Invisible Wounds: Mental Illness and Civil War Soldiers

Debra Sheffer

*Park University, debra.sheffer@park.edu*

Follow this and additional works at: [https://digitalcommons.lsu.edu/cwbr](https://digitalcommons.lsu.edu/cwbr)

**Recommended Citation**


DOI: 10.31390/cwbr.24.2.05

Available at: [https://digitalcommons.lsu.edu/cwbr/vol24/iss2/5](https://digitalcommons.lsu.edu/cwbr/vol24/iss2/5)

Dr. Dillon J. Carroll holds a PhD in History from the University of Georgia and is an instructor at Butte College in Oroville, California. *Invisible Wounds: Mental Illness and Civil War Soldiers* combines medical history, social history, military history, and institutional history from diaries, letters, and memoirs to pension records and institutional records, such as those from St. Elizabeth’s Hospital, Western State Lunatic Asylum, South Carolina State Lunatic Asylum, and Milledgeville Insane Asylum, to support the claim that soldiers and veterans paid a “psychological toll” for fighting in the Civil War (2). Carroll tempers the claim by demonstrating that coping mechanisms and enlistment motives prevented or reduced psychological war trauma for some soldiers and veterans.

Each chapter explores a different part of emotional and psychological war trauma, using case studies for in-depth exemplars. Chapter topics include white soldier experience, black soldier experience, St. Elizabeth’s hospital, asylums in the South, Union veterans, Confederate veterans, families of mentally ill veterans, coping mechanisms, and the rise of neurology.

Carroll provides very good information and analyses of the conditions, challenges, and experiences of soldiers, nurses, doctors, and civilians. His research of the records of St. Elizabeth’s, in particular, is informative of the struggles, conditions, successes and failures of the hospital system, of the administrators and doctors at St. Elizabeth’s, and of individuals treated at St. Elizabeth’s. Other chapters provide individual stories and details of soldiers and their families, both Union and Confederate. The book provides an informative hybrid of the study of medical, social, military, and institutional histories. The strengths of the book are in these stories and analyses.

Carroll addresses recent “dark turn” Civil War revisionist historiography which uses asylum records and suicide records to argue that many soldiers and veterans suffered from what
today is known as PTSD (Post-Traumatic Stress Disorder). Carroll acknowledges the counter revisionist movement that disagrees with dark turn historians. At the heart of Invisible Wounds, Carroll agrees soldiers did suffer psychological trauma as a result of the war but not to the degree that dark-turn historians argue, because of coping mechanisms, such as humor, straggling, comradery, and religion. He also notes that black troops were less susceptible to psychic war trauma because they were fighting against slavery.

The suggestion that soldier motives made white soldiers more susceptible and black soldiers less susceptible to psychological war trauma is reason for pause. Both white and black soldiers went to war with strong motives. The idea that fighting against slavery was a stronger motive for black soldiers and prevented psychological war trauma needs much more examination. In addition, heavy reliance on asylum records presents challenges. Asylum patients were exclusively those with mental or emotional trauma. Another challenge is numbers. Of the roughly two million men who fought for the North, only fifteen hundred Union soldiers were admitted to St. Elizabeth’s during the war, and fewer than two thousand Union soldiers and veterans were patients at St. Elizabeth’s from 1865 to 1980. No conclusive method exists to know the mental and emotional state of these men before the war. Families provide anecdotal evidence, but systemic evidence is elusive.

On page 248, Carroll states, “it is undeniable that veterans plagued by invasive nightmares and flashbacks or hallucinations related to the war were afflicted with at least some elements of what we now call PTSD.” Using modern ideas regarding psychological and emotional trauma to detect PTSD in Civil War soldiers is problematic. Carroll notes on page 4 that counter revisionists Gary Gallagher, Kathryn Shively Meier, Wayne Hsieh, and Sarah Handley-Cousins find insufficient evidence to suggest that Civil War soldiers suffered from PTSD, that dark turn historians ignore the importance of culture, and that mental disabilities are not transferrable over time. In addition, Carroll does not fully explore the physiology of combat stress, which is not dependent upon cultural characteristics and is more uniformly present over time and space.

Debra Sheffer holds a PhD from the University of Kansas and is Professor of History at Park University. Her publications and research include works on the Buffalo Soldiers, President Abraham Lincoln’s interpretation and use of presidential war powers, black soldier experiences from the Civil War to the Great War, George Armstrong Custer at the Battle of Little Big Horn, and the role of death and honor in the Civil War.