

War neurotics: military nurses and the consequences of a war experience

Neuróticas de guerra: enfermeiras militares e as sequelas de uma experiência bélica

Abstract: This article aims to analytically discuss the process of professionalization of nursing that allowed women to volunteer for military service in the Brazilian Expeditionary Force during World War II and the psychological consequences that affected them as ex-combatants. Using the historical method and a micro-historical approach, we detail the cases of two nurses, Altamira Pereira Valadares and Zilda Nogueira Rodrigues, who were diagnosed as war neurotics a few years after returning to Brazil. To support the analysis, we used the concept of trajectory. In the final considerations, we were able to perceive the symptomatic evidence of trauma in the way these women dedicated the rest of their lives intensely to the memory of the war.

Keywords: History of Nursing, Brazilian Expeditionary Force, Second World War, War Neurosis, Micro-History.

Resumen: Este artículo tiene como objetivo analizar el proceso de profesionalización de la enfermería que permitió el voluntariado militar de mujeres para integrarse en la Fuerza Expedicionaria Brasileña durante la Segunda Guerra Mundial, así como las secuelas psicológicas que sufrieron como excombatientes. Mediante el método histórico y un enfoque microhistórico, se particularizan los casos de dos enfermeras, Altamira Pereira Valadares y Zilda Nogueira Rodrigues, diagnosticadas como neuróticas de guerra pocos años después de su regreso a Brasil. Para sustentar el análisis, se emplea el concepto de trayectoria. En las reflexiones finales, se observa, en la manera en que estas mujeres dedicaron intensamente el resto de sus vidas a la memoria de la guerra, la evidencia sintomática de un trauma.

Palabras clave: Historia de la Enfermería, Fuerza Expedicionaria Brasileña, Segunda Guerra Mundial, Neurosis de Guerra, Microhistoria.

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1 INTRODUCTION

Several angles and perspectives can be used to study and analyze the participation of Brazil in World War II (1939-1945), particularly its effective military performance with the Brazilian Expeditionary Force (BEF) from 1944 to 1945 in the Mediterranean Theater of Operations. We take particular interest in women's participation in the BEF after the volunteer call that incorporated 67 nurses into the Brazilian Army, the first official entry of women into the Brazilian Armed Forces.

Many studies have addressed the reason for Brazil entering the conflict (LATFALLA, 2019; MCCANN, 1995), the internal and external effects arising from it (ALVES, 2002; LOCHERY, 2015), its military and strategic performance (MAXIMIANO, 2010; MORAES, 2014; OLIVEIRA, 2015), and even the profile (ROQUE, 2019) and the work of the nursing officers who aided Brazilian and allied combatants in northern Italy (ROQUE, 2020).

This study aims to analytically discuss the incorporation of women as military personnel based on the institutionalization of nursing as a professional and an essentially feminine activity and the psychological sequelae that affected some of these veterans (who later received a diagnosis of war neuroses¹—a situation that definitively retired them soon after they returned to Brazil), and the effects of these traumas that affected them for the rest of their lives.

For this, we adopted the historical method of microhistory (GINZBURG, 1989) and biographical study (BOURDIEU, 1996), reporting the lives of two such veteran nurses to understand the group's journey and the characteristics that indelibly marked some of these women, impeding them from overcoming or forgetting their traumatic and also glorifying memories.

We used source triangulation, the specialized bibliography, archival documents, and newspaper articles as research tools that gave rise to the limitations and contributions of this research and guided us to our conclusions.

2 NURSING: A PROFESSION OF FEMININE ATTRIBUTES?

Note the unusual form of the pioneering entry of women into the military career: rather than a mature Brazilian decision and a desire for modernization or equality, it involved the need to adapt its military structure under which the BEF would operate to the North American model. The United States Army had thousands of female nurses that had been incorporated as officers and had served in the war since 1941 (OLIVEIRA, 2010). The dispatch of the BEF to Italy in 1944 required nurses who spoke Portuguese and who could share the work, preventing thousands of more soldiers from overloading the Americans (BERNARDES; LOPES, 2007).

¹ This study uses the expression "war neurosis" in the context of the 1940s in which it emerges in the analyzed clinical diagnoses with neither value judgment nor pejorative connotation.

Note that the solution to the need for nursing professionals involved the unprecedented entry of women into the military, rather than training civilian or military men as professional nurses, particularly those who already belonged to the Army Health Service, such as stretcher bearers or sergeant-nurses, (note that these men lacked higher education training). Thus, nursing seemed as an eminently feminine profession.

According to Almerinda Moreira and Taka Oguisso (2005), men had worked as nurses since ancient times, especially in activities that required physical strength, such as moving bedridden patients or restraining aggressive psychiatric ones. Moreover, only men belonged to the military health services in the field. Despite the prevalence of the Sisters of Charity in the Holy Houses of Mercy and in military hospitals in 19th-century Brazil, the male presence in this still pre-professional phase of nursing remained constant (MOREIRA; OGUISSO, 2005).

With the growth in the magnitude of warlike conflicts and their modern weapons and greater involvement of civilian areas (particularly in the second half of the 19th century in the United States and England), “wars stimulated the need for training nurses and increased the effective demand for modern nursing” (MOREIRA; OGUISSO, 2005, p. 62, our translation).

According to the authors, the view of nursing as an essentially feminine profession was consolidated in Brazil from 1894 onward “with the implementation of Florence Nightingale’s model at Escola do Hospital Samaritano in the municipality of São Paulo, an example followed by several other schools” in the first decades of the 20th century (MOREIRA; OGUISSO, 2005, p. 10). Nursing then began to be discussed as a possible career for women’s insertion in the modern labor market, ideally associated with the moral values and common domestic activities of women, embodied in the idea of the “lady nurse” (MOREIRA; OGUISSO, 2005, p. 47). In its initial process of professionalization, nursing would mainly employ women from poorer classes who worked due to necessity, followed by middle-class women who sought autonomy.

In the 1920s, the academic movement to professionalize nursing in Brazil reinforced the deliberate construction of the image of nursing professionals associated with supposedly feminine characteristics, defining “good nurses” as sincere, measured, dedicated, charitable, attentive, reserved, devoted, affectionate, clean, obedient, disciplined (PORTO; AMORIM, 2007), among other attributes that would then be widely desirable for mothers and wives. In short, nurses should be docile and submissive (MOREIRA; OGUISSO, 2005).

Fernando Porto and Wellington Amorim (2007) combine this practical plan with an aspect of symbolic power, according to their analysis supported by Pierre Bourdieu: the functions of nurses would hinder women’s competition for space with men in the practice of medicine, a profession with a superior “symbolic capital” and leadership since the then recommended hospital practice limited nurses to technical assistants to physicians as the latter were responsible for patients and their treatment. “The nurse should support the doctor but never replace him” (MOREIRA; OGUISSO, 2005, p. 72, our translation).

This discussion is very relevant in the 1920s and 1930s, a time in which the struggle for women's rights peaked in Brazil and in the world, a historical moment that then began to change radically. Until then, the social condition of women in the late 19th and early 20th centuries, as per historian Michelle Perrot (2017), lacked accurate and specific information about women and their individualities and trajectories. They are described in a generalized way as a homogeneous, amorphous, and secondary group in society for whom only the domestic role (circumscribed to the family and the private sphere) was fit.

Teaching (especially primary care) and health care (especially nursing) (ROQUE; BERNARDES, 2022) configured the acceptable paths for women to leave those well delimited borders as they constituted acceptable expansions of the functions they performed at home with their husbands and children.

The intensity of the global feminist movement would radically change some aspects of this scenario. According to Mary del Priore (2020), Brazil experienced the effervescence of the feminist movement that sought women's social, labor, and educational rights and especially their suffrage.

Women only achieved their right to vote, in Brazil, with the 1932 Electoral Code (which also created the secret ballot) after Getúlio Vargas took power. Women could then vote and receive votes in the following year, when a Constituent Assembly emerged with the pioneering participation of a deputy, physician Carlota Queiróz, elected by São Paulo.

For Priore (2020, p. 157, our translation), "the seizure of power by 'skirts' seemed imminent and would be one of the most radical and explicit faces of the process of feminization that society had been going through since the advent of the Republic," which brings us back to the nursing professionalization process: in the dominant thinking of the time, if it were inevitable that women would conquer political and professional rights and compete with men in large spaces outside the home (which men monopolized), they were to do so in a controlled and hierarchical manner. Nursing configured the "naturally feminine" profession as subordinate to male physicians.

The same period saw an intense female participation in Brazilian and international artistic life, particularly on radio and in cinema, in roles that could invite "new patterns of behavior" (PRIORE, 2020, p. 168, our translation) in women in society by their representation in these works and perhaps especially by the professional activity of actresses and singers (and their scarce presence in technical activities, such as film director Gilda de Abreu), who worked outside the home and were seen as women to be heard and imitated.

In the 1940s, such revolutionary process will cause the unprecedented entry of women into one of the most masculine and hierarchical environments of Brazilian society: the Armed Forces.

According to Roney Cytrynowicz (2000), the call for volunteer nurses for war constitutes an important institutional milestone for the process of female emancipation and the consolidation of modern nursing as a valued professional career.

Formally appointed as military personnel (with the benefits and sacrifices of a military career as we will see below), these nurses would experience the advantages and challenges of the ultimate activity of military life: making war. In the words of Lieutenant Isabel Novaes Feitosa, a veteran nurse at BEF:

Anyone who goes to war, especially a military nurse, inexorably has to witness (if not the victim herself) blood, wounds, mutilations, carnage, torn limbs, exposed viscera, pain, anguish, suffering—death!—and to fight to keep intact all their best feelings of humanity, compassion, and purpose of service (CRUZ, 2002, p. 185, our translation).

This experience had some side effects, including the exposure of these women (although not front-line combatants) to the environment, sensations, sights, deprivations, and the collective horrors of war. Rather than simple victims of the environment (as so many civilians), these direct agents left their peaceful environments to directly and voluntarily deal with extreme suffering. When they returned, they were former combatants, veterans of the greatest armed conflict in human history, as millions of other comrades.

3 WAR NEUROSIS: A SPECIFIC CONCEPT OF TRAUMA

A trauma can be understood as an “overwhelming life event (...) that breaks down the self-regulatory system” (VAN DER KOLK, 2020, p. 138) of the nervous system, the processing of emotions, and the ability to act and react with oneself and others. The psychological traumas from the extreme and disturbing experience of war have been deemed a pathology for more than a century under various nomenclatures.

The first scientific study on psychological trauma may have been Pierre Janet’s research, published in France in 1889, referring to “vehement emotions” (VAN DER KOLK, 2020, p. 214). At the turn of the 20th century, Sigmund Freud addressed the experience of psychoanalysis in the treatment of “hysteria,” understanding it as arising from traumatic stress closely associated with sexual abuse (VAN DER KOLK, 2020).

None of these diagnoses occurred exclusively in women in the early decades of the 20th century psychiatry, even in peacetime. Cases in men exponentially grew during the war. According to Michelle Perrot (2017), who analyzed the history of women and their representation, the war reinforced the bisexual view of the diagnosis of hysteria as thousands of male veterans received diagnoses such as war neurosis, anxiety hysteria, nervous crisis, psychoneurosis, among others, according to the nomenclatures and schools of the time.

With the advent of the Great War (1914-1918) and the emergence of thousands of ex-combatants with serious psychological disorders, British doctors created the diagnoses “shell shock” and “neurasthenia.” Both gave veterans the right to medical treatment but only the former generated the right to a military pension (its diagnosis laid at physicians’ discretion) (VAN DER KOLK, 2020). According to psychiatrist Bessel Van der Kolk (2020), the British Army General Staff tried to prevent this very common type of casualty even during the war, offering corresponding financial compensations and even prohibiting official documents from using such diagnoses.

In all countries at war, the military had the general concept that sick leaves due to emotional trauma was a character defect, cowardice, indiscipline, or flawed training (VAN DER KOLK, 2020). The expression “war neurosis” became popular in newspapers and

among physicians to refer to the disorders of ex-combatants, which sometimes presented physical symptoms but stemmed from a psychic/emotional trauma. Sigmund Freud (2022) (an Austrian physician who founded psychoanalysis) and some of his colleagues had used the term since the late 1910s—when Freud began to tend to war veterans with symptoms of neurosis in his Vienna office.

Freud began clinical research with wounded people arriving from the battlefields of the Great War, investigating the traumas and effects of war on the human psyche. He realized that many of those veterans diagnosed with neurosis failed to distance themselves from the memories of the war and toward pleasant sensations “as the pleasure principle would have demanded” (FREUD; EINSTEIN, 2017, p. 12) — a concept he had until then seen as the basis of the human unconscious. On the contrary, they fixated on those memories of the conflict, feeling the need to repeatedly narrate their terrible experiences, remaining emotionally trapped in their own trauma.

From this observation Freud concludes that the death drive, an aggressive and destructive tendency, a propensity to return to the “inorganic state,” configures the first drive of the human instinct (prior to the sexual drive of the libido) (FREUD; EINSTEIN, 2017, p. 12). The conflict between life and death, with the inevitable victory of the latter, dominates the human unconscious and surpasses even the powerful force of the search for pleasure.

According to Freud, the human unconscious refuses to believe in its own death, “behaving as if it were immortal” (FREUD; EINSTEIN, 2017, p. 47); death also occurs as a recurring thought since the inevitable “anguish of death (...) dominates us in a more assiduous way than we warn,” something that for Freud is derived from an intrinsic feeling of guilt (Freud; Einstein, 2017, p. 47).

This primal instinct baptized as the death drive would explain why the traumatized—those who have suffered external emotional stimuli that could break their cognitive protection against such “excitements” (FREUD, 2022, p. 84)—live as if imprisoned in the experience of past trauma, as if they always felt it again in the present, in a “compulsion to repeat that is placed above the pleasure principle” (FREUD, 2022, p. 71) both consciously with narrated stories and behaviors and unconsciously with dreams and sensations.

The formal recognition of war neurosis as a clinical diagnosis with a broader legal effect—although with several episodes of prejudice—would occur in the following global conflict: World War II (1939-1945). An emblematic example of the lack of understanding regarding neurosis, widely reported at the time, emerges in the participation of the United States during this conflict: the case of General George Patton.

General Patton was A World War I veteran (wounded in combat and decorated for bravery) and an important military commander, General Patton visited a military hospital during the Invasion of Sicily (1943). When he realized that one of the admitted soldiers had no physical injuries but had been diagnosed with “neurosis” or “combat fatigue,” he called him a coward and slapped him before his comrades and the hospital staff. This occurred again with another soldier a week later. Later, the command forced Patton to publicly apologize to the soldiers, the health team, and his own troops (AXELROD, 2006).

This, however, proved an exception. The significant “advances of psychiatry on the front line” included great concerns to prevent, treat, and support those suffering from war neurosis, a terminology that would gain fame and would be used for decades (VAN DER KOLK, 2020).

Overall, tens of thousands of former combatants who fought for the Allies or the Axis received diagnoses of war neurosis in later years (KING, 2021), suffering publicly or in silence. There are several cases of veteran nurses from World War I and II who suffered from war neurosis—either officially diagnosed or had the diagnosis presumed by historiography—with cases involving American, English, German, and other women (KING, 2021).

What used to be called war neurosis is now classified as post-traumatic stress disorder (PTSD), a nomenclature the American Psychiatric Association adopted in 1980. It configures a specific diagnosis directly linked to combat experience: a conceptualization originated from the work of psychiatrists with a group of veterans of the Vietnam War (1955-1975) (VAN DER KOLK, 2020).

The DSM [Diagnostic and Statistical Manual of Mental Disorders] definition of PTSD is quite straightforward: a person is exposed to a horrendous event “that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others,” causing “intense fear, helplessness, or horror,” which results in a variety of manifestations: intrusive reexperiencing of the event (flashbacks, bad dreams, feeling as if the event were occurring), persistent and crippling avoidance (of people, places, thoughts, or feelings associated with the trauma, sometimes with amnesia for important parts of it), and increased arousal (insomnia, hypervigilance, or irritability). This description suggests a clear story line: A person is suddenly and unexpectedly devastated by an atrocious event and is never the same again. The trauma may be over, but it keeps being replayed in continually recycling memories and in a reorganized nervous system. (VAN DER KOLK, 2020, p. 189).

According to psychiatrist Bessel Van der Kolk, who has researched trauma in U.S. veterans of the Vietnam War, the conscious desire to forget the origins of trauma or to abandon the side effects of living with it competes with the unconscious need to return to those defining moments and a conscious resolution to resist letting a struggle and suffering fall into oblivion: traumatized veterans who transform themselves and their traumas into flags, as a “living memorial” (VAN DER KOLK, 2020, p. 17) to those who died and to others who suffered and still suffer: “while we all want to move beyond trauma, the part of our brain that is devoted to ensuring our survival (deep below our rational brain) is not very good at denial.” (VAN DER KOLK, 2020, p. 10).

The persistent memory of the war in general (rather than necessarily about the specific traumatic activity) configures a way of keeping alive the same group spirit and bringing together those who have lived the same experience, those who supposedly better understand the

difficulties of readapting to the civilian world of everyday life and the difficulties of forgetting. A clear example refers to the creation of war veterans' associations.

Brazil founded its first such entity, *Associação dos Ex-Combatentes do Brasil* (Association of Ex-Combatants of Brazil – AECB), in 1945, a few months after the return of the first BEF veterans. A few years later, an internal split gave rise to the National Association of Veterans of the Brazilian Expeditionary Force. Both became the main structure for socializing, seeking recognition and public assistance, and preserving group memory, with dozens of regional sections spread throughout Brazil (FERRAZ, 2012). Some institutions acted more locally, such as *Legião Paranaense do Expedicionário*.

If one of the consequences of trauma precisely configures the difficulty of creating genuine intimacy with other people, of sharing feelings beyond war stories and memories, especially with those who neither lived that traumatic experience, belonged to that brotherhood, nor can they "understand it" (VAN DER KOLK, 2020, p. 27), we find how living with those fellow ex-combatants (for whom it would be unnecessary to explain their own experiences) could seem easier.

Still on the therapeutic experience with war veterans, in group conversations, Van der Kolk (2020, p. 27) describes the difficulties of these combatants in readapting to common life, the impossibility of forgetting: "Somehow the very event that caused them so much pain had also become their sole source of meaning. They felt fully alive only when they were revisiting their traumatic past."

We will address the post-war experience of veteran BEF nurses based on this perspective of permanence, of the impossibility of moving away from the memory of the traumatic event, of always continuing to relive it.

4 MILITARY WOMEN IN THE BEF: THE BURDEN OF A PIONEERING SPIRIT

Helton Costa and Derek Kupski Gomes (2021), authors of an essay on the psychological state of BEF soldiers in World War II, reinforce an official concern since World War I: the psychological traumas that affected and sometimes incapacitated combatants during and after conflicts. This first world war left a balance of thousands of "nervous patients" and "war neuroses" (COSTA; GOMES, 2021, p. 12) who were unable to readapt to civilian life; they hid when they heard loud sounds, had frequent nightmares, became alcoholics or criminals, and often committed suicide.

The psychological and psychiatric tests and analyses in the selection screenings of military personnel for the war proves this concern as it excluded applicants due to diagnoses such as "nervous disease," "neurosis," "hysteria," and "psychopathic constitution." Overall, 749 draftees were considered "carriers of diseases of the nervous system," almost 18% of those found incapable of military service even before their incorporation (GONÇALVES, 1951, p. 145).

Another relevant point that evinces this clinical concern refers to the creation of the BEF Advanced Post of Neuropsychiatry (APNP), a hospital structure directed by a summoned

Brazilian psychiatrist to treat the mental and nervous issues of the combatants who had been discharged. It operated a few kilometers behind the combat line in Italy (COSTA; GOMES, 2021). APNP had a staff of 17 soldiers, of whom two were physicians and three were nurses². Divided into other units, the BEF had four psychiatrists (CALDAS, 1950).

Among several examples of temporary or permanent war neurosis, Costa and Gomes (2021) exemplify the difficulties nurses had in addressing the serious injuries and death of patients, feeling unhappy with their inability to save them. Citing the experiences of nurses Virgínia de Niemeyer Portocarrero and Bertha Moraes Nérici—published in the collection *História oral do Exército na Segunda Guerra Mundial* (Oral history of the Army in World War II)—the authors address the reflection of traumas in recurrent nightmares, pointed out as a very common psychological consequence of post-traumatic stress disorder, preventing patients from forgetting and abstracting from the stressful situation and impairing their sleep, concentration, and mental regeneration ability to continue facing the situation.

Fernando Lourenço Fernandes (2011, p. 319) reports that the BEF had 314 “cases of psychological disorders” in the entire campaign after spending 239 consecutive days in uninterrupted combat. Brazilian APNP physicians treated these casualties at the PANP. According to Fernandes (2011), the number stood well within the average of other component units of the U.S. Fifth Army, evaluated in the same period from September 1944 to March 1945, totaling around 322 psychiatric casualties per division.

Paiva Gonçalves (1951, p. 103), a military physician who coordinated the selection boards for the BEF and published a statistical work on the almost 108,000 conducted inspections, informs that the BEF Health Service attended to “433 cases of mental disorders” (a considerably high number, despite no detail about the cases or information on whether they configured pathologies that had been acquired in the war, worsened during it, or preceded it).

In turn, psychiatrist Mirandolino Caldas (1950), head of APNP, in a book-report published shortly after the war, details that his health unit treated 350 patients³ (of which, 34 were admitted more than once), which represented 1.38% of the total number of BEF troops and 3.78% of the almost 10,000 Brazilians treated by the Health Service during the war for casualties ranging from combat injuries and car accidents to venereal diseases and appendicitis surgeries.

In addition to the differences in numbers between the sources, which we infer stem from various excerpts from the broad structure of the BEF Health Service and several criteria for

2 Third Sergeant José Martins Dias, a nurse at APNP, died on duty when a German grenade hit the building that housed the post in the Italian municipality of Porretta Terme (CALDAS, 1950, p. 81; ROQUE *et al.*, 2019, p. 164).

3 These varied diagnoses with several adjectives escape a universal nomenclature, often confusing symptoms with diseases. Mirandolino Caldas (1950, p. 74) highlights the subjectivity of diagnoses, “subject to variations in interpretation and understanding of each psychiatrist,” and defends studies for other modalities of classification and treatment. Most received diagnoses of a state of anxiety, hysteria (six subtypes), phobia (four subtypes according to weapon noise), organo-neurosis, psychopathic personality, emotional neurasthenia, schizophrenia, mental deficiency, sexual inversion, etc. All fell into the group of neuropsychiatric patients. It is impossible to equate these specific diagnoses with those for contemporary diseases from the World Health Organization or similar institutions.

sick leaves, we find that many cases went untreated as they only presented internal symptoms or emerged some time after the war.

According to Mascarenhas de Moraes (2014), efficient science-based treatment rehabilitated a large percentage of patients, even during the war. Of the patients treated at the APNP, 78.6% were considered recovered and able to return to the front line (CALDAS, 1950).

Francisco Ferraz (2012) argues that, unlike during drafting, the BEF dismissed its veterans without any physical or psychological exams, evincing no attempt to find, treat, prevent, or mitigate health problems due to the war that were anything but extremely apparent, such as amputated limbs or explicit crises of lack of emotional control (some such combatants were escorted to Brazil in straitjackets) (COSTA; GOMES, 2021).

These more serious cases received often flawed and limited support from the State via laws and decrees issued after 1945, with the constitution of the Commission to Readapt the Disabled of the Armed Forces and the provisions of military retirement and pension.

Ferraz (2010 *apud* Oliveira, 2011, p. 46) points out that, at the time of the demobilization of the BEF, even before the return of the (ex)combatants to Brazil, “there was no defined policy of social and professional reintegration nor was medical and psychological assistance guaranteed to the veterans” (Ferraz *in* Oliveira, 2011, p. 46, our translation). As an example, the author points out that the first laws to support veterans considered incapable of any service would only be sanctioned six months after the end of the war in the transition from Estado Novo to a constitutional regime. He also points out that Brazil never created a public body that centralized the administration of matters related to ex-combatants, unlike countries such as the United States. As a result, several of the created laws were neither complied with nor enforced, and many veterans were dispersed without knowing their rights and possibilities.

Despite the psychiatric service of the Army, a veteran structure of the BEF, no such systematic concern targeted ex-combatants after the war. Over the years, “most of them stopped manifesting the crises of anguish and anxiety resulting from participation in the war” (FERRAZ, 2012, p. 168, our translation), receiving the popular saying that “time heals all wounds” as treatment. Many, however, were not so lucky and never fully recovered; some, not even partially. Some more serious cases worsened by factors such as alcoholism and unemployment, even leading to indigence.

Regarding post-war psychiatric cases, Costa and Gomes (2021, p. 126) report that their search on the National Library digital database obtained more than 180 newspaper articles associated with the terms “war neurosis” or “war neurotic” that were published from 1945 to 1995—most of which addressed former BEF members, followed by veterans of the Brazilian Air Force and the Navy. Several articles were associated with crimes by veterans with war neurosis, sometimes technically diagnosed and sometimes just presumed by journalists in the face of the facts: war neurosis is commonly pointed out as the cause of the crime, placing the veteran as the victim of a disorder that led him to such lack of control. Most violent cases involved bodily

injury and homicide, mainly against wives and children, in addition to 22 cases of suicide of former personnel.

Ferraz (2012) points out that it would be impossible to precisely establish the number of suicides among ex-combatants, but newspapers from veterans' associations published messages of encouragement to members, highlighting that such an extreme decision was not the only way to move forward, they could instead rely on the union of comrades and search for assistance.

The stigma of war neurotics profoundly affected the social reintegration of ex-combatants, even those who had no such symptoms, due to the disseminating stories and rumors about nervous breakdowns and violent outbursts that would render a full social life impossible for any veteran. This stereotype denied them many jobs and forced many to move (FERRAZ, 2012).

Searching the literature and the documentary collections of the Historical Archive of the Army and Centro de Documentação Capitão Altamira Pereira Valadares found two veteran BEF nurses that received a diagnosis of war neurosis that rendered them as unfit for military service or any other way of providing for their own subsistence. Thus, they were militarily reformed, had their military posts effectively confirmed, and acquired a condition equivalent to retirement.

Altamira Pereira Valadares and Zilda Nogueira Rodrigues were reformed in 1949⁴ and 1950⁵, respectively. The basis for such decision stemmed from Article 3 of Decree-Law No. 8.795 of January 23, 1946, which regulated the retirement and promotion to the immediate rank of military personnel, including draftees and the incapacitated for military service due to illnesses acquired or aggravated during the BEF war operations in Italy (BRASIL, 1946).

Van der Kolk (2020, p. 212) proposes that generally “the imprints of traumatic experiences are organized not as coherent logical narratives but in fragmented sensory and emotional traces: images, sounds, and physical sensations.” Altamira’s diagnosis mentions “phobias, anguish, insomnia, tremor of the fingers, weight loss, mood instability, asthmatic [sic] crises that aggravate their psychic state”⁶ (our translation), and excited reflexes, “crying crisis in anguish and cold and wet extremities.” Zilda, interviewed in 1956 for a special report on BEF nurses (AS GRANDES [...], 1956), reported that she suffered from terrifying dreams; vivid memories of the war woke her at night under her own screams of terror.

Despite many differences, several common traits unite their biography before, during, and after the war. Both were widows when they volunteered for the war. Their husbands (Hélio Bastos Valadares and Manoel Pastora Rodrigues) had the same *causa mortis*: pulmonary tuberculosis^{7,8}. Zilda had a three-year-old son. She gave birth to her daughter after the war. Altamira neither had

⁴ Acervo do Centro de Documentação Capitão Altamira Pereira Valadares. Decreto de reforma de Altamira Pereira Valadares.

⁵ Acervo do Arquivo Histórico do Exército. Decreto de reforma de Zilda Nogueira Rodrigues.

⁶ Acervo do Centro de Documentação Capitão Altamira Pereira Valadares.

⁷ Certidão de óbito de Hélio Bastos Valadares (10/05/1939). Brasil, Rio de Janeiro, Sexta Circunscrição, Registro Civil, database FamilySearch.

⁸ Certidão de Óbito de Manoel Pastora Rodrigues (10/06/1942). Brasil, Rio de Janeiro, Nona Circunscrição, Registro Civil, database FamilySearch.

children nor remarried. A common and relevant trait between both nurses refers to their great dedication to the memory of the war and their fellow BEF combatants in the several decades from the reform to their deaths. With the financial support guaranteed by the military reform, they dedicated great efforts to preserving and disseminating the collective history of Brazil during World War II and especially that of Brazilian nurses. They even saw it as a life mission.

Altamira Pereira Valadares dedicated decades to gathering documentary and iconographic collections about the war, the BEF in general, and especially its nurses. In 1976, she published *Álbum biográfico das febianas* (Biographical album of FEB women). It contained biographies of the 73 Brazilian women who participated in the war (67 in the Army and six in the Air Force) from documents provided by colleagues and official military ministry data. The book currently configures an unavoidable reference for studies on this group of women. In 1994, Altamira inaugurated Centro de Documentação da II Guerra Mundial Capitão-Enfermeira Altamira Pereira Valadares (World War II Documentation Center Captain-Nurse Altamira Pereira Valadares) in her hometown Batatais, São Paulo. This mix of archive, museum, and library was built on the land of Tiro de Guerra 02-047, a local military unit, with authorization from the municipal government. The nurse provided all the resources to construct and set it up. The partnership between the city hall and the Army still maintains Centro de Documentação to this day⁹.

Zilda Nogueira Rodrigues dedicated herself to remembering and especially aiding fellow ex-combatants, integrating the boards of AECB and the National Association of Veterans of the Brazilian Expeditionary Force for several terms, mainly in the Women's Department and in the Directorate of Social Assistance, which aimed to support the families of combatants killed in the war and socially vulnerable former combatants. In politics, she founded and chaired Clube de Oficiais Enfermeiras de Guerra (War Nurse Officers Club) and Associação Brasileira de Obstetrizes (Brazilian Association of Midwives). In both, she aimed to achieve official recognition and support: at Clube de Oficiais Enfermeiras de Guerra, she aimed to guarantee the effectiveness of the military posts granted to nurses during the war and to enable them to be recalled to active service in times of peace; at Associação Brasileira de Obstetrizes, she aspired to achieve recognition of midwifery and the equalization of rights and status with qualified nurses (ROQUE; PORTO, 2023).

Altamira and Zilda, diagnosed as war neurotics a few years after returning to Brazil, never stopped experiencing that conflict as an indelible part of their stories and their personalities. They were, before any other adjective and interpretation, two war veterans deeply marked by this war. Both were long-lived and reached the 21st century: Altamira died in 2004 at the age of 94 and Zilda died in 2006 at the age of 87. They lived these long years in war and for war: both made a point of using their military posts and wearing their uniforms as captains while attending ceremonies, solemnities, and lectures on the war; gathering documents and data to publish or advocating in associations and in the press, telling their stories and those of their comrades seeking protection, support, and recognition.

Psychiatrist Bessel Van der Kolk (2020, p. 65) states that the main characteristic of trauma is to make the victim "continuing to organize your life as if the trauma were still

⁹ Acervo do Centro de Documentação Capitão Altamira Pereira Valadares.

going on—unchanged and immutable—as every new encounter or event is contaminated by the past.” The trauma always configures the reality to the traumatized, it is impossible to remember it as part of the past, only to continue to live it always in the present.

Van der Kolk (2020) also states that it is necessary to revisit and confront trauma to try to regain self-control of the process of living and overcoming rather than that of healing. It is necessary to remember the extreme event as part of the past and understand that those sensations and pain fail to configure the present reality, which can be lived safely, with their own sensations and emotions. Thus, we find Altamira’s and Zilda’s intense and lifelong dedication to the memory of the war and their actions in field hospitals as part of the symptom of trauma and perhaps an unconscious attempt at liberation.

According to psychologist and Holocaust researcher Sofia Débora Levy (2018, p. 67, our translation), trauma survivors’ attention and energy often focuses “primarily on the traumatic event” rather than on the experiences of the present. Nazi Holocaust survivors’ conscious desire for public and collective remembrance (along with the individual and private unconscious return to trauma, often with lectures and memoirs) is theoretically associated with the view that it is necessary to remember to avoid it happening again (LEVY, 2023). It is necessary to try to narrate those traumatic episodes to help survivors deal with this experience—“constructively managing” these emotions (LEVY, 2018, p. 111)—and to sensitize the surrounding society to remain vigilant in fighting similar attempts to perpetrate such horrors.

The public support for the memory of BEF nurses shows a slightly different discourse. Despite the trauma and the constant highlighting of the horrors of war, the historical themes to which they dedicated themselves are not exactly a pacifist or anti-war discourse. They show that Brazil was dragged into the conflict because it was attacked. Without an alternative, it took the “boldness and courage” (AQUELAS [...], 2018) of men and especially of pioneering women to defend the country and honor the memory of their affected fellow citizens. Their war is just and inevitable, despite its inherent horrors.

More than that: Altamira mainly dedicated herself to the memory of the war and the group of nurses that, under her perception, had done something very important that Brazilians neither properly valued nor knew and that could fall into oblivion. Her museum, documentation center, encyclopedic book, and constant public lectures (especially in schools) show a conscious struggle against the oblivion and devaluation of the collective action of those veterans that had required so much sacrifice. Zilda, on the other hand, had a social view of ex-combatants, understanding their many physical and psychological wounds and many (unlike her) had not received adequate financial support. For this, she engaged in ex-combatant associations, offering social aid and support for ex-combatants and their families.

Both cases show an interest in narrating one’s own story, in being relevant, avoiding oblivion, in feeling valued—desires intrinsic perhaps to any human being. The case of veteran nurses evinces a clear perception of a pioneering voluntary sacrifice and the need to assert themselves and maintain their hard-won social space. This intense memory obviously went beyond the two

nurses in this study, but their case shows that the war continued after 1945 as they continued to fight for/with that memory every day of their long lives to overcome a traumatic experience and avoid oblivion, a possibility that would clearly represent a new trauma.

We also find important differences between them in how they cope with this memory and their way of externalizing it. Altamira seems to have had very little physical contact with other veterans after the war as she returned to live in her hometown Batatais in inner São Paulo. It had no regional association and very few other ex-combatants (in her own research, Altamira lists 34 other veterans who were either born or lived in Batatais in addition to herself)¹⁰. She seems to have traveled neither to veteran nor to nurse meetings (national meetings held by Clube de Oficiais Enfermeiras de Guerra in 1978 and 1982) (OLIVEIRA, 2010).

The documentation in her collection shows that Altamira corresponded by letters with some colleagues (especially during her organization of her book in which she gathered data on them) and appeared as the maid of honor at the wedding of veteran nurse Juracy França Xavier, who married General Augusto Marques Torres, also a BEF veteran physician. However, her contact with the external world did not go much further than that. In the 1960s, Altamira revised and tried to prepare for publication her war diaries, written in Italy, but the activity remained incomplete.

The text of the diary, with very bitter passages and criticisms¹¹, was deposited in her documentation center and unpublished until 2020, when the researchers responsible for the collection published it on the internet. In her diary, which she was preparing to publish at the celebration of the 25th anniversary of the end of the war, she writes in its introduction: “I continue to fight with a stubborn and hidden EVIL, which has prevented me to this day from finishing and publishing my BOOK” (our translation). Soon after, in a forceful and even sensitizing way, she vents saying that “GOD knows why, and I don’t do nor live what I want. I suffer stationed in this conflict. I can’t free myself”¹² (our translation).

Despite many lectures and some interviews, usually in her hometown or the surrounding areas, a reclusive Altamira dedicated herself more to individual activities, such as research, writing, and cataloguing her archive.

Zilda, on the other hand, showed intense group activity. Repeatedly occupying positions in the veterans’ association, she participated in its internal and external political disputes, appeared in the press issuing a series of opinions—including controversial ones such as when she supported the campaign to send flowers to the dead of the BEF still buried in Pistoia (FRIBURGO [...], 1958) or when she accused the AECB management of fraud and was accused of being a communist, a fact she publicly denied (O CONTRATO [...], 1956)—and supporting political campaigns, occupying the position of vice-president of the National

10 Acervo do Centro de Documentação Capitão Altamira Pereira Valadares.

11 Elements to be developed in depth in other related works. See Roque (2024).

12 Acervo do Centro de Documentação Capitão Altamira Pereira Valadares. Diário de Guerra de Altamira Pereira Valadares, não publicado. Capital letters as in the original.

Campaign of Ex-Combatants Pro-Candidacy Lott (CAMPANHA [...], 1960), a marshal who was also a veteran of the FEB who ran for the presidency of the Republic in 1960.

With the associations she founded, she acted politically in the struggle for the recognition, work, and social and financial rights of military women and professional midwives. Her apartment housed the headquarters of both entities. She participated in several class meetings, traveling across Brazil and abroad to be represented, seen, and heard. She organized the two national meetings of veteran nurses above in 1978 and 1982. She published neither memoirs nor a historical bibliography.

According to psychiatrist Bessel Van der Kolk (2020, p. 29), the contemporary estimate is that a quarter of veterans who have been in a war zone “is expected to develop serious posttraumatic problems.” In the expressive words of Major Elza Cansanção Medeiros (2009 *apud* RIBEIRO, 2022, our translation), a veteran BEF nurse: “All veterans are war neurotics, those who say they are not are in a worse state because they still do not recognize their condition.”

5 FINAL CONSIDERATIONS

We sought to show how Brazilian women left the exclusively domestic environment to become military personnel by the professionalization of nursing and the volunteer process to join the BEF and how their participation in World War II deeply and traumatically marked two such military nurses: Altamira Pereira Valadares and Zilda Nogueira Rodrigues. The first military women begot the first female individuals formally diagnosed as war neurotics in Brazil.

Both nurses spent the rest of their long lives (re)living that moment and experience for decades up to the 21st century. By deeply dedicating themselves to preserving and disseminating the memory of the war and their participation at the FEB, Altamira and Zilda sought to keep themselves in evidence rather than being forgotten and to somehow work within themselves that persistent emotional mark. The war never consciously, unconsciously, voluntarily, and involuntarily ended for them as they lived them up to the last days of their lives.

Our research has evident limitations, such as the small number of documents about both nurses in the searched public and private archives, the impossibility of interviewing these deceased personnel, and the diagnostic imprecision about their post-war situation in the analyzed material.

However, we believe we built a panel of analysis and discussion about this collective trajectory, showing the destructive effects of a war for the defeated and the victors based on the lives of these two women.

REFERENCES

ACERVO DO ARQUIVO HISTÓRICO DO EXÉRCITO. Decreto de reforma de Zilda Nogueira Rodrigues.

ACERVO DO CENTRO DE DOCUMENTAÇÃO CAPITÃO ALTAMIRA PEREIRA VALADARES. Decreto de reforma de Altamira Pereira Valadares.

ACERVO DO CENTRO DE DOCUMENTAÇÃO CAPITÃO ALTAMIRA PEREIRA VALADARES. Diário de Guerra de Altamira Pereira Valadares, não publicado.

ALVES, V. C. **O Brasil e a Segunda Guerra Mundial**: história de um envolvimento forçado. Rio de Janeiro: Editora PUC-Rio; São Paulo: Loyola, 2002.

AQUELAS mulheres de farda. Rio de Janeiro: [s. n.], 2018. 1 vídeo (39 min). Publicado pelo canal Pátria Filmes. Direção: Daniel Mata Roque. Disponível em: <https://www.youtube.com/watch?v=xfusHHEKzmk>. Acesso em: 4 dez. 2023.

AS GRANDES esquecidas: as enfermeiras da FEB. **A Noite**, Rio de Janeiro, p. 10, 3 maio 1956.

AXELROD, A. **Patton**: a biography. Londres: Palgrave Macmillan, 2006.

BERNARDES, M. M. R.; LOPES, G. T. As enfermeiras da força expedicionária brasileira no front italiano. **Revista da Escola de Enfermagem da USP**, São Paulo, v. 41, n. 3, p. 447-453, 2007.

BOURDIEU, P. A ilusão biográfica. In: AMADO, J.; FERREIRA, M. de M. (coord.). **Usos e abusos da história oral**. Rio de Janeiro: Editora FGV, 1996. p. 189.

BRASIL. **Decreto-lei nº 8.795, de 23 de janeiro de 1946**. Regula as vantagens a que têm direito os militares da F. E. B. incapacitados fisicamente. Rio de Janeiro: Presidência da República, 1946.

CALDAS, M. **O Posto Avançado de Neuropsiquiatria da FEB**. Rio de Janeiro: Gráfica Laemmert, 1950.

CAMPANHA dos Ex-Combatentes Nacionalistas pró-Lott. **Última Hora**, Rio de Janeiro, p. 8, 20 jan. 1960.

CERTIDÃO DE ÓBITO DE HÉLIO BASTOS VALADARES (10/05/1939). Brasil, Rio de Janeiro, Sexta Circunscrição, Registro Civil, database FamilySearch.

CERTIDÃO DE ÓBITO DE MANOEL PASTORA RODRIGUES (10/06/1942). Brasil, Rio de Janeiro, Nona Circunscrição, Registro Civil, database FamilySearch.

COSTA, H.; GOMES, D. K. **Ao alcance da morte**: ensaio sobre o estado psicológico dos soldados da FEB na Segunda Guerra Mundial. Curitiba: Matilda Produções, 2021.

CRUZ, M. R. da (org.). **Casos da guerra que heroínas e heróis da FEB contam**. Rio de Janeiro: Frente, 2002.

CYTRYNOWICZ, R. **Guerra sem guerra**. São Paulo: Edusp, 2000.

FERNANDES, F. L. **A estrada para Fornovo**: a FEB – Força Expedicionária Brasileira, outros exércitos e outras guerras na Itália, 1944-1945. Rio de Janeiro: Biblioteca do Exército, 2011.

FERRAZ, F. C. A. **A guerra que não acabou**: a reintegração social dos veteranos da Força Expedicionária Brasileira. Londrina: Eduel, 2012.

FREUD, S. **Além do princípio do prazer**. Porto Alegre: L & PM, 2022.

FREUD, S.; EINSTEIN, A. **Porquê a guerra?** Reflexões sobre o destino do mundo. Lisboa: Edições 70, 2017.

FRIBURGO venceu, flores para Pistóia. **Diário Carioca**, Rio de Janeiro, p. 12, 31 out. 1958.

GINZBURG, C. **A micro-história e outros ensaios**. Rio de Janeiro: Bertrand Brasil, 1989.

GONÇALVES, C. P. **Seleção médica do pessoal da FEB**. Rio de Janeiro: Biblioteca do Exército, 1951.

KING, M. **Médicos do campo de batalha**: como a guerra mudou a história da medicina. Cotia: Pé da Letra, 2021.

LATFALLA, G. **Relações militares Brasil-EUA (1939-1943)**. Rio de Janeiro: Gramma, 2019.

LEVY, S. D. **Por dentro do trauma**: a perversidade do Holocausto e na contemporaneidade. Rio de Janeiro: Letra Capital, 2018.

LEVY, S. D. (org.). **Sobre Viver 2**: Antes, durante e depois do Holocausto por homens e mulheres acolhidos no Brasil. Rio de Janeiro: Letra Capital, 2023.

LOCHERY, N. **Brasil**: os frutos da guerra. Rio de Janeiro: Intrínseca, 2015.

MAXIMIANO, C. C. **Barbudos, sujos e fatigados:** soldados brasileiros na Segunda Guerra Mundial. São Paulo: Grua, 2010.

MCCANN, Frank. **A aliança Brasil-Estados Unidos 1937-1945.** Rio de Janeiro: Biblioteca do Exército, 1995.

MORAES, J. B. M. **Memórias.** 3. ed. Rio de Janeiro: Biblioteca do Exército, 2014.

MOREIRA, A.; OGUILLO, T. **Profissionalização da enfermagem brasileira.** Rio de Janeiro: Guanabara Koogan, 2005.

O CONTRATO da nova sede depôs o major-presidente. **O Jornal**, Rio de Janeiro, p. 5, 16 jun. 1956.

OLIVEIRA, A. B. de. **Enfermeiras da Força Expedicionária Brasileira no front do pós-guerra.** 2010. Tese (Doutorado) – Universidade Federal do Rio de Janeiro, Rio de Janeiro, 2010.

OLIVEIRA, D. de (org.). **A Força Expedicionária Brasileira e a Segunda Guerra Mundial.** Curitiba: CEPHiMEx, 2011.

OLIVEIRA, D. de. **Extermine o inimigo:** blindados brasileiros na Segunda Guerra Mundial. Curitiba: Juruá, 2015.

PERROT, M. **Minha história das mulheres.** São Paulo: Contexto, 2017.

PORTO, F.; AMORIM, W. (org.). **História da Enfermagem Brasileira.** Rio de Janeiro: Águia Dourada, 2007.

PRIORE, M. **Sobreviventes e guerreiras.** São Paulo: Planeta, 2020.

RIBEIRO, F. Major Elza Cansanção: Exército da Salvação. **Aventuras na História**, São Paulo, 23 out. 2017. Disponível em: <https://aventurasnahistoria.uol.com.br/noticias/acervo/major-elza-cansancao-exercito-salvacao-435085.phtml>. Acesso em 16 ago. 2022.

ROQUE, D. M. Aquelas mulheres de farda: as enfermeiras da FEB. **Revista do Exército Brasileiro**, Rio de Janeiro, v. 156, 2020.

ROQUE, D. M. **A veterana.** Rio de Janeiro: AHIMTB, 2019.

ROQUE, D. M. **Entre a guerra e a superação:** enfermeiras da Força Expedicionária Brasileira feridas, acidentadas e neuróticas de guerra. 2024. Tese (Doutorado) – Universidade Federal do Estado do Rio de Janeiro, Rio de Janeiro, 2024.

ROQUE, D. M.; BERNARDES, M. R. Mulheres enfermeiras na Segunda Guerra Mundial: protagonistas de seu destino. **Revista do Exército Brasileiro**, Rio de Janeiro, v. 158, p. 37-48, 2022.

ROQUE, D. M. *et al. Práticas e representações fotográficas do Serviço de Saúde brasileiro na II Guerra Mundial*. Rio de Janeiro: Academia de História Militar Terrestre do Brasil, 2019.

ROQUE, D. M.; PORTO, F. Mulheres no exército durante a segunda guerra mundial: flexão de gênero dos postos militares. **Journal de Dados PPGENFBIO**, Rio de Janeiro, 2023. Disponível em: <https://jurnaldedados.files.wordpress.com/2023/11/mulheres-no-exercito-durante-a-segunda-guerra-mundial-flexao-de-genero-dos-postos-militares.pdf>. Acesso em: 4 dez. 2023.

VAN DER KOLK, B. **O corpo guarda as marcas**: cérebro, mente e corpo na cura do trauma. Rio de Janeiro: Sextante, 2020.