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Adam Montgomery. The Invisible Injured: Psychological Trauma in the Canadian Military from the First World War to Afghanistan. Xiv + 319 pp, plus index. Montreal: McGill-Queen's University Press, 2017. \$31.46 (cloth)

## **Andrew Burtch**

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Adam Montgomery's work summarizes a century of the politics, practice, and cultural impact of psychological treatment in the Canadian military. As the subtitle indicates, Montgomery begins his work with a look at the phenomenon of shell-shock and the debates between the military and medical establishment about the best methods of care, and the post-war debates within the broader medical establishment about the same subject. Montgomery's work places the phenomenon of mental trauma resulting from wartime experience under serious study from multiple perspectives and lenses, and brings the study of Canadian psychological and moral injury out of the literature concerning the First and Second World War and into the 21st century. Over six chapters, Montgomery provides clear examples of how each manifestation of military trauma (shell shock, battle exhaustion, post-Vietnam syndrome, PTSD, operational stress injury) were each the product of their time and place, governed by military restrictions, contemporary conceptions of the 'worthy" sick and the masculine ideal governing the military conception of resilience. These diagnoses had an impact beyond medical health, touching on a soldier's economic and

cultural well-being. Readers will rapidly catch on to the cyclical nature of this history as wartime emergency shows the need for psychological treatment and screening of military personnel. The end of the emergency results in rapid demobilization of these same structures and concepts, until very recently.

Montgomery builds his study from a stable of strong historical studies of Canadian treatment of psychological trauma, such as Terry Copp and Bill McAndrew's 1990 work Battle Exhaustion, Allan English's 1996 Cream of the Crop, and Ben Shephard's 2001 A War of *Nerves*, among the many works listed in his extensive bibliography. As such, his early chapters do not contain many surprises for those familiar with the history of military psychology. Readers should consult Meaghan Fitzpatrick's 2017 work Invisible Scars: Mental Trauma and the Korean War for a more detailed accounting of military psychology in this period than is available in Montgomery's brief section on the subject. Montgomery made extensive use of Canadian medical journals and where the primary material is weak, reached out to interview key military members who provide an inside view of the Canadian military's responses to trauma.

My only major critique is that in his transitional chapter from post-war trauma studies to the tumultuous 1990s, Montgomery's focus on Canada slips. That is not a bad thing as he is able to capably point to the international developments in the field of psychology that had a determining influence on the West's discussions concerning trauma and military service. His close focus on Canadian Vietnam veterans

eclipses the experience of thousands of Canadians who were on peacekeeping missions during this time, each with their own horrors. As the DSM-III was being debated, Canadians in Cyprus were caught between warring Greek and Turkish forces. In the years 1976 to 1980 approximately 1 in 14 Canadian soldiers who died on active service died as the result of suicide, less than the population at large but a not insignificant number. Now that Montgomery has provided the synthesis of national and international developments in military psychology, it would be worth further study of this period in the Canadian Armed Forces given the prominent attention paid to shell shock and battle exhaustion in the World Wars, and post-1994 attitudes towards PTSD and military service.

Chapter 5 of Montgomery's work is indisputably his most important achievement, capably exploiting the material laid bare in the Sharpe Inquiry into the Croatia mission. The inquiry laid bare in a systematic way the myriad challenges facing Canadians returning from one of the most difficult overseas missions to that point, their challenges in obtaining help, the informal stigma that would deride their masculinity and

threaten their place within the military family, and formal processes that would see them medically discharged if they admitted to exhibiting post-traumatic stress or addiction. Montgomery's research partnership with Colonel (Retired) Stephane Grenier, further developed in Grenier's excellent 2018 memoir co-authored with Montgomery After the War, provides the reader with important insights into how the military approached mental trauma as it entered the new millennium, and changing appreciation for the value of peer support and the ethics of redeploying military members who suffer from PTSD. What is old is new again.

There is much here for military historians, but I wager *The Invisible Injured* will be on bookshelves of historians of Canadian medicine and psychology well into the future. It is an important contribution to our understanding of how medical concepts develop, are propagated, find acceptance or are otherwise moderated. It is a history of the conversations between and within medical circles, the military, and the culture at large. No small achievement, that.

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