

now become a war of aggression and conquest. . . . I have seen and endured the sufferings of the troops, and I can no longer be a party to prolong these sufferings for ends which I believe to be evil and unjust.⁴⁷

Fearing that Sassoon would be court-martialed, one of his fellow officers, the poet Robert Graves, arranged for him to be hospitalized under Rivers's care. His antiwar statement could then be attributed to a psychological collapse. Though Sassoon had not had a complete emotional breakdown, he did have what Graves described as a "bad state of nerves."⁴⁸ He was restless, irritable, and tormented by nightmares. His impulsive risk-taking and reckless exposure to danger had earned him the nickname "Mad Jack." Today, these symptoms would undoubtedly have qualified him for a diagnosis of post-traumatic stress disorder.

Rivers's treatment of Sassoon was intended to demonstrate the superiority of humane, enlightened treatment over the more punitive traditionalist approach. The goal of treatment, as in all military medicine, was to return the patient to combat. Rivers did not question this goal. He did, however, argue for the efficacy of a form of talking cure. Rather than being shamed, Sassoon was treated with dignity and respect. Rather than being silenced, he was encouraged to write and talk freely about the terrors of war. Sassoon responded with gratitude: "He made me feel safe at once, and seemed to know all about me. . . . I would give a lot for a few gramophone records of my talks with Rivers. All that matters is my remembrance of the great and good man who gave me his friendship and guidance."⁴⁹

Rivers's psychotherapy of his famous patient was judged a success. Sassoon publicly disavowed his pacifist statement and returned to combat. He did so even though his political convictions were unchanged. What induced him to return was the loyalty he felt to his comrades who were still fighting, his guilt at being spared their suffering, and his despair at the ineffectiveness of his isolated protest. Rivers, by pursuing a course of humane treatment, had established two principles that would be embraced by American military psychiatrists in the next war. He had demonstrated, first, that men of unquestioned bravery could succumb to overwhelming fear and, second, that the most effective motivation to overcome that fear was something stronger than patriotism, abstract principles, or hatred of the enemy. It was the love of soldiers for one another.

Sassoon survived the war, but like many survivors with combat neurosis, he was condemned to relive it for the rest of his life. He devoted

himself to writing and rewriting his war memoirs, to preserving the memory of the fallen, and to furthering the cause of pacifism. Though he recovered from his "bad case of nerves" sufficiently to have a productive life, he was haunted by the memory of those who had not been so fortunate:

Shell shock. How many a brief bombardment had its long-delayed after-effect in the minds of these survivors, many of whom had looked at their companions and laughed while inferno did its best to destroy them. Not then was their evil hour; but now; now, in the sweating suffocation of nightmare, in paralysis of limbs, in the stammering of dislocated speech. Worst of all, in the disintegration of those qualities through which they had been so gallant and selfless and uncomplaining—this, in the finer types of men, was the unspeakable tragedy of shell-shock. . . . In the name of civilization these soldiers had been martyred, and it remained for civilization to prove that their martyrdom wasn't a dirty swindle.⁵⁰

Within a few years after the end of the war, medical interest in the subject of psychological trauma faded once again. Though numerous men with long-lasting psychiatric disabilities crowded the back wards of veterans' hospitals, their presence had become an embarrassment to civilian societies eager to forget.

In 1922 a young American psychiatrist, Abram Kardiner, returned to New York from a year-long pilgrimage to Vienna, where he had been analyzed by Freud. He was inspired by the dream of making a great discovery. "What could be more adventurous," he thought, "than to be a Columbus in the relatively new science of the mind."⁵¹ Kardiner set up a private practice of psychoanalysis, at a time when there were perhaps ten psychoanalysts in New York. He also went to work in the psychiatric clinic of the Veterans' Bureau, where he saw numerous men with combat neurosis. He was troubled by the severity of their distress and by his inability to cure them. In particular, he remembered one patient whom he treated for a year without notable success. Later, when the patient thanked him, Kardiner protested, "But I never did anything for you. I certainly didn't cure your symptoms." "But, Doc," the patient replied, "You did try. I've been around the Veterans Administration for a long time, and I know they don't even try, and they don't really care. But you did."⁵²

Kardiner subsequently acknowledged that the "ceaseless nightmare" of his own early childhood—poverty, hunger, neglect, domestic violence, and his mother's untimely death—had influenced the direction of his