

Psychological Trauma and the Legacies of the First World War

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Edited volumes serve an important purpose: when executed correctly, they help consolidate a body of scholarship, encourage dialogue between the volume's contributors and set an agenda for future research. The historical study of trauma has been well-catered for in this respect by *Traumatic Pasts*, edited by Mark S. Micale and Paul Lerner, and published in 2001.⁽¹⁾ Micale and Lerner's work helped to establish the view that the experiences and labels applied to traumatic experiences are inextricably historical. This central argument of *Traumatic Pasts* remains popular, with the volume still commended in recent studies. Edited collections that follow Micale and Lerner's volume will, therefore, and however unfairly, be compared to its high benchmark. Yet the issues that existed at the time of the publication of *Traumatic Pasts* have only grown or intensified since. The concept of trauma has significantly broadened. Psychiatric theories of it have diffused more widely, bound up in what Didier Fassin and Richard Rechtman identify as a rise of 'victim culture'.⁽²⁾ Hence the spread of terms like 'trigger-warning', the emergence of concepts like 'transgenerational trauma' and the political movements that cohere around the term 'survivor' ('sexual assault survivor', 'domestic violence survivor', etc.). Hence also why theories of trauma are now heavily implicated in societal response to domestic terrorism, torture, natural disaster and migration. In a mere 16 years, the trauma industry has grown, and at considerable speed.

Jason Crouthamel and Peter Leese, joint editors of two new collections on the history of trauma, are attentive to these developments and the challenges they pose for historians. Indeed, their two volumes, which emerged from a conference in Copenhagen in 2013, might be read as a response to developments

since *Traumatic Pasts*: as Crouthamel and Leese note in the introduction to their first volume, *Psychological Trauma and the Legacies of the First World War*, they wish to build upon the strength of Micale and Lerner's work, drawing upon recent scholarship to expand the historical field of enquiry, and in a way commensurate with the broadening of the concept of trauma. In *Psychological Trauma*, they wish to consolidate nascent research on the victims of the First World War, which includes 'diverse traumatized groups, further source bases reflecting war victims' agency and perspectives, and new theories on the history of emotions and cultural representations of trauma' (p. 6). An explicit influence here is Roy Porter, whose 1985 push for a medical history 'from below' – that is, one that privileges the 'patient's view' – remains a call-to-arms for social historians of medicine.⁽³⁾ Ruth Leys' recent work on 'secondary trauma' is also cited favourably by Crouthamel and Leese.⁽⁴⁾ The effect has been to stimulate the editors' interest in the long-term impact of the First World War, especially on groups whom historians have otherwise struggled to study (e.g., women, children).

Psychological Trauma is divided into four sections, the first of which focuses on contested representations and perceptions of traumatised men. The section opens with a chapter by Fiona Reid on facial trauma during the First World War, where particular attention is paid to the diversity of experience and the agency exercised by sufferers in spite of their disfigurement (e.g., through the use of humour). This emphasis on agency is replicated by the chapter following Reid's, by Julia Barbara Köhne, on cinematographic representations of male hysterics. Köhne notes the contrived nature of such films, showing that such recordings were not impromptu or fly-on-the-wall, but scripted (and extensively rehearsed) representations of the doctor-patient relationship. Köhne attempts to identify in the patients' behaviour evidence of agency, such as in the ways they looked off-camera or missed their cue. This attention to human agency is absent in the next chapter by Gundula Gahlen, though, which centres on how class and rank inflected how German officers were represented and treated by neurologists.

That Gahlen avoids substantive engagement with subjective experience or agency is, however, no limitation, for Reid and Köhne's chapters unwittingly highlight some of the issues arising from the research-agenda proposed in *Psychological Trauma*. Reid, for example, appears to weigh up different experiences of psychiatric and physical trauma, to then imply that shell-shock, being an 'invisible' mental wound, did not have the same re-traumatising effect as a facial injury (p. 30). Meanwhile, Köhne seems to come unstuck in her discussion of agency, conceding that it is difficult to get from her chosen films any sense of independent thought or action on the part of patients. However well-intentioned, Reid and Köhne's desire to privilege the experiences of traumatised patients creates an odd effect: Reid implies her disfigured subjects are more deserving of sympathy than sufferers of shell-shock, whilst Köhne engages in an exercise that she concedes might not be possible to complete.

This raises bigger questions about just how far *Psychological Trauma* wishes to prosecute its agenda for more research on the traumatised. It is unclear, for example, whether it can shed critical light on present-day discourses of trauma and victim culture, or whether this agenda is just further evidence of how easily such discourses can spread. Moreover, the rationale for a history of trauma 'from below' is not fully spelled out by Crouthamel and Leese, and there are questions as to whether the tools of social history (with its emphasis on identity, experience and agency) can create sufficient critical distance between academic history and medical science. In any event, even if historians are to acquiesce in the enlargement of the category of trauma, to produce more studies of the traumatised, *Psychological Trauma* offers little guidance as to how to navigate the political and ethical considerations that stem therefrom (e.g., should historians follow Reid in trying to elevate some experiences over others?). Indeed, although Lerner and Crouthamel identify Roy Porter and Ruth Leys as primary influences on their work, the two are not obvious bed-fellows – Porter spent his career attacking Michel Foucault, whilst Leys writes Foucault-inspired genealogies.

This lack of clarity by *Psychological Trauma* produces some chapters which are tightly focussed on one geographic region but otherwise conceptually vague. For example, the second section of the volume contains four chapters on civilian experiences of the First World War. The contribution by Justin Dolan Stover focuses on inter-war Ireland, and suggests that wartime experiences hardened – or, rather, brutalised – Irish

society, as reflected in levels of alcoholism, mental breakdown or in the increasingly intimate ways in which the Irish Republican Army (IRA) dispatched its opponents (e.g., via face-to-face killings). Stover's reading is fascinating, and stretches ambitiously across various facets of inter-war society. But it is unclear how Stover reads trauma into a society, of what is or is not evidence of a society suffering from traumatic after-effects. Similar questions arise in the following chapter by Silke Fehleemann and Nils Löffelbein. They study how Weimar culture represented images of women, noting a shift from the relative marginalisation of women to a position in which the Nazi party thrust them (and those crippled by the earlier War) into the limelight. The ease with which the Nazi party mobilised images of women for their own ends is accounted for by Fehleemann et al with reference to the traumatised nature of Weimar society, but again it is not obvious how historians should identify the signs of a traumatised culture.

Notwithstanding my concerns about the uncritical enlargement of the concept of trauma by historians, *Psychological Trauma* is nevertheless host to some methodologically-innovative research; indeed, I have to confess that this may stem, in part, from the wish to access the traumatic experiences of groups previously excluded from historical gaze. Michael Roper's chapter, on the children of parents disabled by war, is a case in point. With recourse to oral history, and with a critical appreciation of the nuances of memory and inter-subjectivity, Roper documents the narratives of those who grew up or lived with a disabled father or husband, of how they chose to represent their relative in the interview-setting (e.g., stoic, manly) and the emotions they transmitted in doing so. It is a bold intervention, and a novel, stimulating use of oral history methodology. This innovation is replicated in the chapter following, by Marie Derrien. Her focus is the archival sources that are the bread-and-butter of historical scholarship. She observes that few sources exist in France for studying traumatised soldiers after the War as pension-records were destroyed. Derrien therefore turns to asylum-records, which she surveyed across five separate asylums, and where she appears to have taken a needle-in-haystack approach to finding subjects-of-interest. The real strength of Derrien's contribution is the candour of its author, who writes of the difficulties of accessing sources that offer insight into traumatic experiences. Indeed, at times Derrien's chapter reads less like academic history and much more like anthropological field-work. By so doing, the chapter unwittingly serves as a thoughtful reflection on – and reminder of – how some groups elude the historian, and of how historians should perhaps exercise caution in what they can claim to historicise.

The third section of *Psychological Trauma* centres on how the medical profession responded to large-scale psychiatric breakdown. The focus is less on the theories and concepts that physicians developed during wartime, however, than on how the experience informed medical practice (or the views of the profession itself). Heike Karge's chapter considers post-war Yugoslavia, and the shifting attitudes to pensioning soldiers who had been psychiatrically-traumatised. Karge draws attention to the relationship between psychiatry and the nation-state, which she explains is why the former was unwilling to diagnose traumatic sequelae too widely: to do so would concede that the new state of Yugoslavia was weak. The relationship between medicine and state is also a theme in two further chapters, by Livia Prüll and Philipp Rauh, on the relationship between the First World War and the Third Reich. They come at the issue from separate perspectives, but there are findings are much the same – that the War brutalised the medical profession, such that physicians later tolerated a diminution in the value attached to psychiatric patients. As is starkly drawn out in Rauh's chapter, the result was the near-neglect of asylum in-patients under the Third Reich: their rations were reduced to such an extent that many of them perished through malnourishment.

It is perhaps too ambitious for *Psychological Trauma* to address the subject adequately, but it is my hope that the political and moral obligations of such historical research is fully tackled elsewhere, not least as it implicates present-day concerns so explicitly, and can bleed easily into presentist readings of medicine (there are undertones, for example, in Karge's criticism of Yugoslavian medics for not recognising delayed traumatic symptoms). What Crouthamel and Leese are to be commended for, however, is dedicating the fourth and final section of *Psychological Trauma* to a 'coda' by Mark Micale. His focus has little direct relevance to the volume's overall concern with the First World War, but it is nevertheless welcome, offering the only critical engagement with our present-day preoccupation with trauma, notably post-traumatic stress disorder (PTSD). For Micale, this represents something broader – in his words, 'meta' – which he thinks is

reflective of our present age, of our 'spreading social obsession with crisis, victimization, and memorialization' (p. 290).

Micale's self-reflection returns him to *Traumatic Pasts*, which, back in 2001, he and co-editor Paul Lerner thought was shaped by interest in the First World War, the Holocaust and especially the Vietnam War. But, as Micale explains, the game has changed since 2001. Nowadays, traumatic events – think humanitarian disasters and terrorism – implicate civilians more than soldiers, and are more likely to occur outside of Europe than within. A reorientation of the historical gaze is therefore needed, argues Micale, and he points to promising developments in the recent historical study of Asia and Soviet Russia. It is a fairly gnomic intervention by Micale, and is immediately followed by a small bibliography (dubbed 'Suggestions for further reading'), the purpose of which could have been better explained. Nevertheless, Micale's conclusion – that studies should focus more on how trauma was subjectively experienced and less on what labels medics invented – is in-keeping with the overall tenor of *Psychological Trauma*, and one, I suspect, that all historians will be at ease with.

Indeed, this stress on subject experience is reiterated in the introduction to Leese and Crouthamel's second edited volume, *Traumatic Memories of the Second World War and After*. This grew out of the same conference as *Psychological Trauma* did, and again Leese and Crouthamel aim to use it to build upon the strengths of *Traumatic Pasts*, albeit with a broader range of sources than the state and medical records relied upon by that volume's contributors. In fact, Leese and Crouthamel are at their most persuasive when identifying the limitations of state and medical records ('... defined by the limits of state and bureaucratic interest', p. 3), which they suggest stymie an effective history of subjective experience whilst marginalising certain groups (e.g., women). Hence the relative eclecticism and disciplinary breadth of *Traumatic Memories*, which includes contributions from historians alongside those from anthropologists and scholars of film and literary studies.

As with the earlier volume, *Traumatic Memories* is arranged around of number of sections (six in total), the first one focussing on alternative sources. One chapter by Sophie Delaporte invites historians to read trauma from various objects and forms of expression, and undertakes her own analysis of a maquette produced by a First World War soldier following a gas attack. Her chapter is followed by Susan Derwin's study of 'moral injury' – the guilt, betrayal and immorality felt by the traumatised – which she elegantly develops through a reading of Toni Morrison's *Home*. The real virtue of these chapters, however, is less to do with broadening the range of historical sources than in their valid attempts to de-centre PTSD from the historical and clinical focus. Indeed, Delaporte, in what is at times a difficult argument to follow, challenges the dominance of Anglo-American models of trauma, which she asserts has unjustly diverted attention towards 'objective', standardisable psychiatric criteria but away from unconscious processes and the emotional significance of objects. Likewise, Derwin's account suggests that traumatic experiences are processed in non-clinical sites, such as in family, religious or shamanistic settings. Both chapters make valid points.

The following section centres on wartime experience, and opens with a highly-readable, erudite chapter by Lisa Pine on the gendered testimonies of survivors of Auschwitz-Birkenau, and where Pine makes some thoughtful remarks on the place of sexual trauma within the camp. What then follows is the apotheosis of outstanding historical scholarship: Hazel Croft's contribution on civilian neuroses during the Second World War, which she argues was more prevalent in Britain than officially acknowledged. The chapter is eloquently and persuasively written, and makes pioneering use of thus far unexamined contemporary reports on wartime psychiatric clinics. Indeed, despite my concerns over the agenda of *Traumatic Memories*, some of the contributors in this volume display some real brilliance, and Croft is one of them.

It is in the following section, however, which centres on the post-war period, that one of the issues that emerged from my reading of *Psychological Legacies* began to apply to *Traumatic Memories*, for what is laudable about Lerner and Crouthamel's two volumes is their reach – taken together, the two collections span a diverse range of European nations, and also include some chapters on nations further east. Robert Dale's chapter on veterans' return to post-war Leningrad is an example of this. However, what comes across

from Dale's contribution – and the chapter following by Mikkel Dack on denazification and post-war Germany – is the relative homogeneity of the nations under study. Granted, each of the chapters of *Psychological Legacies* and *Traumatic Memories* underline the importance of national context in articulating a particular expression of traumatic suffering. But there also appears to be a tacit acceptance amongst many of the contributors that any individual, no matter the socio-historical context, can suffer traumatic breakdown, that only the psychiatric labels and the means of expressing suffering change. This belief, as has been pointed out by Derek Summerfield, is in danger of imprinting Western concepts of trauma, largely derived from post-war American psychiatry, upon the rest of the world.⁽⁶⁾ Indeed, both Dale and Dack appear to do just that. For example, in a broader commentary on soldiers' return to Leningrad after the War, Dale writes:

Wider society was aware that veterans were often angry, irritable and aggressive, and experienced nightmares, flashbacks and survivor guilt. These symptoms were not recognized as trauma, but the capacity of war to damage soldiers' minds, as well as their bodies, was there for everybody to see (p. 132).

Such symptoms come strikingly close to those associated with returning Vietnam veterans, the study of whom led to the development of PTSD as a psychiatric concept. More worryingly, Dack attempts to apply PTSD, which he extracts from the American Psychiatric Association's *Diagnosics and Statistical Manual (DSM-V)*, to the context of post-war Germany. It is a dangerous move, jeopardising attempts to create critical distance between academic history and the medical sciences, and leaving the door open for others to try their hand at retrospective diagnosis. Historians should, I think, tread carefully here.

The fourth section of *Traumatic Memories* invokes anthropological and literary studies in respective chapters by Sandra Kessler and Maria Kobielska, who focus on memories of the Korean War and the political legacy of the Katyn Massacre. Both chapters pose some interesting points, and mark a shift in the type of contributions now developed in *Traumatic Memories*, for the volume's penultimate section turns to representations of trauma, in separate chapters by Marzena Sokołowska-Paryż and Peter Leese. The former centres on filmic representations of rape across the 20th century, in which Sokołowska-Paryż argues that victims are always presented in ways that are marginalised or which emphasise male control. Meanwhile, Leese's chapter focuses on two film-makers, Jonas Mekas and Robert Vas, and the impact of their own migration on their work. These contributions by Sokołowska-Paryż and Leese are well-researched and easy-to-follow, but could, I think, have been better integrated into the over-arching historical agenda of *Traumatic Memories*.

As with *Psychological Legacies*, the volume concludes with a chapter designed to consolidate existing themes and suggest new lines of enquiry. It is written by Joanna Bourke, who offers a rich, perceptive discussion of how trauma should be defined and whether it is experienced universally. Owing to the breadth of issues she addresses, Bourke's argument lacks the same punch as Micale's coda to *Traumatic Memories*, and it takes a few pages to find its feet. But the chapter really hits its stride in the discussion of the performativity of trauma, of how certain acts will only be identified as traumatic if the sufferer responds in what is perceived as the appropriate way. Which is to say that trauma is political, bound up in systems of power and privilege. Indeed, Bourke offers a tantalising glimpse into her own forthcoming work on the history of sexual trauma, before concluding with two complaints about the composition of traumatic research – about how it portrays perpetrator trauma, and how it privileges the psychology of trauma over its physiological aspects ('neurochemical, muscular, nervous, etc.', p. 285). Whilst some may be put off by the sheer range of issues tackled by Bourke, I suspect many historians will be satisfied with the chapter's discussion of definitions, and intrigued by where future research on traumatic performativity might lead. Indeed, notwithstanding my criticism of both the desirability and feasibility of undertaking a social history of trauma, the twenty-two original chapters of *Psychological Trauma* and *Traumatic Memories* offer a clear agenda for future research, one that may develop the legacy of *Traumatic Pasts* in fruitful new directions.

Notes

1. *Traumatic Pasts: History, Psychiatry, and Trauma in the Modern Age, 1870–1930*, ed. Mark S. Micale and Paul Lerner (Cambridge and New York, NY, 2001).[Back to \(1\)](#)
2. Didier Fassin and Richard Rechtman, *The Empire of Trauma: An Inquiry Into the Condition of Victimhood*, trans. by Rachel Gomme (Princeton, NJ, 2009).[Back to \(2\)](#)
3. Roy Porter, 'The patient's view: doing medical history from below', *Theory and Society*, 14, 2 (1985), 175–98. On Porter's legacy, see Alexandra Bacopoulos-Viau and Aude Favel, 'The patient's turn: Roy Porter and psychiatry's tales, thirty years on', *Medical History*, 60, 1 (2016), pp. 1–18.[Back to \(3\)](#)
4. See Ruth Leys, *Trauma: A Genealogy* (Chicago, IL, 2000).; and Ruth Leys, *From Guilt to Shame: Auschwitz and After* (Princeton, NJ, 2009).[Back to \(4\)](#)
5. For one of the best reflections on this within the history of medicine, see Roger Cooter with Claudia Stein, *Writing History in the Age of Biomedicine* (New Haven, CT, and London, 2013).[Back to \(5\)](#)
6. E.g., Derek Summerfield, 'A critique of seven assumptions behind psychological trauma programmes in war-affected areas', *Social Science & Medicine*, 48, 10 (1999), 1449–62.[Back to \(6\)](#)

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