

SHOOK OVER HELL

**POST-TRAUMATIC STRESS,
VIETNAM, AND THE CIVIL WAR**

ERIC T. DEAN, JR.



SHOOK OVER

**Post-Traumatic Stress, Vietnam,
and the Civil War**

ERIC T. DEAN, JR.

HARVARD UNIVERSITY PRESS

Cambridge, Massachusetts

London, England

Copyright © 1997 by Eric T. Dean, Jr.
All rights reserved
Printed in the United States of America
Second printing, 1999

First Harvard University Press paperback edition, 1999

Library of Congress Cataloging-in-Publication Data

Dean, Eric T.

Shook over hell : post-traumatic stress, Vietnam, and the Civil War /

Eric T. Dean, Jr.

p. cm.

Revision of the author's thesis.

Includes bibliographical references and index.

ISBN 0-674-80651-4 (cloth)

ISBN 0-674-80652-2 (pbk.)

1. Post-traumatic stress disorder.

2. United States—History—Civil War, 1861–1865—Veterans—Mental health.

3. Vietnamese Conflict, 1961–1975—Veterans—Mental health. I. Title.

RC552.P67D434 1997

616.85'212—dc21 97-9737

Designed by Gwen Nefsky Frankfeldt

Acknowledgments

This book began as a seminar paper which I wrote at Purdue University in 1987, when I was practicing law in Indiana and studying history in my spare time for intellectual stimulation. The topic of Civil War veterans, however, caught my attention and eventually led me to close my law office and embark on the full-time study of history at Yale University. At Purdue, I would like to thank Harold D. Woodman, Robert E. May, John J. Contreni, Lois N. Magner, and Donald J. Berthrong. Hal Woodman helped show me how history should be studied and written, and I have kept his high standards in mind while working on this book. I still regard Bob May's seminar on the Old South as one of the most enjoyable and stimulating academic experiences of my life; over the years, Bob has kept in touch and offered insightful criticism as well as enthusiastic support, for which I am most grateful.

At Yale University, I would like to thank David Montgomery, John Harley Warner, David Brion Davis, John Demos, Ruth Wedgwood, and Peter Schuck. David Montgomery in particular offered detailed comments on my dissertation, and had an uncanny ability to detect fault lines where critical points needed to be rethought and reworked. Beyond faculty members at Purdue and Yale, I have benefited from the time and advice of a number of historians, archivists, and physicians. Daniel A. Pollock, M.D. (Centers for Disease Control), read and commented on an early version of Chapter 7; Pete Maslowski (University of Nebraska) read and commented on Chapter 9 and the Conclusion; Susan M. M. Tainsh, M.D. (McMaster University), of-

ferred comments on Chapter 7; Jack Talbott (University of California, Santa Barbara) read and commented on Chapter 2; and David C. Brown (M.D., Univ. of Pennsylvania), a fellow history graduate student and friend from Yale, read and commented on Chapters 7 and 8. I have also profited greatly from comments on the entire manuscript made by Steve Towne of the Indiana State Archives and from discussions with my brother, Jonathan R. Dean, concerning military history.

Research for this book was supported by the following grants or fellowships: Mellon Research Fellowship (awarded by the Yale University Graduate School for research travel during the academic year 1992–1993); Albert J. Beveridge Grant for Research in the History of the Western Hemisphere (awarded by the American Historical Association for dissertation research in the academic year 1993–1994); Mark C. Stevens Researcher Travel Fellowship (awarded by the Bentley Historical Library at the University of Michigan, for research in the academic year 1993–1994); Indiana Historical Society Graduate Fellowship in History (awarded for research in the academic year 1993–1994); John F. Enders Fellowship (awarded by the Yale University Graduate School for research travel during the summer of 1994); and a Whiting Fellowship in the Humanities (Dissertation-Year Fellowship awarded by the Yale University Graduate School for preparation of the dissertation in the academic year 1995–1996).

I conducted research for this book in nine different states and the District of Columbia, and received generous assistance from librarians and archivists at the Connecticut State Archives (Hartford), the Florida State Archives (Tallahassee), the P. K. Yonge Library of Florida History at the University of Florida (Gainesville), the Georgia State Archives (Atlanta), the Illinois State Archives (Springfield), the Indiana State Archives (Indianapolis), the Indiana State Historical Library (Indianapolis), the Indiana Historical Society (Indianapolis), the Bentley Historical Library at the University of Michigan (Ann Arbor), the Ohio State Archives (Columbus), the South Caroliniana Library (Columbia), the South Carolina State Archives (Columbia), the Tennessee State Archives (Nashville), the Television News Archives at Vanderbilt University (Nashville), the Library of Congress (Washington, D.C.), the National Archives (Washington, D.C., and College Park, Maryland), and the National Library of Medicine (Bethesda, Maryland). In particular, I would like to thank Michael Musick of the National Archives, and I am also most indebted to Bob

Horton and Steve Towne of the Indiana State Archives. At a time when I was contemplating a ninety-county search for records in local courthouses in Indiana, Bob Horton unearthed a remarkable cache of inquest papers in the basement of the Central State Hospital in Indianapolis, which (thankfully) made my county-by-county search unnecessary; indeed, I am convinced that Bob discovered records which for the most part—owing to fire, flood, and neglect—no longer exist at the county level.

With the permission of the relevant journals, portions of the following articles of mine were used in the preparation of this book: “ ‘We Will All Be Lost and Destroyed’: Post-Traumatic Stress Disorder and the Civil War,” *Civil War History*, 37(2) (June 1991): 138–153 (with permission of the Kent State University Press); “The Myth of the Troubled and Scorned Vietnam Veteran,” *Journal of American Studies*, 26(1) (April 1992): 59–74; “War and Psychiatry: Examining the Diffusion Theory in Light of the Insanity Defence in Post-World War One Britain,” *History of Psychiatry*, 4(1) (1993): 61–82; “Rethinking the Civil War: Beyond ‘Revolutions,’ ‘Reconstructions,’ and the ‘New Social History,’” *Southern Historian*, 15 (Spring 1994): 28–50; and “ ‘A Scene of Surpassing Terror and Awful Grandeur’: The Paradoxes of Military Service in the American Civil War,” *Michigan Historical Review*, 21(2) (Fall 1995): 37–61.

Last of all, I would like to mention my father. He passed away in 1989, and over the years I have missed his sympathetic ear and wise counsel. I dedicate this book to his memory.

January 1997

Contents

Acknowledgments	ix
Introduction: "Terbacker Out"	1
1 "Unwelcome Heroes": The Agony of Vietnam	7
2 "Every Man Has His Breaking Point": War and Psychiatry	26
3 "Dangled over Hell": The Trauma of the Civil War	46
4 "A Gizzard Full of Sand": Reactions to Violence	70
5 "For God's Sake Please Help Me": Post-Traumatic Stress	91
6 "Dying of Nostalgia": Official Diagnoses	115
7 "This Must End Sometime": The Fate of the Civil War Veteran	135
8 "Tramping by Night and Day": Indiana Veterans	161
9 "I Am Glad I Served My Country": Vietnam Reconsidered	180
Conclusion: "A Spectacle Grand and Awful to Contemplate"	210

Appendix A. The Indiana Sample	219
Appendix B. Casualty Statistics: The Company Sample and Regimental Data	226
Appendix C. Nineteenth-Century Indiana Insane Asylums and Involuntary Commitment Procedures	229
Appendix D. Confederate Veterans	232
Notes	237
Index	311

Illustrations follow page 114.

INTRODUCTION

“Terbacker Out”

Owen Flaherty had migrated to the United States from his native Ireland, and before he enlisted in Company C of the 125th Illinois Regiment of Volunteers in the Civil War, he was by all accounts a well-adjusted and normal person. His comrades in the service regarded him as a quiet but good soldier, one upon whom they could rely; on social occasions, he would talk, laugh, and drink with his companions.¹ During the course of his service with the Union Army against Confederate forces in Tennessee and Georgia from 1862 to 1864, however, Flaherty seemed to undergo a strange and disturbing transformation. Following the Battle of Stones River near Murfreesboro, Tennessee, in December of 1862, a vicious engagement during the dead of winter in which both sides suffered casualty rates of almost one third of available manpower, Flaherty requested a furlough, which was denied by his superior officers. This refusal weighed heavily upon his mind, and those who observed him at this time reported that he seemed “homesick,” had a “far away, Melancholy look,” and wanted to be alone. A fellow soldier noted that he seemed quiet, appeared to be in a “deep study all the time,” and would not answer questions when asked, unless spoken to two or three times, and then only when he was spoken to in a very loud tone of voice, at which point he would start as though excited or surprised.²

Owen Flaherty’s bunkmate, John McVey, noticed that Flaherty had a “wild scared look,” was very restless and wakeful at night, and when he did manage to fall asleep, began to talk and mumble in his

sleep about his family. He would tremble and toss about so much during these nightmares that he would pull the blankets off, forcing McVey to go elsewhere and sleep by himself. Flaherty seemed to believe that his family would never see him alive again, and this worry preyed on his mind; he eventually began to talk to himself.³ The situation deteriorated further after the Battle of Resaca, Georgia, in May of 1864, when Flaherty's company was thrown into the thick of the battle and eight of his fellow soldiers were killed in action. On a skirmish line in a valley between two hills, the regiment was subjected to an extended artillery barrage, the constant concussion of which actually knocked down several men. This exposure to the unrelenting blasting of the artillery seemed to further unnerve Flaherty, and fellow soldiers noted afterward that he acted as if he were lost. He would wander off and had to be watched, and began to take his rations separately and sleep alone in his own tent away from the main camp. Some noted that he had a "wicked look in his eyes," and at one point he threatened to kill one of his best friends.⁴ When the Union Army under William Tecumseh Sherman finally reached Bentonville, North Carolina, near the end of the war, Flaherty was placed on picket duty on the camp perimeter. Suddenly he came running in, saying that the enemy was coming, when in fact no one was in sight. A fellow soldier noted that Flaherty was very frightened, and had to be forced to resume his post. This soldier saw a "bad look" in Flaherty's eye, and was convinced that he had become entirely insane.⁵

After the war Flaherty returned to his home at Terre Haute, Indiana, but his friends immediately noticed that something was terribly wrong with him. He was hired to work at a blast furnace, but couldn't concentrate on the work; his employer noted that Flaherty always seemed to be thinking of something else, and "appeared to be wild. [He] always appeared to want to be on the go." Irritable and angry at life in general, he drove his son away from home, and the police were called to his house several times during his periods of violence. On one occasion during the winter of 1865–1866, Flaherty woke up during the night, remarked that "they have moved camp—by golly," got up, dressed himself, left home, and was gone four or five hours. His wife, Mary, noticed that Owen would take "flighty spells," when he would "imagine they were firing on him with guns." At any mention of the war or politics Flaherty would become furious, and his friends and family learned to avoid these topics. One acquaintance noted: "Whenever anything is said to [Flaherty] about the army life,

[he] would get very angry. [You] dare not mention anything about the army to him.” To his wife and others, Owen explained that his condition was due to “those cannon balls,” and on another occasion when one of his friends asked him what was the cause of his problems, he “laughed at me finally, got mad at me, walked away.”⁶

Owen Flaherty eventually quit work and spent his days wandering the streets. Finally, in 1876, he was sent to the Indiana Hospital for the Insane in Indianapolis, where he was diagnosed as having acute mania. The asylum generally did not have room for long-term commitments (so-called chronic cases) in the late nineteenth century, so, after a short stay, Flaherty was placed at the poorhouse in Vigo County, where he lived from 1877 to 1885. His guardian, alleging that Flaherty’s insanity was caused by his service in the Civil War, applied on his behalf for a federal veteran’s disability pension. The medical board which examined him wrote: “He is almost constantly in motion his eyes are restless, his movements quick & energetic, his speech laconic and abrupt.” These doctors noted that he was suspicious of strangers, became angry and violent at the slightest provocation, and suffered from delusions: “As far as noticed his delusions consist in fear from imaginary persons who intend to kill him and he plans to hide or defend himself . . . the cause due to some mental shock probably sustained in the service.” The Pension Bureau granted Owen Flaherty’s claim at the highest rate available, \$72 per month, a category reserved for men who were totally disabled and in fact helpless, requiring the care and attendance of another.⁷

As opposed to the case of Owen Flaherty, we know very little concerning what happened to James P. Green during the Civil War. Available military and pension records indicate that Green enlisted in the 69th Indiana Regiment on July 19, 1862, and that he served with the unit throughout the remainder of the war. The 69th Indiana Infantry fought in the Battle of Richmond, Kentucky, and participated in Sherman’s assault on Chickasaw Bayou near Vicksburg as well as Grant’s siege of Vicksburg and the attack on Jackson, Mississippi, during 1863. At various times, the unit sustained substantial battle casualties as well as numerous deaths from diseases contracted by the men in the swamps of Louisiana, Mississippi, and Florida.⁸ Military records indicate that James Green was taken prisoner and held briefly by the Confederates after the Battle of Richmond, but little else is known. Did he shoot and kill any Rebel soldiers? Was he present when Rebel “bushwhackers” were caught and summarily hanged? Did he wit-

ness the death or maiming of any of his fellow soldiers? Did he participate in burial details to inter the shattered bodies of men in his unit who had been killed during the fight for Vicksburg? What was his reaction to the stifling heat, the unrelenting mosquitoes, the swamp fevers and chronic diarrhea that were rampant in the ranks, the chaos, din, and terror of battle as Union forces stormed the Rebel fortifications at Vicksburg? The historical record is silent.

What is known is that James P. Green returned to Indiana after the war and was unable to settle down or readjust to civilian life. His father tried to get work for him, but Green was unable to engage in any gainful activity owing to his unstable and deteriorating mental condition. In 1878 he was committed to the Indiana Hospital for the Insane in Indianapolis, and the records there indicate a diagnosis of acute mania; the recording clerk noted that Green had suffered from a great loss of sleep for some time, and that he had made attempts to commit violence upon himself. It is unclear how long he was held at the asylum, but in 1893, his family applied for a veteran's pension on his behalf, and Green was examined by a board of pension doctors. These doctors could not get him to utter a sound or to acknowledge their presence. Green's family explained that this was his usual condition: he could feed and dress himself without assistance, kept his person clean, and never left the yard, but for years had never spoken to or taken any notice of anyone coming or going; he had never at anytime, for years, spoken to any member of the family, except to say "terbacker out," when his chewing material was exhausted. Yet he would frequently pet and talk to dogs, the family reported. It seemed that James Green had given up on the human race and had withdrawn into the safety of his own narrow mental world, where he could block off disturbing memories of the outside.⁹

To anyone familiar with military psychiatry and the concepts of "shell shock" from World War I or "combat fatigue" from World War II, the cases of Owen Flaherty and James P. Green should not be completely surprising, and yet these cases do tend to register in one's mind as atypical and novel, probably for two reasons. First, in the more than 50,000 books which have been written on the American Civil War over the past 130 years, the focus has usually been on great generals rather than on bleeding and bewildered soldiers. In any bookstore, one is much more likely to encounter biographies of famous generals such as William Tecumseh Sherman, Ulysses S. Grant, and Robert E. Lee, assessments of political leaders such as Abraham

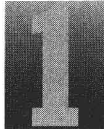
Lincoln and Jefferson Davis, or unit and battle histories that emphasize tactics and the meritorious or flawed leadership of key commanders, rather than explorations into delayed stress and the turmoil that veterans experienced in the postwar years. Although more attention has been paid to the common soldier of the Civil War over the past forty years, this interest has tended to translate into a passion for reenactments rather than a focus on trauma, pain, and tragedy. In addition, historians have more recently tended to portray the Civil War as a righteous crusade to end slavery and initiate the civil rights revolution, culminating eventually in the “Second Reconstruction” of the 1950s and 1960s—the era of *Brown vs. Board of Education*, Selma, and the landmark Civil Rights Act of 1964. In sum, whatever one’s view of the current state of Civil War historiography (the Civil War as righteous or merely heroic in stature), the concept of the Civil War soldier and veteran as a psychiatric victim (with attendant antiwar tones) does not resonate; the idea has not been extensively explored.¹⁰

Second, much of our current thinking on the American veteran has been shaped by the image of the troubled and scorned Vietnam veteran that has emerged over the past thirty years in the United States. In this view, psychologists regard Vietnam veterans as having suffered serious, lingering, and debilitating mental problems, centering around the phenomenon of Post-Traumatic Stress Disorder (PTSD), a delayed stress syndrome which is caused by exposure to combat and can produce symptoms of rage, guilt, flashbacks, nightmares, depression, and emotional numbing, and can lead to a variety of grave social and psychiatric problems—from unemployment to suicide. This medical view of the psychologically disturbed Vietnam veteran finds an analogue in popular culture with such novels as *Going After Cacciato* or *Paco’s Story*, which tend to view the Vietnam War as absurd and as having led to unprecedented mental stress for the American participants. Central to these interpretations has been the suggestion or outright assertion that Vietnam veterans have been unique in American history for their psychiatric problems. In this construction of the past, previous American veterans either didn’t suffer from serious psychological problems or, if they did, their problems were ameliorated by a warm homecoming at war’s end (something that eluded the Vietnam veteran). The stories of Owen Flaherty and James Green, then, run counter to the many claims of the singularity of the Vietnam War and its veterans.¹¹

Hence the image of the Civil War with its dashing generals, stoic

soldiers, and legendary campaigns persists in stark contrast to the image of Vietnam as a surreal quagmire from which only damaged men managed to escape. How can one reconcile these two divergent views of war? Is it possible that these two realities are indeed so far apart, or can the stories of Owen Flaherty and James Green open up a new window through which to reconsider the veterans of both wars? A reexamination of the Civil War veteran through the lens of the Vietnam experience promises new perspectives and challenges, regarding not only the assumption that Civil War veterans readjusted well after their war owing to parades in the North and sectional adulation through the Lost Cause in the South, but also the idea that all Vietnam veterans came home in a dazed, unstrung condition, with any psychological difficulties due in some measure to the war.

Consideration of these issues immediately leads one to a series of questions: How widespread were psychiatric problems in the Civil War veteran population? What caused these problems, and can one correlate cases of psychopathology among the approximately 3 million Civil War veterans to either cumulative exposure to combat or to particularly shocking or horrific war experiences? What was the profile of disturbed Civil War veterans—did they suffer from the classic symptoms of PTSD, including flashbacks and sleeplessness? Did they experience the same sense of alienation concerning which Vietnam veterans have testified at length? If the evidence indicates that Civil War veterans as well as Vietnam veterans experienced post-traumatic stress problems in substantial numbers, should we then also assign a primary identity to the Civil War veteran as a psychiatric victim, or is the matter more complicated than that? Can one perhaps conclude—contrary to the post-Vietnam tendency to view war as a negative, toxic substance—that there was, in spite of, in addition to, or as part of the mental suffering, something positive and invigorating in the experience of war for the Civil War generation—and perhaps for individual Vietnam veterans as well? Ultimately a study of Civil War veterans and a reevaluation of Vietnam veterans offers the opportunity to challenge orthodox views and to seek wisdom on the topic of war and the American veteran—knowledge and insights that transcend time and place.



“Unwelcome Heroes”: The Agony of Vietnam

From the late 1960s, Americans have been subjected to a steady stream of books, motion pictures, and newspaper and magazine articles that have portrayed Vietnam veterans as unique in American history for having suffered in substantial numbers from the psychological syndrome now known as Post-Traumatic Stress Disorder.¹ According to this view, the Vietnam veteran's problems began in Vietnam where he was forced to participate in a brutal and disturbing war in which he was under fire twenty-four hours a day. The enemy, the wily and tenacious Vietcong and North Vietnamese regulars, were not always clearly defined nor were they above using civilians as shields or assassins, leading to the unintentional—and sometimes intentional—killing by American forces of noncombatants, including women and children. Because of the military's policy of limiting the tour of duty in the war zone to one year, combat groups lacked cohesion and suffered from low morale, the results of which included the excessive use of marijuana and heroin and an eventual breakdown of discipline.

When the Vietnam veteran returned to the United States, he did not come back slowly on a troop ship with his comrades (as had been the practice in World War II, allowing time to unwind, “decompress,” and assimilate the experience), but was flown back quickly by himself, moving from the blood and gore of the combat zone to his hometown in the space of twenty-four hours. Once at home again and trying to deal with the shocking transition, he was either totally ignored by the civilian population or, worse, spit upon and blamed for losing the

unpopular war. He was given no parade or welcoming celebrations. These factors were thought to cause a number of readjustment problems, including high unemployment, drug addiction, divorce, suicide, crime, ill health due to exposure to Agent Orange, and lingering psychological problems that manifested themselves in the form of flashbacks, nightmares, depression, guilt over atrocities and dead buddies who did not come back, and “psychic numbing.” The experience of the Vietnam veteran has been contrasted with that of American veterans from Valley Forge to World War II, who were supposedly older and more mature, coped better, derived strength from unit cohesion throughout the war, fought a clearly defined enemy in conventional warfare, and, because the United States won the war, returned home to exuberant parades, offers of jobs, and, after World War II, a generous G.I. Bill that provided a wide array of benefits from guaranteed education expenses to low-interest home mortgages.²

The strong impression has thus emerged that earlier American veterans, including those from the Civil War, may have developed psychological problems due to exposure to combat during their war, but that these problems were “washed away” by the ritual of acceptance and celebration by appreciative civilians that came in the wake of a successful military effort by American armed forces. In the one prior major episode of defeat for Americans in combat—the experience of Confederate troops in the Civil War—historians have suggested that the phenomenon of the Lost Cause, which celebrated and deified the Southern fighting man even in defeat, served to prevent the development of psychological and social problems.³

This view of the Vietnam veteran as troubled and prior American veterans as well-adjusted first emerged in the popular media in the late 1960s, acquired additional definition from 1971 to 1974, and has taken on a life of its own as the years have passed. By the 1980s, it became common in the United States to view the Vietnam veteran as beset by a wide range of problems and betrayed by his fellow citizens and government. As a result the Vietnam veteran has acquired an almost mythic stature, that of the “survivor-as-hero,” who fought under insane conditions in Vietnam and then rebuilt his life in an ungrateful America; some critics even see the Vietnam veteran—because he lost the most, because he did it seemingly for nothing—as the most romanticized war hero in American history.⁴ Through the powerful image of the Vietnam veteran, the Vietnam experience has shaped, redefined, or even invented our current view of war, our

concept of military service, our ideas of risk and citizenship, our view of the American soldier and veteran, and the very category of Post-Traumatic Stress Disorder itself.

Have Vietnam veteran advocates been correct in arguing that Vietnam produced unprecedented levels of psychiatric casualties? Is it true that parades and celebrations can wash away the disturbing memory of combat? Can there be true unity and understanding between civilian and soldier (as Vietnam veterans have contended)? Have the problems of Vietnam veterans been overstated and, if so, why? Any examination of these issues must begin with a thorough consideration of the shaping of the image of the troubled and scorned Vietnam veteran and how he has come to dominate and condition our thinking on the matter of the psychological repercussions of warfare.

Oddly enough, during the height of American participation in the Vietnam War in the 1960s, most accounts of the Vietnam veteran returning from the war zone presented him as readjusting quite well to civilian life. The *New York Times* noted in 1968 that returning servicemen were finding jobs faster than at any time in the past ten years. Numerous efforts had been made by the Ford Foundation, the Veterans Administration, the United States Post Office, and other private and public groups to see that returning vets received jobs. Some were even worried that the Vietnam veterans would not utilize the G.I. Bill for education because jobs were so easy to find. The state of affairs was such that the *New York Times*, in an editorial entitled "Veterans' Lobby Outdoes Itself," protested this lavish treatment, and noted that military service was an obligation of citizenship, and that continued efforts to give the veterans preferential treatment would create a permanent privileged class of veterans, "a postwar mercenary class uncongenial to the national heritage."⁵

The print media reported a public reaction in which strangers on the street would approach the Vietnam vet to thank him for his service, or, in a restaurant, a stranger would pick up the check in gratitude. The first American troops to be withdrawn from Vietnam (in 1969) were greeted by a parade in Seattle at which the crowd yelled "Thank you! Thank you!" and "flags waved, ticker tape showered down on the troopers, and pretty girls pressed red roses into the men's hands." Comparisons with the veterans of previous American wars tended to favor the Vietnam veteran who was described as "knowing exactly what he wants" in contrast to the veterans of the Korean War who were characterized as "quiet, apathetic young men