares, as different from his previous theories. He could no longer consider all dreams as a representation of a subconscious desire, but rather began to assume dreams express a repressed feeling or idea. Freud hypothesized that shell-shock was "the consequence of adult trauma" and would require "psychoanalytic treatment" to resolve the issues.¹⁷²

Despite the awareness of Freud and his followers, it does not appear this understanding was universal or accepted. Veterans reported that the military physicians, seemingly unaware of Freud's hypothesis, advised the men to "Go home and get over it."¹⁷³

¹⁷¹Ted Bogacz, "War Neurosis and Cultural Change in England, 1914–22: The Work of the War Office continued Committee of Enquiry into 'Shell-Shock'," *Journal of Contemporary History* 24, no. 2 (April, 1989): 242.

¹⁷² Paulson, *Haunted by Combat*, 9.

¹⁷³ *Ibid.*, 9.

When a lack of treatment or understanding was encountered, it appears as if veterans turned to self-medication. The most common of which was alcohol. Ira Hayes was a veteran of World War II and had the distinction of being one of the flag raisers on Iwo Jima in 1945. This triumph of the American military in the Pacific followed intense fighting. Back in civilian life, Hayes was "hailed as a hero, but began drinking when he returned to Arizona. . . . He was arrested for drunkenness some 50 times and died at the age of 32; his body was found face down in a pool of water."¹⁷⁴

Hayes' early death, though tragic, did not appear uncommon. After this event, his neighbor described what appeared to be the predominate feelings of the era, he said: "Back then, people didn't look at alcoholism the way they do now, and the post-traumatic stress treatments didn't exist. You have to wonder what his life would have been like if he had the help that's available today."

Regardless of the treatment method provided, the most common recommendations appear to focus on occupational training and reminders of traditional masculine roles. The medical superintendent at one military hospital in York stated, that although the medical officer must show sympathy, the patient "must be induced to face his illness in a manly way."¹⁷⁵ The American Veterans Administration spent nearly \$1 billion in medical expenses for the estimated 100,000 World War I veterans suffering from shell-shock, but by the mid-1940s some were still in need of extensive care. The military hospitals

¹⁷⁴ Ibid., 135.

¹⁷⁵ Bourke, "Shell Shock During World War One."

were still treating 11,501 veterans, of which 80 percent were diagnosed with a psychiatric disorder.¹⁷⁶

It was difficult for veterans to explain the processes, feelings, and impact of prolonged combat to a civilian. This would be an issue faced again in 1945. Americans did not learn from the mistakes of World War I and were unprepared when the combat veterans returned home from the next war. Psychologists and military leaders in World War II realized that soldiers had mentally suffered due to their experiences in the previous war; however, as the cause of shell-shock remained unclear, the treatments were varied and typically ineffective. New systems were implemented, such as the better screening of recruits, but this did not solve the problem, especially when man-power shortages forced the recruitment of men who would have been denied earlier in the conflict.¹⁷⁷

Before the Japanese attack on Pearl Harbor, the United States Army had 35 psychiatrists, by the end of the war this number had increased to 2,400. The majority of these psychiatrists were civilians with little understanding of military combat, which hindered their treatment of combat related psychological issues. The civilian psychologists, generally stationed far from the front-lines, were described as "largely innocent of the debilitating impact of combat on the human psyche." This ignorance was in spite of the fact that World War

¹⁷⁶ Kenneth D. Rose, *Myth and the Greatest Generation: a Social History of Americans in World War II* (New York: Routledge, 2008), 30.

¹⁷⁷ Hunt and Robbins, "Telling Stories of the War": 58.

I had produced thousands of cases of shell-shock or other combat casualties related to psychological traumas.¹⁷⁸

Many factors contributed to the incidence of shell-shock in World War II, which by that time was more often referred to as "combat stress." New recruits were vulnerable to psychological disorders as they were inexperienced in combat and frequently not given time to adjust to life on the front-lines. Additionally, men entering combat as replacements might not be immediately accepted by the existing unit, thus increasing their risks in battle. However, vulnerability to combat stress was not limited to new recruits. Men who were exposed to frequent or long-term combat became exhausted with "the omnipresent threat of death or serious injury, so-called 'old sergeant syndrome.'¹⁷⁹

When military psychiatrists traveled to the front-lines, they noted that most combat soldiers shared the same symptoms as the patients they were treating from previous battles. These symptoms included: nightmares, tremors, and anxiety, making this seem like a normal reaction to the stresses of combat. One of the doctors stated the "adjustment to combat. . . means not only adjustment to killing, but also adjustment to danger, to frustration, to uncertainty, to noise and confusion and particularly to the wavering faith in the efficiency or success of one's comrades and command." This statement could have been a reaction to a common belief held

¹⁷⁸ William C. Menninger, "Psychiatry and the War," *Atlantic Monthly* 176, No. 5 (November, 1945): 108.

¹⁷⁹ Jones, "Historical Approaches to Post-Combat Disorders," 533-534.

by combat veterans, which was that "combat became more, rather than less, frightening the more they saw of it."¹⁸⁰

G. Kurt Piehler, a twentieth century American historian, described life in the infantry during World War II and its bleak prospects. "To serve in a front-line unit often meant life was short, brutal, and dirty," Piehler said. "The result is that men who served on the front fought until they were killed, severely wounded, or survived to see V-E or V-J Day." These options become all the more frightening when considering the casualty rates for some infantry units. According to Piehler, "It was not uncommon for some infantry regiments to have 100 percent turnover after a few months on the line because of casualties."¹⁸¹

Walter Stacey, a World War II veteran, described his combat experiences as "just a job to be done." Stacey continued, stating "sometimes you worry about seeing somebody getting shot up or something like that. Afraid that it might make you feel bad, but when you get over there and see it, it doesn't bother you so much. You just figure it's just tough luck. You're too busy worrying about yourself. I saw some of the fellows that I was in service with killed and shot to pieces, but it didn't bother me much. I thought it would, but it didn't. You've got all you can handle to take care of yourself."¹⁸²

Psychiatrists were torn between servicing the soldiers and meeting the needs of the military. The men would have

¹⁸⁰ Rose, *Myth and the Greatest Generation*, 31.

¹⁸¹ Ernie Pyle, *Brave Men*, 1st Bison Books printing. ed. (Lincoln, NE.: Bison Books, 2001), xii.

¹⁸² Robert Havighurst and John Baughman, *The American Veteran Back Home: A Study of Veteran Readjustment* (New York: Longmans, Green, and Co., 1951), 190.

benefited most from a permanent removal from the front-lines; however, military guidelines stated that the role of an army psychiatrist was to help the soldiers in a manner so as to return them to combat as quickly as possible. Two major forms of treatment were hypnosis and drug therapy, and only 33 percent returned to combat.¹⁸³ By July 1945, nearly half of all medical discharges, 43 percent or 314,500 soldiers, were classified as "neuropsychiatric causes," an additional 130,000 were discharged for "personality defects which made them incapable of fitting into the Army."¹⁸⁴

Between 1940 and 1945 the War Department rejected approximately 29 percent of men in an attempt to recruit only those most capable to withstand the physical and mental hardships of combat. This rate peaked in 1940 to 1941, when the War Department stressed "quality over quantity," meaning nearly 50 percent of men were rejected. One-fourth of potential recruits were rejected for psychological reasons, though a draftee's interaction with a psychologist before this was determined was extremely brief, only about three minutes. One psychologist reported seeing 512 men in just one day.¹⁸⁵

Psychologist William C. Menninger, the Director of Neuropsychiatry Consultants Division during World War II, was an experienced physician and recognized the challenges faced

¹⁸³ Ben Shephard, *A War of Nerves: Soldiers and Psychiatrists in the Twentieth Century* (Cambridge: Harvard University Press, 2001), 226–227.

¹⁸⁴ Menninger, "Psychiatry and the War," 109.

¹⁸⁵ Lee Kennett, *G.I.: The American Soldier in World War II* (New York: Charles Scribner's Sons, 1987), 30.

by doctors examining draftees.¹⁸⁶ He stated, "In the space of from one to five minutes the physician was supposed to do some sort of crystal gazing to determine whether an inductee, strange to him, might fit into an unknown job under unknown leadership with unknown motivation towards doing that job." Draftees were asked questions such as: "What do you think about the war? Do you like girls? Have you ever had a nervous breakdown?" Questions such as this were thought to be adequate to determine which men were mentally fit for service.¹⁸⁷

Many civilian psychologists had difficulty understanding the major impact a renewed sense of security, rest, and a warm meal could have on a man's state of mind. Captain Emmett Allamon, a regiment surgeon stationed behind the front-lines, said he learned from the Germans that medical aid stations produce the best results if located within a building rather than a tent. This held true even when the available building was a derelict shed. "There is something psychologically comforting about having rigid walls around you in the combat zone," war correspondent Erie Pyle said.¹⁸⁸

Pvt. Jay Woodrow "Woody" Marsh, who had been part of the Normandy invasion, often wrote home about the "floaters" in his eyes. Marsh believed his eye troubles occurred because he did not receive eye drops at birth; however, this was determined not to be the correct diagnosis. In October 1944 it was eye problems that led to the removal of Marsh from the

¹⁸⁶ Kansas State Historical Society, "Menninger Family Archives," <http://www.kshs.org/p/menninger-family-archives/13786#william>, November 29, 2011.

¹⁸⁷ Shephard, *A War of Nerves*, 199.

¹⁸⁸ Pyle, *Brave Men*, 163.

front-lines. He spent several days in Allied hospitals throughout France while doctors worked to find a diagnosis, and possibly reexamine Marsh's military classification.¹⁸⁹

In his letters home he wrote about how much he wanted to "fill up those cracks that are now between my ribs" and the "luxury" of a good night's sleep. He had been fighting through Europe for over a year and the physical exhaustion would have taken a dramatic toll on Marsh. He told his family about not having baths or hot water for months at a time, eating no hot meals, sleeping in a foxhole, and having nightly guard duties.¹⁹⁰

Many combat veterans reported to aid stations with illnesses that could not be diagnosed; often these physical complaints seemed to result more from psychological factors than actual disease. Whether or not Marsh's eyesight had drastically worsened or he was just physically exhausted will not be known. Regardless of the cause, Marsh was sent back to the front-lines to serve out the remainder of the war.¹⁹¹

Capt. Allamon had "a theory that the best medicine you can give a wounded man is some warmth and comfort." To accomplish this, he tried to place the aid stations within a building and kept a warm fire burning day and night with coffee at the ready. The majority of the men had spent months in the field without a bath, hot meal, or even a bed. According

¹⁸⁹ Nancy Marsh Price, *Uncle Sam's Most Reluctant G.I.: When Dad Was Drafted, the Whole Family Went to War. The letters of Jay Woodrow Marsh*. (Charleston, South Carolina, 2010), 168-169.

¹⁹⁰ Price, *Reluctant G.I.*, 168-169.

¹⁹¹ *Ibid.*, 168-169.

to Ernie Pyle, this system of providing warmth and security appeared to work.¹⁹²

Ernie Pyle was a famed war correspondent during World War II. He preferred spending time with the infantrymen and living near the front-lines. He wrote extensively about his travels across Europe with combat divisions and the daily lives and thoughts of the men uniform. Pyle died during the Pacific campaign. In April 1945, Pvt. Marsh wrote back to his family in Michigan that "we will all miss Ernie Pyle and especially the boys in the Infantry. He got that extra ten bucks for us and saw to it that the guys doing the dirtiest work got credit for it. He really was a soldier's correspondent."¹⁹³

One of the millions of men who served in World War II, Pvt. Marsh was from Haslett, Michigan and drafted into the United States Army. He served for a time in the First Division in France, Belgium, and Germany as "a sixty mm mortarman," among other duties.¹⁹⁴ Marsh frequently wrote home while serving overseas. The topics ranged from requests for his mother's home baked cookies, to candy and new fingernail clippers. He especially focused on how much he missed his family and wanted to be reunited with his wife and baby daughter. A great amount of effort was needed for Marsh to maintain a connection to his friends and family back home, which led him to frequently ask for updates on individuals and for additional addresses. Though Marsh wrote of his overseas experiences; his experiences in combat were generally absent.

¹⁹² Pyle, *Brave Men*, 163.

¹⁹³ Price, *Reluctant G.I.*, 293.

¹⁹⁴ *Ibid.*, 94.

Marsh shared stories of eating Red Cross doughnuts and searching for a hot shower; however, his role in combat is either ignored or downplayed. On June 14, 1944 he wrote home to his wife Vivian, and young daughter Nancy. He said:

You have probably guessed by now that I'm in France. I'm with a darn good outfit which has seen a lot of action so that should relieve your mind somewhat. Sure I'm scared too, but anyone who isn't, is a liar or a fool. I'm not complaining because some others were not as fortunate as I have been. . . . Please excuse the writing as my mess kit serves as a desk and it wobbles. After living for a while in fox holes or slit trenches, I can see why clean sheets and a bed looked so good. . . . Guess I'll have to dig my way to Berlin. How is little Nancy? I love you both so much that I think of you constantly. Don't worry, I've got to come back to you. Don't expect too many letters from now on, honey, because these are very busy times. . . . Each day over here seems to never end and perhaps that's why a guy does so much thinking. It's funny how much thinking a person can do.¹⁹⁵

Although he frequently stated he was "pretty busy" and responding to letters would be difficult, Marsh acknowledged the major morale benefits of receiving mail from home. As he was fighting through France, Marsh said "I don't like what I've seen so far but that is the way of war." He never fully divulged his military duties to either his wife or parents; he just kept repeating that they should not worry about him. In a letter to his parents in June, 1944 he told his parents "just because you don't hear from me often, don't start thinking anything serious has happened." Marsh often stated he was busy to explain any

¹⁹⁵ Price, *Reluctant G.I.*, 90.

delays in writing, though he said little of what he was busy with. That was left for the recipient to infer.¹⁹⁶

By the outbreak of World War II, the real effects of combat related stress were not fully understood; however, some improvements in treatment had been made. For example, only 10 percent of psychological casualties were returned to combat duty. Unfortunately, this led to casualty rates that could exceed the numbers of new replacements available to fight at the front. Between 30–40 percent of all World War II casualties were related to combat stress.¹⁹⁷

Pyle described his idea of a typical combat soldier in World War II, stating the front-line men "lived for months like an animal, and was a veteran in the cruel, fierce world of death." Pyle continued, telling of the hardships faced by these soldiers on a daily basis. "Everything was abnormal and unstable in his life. He was filthy dirty, ate if and when, slept on hard ground without cover," Pyle said. "His clothes were greasy and he lived in a constant haze of dust, pestered by flies and heat, moving constantly, deprived of all the things that once meant stability-- things such as walls, chairs, floors, windows, faucets, shelves. . . . The front-line soldier has to harden his inside as well as his outside or he would crack under the strain."¹⁹⁸

A front-line medic was "touched by what he called the 'mental wreckage' of war-- the men whose spirits break under the unnatural strain and incessant danger of the battlefield." He believed American children had been raised with too much

¹⁹⁶ Ibid., 91.

¹⁹⁷ United States Military, "Combat Stress Control: Medical Field Training."

¹⁹⁸ Pyle, *Brave Men*, 5.

parental involvement and without enough independence, hindering a man's ability to cope in a combat situation. Pyle said:¹⁹⁹

Personally, I am sort of on the fence. I hate to think of an America of one hundred thirty million people so hard inside that nothing could touch them. On the other hand, comparatively few men do crack up. The mystery to me is that there is anybody at all, no matter how strong, who can keep his spirit from breaking in the midst of battle.²⁰⁰

Combat veterans had a very different reality compared to United State's civilians. They had to rationalize the fact that at any moment they could be killed while at the front-lines. This prompted many men to write letters to be sent home in the event of their death, but also meant that paranoia and anxiety were rampant. Much time was dedicated to examining the possibility of death, which created additional psychological stress on veterans. Frequent issues reported to psychologists included nightmares and an over-whelming sense of mortality.²⁰¹

In 1947 General Samuel L.A. Marshall, an army historian during World War II, published *Men Against Fire*, which was the culmination of nearly 400 interviews conducted by Marshall and

¹⁹⁹ Ibid., 164.

²⁰⁰ Ibid., 164. Note: Author's original emphasis used in quote.

²⁰¹ S.L.A. Marshall, *Men Against Fire: the Problem of Battle Command* (Norman, Okla.: University of Oklahoma Press, 2000), 50. His conclusions have recently been criticized by historians as a possible exaggeration of the actual rates of men who do not fire their weapons; however, his research serves a purpose in demonstrating the concerns and actions of combat veterans.

his associates. Infantrymen stationed in both Europe and the Pacific were asked questions relating to their reactions during combat situations. A distressing conclusion was found. Marshall was able to prove that infantrymen either did not fire their rifles, or not as much as needed, while in combat.

This conclusion had been a rumor since the North African campaigns, during which reports were received in which men complained of this lack of activity. However, Marshall had wanted to prove that this was not a rumor or an isolated event. The men accused of not firing their weapons claimed "they couldn't see anything to fire at, that they were afraid of giving away their positions, or that no one had ordered them to fire."²⁰²

Marshall's interviews alleged that 75 percent of infantrymen would not fire their rifles in combat. This was very problematic as it suggests that a commander could only guarantee 25 percent of his men will fire their weapons when necessary. He stated many commanders refused to believe this was the mentality within their divisions. However, even when outside circumstances such as terrain or visibility were considered, Marshall concluded that approximately 80 percent of the men should have been able to fire with a clear shot.²⁰³

One infantryman who did fire his rifle explained his feelings after that first shot. He told the researchers that "a man sure feels funny inside the first time he squeezes down on a Kraut." Marshall claimed that the vast majority of men were not firing their rifles, which put the burden on a small percentage within the division. His conclusion was especially

²⁰² Ibid., 54.

²⁰³ Marshall, *Men Against Fire*, 56.

troubling because he claimed that in a major strategic battle, such as Omaha Beach on D-Day, statistically only 20 percent of the men would have fired their rifles. This would amount to "a total of perhaps not more than 450 men."²⁰⁴

Marshall explained his conclusions by stating that these infantrymen came "from a civilization in which aggression, connected with the taking of life, is prohibited and unacceptable. The teaching and the ideals of that civilization are against killing, against taking advantage." Army psychiatrists concluded that the men were more afraid of killing than being killed, which they credited as the "most common cause of battle failure in the individual." This idea was deemed proven because by not firing their weapons the men are more at risk of being killed; basically they become a sitting target.²⁰⁵

A study conducted in 1994 attempted to determine which factors of combat proved the most traumatic for soldiers. Veterans from World War II, the Korean Police Action, and the Vietnam conflict were asked to report which experiences created the strongest impact on them. The study concluded that the "responsibility for killing another human being is the single most pervasive, traumatic experience of war."²⁰⁶

The military recognized that the moral code of society was a hindrance on the battlefield and had to be overcome. Marshall wrote an article that appeared in the *Infantry Journal* in 1943. His solution to this issue was an element inherent within the military structure itself. "Not obedience, but duty, is

²⁰⁴ Ibid., 52.

²⁰⁵ Ibid., 78.

²⁰⁶ Paulson, *Haunted by Combat*, 14.

the strongest and honorable word that can ever be put before a soldier," Marshall wrote. He further stated that another motivation to fight came from "mutual confidence in one another that the ranks of old regiments are able to convert to their esprit into battle discipline."²⁰⁷

Several sources agreed with Marshall's assessment that camaraderie motivated men to fight in combat. They developed close relationships with the men in their divisions which created a pressure to perform. The men fought in combat to preserve their honor, prove their manhood, and show respect for their comrades. Camaraderie was cited as a major form of motivation for American troops, which would explain the findings of Gerald Astor. He interviewed veterans of the Battle of the Bulge, leading him to conclude that "during the crunch, nobody advanced under fire with the motivation of striking a blow against tyranny or to preserve the Stars and Stripes." He said religion had a function in the war for some men, but "it was not a motivator for combat."²⁰⁸ This is likely due to the fact that most mainstream religions, like society, tend to shun the use of violence and the taking of another humans' life.

More recently, psychologists have explained the extreme camaraderie between soldiers not as a reason to fight, but as a means of survival and a response to the extremes of war. The importance of "combat buddies" has been demonstrated throughout psychiatric and military literature as well as in veterans' memoirs. "This buddy, this friend, thus served to assuage anxiety, fear, and abandonment panic because of the

²⁰⁷ S.L.A Marshall, "Esprit," *Infantry Journal* 53, no. 3 (September, 1943): 46.

²⁰⁸ Gerald Astor, *A Blood-Dimmed Tide: The Battle of the Bulge by the Men Who Fought It* (New York: Dell, 1994), 511-513.

magical belief that this buddy-- as long as the soldier stayed physically close to him-- could protect him and love him enough to endure the dangers around him."²⁰⁹

Paul Fussell, an infantryman in World War II, described the war as "indescribably cruel and insane." He further stated that "the war seemed so devoid of ideological content that little could be said about its positive purposes that made political or intellectual sense." Fussell said that soldiers were forced to create their own reasons for fighting, which frequently centered on the men struggling alongside them. However, "if loyalty to your unit might even seem an insufficient reason to fight the war, there was always the fall-back reason, which close scrutiny might expose as equally irrational: namely, to go home."²¹⁰

This longing for home was shared by many other soldiers overseas. Pvt. Marsh expressed his homesickness in letters to his wife. "You get more or less used to the horror part of the war and you like to hear that someone cares if you live, die or suffer," Marsh said.²¹¹ He told his wife he wanted to return home "not just to be away from all the noise and hell but for your companionship and love and for the comforts we have always enjoyed." He ended the letter with: "Pray for a speedy victory."²¹²

Though the Army had to employ tactics to induce the infantrymen to fire in combat, it never discussed what

²⁰⁹ William E. Kelly, *Post-Traumatic Stress Disorder and the War Veteran Patient* (New York: Brunner/Mazel, 1985), 58.

²¹⁰ Paul Fussell, *Wartime: Understanding and Behavior in the Second World War* (New York: Oxford University Press, 1989), 132-133, 136, 141.

²¹¹ Price, *Reluctant G.I.*, 111.

²¹² *Ibid.*, 92.

psychological issues this may create when the war ended. It was necessary that the men learn to shoot-to-kill in combat situations to end the war before the effects of this could be studied. What becomes clear from memoirs published shortly after the war ended was that the transition back to civilian life was extremely difficult for combat veterans.

Ernie Pyle described his experience in combat situations extensively in his many books. He frequently mentioned the terror that large shells instilled within the men, telling about how the large concussions from the explosions would literally shake the ground they lay on. He was present when a gunner battery sent up a hailstorm of fire before the infantry could attack. "Every gun threw up a fiendish flame when it went off, and the black night was pierced like a sieve with the flashes of hundreds of big guns," Pyle said. "Standing there in the midst of it all, I thought it was the most violent and terrifying thing I'd ever been through. Just being on the sending end of it was staggering. I don't know how human sanity could survive on the receiving end."²¹³

In World War II, infantrymen encountered some of the worst combat situations, but possessed the lowest skills and education. The Research Branch of the army referred to the infantry as "the dumping ground for men who could pass physical standards but who need not any other test." This attitude was not lost upon the men. A survey was conducted in

²¹³ Pyle, *Brave Men*, 125.

which 74 percent of the men stated that "the Infantry gets more than its share of men who aren't good for anything else."²¹⁴

One of the first memoirs published by a combat veteran came out in 1949. Audie Murphy wrote about his experiences in an infantry division while fighting through France, Italy, and Germany. In his autobiography, Murphy described his duties while fighting at the front-lines in Europe and his unlikely rise as a hero in the United States Army.

Murphy was born in Farmersville, Texas in 1925 into extreme poverty. His parents had 12 children and supported the family by working as sharecroppers. His family was even forced at times to live in abandoned railroad cars. Murphy was described as "freckled, shy, and baby-faced, he stood barely five feet five and a half inches tall and weighed 112 pounds." In a move the Marines no doubt later regretted, Murphy was rejected from that branch of service due to his stature, he was considered too small.²¹⁵

His father abandoned the family when Murphy was young, and his mother died by the time he was 16-years-old. Murphy was forced to drop out of school after fifth grade to help support his siblings. In June, 1942, at age 17, he enlisted in the military. He lied about his age in order to enlist early and after several rejections, the United States Army finally accepted him.²¹⁶

Murphy described his feelings after killing his first enemy, stating "I feel no qualms; no pride; no remorse. There is

²¹⁴ Samuel A. Stouffer, et al., *The American Soldier*, v. 1 *Adjustment During Army Life* (Princeton: Princeton University Press, 1949), 309.

²¹⁵ Rose, *Myth and the Greatest Generation*, 54.

²¹⁶ *Ibid.*, 54.

only a weary indifference that will follow me throughout the war." This callous attitude towards death would have a major impact on veterans, transforming them into unrecognizable beings. Murphy told a story about when he was "quietly moving through the interior of a house looking for Germans when 'suddenly I find myself faced by a terrible looking creature with a tommy gun. His face is black; his eyes are red and glaring." Murphy opened fire, only to realize he was shooting at his reflection in a mirror.²¹⁷

At the start of his tour of Europe, Murphy had 235 men in his company, but at the end only Murphy and a supply sergeant were left. He survived multiple wounds, malaria, and gangrene. During World War II, Murphy rose through the military ranks, earning 33 medals, including a Medal of Honor.²¹⁸ He won the Medal of Honor for repelling a German attack, single-handedly, with a machine gun attached to a burning tank destroyer. After this epic battle, Murphy stated he felt "no sense of triumph; no exhilaration at being alive. Even the weariness seems to have passed. Existence has taken on the quality of a dream in which I am detached from all that is present."²¹⁹

Despite his long list of accomplishments, Murphy went on to state that the war "haunted" him. He suffered from nightmares, slept with a loaded pistol under his pillow, and eventually developed a gambling addiction. When he was asked how people survive war, Murphy replied "I don't think they ever

²¹⁷Audie Murphy, *To Hell and Back* (New York: Grosset and Dunlap, 1949), 188.

²¹⁸ *Ibid.*, 226.

²¹⁹ *Ibid.*, 243.

do." Murphy died in an airplane crash in 1971; he was 46 years old and was later buried at Arlington National Cemetery.²²⁰

Murphy displayed symptoms of what would now be classified as PTSD and depression. He was an early advocate for mental health treatment of combat veterans. Additionally, Murphy is credited with asking the United States government for health care benefits for returning combat veterans and more research into the causes and treatment of PTSD.

Another soldier, Paul Fussell, wrote in his memoir about the extremes faced when attempting to survive in combat. When describing the brutal fighting encountered in the French town of St. Die, he remembered men "savaged by machine-gun and mortar fire, crying, calling on Mother." The brutal scenes witnessed by combat veterans had a profound effect on their lives and personality. Fussell stated that to survive combat, a man must psychologically adapt, which required a "severe closing-off of normal human sympathy so that you can look dry-eyed and undisturbed at the most appalling things. For the naturally compassionate, this is profoundly painful, and it changes your life."²²¹

Pyle stated that infantry soldiers were frequently exposed to two extremes while in combat: intense fighting interspersed with complete boredom. He believed this led to levels of exhaustion that were absolutely unexplainable to civilians. He said after a certain point, men were unable to recognize their buddies; they performed their duties in a daze, and could not remember such basic things as when they last ate. To illustrate his point, Pyle related a story about the First

²²⁰ Rose, *Myth and the Greatest Generation*, 56.

²²¹ Paul Fussell, *Doing Battle: The Making of a Skeptic* (Boston: Little, Brown, 1996), 112,123.

Division who spent twenty-eight days and nights at the front-lines.²²²

A company runner with the First Division "came slogging up to a certain captain" to report he had "to find Captain Blank right away" as he had an urgent message. The captain replied, "But I am Captain Blank. Don't you recognize me?" Apparently not, because the runner merely repeated his earlier message. "I've got to find Captain Blank right away," he said before running off. The other soldiers had to run to catch him.²²³

Psychologists made a similar observation regarding the effectiveness of American troops after prolonged exposure to combat. They discovered that a month of continuous combat greatly reduced the responsiveness of the soldiers, and after 45 days the men were described as in "a vegetative state." The close proximity to explosions had the worst affect on the mentality of the troops. Psychiatrist John Appel spent six weeks at Monte Cassino and Anzio studying the effects of combat on soldiers. He compared the functionality of a soldier to a truck, stating both wear out after too many miles. Moreover, Appel believes that "practically all men in rifle battalions who were not otherwise disabled ultimately became psychiatric casualties."²²⁴

"Soldiers become exhausted in mind and in soul as well as physically," Pyle said. "To sum it all up: A man just gets damned sick of it all." The military tried to relieve front-line soldiers by creating a rotation system by which each man could get a few days leave to rest and recuperate in Naples, and also one percent of each outfit was to return home for a month. However, this plan never seemed widely implemented and the

²²² Pyle, *Brave Men*, 89.

²²³ *ibid.*, 89–90.

²²⁴ Shephard, *A War of Nerves*, 245.

one percent set to go on leave to the United States was reduced by half. Sergeant Jack McCray calculated when he should be expecting his rotations and concluded that he could expect to visit Naples within the year, and he would get to return to America in seventeen years.²²⁵

Pyle related a story which seems to demonstrate not only the depravity of war, but also show how men must adapt to cope. While talking to some pilots, Pyle said they "told with merriment" about the fate of a German motorcyclist. The pilots were strafing²²⁶ a mountain road and noticed a German motorcyclist "who kept looking back over his shoulder in terror at the approaching planes." The motorcyclist was so intent on avoiding the planes behind him that he accidentally drove his motorcycle off a 400-foot cliff.²²⁷

While the pilots may have laughed at this accident during combat, it was instances such as this which seemed to haunt veterans for years. Nigel Hunt and Ian Roberts interviewed hundreds of World War II veterans about their experiences in combat. Although the interviews took place in 1994 to 1995, some soldiers still had recurring flashbacks and nightmares relating to specific atrocities.

One man frequently thought of a time when his tank ran over a wounded German. The man was identified only by his initials, BD, to protect his privacy while he continued in his therapy. "The first thing in harbour [sic] at night was you had to clean your tank down," BD said. "Fetching pieces of German officer out of your tracks which wouldn't have been bad if he'd

²²⁵ Pyle, *Brave Men*, 124.

²²⁶ Strafing is the act of attacking ground troops with machine-gun fire from airplanes.

²²⁷ Pyle, *Brave Men*, 183.

been dead but you realise [sic] you got him. . . . That stuck in my mind, though it is 50 years ago this February when it happened."²²⁸

Factors that have been directly linked to an increase in the incident of psychological issues in combat veterans included a lack of sleep, length of the conflict and prolonged exposure to combat situations. Additionally, whether the troops were on the offensive or defensive could have a major impact on morale. Offensive attacks created more positive morale, along with the perception that the unit was winning. Other mitigating factors that increased shell-shock included: hunger or dehydration; being hot, cold, or wet; loss of comrades; and fear of separation from family or marital strain.²²⁹ These factors were largely unavoidable or controllable; they were the realities of combat.

"Behind me is a distinguished and unbroken record for being sick in every country I ever visited," Pyle said. "Since Sicily was new terrain for me I figured I might as well get sick right away and get it over with. So on my fifth day ashore they threw me into an ambulance and off we went hunting for a hospital." Pyle suffered from a variety of sicknesses while covering the war abroad; however, none were as confusing as his diagnosis with "battlefield fever."²³⁰

When a man was brought to the hospital tents his first treatment was typically copious amounts of morphine. This was no different for Pyle, who was kept in a "semicomatose condition" for approximately twenty-four hours. When his

²²⁸ Hunt and Robbins, "Telling Stories of the War": 60.

²²⁹ United States Military, "Combat Stress Control: Medical Field Training."

²³⁰ Pyle, *Brave Men*, 48.

symptoms did not improve, the doctors "began to get puzzled." Next, malaria was ruled out as a possible cause. This left one other choice for the doctors, which was battlefield fever.²³¹

Symptoms of this illness include aches throughout the body and a high temperature. Doctors on the front-lines believed battlefield fever was caused by "a combination of too much dust, bad eating, not enough sleep, exhaustion, and the unconscious nerve tension." All of these factors were not only common at the front, but a universal description of the daily lives of front-line soldiers. While Pyle was recuperating, he stated that several other men received the same diagnosis.²³² As long as societies have gone to war there have been reports of afflictions specific to soldiers. The earliest reference scholars believe to be related to combat stress is in Homer's Iliad. Men have reported a variety of symptoms, ranging from the psychological: exhaustion, combat fatigue, combat stress, and post-traumatic stress disorder, to the physical manifestations such as: soldier's heart, effort syndrome, and shell-shock. The explanations of symptoms and causes for these ailments are as varied as their names. Hypothetical explanations proposed by the medical community included climate, concussion blasts from shells, changes in diet and sleeping habits, or the side effect of vaccines.²³³

Major Ed Adkins was one of Pyle's favorite acquaintances while in Tunisia. He described Adkins as having been very eager to return home and admitted that he was probably very happy to be state-side. However, they joked about what his

²³¹ Ibid., 49.

²³² Ibid., 49.

²³³ Jones, "Historical Approaches to Post-Combat Disorders," 533.

feelings would be when he read about his men at the front. They thought Adkins would miss the constant movement, listening for shells and bombers in the night, weariness and dust, and after dinner talks in a blacked-out tent.²³⁴

"They tell me all the soldiers who have been through the mill and have returned to America are like that," Pyle said. "They get an itch for the old miserable life-- a disgusting, illogical yearning to be back again in the place they hated. I'm sure it's true, but I know a lot of soldiers who would like a chance to put that theory to the test."²³⁵

It was common for books or films to mention to shell-shocked veterans as "not quite right" after returning to civilian life. Passing references were made to men not being able to cope with the things they witnessed, or participated in, during the war. This lack of specific mention could either have arisen from a lack of understanding of mental illness, or because many felt ignoring the behaviors and symptoms was ultimately the best solution. They would basically wait until the veteran recovered, not intervening and avoiding mentioning anything related to the war.

Kyle Jones was an Air Force navigator in World War II. He was shot down over Germany and made a narrow escape from the plane. In the process of bailing out, Jones was able to aid another man but the rest of his crew was killed when the plane exploded. Upon landing, both he and his fellow crewman were captured by the Germans. Jones was a prisoner-of-war for 18 months, upon his release he had lost one-third of his body weight. The memories of this experience plagued him; he developed phobias of fire and feeling confined. For three years

²³⁴ Pyle, *Brave Men*, 89.

²³⁵ *Ibid.*, 89.

after the war, Jones "wandered the streets of his hometown." He hoped to combat his phobias and became a firefighter, at which he was successful; however, his personal life was never able to recover. Jones never married, was estranged from his family, lived alone, and had few friends. He had effectively isolated himself.²³⁶

Though his experiences in the war had ended 55 years previously, Jones reported he still suffered from nightmares and recurring thoughts about combat. At age 77 he finally sought treatment and discovered his symptoms were "a psychological reaction to extreme trauma, not a result of weakness." This phenomenon frequently affected combat veterans and is now well-known as PTSD. In 1980, PTSD was included in the third edition of the Diagnostic and Statistical Manual of Mental Disorders.²³⁷

Although not all combat veterans will suffer PTSD, it is estimated that three out of five will display some symptoms of the disorder.²³⁸ After World War II, the civilian public became interested in the long-term effects of combat on a person's mental health. Though this interest was said to be brief, some major advancements were made. People began to recognize that psychological issues relating to war were not linked to the courage of a man but to a treatable mental illness. Moreover, it demonstrated that ignoring symptoms did not cure the problem, as years after the war men were still reporting

²³⁶ Charles Kaiman, "PTSD in the World War II Combat Veteran," *The American Journal of Nursing* 103, no.11 (Nov., 2003): 32.

²³⁷ Kaiman, "PTSD in the World War II Combat Veteran": 32.

²³⁸ *Ibid.*, 32.

symptoms. The long-lasting impact of combat on mental health was beginning to be understood.²³⁹

In the documentary "Let There Be Light," a soldier's struggles are documented as he attempts to reintegrate into civilian life. The film was written and directed by John Huston in 1948, but was not well-received because of its portrayal of mental illness. The documentary was filmed at Mason General Hospital on Long Island, New York and features soldiers coping with their mental illness as well as their sessions with psychiatrists.

Huston demonstrated the extreme psychological impact of combat on the mental health of these men, the terror war induces, and the very real symptoms these men were experiencing. He showed the nervous impulses of these veterans, shaking, whispering, and crying. Their eyes are said to "dart nervously back and forth." He used lengthy interviews interspersed with short answers: "I guess I just got tired of living, you can put it that way . . . I have trouble sleeping, yes, dreaming of combat, you know . . . I just took off because I seen too many of my buddies gone and I figured the next one was for me. A man can just stand so much up there, see?"²⁴⁰

It was common for veterans to develop paralysis, blindness, deafness, or speech problems due to combat service. They were challenging to treat because the cause of these issues was mental in nature and not the result of a physical injury. One of the most striking points of the film was when a psychiatrist put a veteran under hypnosis to discover the source of his violent stuttering. The man was a combat

²³⁹ Hunt and Robbins, "Telling Stories of the War": 58.

²⁴⁰ Rose, *Myth and the Greatest Generation*, 33.

veteran and served in France. The doctor discovered that the man first began having issues with words starting with "an s sound, which he associated with the hissing sound a German 88 mm. artillery shell makes in the air."²⁴¹

Hypnosis was able to cure this man's stutter and helped many others to deal with the trauma related to combat. The film ended by showing the men as they left the hospital, waving at the camera after their discharge. What they hoped for was to be able to return to a normal civilian life. This documentary was filmed three years after the war and noted that 20 percent of the war casualties were due to psychiatric issues. Huston wanted to use his film to challenge the stigma attached to mental illness in veterans. He stated, "These are the casualties of the spirit, the troubled-in-mind, men who are damaged emotionally. . . . Here are men who tremble, men who cannot sleep, men with pains that are none the less real because they are of mental origin-- men who cannot remember, paralyzed men whose paralysis is dictated by the mind."²⁴²

This film was highly controversial and not widely shown for 35 years. Huston blamed the War Department, saying they censored his viewpoint. "It was banned because, I believe, the War Department felt it was too strong medicine," Huston said. "What I think was really behind it was that the authorities considered it to be more shocking, embarrassing perhaps, to them, for a man to suffer emotional distress than to lose a leg, or part of his body." However, a critic refuted Huston's statement, saying he "did not get written releases from the soldiers undergoing psychiatric treatment; for years he falsely insisted that the Pentagon had censored his film because it was

²⁴¹ *Ibid.*, 33.

²⁴² *Ibid.*, 33.

antiwar." Whatever the reason for the film's small release, historian Kenneth Rose still considered it one of the best documentaries from the war.²⁴³

Many World War II combat veterans reported having physical issues that were later discovered to result from a psychological trauma. A veteran, identified only as 'EL,' participated in the Normandy invasion. During the D-Day attack, a shell fragment entered his face and took out his eye. The last thing he remembered from the Normandy invasion was the bright flash of the shell. He reported having severe migraines, often brought on by bright lights, such as car headlights. His experience demonstrated the connection between psychological traumas manifesting themselves into a physical condition.

The process of having a subconscious reaction to specific stimuli is a conditioned response. This means when the veteran is reminded of the combat trauma they inadvertently react in the same manner, repeatedly. If left untreated veterans will continue the cycle of responding to stimuli as if each were life-threatening.²⁴⁴

According to Pyle, the soldiers he spoke to had a variety of reasons for dreaming of returning home; many wished to see and hold their children for the first time. However, one man had different plans for his young son. Most likely reflective of the terrible fighting he was facing in Italy, this man jokingly stated the extremes he would exercise hoping to disqualify his son from any future wars. "As soon as I get home I'm going to put ten-pound weights in his hands and make him jump off the garage roof, to break down his arches," he said. "I'm going to

²⁴³ Rose, *Myth and the Greatest Generation*, 34.

²⁴⁴ Hunt and Robbins, "Telling Stories of the War": 59-60.

feed him little ground glass to give him a bad stomach, and I'm going to make him read by candlelight all the time to ruin his eyes. When I get through with him he'll be double-4 double-F."²⁴⁵

The psychological effects of combat persisted for some men well after the war ended. Curtiss Martell entered World War II as a self-described "mild, meek, compassionate young man." His time in the military was detrimental, though, and he returned home "hard, callous, mean." Martell suffered lingering psychological issues related to combat which greatly interfered with his life.²⁴⁶

"I would jump at the slightest unexpected noise. At night I would lie in bed and cry. I also would have very severe stomach cramps," Martell said. "My immediate family recognized the disorder but hesitated to even mention it for fear of my violent temper." As late as 1982, Martell was still struggling with combat related stresses. At that time, a doctor diagnosed him with having issues specifically related to combat, offering to file a disability claim for him. Martell refused, saying "forget it; it is much too late. I currently take tranquilizers."²⁴⁷

Though symptoms relating to combat experiences, such as nightmares and flashbacks, are intrusive in daily life they may serve a biological process to help ensure a person's

²⁴⁵ Pyle, *Brave Men*, 160. Note: This soldier was referring to the United States Code of Federal Regulations which categorized men by level of military exemption. Class 1-A was unrestricted military service. Class 4-F would have been disqualified from military service due to mental, moral, or physical standards.

²⁴⁶ Astor, *A Blood-Dimmed Tide*, 498.

²⁴⁷ *ibid.*, 498.

survival. In terms of evolution, being able to quickly recall and react in life-threatening situations would have better ensured survival. Surviving one risky event increases a person's chances of escaping the next.

Traumatic memories could help the soldiers survive while in the combat zone, though they are a hindrance once back on the home-front. After the war concludes, the memory is no longer a part of adapting biology; however, men will still perform the same subconscious, automatic reactions. This explains why a combat veteran would avoid fireworks or find cover after hearing a loud explosion. In the battlefield it is likely a deadly shell or gun fire, in civilian interactions it can be as benign as a car backfiring. The men are left with two options, either avoid situations which could possibly harbor triggers, or learn to consciously control their response reactions.²⁴⁸

One soldier was interviewed shortly after returning to civilian life. He was clearly suffering from combat related psychological disorders and unable to fully adapt into society. However, he was asked to describe what, if any, challenges he faced while attempting prepare for combat as well as returning to civilian life.

"Hell, yes. What do you think? Look at me now. Jesus Christ, you can't go through that without being influenced, stepping over dead bodies every day of the week, fellows just like me that got it," he said. "What do you think? A fellow should go through that and not be influenced? I can't forget it; I

²⁴⁸ Hunt and Robbins, "Telling Stories of the War," 60.

dream about it and see it at night. Christ, what do you expect?"²⁴⁹

In 2010, Nancy Marsh Price, the daughter of Pvt. Woody Marsh, published a book of his numerous letters home. The book concludes when her father returns home, she was almost three years old. Nancy wrote that "the war changed everyone to some degree." An example was how her father never again slept in a tent, saying he had spent enough time on the ground. "As he lay dying, mother remarked as she looked at his very swollen feet, 'To think that those feet had carried him all over Europe.' The war was never far from their thoughts and lives."²⁵⁰

Participation in combat had a major impact on the mental health of World War II veterans. Psychological disorders related to combat had been reported for hundreds of years and were well-known in society; however, it was nearly impossible to treat these disorders as the causes remained unknown. Further complicating treatment of psychological disorders, such as combat stress, was that most psychologists had no military experience and were unable to relate with the experiences of their patients. Veterans frequently stated it was difficult to explain their feelings to civilians due to a lack of understanding. Since adequate psychological treatment was widely non-existent, most veterans were unable to resolve their mental health issues. Nearly 70 years after the conclusion of World War II, some combat veterans are just now receiving essential psychological treatments.

²⁴⁹ Havighurst and Baughman, *The American Veteran Back Home*, 172.

²⁵⁰ Price, *Reluctant G.I.*, 416.