'Nothing New to Medical Science'
The construction of war neurosis and the life
course outcomes of WW2 veterans

John Raftery

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Department of Public Health
University of Adelaide

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ABSTRACT

Australia became a nation in the twentieth century and part of the price was participating in two very costly and destructive wars. These wars gave rise to the application of psychiatric ideas for military purposes, in response to the ‘epidemic’ of psychiatric casualties in the British forces. Australia adopted the British ideas and practices, but responses to ‘mental illness’ among soldiers were always driven primarily by manpower concerns not humanitarian concern for individuals. Disorders of war were considered to be functional in origin, and neurosis was the dominant diagnosis. In both WW1 and WW2 the majority medical opinion was that there was nothing new in the neuroses of war, and after the rejection of shell-shock as a diagnostic category, no diagnosis with any semantic reference to war was adopted.

The thesis documents and evaluates the experience and life outcomes of a sample of WW2 veterans against the landscape of ideas about the neuroses of war. Thus the thesis is made up of two histories – the history of medical ideas about the psychological casualties of war and the history of lives of participants. Life histories revealed four distinct patterns of outcomes over time. The first was of those who exhibited no disturbance over time. A second included men who experienced disturbance that was not life disruptive, but were offered no encouragement to explore this experience. The other two patterns were of serious disturbance. The third was of men who were seriously disturbed but whose suffering was not acknowledged as being of traumatic origin. In the fourth, men were diagnosed and treated as psychiatric casualties, and were directly affected by ideas and practices on the neuroses of war.

The medical framework and social context that underpin the construction of war experience is critically examined in this thesis. One consequence of the medical individualising of dysfunctional soldiers is a restrictive view of the need for discursive resources. At a broader level, medicalising individual experience has seriously limited any examination of the nature of war as a threat to public health.