A Short History of PTSD
by Patience Mason

When Joe and Bill and Harry Caveman went off mammoth hunting and only Joe came back, because Bill and Harry had been trampled, everyone in the band wanted to hear what happened. And no one expected Joe to be over it in a few weeks. As a matter of fact, since they didn’t have TV or jobs, Joe could tell the story over and over to interested people. Maybe they even made a ceremony about it. And next year at mammoth hunting time, everyone knew it was going to be hard for Joe and for Bill’s and Harry’s families. They probably had another ceremony and talked about it as much as they needed. Hunters and gatherers had more leisure time than we do. I don’t know if Joe had PTSD, but I do know he was listened to.

Warfare in those days was raiding, maybe counting coup to prove you were brave (whacking your enemy with a stick), perhaps killing a few people from a rival band. There were no mass exterminations until after the development of agriculture.

Human beings were designed or evolved to live together in bands, to move around looking for food, hunting and gathering, to fight a little, but not to exterminate each other, and to spend a lot of leisure time talking and doing things together.

We have no way of knowing if they developed PTSD because our first written evidence of PTSD comes after the development of agriculture. When people were living in settlements, needing more and more land, and having to work a lot more just to get by, warfare became a much more serious and horrible.

PTSD shows up in the Epic of Gilgamesh (about 2000 BC).
The Bible has multiple incidents which describe PTSD reactions, particularly the PTSD Psalm, Number 137:

1By the rivers of Babylon,  
    There we sat down, Yea, we wept
    When we remembered Zion.
2 Upon the willows in the midst thereof  
    We hanged up our harps,
    3 For there they that had led us captive required of us songs,
    and they that wasted us required of us mirth, saying,
    Sing us one of the songs of Zion.
4 How shall we sing Jehovah’s song  
    In a foreign land?
5 If I forget thee O Jerusalem  
    Let my right hand forget her skill.
6 Let my tongue cleave to the roof of my mouth,
    If I remember thee not...
7 Remember, O Jehovah, against the children of Edom  
    The day of Jerusalem:
      Who said, Rase it rase it,
    Even to the foundation thereof.
8 O daughter of Babylon, that art to be destroyed,  
    Happy shall he be that rewardeth thee  
    as thou hast served us,
8 Happy shall he be that taketh and dasheth thy little ones  
    Against the rock.

Jonathan Shay, MD, describes PTSD in the Iliad and the Odyssey, two epics about war, in his books Achilles in Vietnam and Odysseus in America.

Later PTSD shows up in Shakespeare in Henry the IV, Part I. I've put the modern names of these symptoms in a column beside Lady Percy's speech:

Oh, my good lord, why are you thus alone?  
emotional isolation
For what offense have I this fortnight been  
sexual dysfunction
A banished woman from my Harry's bed?  
emotional numbing
Tell me, sweet lord, what is't that takes from thee  
intrusive thoughts
Thy stomach, pleasure and thy golden sleep?  

Why does thou bend thine eyes upon the earth  
anxiety, and startle reaction
and start so often when thou sitt'st alone . . .
thick-eyed musing and curs'd melancholy?
In thy faint slumbers I by thee have watch'd,
And heard thee murmur tales of iron wars . . .
Cry Courage—to the field . . .
And thou hast talk'd
Of sallies and retires, of trenches, tents . . .
Of prisoners' ransom and of soldiers slain . . .
Thy spirit within thee hath been so at war,
And thus hath so bestirred thee in thy sleep
That beads of sweat have stood upon thy brow . . .
And in thy face strange motions have appeared . . .

Pepys Diary describes his nightmares about the Great Fire of London, which he survived. The Narrative of the Captivity and Restoration of Mrs. Mary Rowlandson, 1682, Boston, describes her sleeplessness after her rescue. Although no one describes the complete diagnosable syndrome, there is evidence of PTSD everywhere if you look for it. Charles Dickens was involved in a railway accident in 1865 during which he helped the injured and saw the dead. He wrote, “I am a little shaken...by the hard work afterwards in getting out the dying and the dead, which was most horrible.” He avoided train travel and public engagements after that.

During the 19th Century, breaking down in battle was considered cowardice for the most part. Problems which developed after battle during the Civil War were described as Nostalgia, Soldier’s Heart (exhaustion, anxiety attacks and arrhythmia), and the depletion of fat and blood. Quiet, rest and feeding up were the prescribed treatments.

In his memoir of the Civil War, Company ‘Ayitch, 1881, Sam Watkins wrote:

And while my imagination is like the weaver's shuttle, playing backward and forward through these two decades of time, I ask myself, Are these things real? did they happen? are they being enacted today? or are they the fancies of the imagination in forgetful reverie? . . . Surely these are just the vagaries of my own imagination. Surely my fancies are running wild tonight. But, hush! I now hear the approach of battle. That low, rumbling sound in the west is the roar of cannon in the distance. That rushing sound is the tread of soldiers. That quick, lurid glare is the flash that
precedes the cannon's roar. And, listen! that loud report that makes the earth tremble and jar and sway, is but the bursting of a shell, as it screams through the dark, tempestuous night. That black, ebon cloud, where the lurid lightning flickers and flares, that is rolling through the heavens, is the smoke of battle; beneath is being enacted a carnage of blood and death. Listen! the soldiers are charging now. The flashes and roaring now are blended with the shouts of soldiers and the confusion of battle . . .

That is a flashback in flowery Victorian prose.

In WWI PTSD was called shell shock or soldiers heart. Lack of feeling is one of the best combat adaptations and a symptom of PTSD. World War I combat veteran Wilfred Owen wrote *Insensibility* shortly before he was killed in action, a week before the armistice.

Happy are men who yet before they are killed
Can let their veins run cold.
Whom no compassion fleers
Or makes their feet
Sore on the alleys cobbled with their brothers . . .
Dullness best solves
The tease and doubt of shelling . . .
Having seen all things red,
Their eyes are rid
Of the hurt of the color of blood forever.
And terror's first constriction over,
Their hearts remain small-drawn.
Their senses in some scorching cautery of battle
Now long since ironed,
Can laugh among the dying unconcerned . . .

During WWII, PTSD was called combat fatigue by doctors in the war zones and combat neurosis by doctors at home.

In 1952, the American Psychiatric Association published the *Diagnostic and Statistical Manual*, an attempt to standardize psychiatric diagnoses. It included a category called "Gross stress reaction." If you had been through a big enough stress (gross=big),
like a concentration camp or combat (this was during the Freudian denial and delusion period about incest) it could affect you.

In 1968, ironically during the TET offensive, *DSM II* was published. The American Psychiatric Association shut its eyes to all the evidence of PTSD, including Archibald and Tuddenham’s 1965 report that WWII vets who had never been to the VA were still experiencing startle responses, nightmares, sleeplessness, etc., twenty years later (*Archives of General Psychiatry*, 12, 475-481).

*DSM II* dropped, *with absolutely no scientific evidence*, any reference to any stress reactions except a "transient situational disturbance" which lasted for six months or less. If it lasted for more than six months, you had a pre-existing personality disorder, which meant, for Vietnam veterans, that the VA was not responsible because it wasn't service connected. To this day no one has ever taken responsibility for this example of denial and wishful thinking. Unfortunately, PTSD goes through a cycle of denial with every generation.

This is one reason why I think that not being a mental health professional gives me a great advantage. I take psychiatry with a grain of salt, because I lived through the period when PTSD officially didn’t exist (1968-1980), so I know just how wrong and how damaging the latest and best scientific ideas can be.

In the 70’s, a bunch of psychiatrists, social workers and psychologists who had worked with Vietnam, Korean War and WWII combat vets, and with battered wives and incest survivors and survivors of concentration and POW camps worked together to get a trauma related diagnosis reinstated in the next edition, 1980, *DSM III*. The APA was against it, because it would cost the government too much money.

During the era of *DSMII*, people were told "Vietnam didn't change you. You were defective before you went." They were diagnosed with
schizophrenia if they had flashbacks or as sociopaths if they were numb, as narcissist if they felt the government owed them help (which it does!) or manic-depressives if they were happy sometimes and depressed others. They were overmedicated with thorazine, valium, librium, lithium, and other drugs, none of which worked. Since there was NO HELP, except for the very rare VA shrink, psychologist or social worker who would listen to them, many of them turned to alcohol and drugs to stay alive. This was called “willful misconduct.” Psychiatrists who listened to the veterans were often called overly emotional and overly involved by other psychiatrists. This is one reason why many Vietnam vets still don’t want to go to the VA or come in with a chip on their shoulder.

The first study of actual Vietnam vets with PTSD, *The Forgotten Warrior Project*, was done by John Wilson, PhD, with funding by the Disabled American Veterans because he couldn't get funding from any foundations or from the government. Other studies showed that only a few veterans had problems, but those studies didn't even ask them if they had been in Vietnam, never mind in combat.

My husband, Bob, (Robert Mason, author of *Chickenhawk*) came home in 1966 with PTSD. He was a helicopter pilot. In 1967 while still in the Army, he was diagnosed with "combat fatigue," which at that time meant that he could never be sent to a war zone again. (And these new guys should NEVER be sent back.) But basically, he thought he was a loser and I thought I was a bad wife or he would not be having problems. When he left the Army, the local VA diagnosed him as “Nervous.” They gave him valium.

For a time after 1980, a lot of work was going on in the PTSD field, and if you could get diagnosed, you could get help. Most guys, having been turned away by the VA when they went for help in the 60’s and 70’s, wouldn't go back. There was also the problem of the psychiatrist
who knew the diagnosis had been made up for Vietnam vets, so they wouldn't diagnose PTSD even when it was obvious.

Each VA Hospital is a fiefdom, under the control of the Chief of Psychiatry, so if he or she doesn't believe in PTSD, or wants to do research on schizophrenia, or whatever, the vets are out of luck. Some VA's have great programs. Some have lousy ones. There is no standardization and no oversight that I can see. There is not enough money, so they prefer to provide drugs. Plus when staff changes, the program can change. Recently, one administrator at the Temple, Texas, VA told the staff to stop diagnosing PTSD. That had been a really good VA. Maybe it still is, but probably not.

Up until 9-11, there was also a slow rise in denial and delusion among mental health professionals. This culminated in *DSMIV* which now describes traumatic stressors with a numbing ritual, a litany of impersonal words punctuated by or:

1) the person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others (2) the person's response involved intense fear, helplessness, or horror. Note: In children, this may be expressed instead by disorganized or agitated behavior.

There's nothing that would help the young psychiatrist who has never faced a gun or a rapist understand what other people have been through. Of course numbing is encouraged in the medical professions. Professional, you know. My lawyer friend says this numbing ritual is "legally comprehensive," so it may help people whose traumas are pooh-poohed by ignorant examiners.

Today there is the untested, unproved, desperate method for keeping up manpower: send guys back to war on drugs. There have been no randomized clinical trials of how people do when they go
back on drugs, but we do know from Israeli studies of guys who have been in multiple wars, that if they have PTSD in one war, they get it faster and worse in the next.

"First do no harm."

We also have the academic attacks on PTSD: it doesn't exist. It is over-diagnosed. These are based on studies of treatment-seeking rich trauma survivors at a private hospital in Boston, rather than studies of treatment avoiding veterans, but you can always skew research if you want to.

At the start of the current war there were right wing attacks on PTSD. Our men are brave and have no problems. PTSD is a liberal attack on our brave men.

Another quote from my book:

A tragic description of Audie Murphy, who had many symptoms we would now call PTSD, is reported in "The War Hero," by Thomas B. Morgan, in the 50th Anniversary Issue of *Esquire*, December 1983. Read it. Murphy was still not old enough to vote when he came home in the spring of 1945. Here are a few quotes:

He belonged to no veterans' organizations, stayed away from parades . . . [very much like Vietnam vets]

In the far wall, an open door led to another room that should have been the garage. I could see a bed and a desk with another big lamp.

"Garage," Murphy said. "I remodeled the garage to make a room where I could be by myself." I must have seemed ready to ask why. "It was necessary," he said cryptically . . .

"But you've got to understand me—" Murphy paused, as though deciding whether to go ahead with his thought, "—with me, it's been a fight for a long, long time to keep from being bored to death. *That's what two years of combat did to me!*" Murphy's voice had risen and he had brought both feet down on the floor. He looked at me wide-eyed and intense.

"Let me tell you something," he said. "Beginning eight years ago—up to last year—I had seven years of insomnia. *Seven years!* Outside of cancer, I don't know anything that can be as bad as that. It was just all of a sudden, I could not sleep. I'd be half dazed. The furniture in my room would take on odd shapes.

"Then there was my nightmare, a recurrent nightmare. A feeling of exasperation. I would dream I am on a hill and all these faceless people are charging up at me. I am holding an M-1 Garand rifle, the kind of rifle I used to take apart blindfolded. And in the dream, every time I shoot one of these people, a piece of the rifle flies off until all I have left is the trigger guard. The trigger guard!

"Then I would wake up. So that's why I began sleeping in the garage with the lights on all night so that when I woke up from the dream, I'd know where I was . . .
"So—there was another thing, too—it was the noise. Noise! In combat, you see, your hearing gets so acute you can interpret any noise. But now there were all kinds of noises that I couldn't interpret. Strange noises. I couldn't sleep without a weapon by my bed. A pistol. Because the least little noise bothered me. That's why I had the garage made into a bedroom, to be away from the noise. The least little noise—there was a time when a cannon wouldn't wake me. And now I could barely survive in the garage . . .

"You know," he said, ruefully, "there are only two of us left from the old outfit and we're both half dead."

My husband, Bob, spent the second year of our marriage (1965-66) flying a Huey slick in the First Cavalry Division and the 48th Aviation Company in Vietnam. His book, *Chickenhawk*, tells the story of that year. When he got back, I saw how skinny he was, but I was so glad to have him back, I didn’t notice the thousand yard stare. I had no idea what he had been through. I was just so glad he was alive. Neither of us had any idea that the war was, quite naturally and normally, going to affect both of us for the rest of our lives. We didn’t know any of what you will read on this site or in my book. They told Bob he would be fine in a few weeks. When he wasn’t, he thought he was nuts.

Bob’s memoirs, *Chickenhawk* and *Chickenhawk: Back In The World* and my book, *Recovering from the War*, describe how we lived with Post-Traumatic Stress Disorder when it didn't have a name and wasn't supposed to exist. We lived with PTSD for 14 years during which I thought I was a bad wife, or he would not be having problems. Quite often he agreed. He also thought he was crazy. I couldn't make him happy even though I thought I should be able to. We did not associate any of it with Vietnam. Our life was difficult until we found out about Post-Traumatic Stress Disorder. We still deal with it, but today our dealings are informed, which makes things easier. We are up to 48 years of marriage now and are really happy.

To do the research for *Recovering From The War*, I interviewed veterans, survivors of other types of trauma, therapists and
researchers. I developed a healing perspective on PTSD (all its symptoms start as survival skills built into your brain), read scientific papers and books on all types of trauma, and found help in 12 Step groups. Today my life contains a lot of serenity and peace, which I like to share.

My desire is to provide information which will keep other people from having to go through what we went through. I want everyone to know that it is normal to be affected by trauma. I am dedicated to writing about PTSD in a healing way, no matter what type of trauma is involved. Whether you lost a family member on 9-11 or survived Hurricane Katrina, whether you have been a battered person, survived child sexual abuse, rape, fire, flood, or combat, everything I write is intended to help you recover. You did not deserve whatever you endured. You didn’t cause it even if other people blame you for it. It is normal to be affected by trauma, and you deserve to recover.

Different people need different things to recover. Families are quite naturally affected by living with a trauma survivor, so I write for them too. If your vet or trauma survivor is driving you nuts, maybe you might be just the slightest bit nuts, too. I know I was! There’s nothing worse than knowing something is wrong but not knowing what it is or how to get help. I want to supply you with information about the normal effects of trauma up to and including PTSD. I also want to give you hope for recovery.

It is normal to be affected by trauma. Normal. Normal. Normal.

Developing PTSD is directly related to the amount of trauma that you experience as was shown in the National Vietnam Veterans Readjustment Study. PTSD is also affected by the meaning (or meaningfulness) of the events to the traumatized person. PTSD is worse when betrayal is involved. Human cruelty and neglect also increase its severity. Most people with PTSD do not know they have
it, so they may use compulsive behavior to help them stay numb, everything from alcoholism to workaholism.

PTSD symptoms can occur for the first time, or reoccur, when you are triggered or re-triggered by personal stress, another trauma, or by events that remind you of the trauma. (Why the current wars are so hard on so many veterans: they know what the troops are going through.) If you thought you were over your PTSD, this doesn’t mean your previous therapy didn’t work, but that what worked then will work again. Traumatic events can’t be erased, so, in that sense, PTSD can’t be cured, but it can be helped. People with PTSD can live sane and happy lives. If they get re-triggered, they can find more help. There are always new forms of therapy being developed.

The symptoms of PTSD make sense as survivor skills in the context of trauma: get numb so you can do whatever it takes to survive and keep others alive. Become extremely, effectively alert and you’ll survive. Keep reminding yourself that the world is dangerous (re-experiencing) and you will survive. Such survivor skills can, with the passage of time, become your biggest problems, but it is hard to let go of them because they kept you alive, not because you are weak or wicked or dumb.

I started the Post-Traumatic Gazette in 1995 for several reasons. I wanted to share what was working for us and for others. I follow new developments in the field of PTSD and wanted to write about them. I also wanted to write about recovering from PTSD in a way that was healing, based in personal experience, and would speak to survivors of all types of trauma and their families. The family system is directly impacted by PTSD. We are all in this together.

There is a lot of unhelpful stuff about PTSD out there. I wanted to focus on healing instead of the type of finger pointing that goes on in some of the professional literature. I think that not being a mental
health professional gives me a great advantage. I take psychiatry with a grain of salt, because I lived through the period when PTSD officially didn’t exist (1968-1980).

Some current books about history do a lot of inept finger pointing, too, failing to distinguish between breaking down in battle (Critical Stress Response) and Post-Traumatic Stress Disorder, which may follow CSR, but can also start later, when triggered by something.

The current fad for brain chemistry explanations of everything is a pet peeve of mine particularly as it relates to PTSD. Although soldiers have been saying for centuries that war changed them, the American Psychiatric Association used to say, "No it didn’t!"

Now the conventional wisdom is "It changes you, and you’ll have to take these pills forever."

I can’t agree. New discoveries in brain plasticity show you can develop new skills, new neurons, and probably change your brain chemistry. Pills may help you, but PTSD is helped by telling your story. Bob was helped by writing and rewriting *Chickenhawk*. Therapy with an effective therapist whom you feel cares about your recovery is extremely helpful. Cognitive therapy, talk therapy, DBT (dialectical behavioral therapy), EMDR (eye-movement desensitization and reprocessing) and TIR (Traumatic Incident Reduction) Susan Johnson’s Emotionally Focused Therapy (EFT) as well as the newer EFT’s based on tapping meridians can all be effective without side effects. On top of that there are new somatic therapies that help you get rid of the constant tension that many survivors and veterans still have even after telling their story.

My only concern with therapies is the natural human tendency to think cured instead of helped. We can’t know if someone with PTSD is cured until they die with no recurrences. Sometimes professionals whose follow up studies show that symptoms are still much less
troubling will announce a cure, but we had those types of cures from the rap groups after Vietnam. And when you think you are cured and then the symptoms come back, most people don’t go back for more. They give up and think they are so defective they can’t be helped. If it worked before, it will work again. It means you need more. It may mean you also need something else. Keep an open mind and keep looking for what works for you.

If you have been told that "this is as good as it gets," you are being misinformed. Even if you have been telling your story and are stuck, all it means is that there is more to the story. Perhaps you need another way to look at yourself, another way of looking at the world, a more compassionate way, before you can tell the rest.

There is no place in the world where all the new therapies for PTSD are being used on a systematic basis. No therapist, no private hospital, no VA Hospital, no inpatient treatment program, no outpatient treatment program anywhere uses all the available techniques. Most places they don’t even try to follow new developments. So they can’t say, "This is as good as it gets." Not only do you have a right to be treated with effective therapy, but also you have a right to be treated with therapy which is effective for you. Just because a program was perfect for someone else doesn’t mean it will help you.

Trauma physically changes the structure of your brain. Recent studies show your brain can change and grow at any age. Being in an unfamiliar environment and learning new things helps your brain grow. So getting into a new kind of therapy and/or learning new tools may be just what you need. Bob decided to learn to meditate using the book Wherever You Go There You Are, by Jon Kabatt-Zinn. It helps him a lot. I do it too, and it helps me a lot, too.

No therapist can fix you, but a therapist can teach you new skills
that will over time enable you to heal. Finding someone who can help you find out how you can recover must be a priority. You deserve to recover.

A recent study showed that certain therapists’ clients get better whether they are giving them talk therapy, medications only, or placebo (sugar) pills. The therapists who were perceived as caring were the one’s whose clients did better. You’ve probably noticed this. Some people are helpful and some are not. Different ones help different people. You need to find a compatible therapist.

The History of PTSD has been one of recognition followed by denial and delusion, over and over. We have a chance to change that in this generation.