War Trauma in the Construction of American Lost-war Culture
From WWI to Vietnam and the Present

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Abstract

The war veteran suffering Shell Shock is one of the most enduring images of twentieth century war. Among 21st century media pundits and even some medical professionals, however, few are aware that Shell Shock was largely discredited after WWI, its diagnostic significance overshadowed by its cultural and political meanings. Even fewer observers are aware that Shell Shock played out in inter-war Germany as a metaphor for a nation traumatized by war whose defeat and hurt could only be avenged through more war. This paper will reprise in greater detail this biography of war trauma with attention to: a) The way art, news media, and other cultural forms played into the construction of Shell Shock; b) The Freudian intervention in the matter of traumatized WWI veterans; c) the way filmic representations of veterans intensified the political sentiments of inter-war Germany. The paper will then extend the trajectory of war trauma biography into and beyond the Vietnam War era to show its agency in the construction of a victim-veteran imagery via PTSD and TBI that abets an American lost-war narrative eerily similar to that which remilitarized Germany after the First World War.

Keywords: War-trauma; shell shock; betrayal in war; German revanchism; victim-veteran imagery; PTSD; post-traumatic stress disorder.

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In his *Washington Post* story "A Shock Wave of Brain Injuries" on April 8, 2007, reporter Ronald Glasser declared that improvised explosive devices (IEDs) in Iraq had "brought back one of the worst afflictions of World War I: shell shock. The brain of the soldiers is shocked, truly."

As far back as the 1970s, efforts to formulate new diagnostic terminology for war veterans gained traction through analogies to shell shock: Post Vietnam Syndrome was said to be "like shell shock"; later on, Post-traumatic Stress Disorder (PTSD) was *like* Shell Shock; and now: Traumatic Brain Injury (TBI) is like Shell Shock.

The discourse of trauma has displaced all most all else from the coming-home news coverage of our current generation of veterans. In their 2013 book *Beyond PTSD*, the anthropologists Sarah Hautzinger and Jean Scandlyn write, "In most any conversation where the topic of returning soldiers came up, PTSD was mentioned in the first few minutes."[1] The centrality of Shell Shock to that discourse make its legacy a deserving topic for study. As it turns out, the more we know about Shell Shock the more problematic PTSD and TBI become.

Indeed, the most instructive analogy between PTSD-TBI and Shell Shock of the World War I era might be in the respective narrative value of each, rather than their diagnostic value.[2] Let's work through the sticky-thicket of political history, cultural imagery, and medical science connecting the post-war culture of The Great War and our situation today.

During and after World War I, doctors see soldiers with unexplained tremors, some gone blind or deaf, others mute, paralyzed. Charles Meyers, a British doctor, speculates that their behaviors are due to exploding shells on the front. So he calls it "shell shock." But then soldiers who have yet to see combat appear with similar symptoms.

German soldiers who had never been under fire were more likely to present symptoms that those who had. The Freiburg physician Alfred Hauptmann reasoned that soldiers with actual physical wounds should exhibit shell-shock symptoms—but they seldom did. Moreover, he thought, if shell explosions did directly cause neuroses, then soldiers would surely suffer these symptoms from firing their own weapons, a phenomenon that he had never observed."[3]

To cite a relevant personal experience, I was a Chaplain's Assistant assigned to an artillery unit in Vietnam. On occasion I was around the big guns when they fired—and I can tell you they rattled the bones and split the eardrums, if not literally. More importantly I was around the men who worked the guns and were, day after day, much closer to them than I was. And yet I never saw or heard of anything even suggesting a resemblance to Shell Shock. A hundred years ago, Hauptmann was on to something.

Dr. Joseph Babinski reasoned the symptoms may be "brought about not by the war itself but either by unintentional suggestion from doctors or by the patient's auto-suggestion and imitation."[4] I emphasize those words—"suggestion from doctors" "auto-suggestion" and "imitation"—because they cue for us that emotions, culture, and perhaps psychology, may be factors in the symptomology of Shell Shock. Historian Michael Roth says shell shock in many ways resembled hysteria, a kind of "body speak,"—the bodily reappearance of ideas, fears, memories banished from consciousness.[5]

Freudians suggested that Shell Shock patients had repressed the conflict between fear and duty. What the patient was really afraid of was his own failure. The repressed memories of failure later reemerged as fantasies—false memories replete with the physical symptoms attributable to combat—that conjured exploding shells.[6] But hysteria was a female disorder. Doctors were, said historian Elaine Showalter, "so prejudiced against a psychological cause that they just kept looking and looking"—some kind of wound on the body, evidence of a bomb blast, something physical. Anything but psychological.[7]

Those doctors were men schooled in the tradition of the French neurologist Jean-Martin Charcot. At Salpertriere in Paris in the late 1800s, Charcot thought hysteria was caused by "brain lesions." Charcot's lesions theory was largely discredited when autopsies failed to reveal the lesions. But the brain-lesions theory was resurrected for medical approaches to WWI casualties. Herman Oppenheim in Germany believed that exploding shells created microscopic lesions in the brain causing paralysis. Conceivably, this model fit the anything-but-psychological imperative: the cause was external to the patient; exploding shells conjured the combat bona fides of the victim; the damage was physical—a very manly model.[8]

Unfortunately for Oppenheim, even he had to admit that the sought-for lesions were "too small to be detectable." Historian Ben Shepard in his book *War of Nerves* noted that Oppenheim's lesions-model was "comprehensively routed" even before the end of the war Shell-Shock, said Shepard, was "a common modern phenomenon: a medical debate, hedged with scientific qualifications, taken up by public opinion and the media."[9] In the words of Doctor William Johnson who had studied as a neurologist, won commendation for bravery at the battle of the Somme, and later treated war casualties, "Young soldiers prepare to become a case of shell-shock almost before the first shell drops near them."[10]

The doctors themselves were not impervious to the influence of popular culture. In his 1985 essay "Shellshock and the Psychologists," Martin Stone wrote of the early war period that, "Shellshock had, it seemed, caught both the sympathy and imagination of the public who [in turn] `raised psychoneuroses to the dignity of a new disease before which doctors seemed well-nigh helpless.'" In short form, Stone is suggesting that cultural forms beyond the boundary of science itself led the way to the diagnostic category known as Shell Shock.[11]

One of those "cultural forms" was the technology of culture-production. Historians of psychiatry are in wide agreement that camera photography influenced Charcot's analyses of women hysterics. Anton Kaes in his 2010 book *Shell Shock Cinema: Weimar Culture and the Wounds of War* says moving-picture cameras, deployed by then for mental health diagnoses, played the same role in the making of Shell Shock. There was

a synergy, he suggests, between early film itself—jumpy, with abrupt juxtapositions, and silent—and the symptoms it purported to capture—spastic movements, contortions, and muteness.

Nearly a century later, we're struck by the oddness of body-images appearing in these rough-hewn films. As seen for the first time by young men, perhaps even before the war years, it is easy to imagine that certain positions and postures carried mental health implications when viewed by the public—"Look how crazy the guy in the film looks!"[12]

Kaes, also sees the filmic image of World War I veterans as essential in the political culture of inter-war Germany. In the 1920 film *The Cabinet of Dr. Caligari*—some of you might know it as a Halloween horror film—the zomboid character Cesare steps from a coffin under the influence of the mysterious Doctor. Cesare begins to move in a stiff and jump-cut motion that resembles the movement later associated with shell-shock victims. Indeed, says Kaes, Cesare "might have been case number 365, as recorded in a 1919 medical collection called *Shell-Shock and Other Neuropsychiatric Problems*."[13]

The political effect of shell-shock imagery in German culture was studied by Siegfried Kracauer for his 1947 book *From Caligari to Hitler*. Films like *Caligari*, he said, used the medical imagery of shell shock to suggest to Germans that the loss of the war had also been a social and cultural shock to their pride and national identity. Metaphorically, shell shock was the unseen wound carried by veterans, and as well, the body politic, as the silent disease of national trauma demanding vengeance through more war.[14]

In the United States, losses in World War I worked similarly to galvanize a stronger sense of national identity. In her 2010 book *Bodies of War*, Lisa Budreau refers to the American "cult of the fallen soldier" produced by the war, that she said provided "justification for the nation in whose name the war had been fought." "The notion of heroic death was readily invoked," she wrote, "to assuage the grief of the living while furthering the interests of the nation."[15]

The American institution of "Gold Star Mothers" was born in this Post WWI social climate. The traditional black adornments signifying grief and mourning were

supplemented by gold stars that counterbalanced funereal symbolism—a gold star for accomplishment, writes Budreau sardonically. A *New York Times* editorial on the gold-star concept claimed that, "There is no better death than this." "[16]

As the "cult of the fallen soldier" was forming in the United States, its more virulent strain was growing in Germany. The wounded Germany symbolized by the Shell Shocked Cesare in *Caligari* had also been betrayed on the home front by pacifists, Communists, women, and Jews. The grounding-image of the sell-out was the stabbed-in-the-back German veteran, spat on when he returned home, his uniform shed in shame at the rail station lest it be ripped from him by the traitors.

Those twin images—of soldiers bringing the war home with them as "hidden injuries" of trauma, and soldiers disparaged by liberals and radicals as villains in an unpopular war—were revivified in American imagination in the years after the U.S. defeat in Vietnam.[17] The task of debunking those images is assisted by what we now know about Shell Shock and, in the case of veterans defiled on the home front, the mythical character of the German stab-in-the-back legend made evident by Klaus Theweleit in his book *Male Fantasies*, a study of German literature in the inter-war period.[18]

The "unseen wound" of trauma gained legitimacy with the inclusion of PTSD in the 1980 DSM, but the same sort of empirical issues that challenged the veracity of Shell Shock—recall those Shell Shock patients never exposed to exploding shells—dogged the validity of PTSD. In 1970, psychiatrist Peter Bourne wrote that the psychiatric casualty rate in Vietnam was greater among non-combat troops than combat.[19] A 1983 article in the *American Journal of Psychiatry* reported five cases whereupon men had presented PTSD symptoms. Three of the men said they were former prisoners of war. "In fact," the authors found, "none had been prisoners of war, four [of the five] had never been in Vietnam, and two had never even been in the military."[20] Right into the present, it is nevertheless, common for the press to report that 30 to 50 percent of Vietnam veterans suffer from PTSD—despite the fact that only about 15 percent of U.S. soldiers there saw

combat.

Similar data disparities trouble the PTSD claims related to Iraq. The British report a PTSD rate about one-fourth that of the Americans—a gap one British scholar attributes to the American expectation that its troops will return traumatized.[21] It is clear to me that stories of spat-on veterans worked the same way in the United States after the war in Vietnam, as did the stab-in-back-legend in Germany, to form a betrayal narrative for the loss of the war. The image of trauma-stricken veterans enhances that narrative, adding to the recognition of combat-related emotional damage, the culturally constructed traumas of diminished manhood, hostile homecomings, and the neglect of an ungrateful public. Brought to life for Americans in Hollywood films like *Hamburger Hill* and *Coming Home*, the real war seemed to have been at home—and, as Rambo had it, it was on the home front that the war was lost. It was a loss to be avenged through attacks on individual and groups deemed to have sapped our manliness: liberals in Congress, radicals on campus, and . . . Jane Fonda the personification of the seditious femininity that erodes our will-to-war.[22]

Lost in the fog of victim-veteran constructions is the real story that thousands of active-duty personnel and veterans turned against the war. With the defeat in Vietnam we lost confidence in our place as "city on the hill." We've become a nation of hurt, not hope; an avenging victim-nation. Having suffered the shock and trauma of defeat, we now inflict "shock and awe" on others. Like inter-war Germany, we are steeping in a revanchist political culture that longs for a restoration of a mythical America, an America that never was.

Myths are group stories, as real as the group, the nation, that the stories create. We know that Anton Kaes is right—the "invisible wound," enlivened by images of shell-shocked WWI veterans, led Germany back into war and its destruction in WWII; enlivened by its images of defiled and PTSD-stricken veterans, the U.S. sought collective remedy for its "Vietnam syndrome" in its Gulf War slaughter of retreating Iraqis—a remedy that leads, still, to more and more suffering.

Shell Shock, PTSD, and now TBI are socially constructed diagnostic categories that ply the mythologies of national identity and gendered sensitivities; their use in the manufacture of domestic scapegoats for losses abroad, and the incentive to remilitarize is a demonstrable danger.

A nation bonded by its commitments to avenge its hurts and unable to distinguished hurts inflicted by Self and Other—is a danger to all.

About the Author

Jerry Lembcke is associate professor of sociology (emeritus) at Holy Cross College in Worcester, MA. He is the author of *The Spitting Image: Myth, Memory and the Legacy of Vietnam* (NYU Press, 1998), *CNN's Tailwind Tale: Inside Vietnam's Last Great Myth* (Roman and Littlefield, 2005), *Hanoi Jane: War, Sex, and Fantasies of Betrayal* (UMass Press, 2010), and *PTSD: Diagnosis and Identity in Post-empire America* (Lexington Books, 2013). Jerry was in Vietnam as an army chaplain's assistant in 1969.

Endnotes

1. Sarah Hautzinger and Jean Scandlyn, *Beyond Post-Traumatic Stress: Homefront Struggles with the War on Terror* (Walnut Creek, CA: Left Coast Press, 2014), 16.
2. I wrote critically about the antiwar movement's "cost of war" rhetoric in Jerry Lembcke. "The Horror of War Can Be Catnip for Young Men," *National Catholic Reporter* 43.28 (2007).
3. Ben Shephard, *A War of Nerves: Soldiers and Psychiatrists in the Twentieth Century* (Cambridge: Harvard University Press, 2001), 106, 112. Given the uncritical acceptance in popular culture decades later that shell shock was a valid diagnostic category for World War I soldiers—and thus a base-line from which inquires into PTSD can meaningfully begin decades later—it is surprising to look back and see that, at the time, some doctors rejected it. The official inquiry into "shell-shock" by the British War Office Committee in 1922 (their quotation marks on the term) summarized its findings with the following words: On all the main issues there is unanimity of opinion. 'It is demonstrated that "shell-shock" has been a gross and costly misnomer and that the term should be eliminated from our nomenclature. . . . The war produced no new

nervous disorders, and those which occurred had previously been recognized in civil medical practice.'

4. Shephard, *A War of Nerves*, 11-12, 98.
5. Roth's words are quoted from the 1998 PBS documentary Odyssey of the Mind which featured Freudian orientations toward Shell Shock in the years after WWI.
6. As I've also noted in my 2013 book, *PTSD: Diagnosis and Identity in Post-empire America* (Plymouth, UK: Lexington Books), Anne Harrington's account of Freud's breakthrough is accessible (see *The Cure Within: A History of Mind-Body Medicine,* New York: W.W. Norton, 2008, 75–76), and W.H. Rivers provided a worthwhile reworking of Freud's insights (as discussed in Martin Stone's "Shellshock and the Psychologists," *The Anatomy of Madness*, William F. Bynum, Roy Porter, and Michael Shepherd, eds, New York; London: Tavistock Publications, 1985, 255). In their 1990 study, published in the *Journal of Clinical Psychology*, Lee Hyer, et al, reprised Rivers' insight, finding that "low self-esteem rooted in parental practices was a better predictor of suicide among Vietnam veterans than was military experience" (see "Suicidal Behavior among Chronic Vietname Theatre Veterans with PTSD," 46.6, 713–721; quoted material here from *PTSD: Diagnosis and Identity*, 93). Furthermore, *New York Times* columnist Maureen Dowd "made clever use of Freud's insight in writing about Connecticut Attorney General Richard Blumenthal's false claim to being a Vietnam veteran" ("Lies as Wishes," May 22, 2010, available online at http://nyti.ms/25EmzvZ; quoted material here from *PTDS: Diagnosis and Identity*, 93).
7. Elaine Showalter in the 1998 PBS Documentary, *A Science Odyssey: In Search of Ourselves*.
8. Shephard, *A War of Nerves*, 98. The histories of war-trauma diagnoses are laced with issues of masculinity. J.V. Dipple, *War and Sex: A Brief History of Men's Urge for Battle*, explores those issues as a prelude to World War I itself (New York: Prometheus, 2010).
9. Shephard, *A War of Nerves*, 99, 28.
10. J.C. Dunn, *The War the Infantry Knew, 1914-1919* (London: James Publishing, 1987), 250; Johnson is quoted by Shephard, *A War of Nerves*, 58-59.
11. Janet Browne. "Darwin and the Face of Madness," in *The Anatomy of Madness*, ed. William F. Bynum, Roy Porter and Michael Shepherd (New York; London: Tavistock Publications, 1985), 158; Stone, "Shellshock," 254.
12. Tellingly, the soundless property of early film correlated with muteness (and deafness), and complimentarily, with the absence of the startle-response presented by veterans of later wars who claimed that a sharp and unexpected noise like a firecracker caused them

to relive wartime experience. In "Flashbacks—Fireworks, and Cars that Backfire?" I wrote about the properties of those stories as legends (*Counter Punch*, July 11, 2013, available online at http://www.counterpunch.org/2013/07/11/flashbacks-fireworks-and-cars-that-backfire/). It was a symptom that would be closely associated with PTSD after the war in Vietnam—and well after sound was married to motion pictures in the 1930s. Hillary L. Chute, *Disaster Drawn: Visual Witness, Comics, and Documentary Form*, 86-89, suggests the relationship between film and representations of trauma (Cambridge, MA: Belknap Press/Harvard, 2016).

13. Elmer Ernest Southhard, *Shell-Shock and other neuropsychiatric problems presented in five hundred and eighty-nine case histories from the War literature, 1914-1918* (Amazon Digital Services LLC, 2015), Kindle edition.
14. Seigfried Kracauer, *From Caligari to Hitler: A Psychological History of the German Film* (Princeton: Princeton University Press, 1947) goes even more deeply into the political subtexts of the Caligari the film.
15. Lisa M. Budreau, *Bodies of War: World War I and the Politics of Commemoration in America 1919-1933* (New York: New York University Press, 2010), 4, 44.
16. Budreau, *Bodies of War*, 95-97.
17. I wrote about the myth of spat-upon veterans in Jerry Lembcke, *The Spitting Image: Myth, Memory, and the Legacy of Vietnam* (New York: New York University Press, 1998), and the political implications of PTSD-TBI in PTSD.
18. Klaus Theweleit, *Male Fantasies, Volume One: Women, Floods, Bodies, History* (Minneapolis: University of Minnesota Press, 1987).
19. Peter Bourne, *Men, Stress, and Vietnam* (Boston: Little, Brown, 1970), 40-43, 76.
20. Landy Sparr and Loren D. Pankratz. "Factitious Posttraumatic Stress Disorder," *American Journal of Psychiatry* 140.8 (1983), 1016. For more on "Factitious PTSD," see Edward J. Lynn and Mark Belza, "Factitious Posttraumatic Stress Disorder: The Veteran Who Never Got to Vietnam," *Hospital and Community Psychiatry* 35 (1984): 697-701. Patrick Hagopian, *The Vietnam War in American Memory: Veterans, Memorials, and the Politics of Healing* (Amherst, MA: University of Massachusetts Press, 2009), 73, writes that Jack McCloskey, team leader of the San Francisco Waller Street vet center, funded by the Veterans Administration outreach program, refused to check the DD-214 discharge papers of new clients before counseling them. As a result, says Hagopian, "some of the clients his staff saw turned out not to have been Vietnam veterans at all."
21. Whitney, Diane, MD, "Post Traumatic Stress Disorder" (Discussion Paper for The Workplace Safety and Insurance Appeals Tribunal, Toronto, Ontario, February, 2010), revised September 2015, http://www.wsiat.on.ca/english/mlo/post_traumatic.htm.
22. For the villainizing of Jane Fonda as "Hanoi Jane," see Jerry Lembcke, *Hanoi Jane: War, Sex, and Fantasies of Betrayal* (Amherst: University of Massachusetts Press, 2010).

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