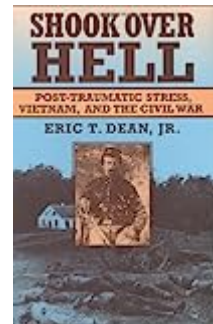


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Eric T. Dean. *Shook Over Hell: Post-Traumatic Stress, Vietnam, and the Civil War.* Cambridge, Mass.: Harvard University Press, 1997. xi + 315 pp. \$35.00 (cloth), ISBN 978-0-674-80651-1.



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At a time when political, public, and popular debate have become preoccupied with trauma and, particularly, with the intersection of public events and private experience, a revisionist historical work like Eric Dean's *Shook Over Hell* is more than timely. With meticulous attention to his primary sources (which include the committal records of a sample of sorely tried Indiana Civil war veterans), Dean tests popular wisdom about the figure of the traumatized Vietnam "vet."

Dean's argument is challenging in a whole set of ways. Some of these challenges are overt, and some understated. By refuting the popular notion that the conflict in Vietnam was distinctive in both the numbers of traumatized veterans it produced and the quality and depth (the complex etiology) of their symptoms, Dean—almost despite himself—is putting a spotlight on what Mark Seltzer has called the "Wound Culture" of the contemporary United States. And not just a spotlight on the rightly much criticized "therapy" culture in which confession increasingly becomes either a pay-by-the-half-hour private affair, or the three to fifteen minutes of fame in talk-show ritual release. Dean's critique of the privileged status of the Vietnam veteran asks particularly pointed questions about the inequitable distribution of welfare and medical services in a time of increasingly complex demographics of poverty.

Dean also puts some hard methodological questions to military historians who, in line with the lively resurgence of various forms of revisionist social history, have turned from the study of great strategists and warriors and the dissection of military campaigns, to a careful examination of the lived experience of both combatants and implicated non-combatants. This concentration on the stories of soldiers has produced, post-Vietnam, an unprecedented popular awareness of the personal, social and, of course, political penalties of that war (and, perhaps, of war in general). Dean concludes, in fact, that the figure of the "betrayed" Vietnam veteran has become so persuasive, so heroically pitiful, that the public (and, indeed, the Pentagon) will no longer tolerate "excessive (defined as anything over several hundred) American casualties in any future war" (p. 216).

Dean's work, however, is designed to excavate the historical forms of a concept of "casualty" that embraces not just the dead but also those psychically and physically demolished by war. Of course, the century separating the Civil War and Vietnam produced profoundly different cultural contexts and psychological models within which the various traumatic ailments of veterans would be weighed. Colloquial and therapeutic languages both changed, as did the cultures that produced them. The traumatised civil war veteran was described by fellows

and family as “played out,” “homesick,” “rattled,” “much depressed,” having “the blues,” “half crazy,” “mean” or having “spells”; by those in the Government Hospital for the Insane in Washington these words bubbled descriptively beneath the popular diagnostic typologies for nineteenth century mental disorders: “mania,” “melancholia” and “dementia.”

Dean persuasively argues, on the basis of solid evidence, that the case for suggesting that the Vietnam veteran was particularly prone to being traumatized (because of the surreal and atrocious quality of the conflict; their relative youth as a fighting force; the lack of support and congratulation for their sacrifice back home) is a spurious claim, to say the least. For starters, Dean points out, there were parades and homecomings for the Vietnam veteran. More importantly, Dean’s examination of his nineteenth-century sources reveals that the civil war was no less traumatizing, regardless of the great parades in the North, the valorization of sacrifice by the cult of the Confederate “Lost Cause,” and the almost ridiculous youth of some of the combatants.

What is more, Dean makes a good case for the suggestion that the Civil war was, in point of fact, objectively more likely to traumatize. First, it was a war in which 90 percent of all those in service were actually combat troops, compared to the 15 percent in combat positions in Vietnam. The theorization of the history of war-related stresses has suggested, generally, that the likelihood of trauma is related to the exposure to battle. In this case, the Civil War was a more likely engine of devastation in its veterans. Dean also points out that the general physical condition of troops in the Civil war was poor and that frontline living conditions were apt to increase

the burden of stress considerably, in comparison with the healthy, well-rationed and supported troops in Vietnam. And, of course, the troops fielded in the Civil War fought for longer and, on average, traveled further, than their counterparts at Vietnam. The degree of *exhaustion* experienced by the Civil War veteran is practically indescribable (although Dean does a great job of describing just that).

Dean’s work is careful and satisfying history, and it contributes substantial scholarship to a range of disciplines. Its shortcomings (if they could be so described) relate to the way in which the analysis of the whole questionable category of PTSD—a disorder whose time has truly (sadly, deeply) come—is not interrogated to the degree it could be. That interrogation is reserved for small sections of the first and concluding chapters. Dean could have done well consulting the seminal work of Allan Young, particularly his *Harmony of Illusions: Inventing Post-Traumatic Stress Disorder*. Also, Dean pays little heed to the interesting and pertinent recent theorizations (by Elaine Showalter, Eric Leeds and Tracy Karner) of the relationship between the experience of war and historical forms of masculinity. Nevertheless, this is an excellent work that ought to fructify the research of cultural historians, military historians and (here’s hoping!) members of the therapeutic professions.

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