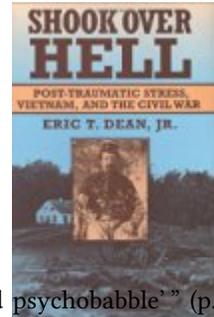


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Eric T. Dean. *Shook Over Hell: Post-Traumatic Stress, Vietnam, and the Civil War*. Cambridge, Mass.: Harvard University Press, 1997. xi + 315 pp. \$35.00 (cloth), ISBN 978-0-674-80651-1.

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This is an extremely important and thoughtful work, one which both impressed and saddened me. The stresses of combat are unimaginable to those of us who have not had that experience, an impression that was reinforced by a recent reading of Stephen Ambrose's *Citizen Soldiers* (1997).

Dean begins by reviewing the commonly accepted psychiatric results of the Vietnam war. Popular belief blames veterans' deviant behaviors on the domestic opposition to the war, the quick demobilization that created a temporary unemployment problem, a supposed heroin epidemic, and the mixed reception veterans received when they returned. Suicides, homelessness, criminal activity, family violence, and the like led the mental health profession to discover PTSD (Post Traumatic Stress Disorder), although the notion of combat causing severe neuropsychiatric diseases was hardly new; soldiers had suffered "shell shock" in World War I and "combat fatigue" in World War II.

After a discussion of "War and Psychiatry," Dean repeats the World War II conclusion that "every man has his breaking point" (p. 37). He does not deny that many combat soldiers suffered serious psychiatric disorders as a result of their Vietnam experience. However, his search of the psychiatric literature leads him to believe that the suicide rate among veterans was slight, approximately that of the civilian population (to take just one example). (NBC's "Dateline" for July 5, 1998, cited an estimated 9,000 to 60,000 veteran suicides after the war—a range of estimates that confuses rather than clarifies the issue.) Dean is skeptical of the notion of PTSD, condemns the "regnant image of the Vietnam veteran as a maladapted and permanently scarred psychiatric victim," and quotes with approval the veteran who "condemned

all of the 'ludicrous blubbering and psychobabble'" (p. 24). He sees PTSD as a vague diagnosis, and asks whether it is "a distinct psychiatric disorder or rather a grab-bag of symptoms" (p. 195) advocated by "antiwar psychiatrists and psychologists" (p. 42) and political pressure groups. Of course, he does not deny—indeed he affirms—that many veterans suffered severely from their Vietnam experience. But was their experience unique?

At this point the historian of the Civil War will take special notice. Dean examines memoirs and medical literature of the Civil War to help him answer the question of whether the Vietnam experience might have some parallel in the Civil War. Since most 1860s records have been lost or were never created in the first place, Dean was fortunate in finding the records of the Central State Hospital in Indiana and the Government Hospital for the Insane in the District of Columbia. These records for those Union veterans who could be properly traced were then compared with their postwar pension applications.

Dean does not maintain that these are scientific samples. But despite changes in terminology and modern understanding of mental illness, he finds these records highly suggestive. He concludes that Civil War veterans suffered the same sort of mental disorders as a result of combat as the Vietnam (and other twentieth-century) veterans. The sight of dead bodies, atrocities, comrades in agony from wounds, suffering civilians, prolonged artillery bombardment, abuse by captors, and terror could do the same thing to soldiers (and to doctors and nurses as well) in the 1860s as in the 1960s. Flashbacks and nightmares, it is clear, were not something new in the last generation. The records of the Central State Hospital "reveal a range of behaviors and symptoms typical of the twentieth-century victim of PTSD, including ele-

ments of depression, anxiety, social numbing, reexperiencing, fear, dread of calamity, and cognitive disorders” (p. 100) that sometimes plagued their victims and families long after the war was over. Dean’s description of these behaviors, as revealed in the records, makes very depressing reading.

Dean has given us good reason to believe that Vietnam veterans were not unique in their reactions to the stress of war, and upon reflection it is surprising that many people ever thought otherwise. There are many World War II and Korean War veterans who still suffer from their combat experience. A bullet striking a vital organ is a powerful influence on behavior in any war. Or as Dean puts it, “Isn’t it normal to experience such feelings of dread, guilt, or sadness when one remembers scenes of violence and killing from one’s years in the service? Is psychology attempting to pathologize memory by classifying it as a psychological syndrome?” (p. 199). His attacks on the notion of PTSD should not be read as lack of sympathy for the Vietnam veteran, as a casual reader might conclude, but rather as a healthy skepticism of the way in which mental health professionals and their supporters sometimes go about their work.

The conclusion is powerful. Americans are generally agreed that the war in Vietnam was a tragic mistake, although their reasons may differ. At the same time, historians “celebrate the American Civil War as a crusade

against slavery and as a necessary struggle to establish equal rights for all Americans” (p. 216), but in view of the victory of Jim Crow, Dean asks us to consider that perhaps “over 300,000 Union soldiers had died in vain” (p. 217), a question posed years ago by David Potter. He notes the impact of the Vietnam memorial with its 57,000 names and “wonders what a Vietnam Veterans Memorial-style black marble wall in Washington, D. C., with the names of all 600,000 men who died in the Civil War would look like” (p. 217).

There are a few problems here. The Civil War is celebrated for holding the Union together as well as ending slavery. There is no estimate of how many men in either war were mentally unbalanced before service, or who had low thresholds of stress that caused them to go over the edge with less provocation than their comrades, but this would probably be impossible to estimate, and the issue is mentioned briefly. Dean maintains that “the issue of gender is critical” (p. 202), for it was important in the Civil War era that soldiers be manly. Perhaps more space could have been devoted to this question. The writing is sometimes repetitious, but it is massively footnoted.

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