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A War of Nerves: Soldiers and Psychiatrists 1914-1994¹

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BEN SHEPHARD WAS BORN IN 1948 and read History at Oxford University. He made numerous historical and scientific documentaries, including *The World at War* and *The Nuclear Age*, the former being particularly well-known on Australian TV in the 1970s. He writes for the *Times Literary Supplement* and was a contributor to *150 Years of British Psychiatry, Volume 2: The Aftermath* (1996) and *A Century of Psychiatry* (1999).

His book *A War of Nerves* explores the psychological problems of military personnel during and after the World Wars and Vietnam and describes the steps taken by doctors to address them. Medically speaking, it specifically refers to the diagnostic eras of 'shell-shock', 'battle fatigue' and 'Post-Traumatic Stress Disorder' (PTSD). In so doing, he writes of trying to use a historical perspective to correct long-standing imbalances and confront modern misconceptions.

He believes that these imbalances began in the First World War, when much of the material about shell-shock was written from a base perspective, at the expense of front-line experience (in fact, it seems A.G. Butler's three-volume history of the AIF medical services is the only adequate historical study of the problem). The Second World War also produced an enormous but lop-sided literature, much of it considered to be written by self-serving doctors. Medical writing on the war in Vietnam is hugely out-weighted by the volume of material on its aftermath.

He notes that the misconceptions derive from the developments since 1980: medicine tended to be a world apart and medical history tends to be written by retired doctors. This particularly applies to military psychiatry during most of the 20th century, where it was either the urgent topic of the time or totally neglected. However, this changed in the 1980s, when military psychiatry was discovered, not only by doctors working with ex-veterans but by historians. It was unfortunate that the latter concentrated on power, racial and sexuality issues at the expense of the overall record.

For example, Shephard refers to the meeting between the shell-shocked poet Siegfried Sassoon and the psychologist Dr William Rivers in 1917; pointing out why (despite their subsequent public portrayal eighty years later) neither really represented the majority of either shell-shock patients or the clinicians who were treating them. At the other end, he describes why the term 'PTSD' is a cumbersome phrase devised by the American Psychiatry Association, which embodies certain assumptions about how trauma affects its victims but does not rest on any specific breakthrough in either diagnosis or treatment (press reporting to the contrary notwithstanding). Shephard suggests that the term was 'invented' following media concern regarding the perception of Vietnam veterans as crazed baby-killers, that led to them instead being seen as innocent victims - a mismatch of extremes. He also notes that the media neglects the fact that war neurosis was apparently relatively well-handled in the Second World War, as shown for example by the low rate of neurosis in civilian survivors of aerial bombing raids.

At one level, Shephard provides a psychopathological collage of horror and pathos via his clinical descriptions of individual cases. On another, he makes a good effort in wading through the dull managerial writings of official histories, war diaries and memoranda in a readily readable form. On a third, he notes the need to recognise traumatised personnel not only as passive victims but also as agents who may use their medical symptoms to resist military authority or to obtain various forms of secondary gain. In this last respect, the different national approaches to the thorny issue of pensions for such cases (the rather generous Americans, the somewhat stingy British, and the total rejection of the idea by the French and Germans), is interesting, as Shephard seems to

suggest that the latter two had less problems with long-term war neurosis. Indeed, he suggests that the prescriptions embraced in the early 1980s to help PTSD cases, at the time so hopeful and optimistic, has become chastened and mystified by the number of Vietnam veterans who have since become chronic PTSD cases. This not only replicated the American experience of shell-shock treatment during the 1920s but implies that, like 'shell-shock', 'PTSD' is a historical expression of its time.

Shephard argues that the 20th century has seen a dialogue in military psychology between tough versus tender approaches: the 'realists' and 'dramatists'. The former only tends to survive as medico-military lore and as such is not well publicised; the latter, however, by teasing out the fascinating complexities of individual cases, is well-known in literature and the movies (starting with *Taxi Driver* and continuing with the *Lethal Weapon* series). With the discrediting of the American 'realist' tradition in the 1970s (thereby ignoring the advances in the acute frontline care provided in Korea, Vietnam and later by the UK in the Falklands), the 'dramatists' have had the field for the last 20 years. Shephard suggests the need for balance between both approaches, noting the contrast of the overblown post-Vietnam experience in the US, to the less-than-empathetic response by UK authorities to war neurosis cases after the Falklands War.

Although *A War of Nerves* is written for the lay public, it is suggested that it has a considerable amount to offer with respect to providing that balance, for both ADF clinicians and health policy formulators. In the latter respect, it offers useful lessons from the past regarding recruit entry standards and the roles of military primary health care providers, CISM teams, and psychologists. At 473 pages, it is not light reading; however, the 74 pages worth of notes and selected bibliography certainly suggests it is well-researched. At a personal level, it certainly 'jelled' with my own (admittedly perhaps less-than-extensive) experience of dealing with PTSD cases.