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## Visualizing ‘War Hysterics’: Strategies of Feminization and Re-Masculinization in Scientific Cinematography, 1916–1918

*Julia Barbara Köhne*

### Male crises – mentally wounded soldiers

From the end of the nineteenth century, military medicine started to use scientific cinematography as a new visual technology. This novelty – the medical films by Jean-Martin Charcot in Paris and Gheorghe Marinescu in Bucharest in 1898/99 were among the first moving images of neuro-psychiatric patients<sup>1</sup> – was widely employed in the field of military psychiatry. It played an important role, especially between 1916 and 1918 when officials at military headquarters and hospitals of the belligerent nations saw themselves confronted with an unexpected phenomenon: ‘Huge numbers’<sup>2</sup> of mentally wounded soldiers displayed symptoms of what was medically diagnosed as ‘war hysteria’ – including severe trembling, dizziness, amnesia, and verbal and bodily dysfunctions such as problems with sitting, standing, walking, and speaking, as well as tics, paralysis, and other disabling factors and forms of behavioural disorganization.

Loss of self-control and the inability to operate weapons reduced the fighting efficiency of the combatant armies dramatically and was considered unmanly – and not only by the military authorities. On a massive scale, ‘hysterically’ acting men were brought to field hospitals, neurological centres close to the front, or, in complicated chronic cases, to psychiatric clinics back in the ‘homeland’. Physicians differed about the aetiology for the ‘disease’: some considered ‘war hysteria’ as inherent and merely an extension of former neuro-psychiatric symptoms; some acknowledged the effect of overwhelming and traumatizing experiences with artillery fire; some defined ‘hysteria’ as associated with physical, ‘functional’, or psychological disorders; and others simply accused patients of feigning illness in order to avoid returning to the front.

These psychiatric casualties of ‘war hysteria’ received a wide range of medical treatment – therapeutic cures and disciplinary interventions such

as hypnosis, massages, electro-shock treatments,<sup>3</sup> and drugs, or persuasion and verbal suggestion.<sup>4</sup> The parameters of the applied cure depended on the patient's military rank and career as well as on the physician's nationality, his reputation, his standing in the profession, and his specialization in either psychoanalysis, neurology, or psychiatry.<sup>5</sup> Even after treatment and re-education, patients remained the focus of physicians' attention and their ultimate ambition. Most of them were still unfit for military service and not able to return to the battlefield (regardless, they were sent back to the front in many cases), not to mention to civil life.

Historians have often described the 'strong soldier' as a 'symbol of masculinity',<sup>6</sup> hence these shaking, trembling, falling, crying, blind, stuttering, shrugging, literally impotent 'hysterical men' embodied an army of 'defeated masculinity'.<sup>7</sup> The widespread phenomenon severely threatened the idealized and glorified image of the brave soldier;<sup>8</sup> 'war hysterics' seemed to subvert male myths and ideologies that were associated with warfare such as strength, the display of tough fighting skills, and an unbreakable belief in victory. They also threatened the political significance of the male soldier as embodiment of the nation state, a symbolic level that had developed with universal military conscription.<sup>9</sup> The appearance of 'hysterical' symptoms on a massive scale was not only regarded as individual failure, but as a failure and dysfunction of the entire military collective body and the nation. In military discourse, just as in popular memory and perceptions, 'war hysteria' was considered to be the 'signature injury' of the First World War and this opinion still has its place in current views on the war.<sup>10</sup>

By the beginning of the war, neuropsychiatric knowledge of traumatic injuries was not yet fully developed, and a medical consensus on the origins and nature of these wounds still had to be found. Medical terminology defined 'war hysterics' in different, almost contradictory ways. Knowledge about the psychiatric 'illness' of 'war hysteria' was not yet standardized and there was no clear concept of how to label, name, address, or treat the massive medical, logistical, and symbolic problems caused by 'war hysterics'.<sup>11</sup> In texts and articles published from 1915 onwards, the observed symptoms were named and classified by completely different terms such as 'war hysteria', 'war neurosis', 'neurasthenia', 'mental breakdown', 'melancholia', 'shell shock', 'nervous' or 'mental shock', 'conversion disorder', 'combat fatigue', 'battle trauma', 'psychogenic disorder', 'functional disorder', 'reactive syndrome', or even 'feigning illness'.<sup>12</sup> The hybrid diagnostic and nosological terminology mirrored ambivalence and confusion associated with the medical concept of 'hysterical men', and the difficulties doctors had in deciding which symptoms were 'hysterical'.

Texts written by military physicians, including journal articles and monographs, reveal that symptoms of 'war hysteria' were indeed considered as signs of male softness, anti-heroism, weakness, lack of character, cowardice, and even so-called 'inner desertion'. The uncontrolled behaviour of 'hysterical' soldiers and officers was transformed into a, symbolically speaking, 'feminine'

condition that undermined the structure, efficiency, and *image* of the military machinery as a whole. The emergence of the 'war hysteric' implied that masculinity was in crisis and, as George L. Mosse has argued, was interpreted as the 'social disease of the war': 'War was regarded as a true test of manliness.'<sup>13</sup> In his work, Mosse describes 'war hysteria' or 'shell-shock' as

an excellent example of the fusion of medical diagnosis and social prejudice. [...] The stereotype of those who were thought to menace society's norms, those defined as 'outsiders', on the margins of established society, was in direct opposition to the ideal manhood, the foil to which such 'outsiders' represented in mind and body. Such men were nervous, ill-proportioned, and, above all, constantly in motion.<sup>14</sup>

In addition to this characterization, 'hysterics' also damaged the ordered and structured image of the military collective body, the corps. They symbolized its weakness and failure, considering that the military was supposed to be a composition of male bodies, forming *one* body, as David J. J. Morgan has claimed.<sup>15</sup> The identification of the 'war hysteric' as an allegory of deteriorated manhood was reproduced and confirmed by the new visual technology of scientific cinematography, as will be explored in the next paragraphs.

### Scientific cinematography versus male hysteria

While scientific films on 'war hysteria' played an important role during the war, the making and collecting of these films was not yet well organized. In Germany, the cultural division of the *Universum Film AG* (Ufa) was only founded in 1918, with Curt Thomalla and Ernst Krieger as directors. In France, there were 'better' conditions in comparison. From 1915 on, the Section cinématographique de l'armée française (SCA) served as a sub-department of the military information centre of the War Ministry, headed by Jean-Louis Croze. In Britain, British Pathé, which produced numerous medical films, had already come into being in 1896.

The screening context of scientific films and their 'biography' cannot in all cases be clearly identified. The films may have been shown in military hospitals and training centres, schools, and cinemas, and physicians, officers, patients/soldiers, authorities from military headquarters, or civilians on the 'home front' may have been part of the audience. It can be assumed that each individual spectator held different motivations for watching these films.<sup>16</sup> Therefore, in the reception process, diverse types of cinematic subgenres were created, including further medical education, information, propaganda, or, by targeting other 'war hysterics', encouragement to recover.

More importantly, these films were evaluated as sources of 'evidence'. Although cinematography as such was associated with theatre, illusion, and

delusion from its earliest days on, it was also perceived as conveying the impression of 'true-to-life', 'closeness to reality', authenticity, or to depict 'nature' itself. Overall, films were considered as 'living documents'. As Ute Holl has argued, 'illusionary movement, the illusion of vitality hide the gaps of technical intervention. As vitagraphy, as a recording of life itself, cinema overrides the interventions by the machine and reveals itself as evidence.'<sup>17</sup>

The films analysed here served, firstly, to distribute medical knowledge and empirical values about innovative, 'avant-garde' therapies, such as forced physical training or electric shock therapy. Secondly, they were used to promote a specific school of thought, research direction, or medical cure. Thirdly, they were also produced by psychiatrists and neurologists to document methods that accelerated and improved the healing process for patients in order to be presented, for instance, at several medical conferences that took place during the First World War.

Thus, scientific cinematography was supposed to help the medical community to take on the fight against the rapidly increasing number of soldiers and also high-ranking officers suffering from 'war hysteria'. Film was seen as an excellent tool to fight the 'hysterization' of the 'soldierly man'. Film was able to represent – or rather imagine, fabricate, and distribute – features and details of the medical gendered diagnosis 'war hysteria' like no other medium could. And, what is more, it could make them miraculously disappear in an instant.

In the following analysis, I will examine how the relation between 'war hysterics' and military psychiatrists was portrayed in selected medical films conceptualized and produced in various military hospitals in France, Great Britain, and Germany during the First World War.<sup>18</sup> This relationship between patient and doctor was highly dependent on questions of power, hierarchy, and gender identity. The sketched scenery taken from the multi-layered history of medicine will be explored from a perspective of cultural and media science as well as gender theory. In particular, I will deal with the question of how mentally wounded 'war hysterics' were perceived as being threatening and counterproductive to military ideology. Cases of 'war hysteria' displayed by medical cinematography, such as our examples show, occurred in all belligerent countries on a massive scale and were captured on celluloid in numerous films.

The belligerent countries showed considerable differences in their conception of the 'patient' in general, and the incessant belief that there was a successful cure for every patient suffering from 'war hysteria' or 'shell shock'. Not all of these differences in terms of culture, ideology, and health politics can be taken into account in detail here. Rather, I focus on the symbolic impact of scientific cinematography as a practice to encode and decode the symptoms of 'war hysteria'. These were presented by the media as signs of 'feigning illness' and therefore 'inner desertion', a serious war 'injury', a tragic mental 'disease', or as a 'lack' of will to recover. At the same time, newspapers and journals showed how to fight them successfully. In particular, I pursue the following

questions: Were military physicians affected by the cinematographic depiction and staging of the 'war hysteric'? And if so, how did this 'semiotic construction',<sup>19</sup> this representational, even iconic figure influence their perception and treatment of mentally wounded persons? Was the pictorial/filmic rhetoric of the 'war hysteric' gender coded? Are there elements, which reflect this fact, such as transgression, diversity, and alterity in gender performance as well as a new semiotic system about how to refer to masculinity, which consequently revealed this concept as historically and culturally constructed? By projecting images of feminized 'hysteria' on to male patients medical films caused a gender specific and symbolic production of meaning. Yet it has to be examined by what means they exactly did so and what part visuality and iconography of the films played in this respect. To cut a long question short: What made a man a 'man' and a soldier a 'soldier' and, vice versa, what prevented a man from being a 'man' and a soldier from being a 'soldier' in the cinematography in question?

In the following, I will argue that initially the figure of the male 'war hysteric' was effeminized and made impotent by numerous visual strategies. Subsequently, this figure was re-masculinized and reinstalled to symbolize the military corps, as can be shown by analysing specific scenes. Morgan writes about the military as a theatre in which certain roles of masculinity and steeliness had to be performed and fulfilled.<sup>20</sup> By using teleological narration, scientific films on 'war hysteria' served a two-fold purpose: On the one hand, military psychiatrists and neurologists – in their role as film directors – used different film-rhetorical strategies to feminize the figure of the 'male hysteric' and enable it to look abnormal.<sup>21</sup> Various techniques were invented to alienate, infantilize, de-potentiate, pathologize, in short, *feminize* affected soldiers by stressing their mental violability.<sup>22</sup> Tens of thousands of patients were characterized as 'hysterical', allegedly posing a dangerous threat to the well-structured military corps. In the film language of scientific cinematography, they were shown in various ways: nude, depersonalized, animalistic, infantilized, or faking symptoms, as can be seen in the visual strategies presented below. On the other hand, as already mentioned, it seemed to be more important to restore the image of the fit soldier as a healthy, stable male ready to fight for his country. To achieve this, 'hysterics' were re-masculinized within the frame of the same media technique that had created their pathology in the first place.

### **Strategies of feminization and pathologization**

The male 'war hysteric' has never been stigmatized and pathologized to the same degree as the *female* hysteric had been in the second half of the nineteenth century. Many photographs, pictures, and drawings, for example by the French neurologist Jean-Martin Charcot from the Salpêtrière in Paris around 1880, or scientific films by physicians/directors such as the Italian

Camillo Negro in Turin (*La Neuropatologia*, 1908), depict women as wild, mad, acting clownesque, pathetic, and sexually promiscuous.<sup>23</sup> These illustrations seem to match Dorion Weickmann's findings about female stigmatization and the bodies of female 'hysterics' since 1880 in terms of a 'rebellion' of the senses.<sup>24</sup> Rather than transferring the ascribed female wildness to the male 'hysteric',<sup>25</sup> the ex-warriors of the First World War were shown displaying feminine characteristics of madness only to a degree that appeared to be curable. In this ideological framework, 'hysteria' did not mirror the 'true nature' of male patients, as was considered to be the case with females suffering from 'hysteria'.

### Film as a medium against 'malingerers'

In the case of 'war hysterics' since 1915, medical films were supposed to test whether the 'hysterical' symptoms were 'genuine' or 'feigned'.<sup>26</sup> Since its invention, film had always been linked to illusion, imagination, fakery, and theatre and was seen as a technology of deception and 'the unreal'.<sup>27</sup> In the medical context, it promised to unmask malingering, bluffing, faking 'war hysterics' who supposedly – at least according to some psychiatrists – imagined, invented, or exaggerated their symptoms on purpose. Malingering was considered a potential source of demoralization among other soldiers and thus a jeopardy for the war effort. Just like female 'hysteria', 'war hysteria' was described not only as a feigned disease, but also as an 'illness of feigning' – the 'hysteric' was said to 'maligner' other illnesses.<sup>28</sup> Medical film in the medico-military context was seen as an instrument to discover the 'truth', yet not in the sense of producing but of revealing the factual, essential truth. This point is of particular importance here. According to this view, film not only 'spoke' or visualized the truth *per se*, but made it possible to *uncover* it. In 1911, the Italian psychiatrist Osvaldo Polimanti wrote emphatically: 'Beyond all doubt, the swindler, the malingerer will be detected and exposed by the cinematograph.'<sup>29</sup> By recording and rewatching films on 'hysteria' cases again and again, physicians tried to discover if the patients' movements were real or faked in order to detect the malingerers and to separate them from genuinely ill people.

### Theatricalization: patients 'acting' symptoms

It might seem somewhat ironic that psychiatrists presented patients in their films as if on a stage, given the prevalent discourse on 'hysterics' as 'acting' their symptoms. Often, the entire set where a film was shot was built like a stage. Both physicians and patients – the latter following a choreography of walking and gazing – played their distinctive parts as in a 'theatre play'. Everything was 'staged' – setting, accessories, costumes, looks, actions, choreography, and so on. Stage sceneries and wooden constructions on the floor were built, curtains and catwalks followed the aesthetics of the theatre. This design resembled scenes from early cinematography, for instance when film

director Georges Méliès gave his theatrical performance standing in front of a black curtain or when mesmeric and occult films featured a magically acting doctor. The strategy of presenting 'war hysterics' as performers on a stage entailed – wittingly or unwittingly – that patients appeared as being actors of their symptoms.

In some cases, there was even an unexpected and unscheduled audience at the set. In *Différents types de Boïteries: Les sciaticques organiques* (around 1916–18), some gardeners gathered in the back of the frame in order to witness what was happening on the wooden stage. For the spectators of this film, these uninvited witnesses, this small inner-filmic audience, might form a 'punctum', a term coined by the French philosopher Roland Barthes in 1980 in his essay 'La chambre Claire' on photo reception. As Barthes points out, the punctum irritates, penetrates the viewer of a photograph, it 'wounds' him or her and thereby can open up new dimensions of meaning, sense, and orientation.<sup>30</sup> The staring gardeners symbolize such a punctum. They add a *surplus*, an additional meaning to the scenery, which might not have been intended or even appreciated by its producers. Yet it hit a certain nerve in later audiences. As uninvolved witnesses of this choreographic spectacle, the gardeners offer a reference point or a *passage* to identify with the filmed patient or to think about the ongoing metamorphosis of the production of meaning in films.

Analysing filmic presentations as well as written sources such as articles in anthologies and neuropsychiatric journals between 1915 and the 1920s,<sup>31</sup> it becomes evident that exhaustive rehearsals were scheduled for the patients to demonstrate their symptoms and that they were only filmed afterwards. This implies that 'war hysterics' were told how to walk, what to show, and what to hide when the camera was filming. Obviously, this was not an authentic, 'natural' display of symptoms of 'hysteria'. The highly artificial character of this display, repeated rehearsals, and verbal directions from the off, as well as the later analysis carried out by the physicians, made the patients look like being part of a ballet performance, for instance in view of the synchronized arm lifts and feet being stretched out simultaneously in *Troubles Fonctionnels/Service du Docteur Paul Sollier in Lyon*. In this context, a set of further questions emerge: To what extent do these synchronized movements resemble ballet choreography and, consequently, must be seen as another pattern of feminization? Or, on the contrary, do they represent a symmetry similar to military patterns such as marching in lockstep, lifting rifles, and standing to attention? If the latter is the case, were these visualizations supposed to highlight the possibility of total recovery, convalescence, and particularly *military* rehabilitation of the patient?

The following contradiction implied by these films is striking: While they were supposed to communicate the symptoms of 'hysteria' with clearly defined outlines and without ambiguity, they also demonstrated that these symptoms could, literally, vanish into thin air. As a result, they offered the

possibility to re-humanize the (ex-)patients and, in conclusion, the 'return of the soldier' with all his qualities and capabilities. To sum up: the theatrical setting as a whole had an ambivalent effect. On the one hand, it emphasized the constructed, fictitious character of these medical films *and* the attested illusionary nature of the symptoms of 'war hysteria'. On the other hand, the staging was somehow counterproductive for the intended message that these symptoms were real and threatening, because soldierly 'hysteria' was considered to be contagious, to spread out epidemically among units and platoons and to jeopardize other soldiers' health.

### **De-personalization and nudeness – costumes: undressing and re-dressing**

In addition, depersonalization was another strategy in order to de-potentiate 'war hysterics'. In most cases their names were not revealed, although sometimes the circumstances of their (mental) injuries were displayed in the intertitles. Yet their faces were not made unrecognizable by a black mask like, for example, the female 'hysteric' in *La Neuropatologia*, mentioned above. Just like their hybrid physicians, who represented the health system, medical service, *and* the military sphere alike, signified by their hybrid mode of dressing in boots, caps, and other parts of the military uniform combined with the white doctor's overcoat, 'war hysterics' stood in between the categories of suffering patients and acting malingerers – as in *Troubles nerveux chez les commotionnés*, filmed in the French military hospital in Val-de-Grâce.

In numerous cases, 'war hysterics' were shown naked or dressed-up in a specific way. The spectrum of their 'costumes' ranged from complete nakedness or nakedness combined with military identifications or 'dog' tags – as in *Troubles de la Demarche consecutifs a des commotions par eclatements d'obus*, filmed by Dr James Rayneau in Fleury-les-Aubrais near Orléans – to underwear or partial dress, and to civilian clothes or military uniforms. Thus, the patients' clothing conveyed how their status oscillated between the civilian and the military sphere, between illness and recovery and between the feminine and the masculine domain, even though there was a tendency not to re-dress 'hysteric' patients in uniforms so as not to devalue this military status symbol. In this context, the administration department of the German war ministry sent a letter to the deputy general command I.II.III.A.K. at the end of 1917: 'It is possible to refrain from dressing conscripts [*Wehrpflichtige*] in military clothes. [...] In cases when military prestige might be damaged civil clothing is appropriate.'<sup>32</sup> This specific staging of clothing in films was an aesthetic instrument either to deny or to confer 'hysterics' the status of manhood and to include, or to exclude, patients from the group of soldiers in active service.

In the relation between physician and patient, nudeness often made no medical sense but was used to humiliate the 'war hysteric'. A quote from the controversial German psychiatrist Max Nonne, who used suggestion in hypnosis and faradic electricity as therapeutic methods, confirms this: 'I always

made the invalids undress completely because this increased their feeling of dependency, respectively helplessness.<sup>133</sup> And these feelings of 'dependency' and 'helplessness' were considered useful for suggestive techniques.

### **Infantilization**

A case study from France can serve as another example to illustrate the power structure between patient and physician. In the military hospital in Val-de-Grâce, a 'hysteric' with a 'special dread of red military garments', as the intertitles of *Troubles nerveux chez les commotionnés* reveal, is deliberately frightened by a physician. His fear of the French red 'kepi' is declared as pithiatisme, caused by auto-suggestion and 'hysteria'. According to current psychiatric terms, the patient's 'disorder' would probably be classified as an 'anxiety disorder'. The scene shows the 'hysteric' placed in the foreground of the frame, a large beret completely covering his eyes. The beret is pulled away and a kepi, the traditional red cap with a flat circular top and a peak, is placed in front of his eyes. Immediately, the patient starts to clench his hands and puts them over his mouth. Hovering around, he tries to hide from this impressive sign of military authority. The physician's reaction seems to be questionable, inappropriate, and unprofessional as he laughs towards the cinematograph and its operator, distancing himself from this effeminate display of male 'hysteria'. He does not even take his hand out of his coat pocket. (Later, another physician is visible on the right-hand side of the frame, smoking a cigarette and holding a stethoscope as if to prove that he belongs to the medical sphere while the patient is suffering from a panic attack.) Obviously, the physician is ridiculing the patient and minimizing his illness as he portrays him as a 'sissy', while, at the same time, he tries to reinforce his own image as a rational man of science and supreme authority. This filmed incident sheds some light on the conceptualization of pathological masculinity and the physicians' motivations. It shows, furthermore, how wartime medicine mirrored more general cultural assumptions and political goals linked to intact masculinity.

### **Strategies of re-masculinization and re-militarization: visual healing techniques**

Apart from these more or less subtle strategies of infantilization, feminization, and pathologization, psychiatric films also carried opposite 'messages' by using visual and dramaturgical techniques to re-masculinize the ex-soldiers and patients, quite frequently within the very same film. Some of the films reinforced the image of the brave, active, physically fit, and masculine soldier. In so doing, they established a dramaturgy of healing. Their cinematographic code included the (magical) disappearance of the respective patient's symptoms by adopting the before/after technique. Moreover, in the end the patients were dressed again in their uniforms, which, in a metaphorical way,

re-idealized and re-militarized the convalescent 'war hysteric' as efficient and combat-ready ('re-dressing'). In several cases, for example in *Reserve-Lazarett Hornberg (und Triberg) im Schwarzwald. Behandlung der Kriegs-Neurotiker* (Germany, around 1917), 're-dressing' was underlined by a sequence of convalescent patients doing physical exercises as a strategy of re-militarization, as instructed by German psychiatrist Ferdinand Kehrer.<sup>34</sup> Taking this into account, films on 'war hysteria' can be identified as highly gendered systems of representation. What is more, they were alleged 'healing machines' which promised recovery without failure – an almost unattainable goal. Thus, films on 'war hysteria' served as medial antidotes against crises of masculinity and the malfunctioning individual.

### Before/after techniques

The scientific films usually followed a certain order. In the beginning, the film displayed the manifest symptoms of 'hysteria' by showing either the treatment of the attending physician or the behaviour of the patient. Then, the symptoms vanished by applying a special cutting technique which divided the cinematic narration into a 'before' and an 'after' section. This 'before/after' logic was adopted from scientific photography and became a significant feature of scientific films in general.<sup>35</sup> In a film by Max Nonne, *Funktionell-motorische Reiz- und Lähmungs-Zustände bei Kriegsteilnehmern und deren Heilung durch Suggestion in Hypnose* (Germany, 1918), filmed in the general hospital of Hamburg-Eppendorf, 'hysterical' symptoms were shown in the first part and simply vanished in the next one. By this means, the recovery of the patient was 'proved'. A short intertitle saying 'cured' followed.

Using this montage technique, the transformation from being 'hysteric' to being 'cured' appeared to be inevitable and a matter of routine. The films were intended to prove that 'war hysteria was curable' and used an easy method to demonstrate the 'fact' of healing: they showed the 'war hysteric' standing straight like a plank without trembling for some seconds. These scenes were supposed to convey the impression of a complete recovery. Yet, this short period of motionlessness was, in fact, not that difficult to achieve and reproduce in the film, since symptoms of 'hysteria', even severe tremor, were interrupted by short quiet periods. The majority of films on male 'war hysteria' claimed a rather unlikely immediate recovery, as written (fictional) sources, war poems, photographs, autobiographies, and other post-war material from a multitude of archives indicate.<sup>36</sup> The successful cure allegedly proved by scientific films was effectively faked.

### Verticalization – de-animalization

In several films, for example in *Troubles Fonctionnels*, directed by the neuropsychologist Paul Sollier (1861–1933), a number of 'war hysterics' walked in a file through the frame, from the right to the left. Sollier was a student of Charcot and interested in research on emotions, involuntary memory,

and re-experience. Between 1914 and 1917, he practised at the Centre Neurologique de la 14e Région Militaire' in Lyon. Here, he used 'isolation therapy'<sup>37</sup> and other forms of psychological treatment.<sup>38</sup> In *Troubles Fonctionnels*, the choreography displayed 'war hysterics' walking crookedly and bent down like animals. In so doing, the film suggested the association with evolutionary drawings depicting anthropoid apes developing towards walking upright. This mode of representation clearly characterized 'hysterics' as examples of human regression by 'animalizing' them.

In some examples, as in *Troubles de la démarche consécutifs à de commotions par éclatements d'obus* by docteur Rayneau, a 'psychotherapist' working in Fleury-les-Aubrais, Annexe de Neuropsychiatrie du 5° Corps d'Armée, 'hysterics' are shown bending their limbs. Drawn lines following their moving torso and extremities highlight these gestures. This strategy of visualization implies the assumption that the more twisted and curvier these lines, the worse the condition of the 'hysteric'. And, vice versa, the straighter the lines, the better his state. This ultimately confirmed the formula 'the vertical equals de-animalization'.

### **Playing the war game again: *The Battle of Seale Hayne* as re-enactment**

Apart from numerous takes which show patients doing military exercises to prove their soldierly rehabilitation, a British film pursued the same objective with different means. This piece is the last issue of a longer scientific film compilation entitled *War Neuroses*, which was filmed at the Royal Victoria Hospital in Netley in 1917 and at the Seale Hayne Military Hospital in 1918 by A. F. Hurst and J. L. M. Symms. The fragment is no more than one and a half minutes in duration. According to the written titles, *The Battle of Seal Hayne* was made by convalescent 'war neuroses' patients themselves, who were the 'actors', 'photographers', and 'directors'. Thus, these 'war victims' re-enacted their own experiences – or something very close to that – in the film; that is to say, they reproduced how they were wounded on the battlefield some time before. These mentally and/or physically wounded ex-soldiers were treated and cured in the military hospitals mentioned above, and then asked to shoot this movie. In doing so, they pretended to be able to return to the battlefield, even though this was only a cinematographic one.

To make the scene more authentic, fake hand grenades were used.<sup>39</sup> In the last seconds an actor/(ex-patient is rolling down a hill and afterwards his comrades carry him away on a stretcher. He is re-enacting his own experience, only this time the injury is physical and not mental, and he is rescued from the battlefield. One could say that the film adds a somehow apotropaic character to the plot, indicating the possibility of reaching back into the past, and pretending to be able to change the soldier's fate through a 'lucky shot' which damages his health without killing him and which is serious enough to take him out of combat (and back home). *The Battle of Seal Hayne* can be seen as typical of those films which showed allegedly cured individual

traumata in order to convince military and medical officials that the collective, even nation-wide healing and the reintegration of ex-'war hysterics' was possible.<sup>40</sup>

### **Conclusion: the invention of the convalescent and cured male soldier**

As we have seen, medical films from all belligerent countries tried to establish an immediate and complete recovery of 'war hysterics' as a fact. Needless to say that this success story remained an illusion and turned into one of the many post-war myths. Even in the aftermath of the war, patients' symptoms proved to be 'resistant' and intractable and did not respond to therapeutic and cinematographic attempts to cure 'war hysteria'. Even if the films suggested perfect 'healing', published articles by the same physicians often told another story.<sup>41</sup>

Nevertheless, the narratives and visual rhetorics of 'healing' in medical films, including cutting and montage techniques and a characteristic iconology, intended to show that the (ex-)patient was capable of being reintegrated. In a first step, the films presented the 'hysteric' nude, depersonalized, infantilized, animalized, pathologized, and objectified. In different countries and production contexts, 'war hysterics' were portrayed as victimized, de-potentiated, and effeminated. It should be noted though that this was not a complete, irreversible disempowerment. The retransformation of the patient into a soldier was achieved by using multiple visual strategies of re-masculinization. A 'chorus line' of uniformed soldiers who were ready to fight and, once again, risk their lives for their home countries was the aim of these 'healing symphonies'. For that purpose, they had to be gradually re-dressed, verticalized, de-animalized, de-alienized, normalized, re-militarized, and re-humanized by using specific visual rhetorics.

In this culture and media studies-oriented analysis of specific cases of gender rhetorics in films and their genealogy, wartime 'male hysteria' research was explored as a discursive field in which film language, the physicians' instructions, and the 'hysterical' body language of the patient merge. Analysis has shown the (gender) identity of the ex-soldier and 'war hysteric' as an unstable imaginary effect created by the medial reproduction of concrete semiotic processes. The latter had a strong impact on the epistemological constellation of the abnormal male object of psychiatry and on how the concrete 'hysterical' individual was 'treated' – therapeutically and as a human being. Filmic imagery represented an essential part of the medical fabrication, degradation, and finally elimination of the male 'hysteric'. As the myth of manhood was deeply injured by the mental injury of 'war hysteria', film was supposed to heal it by creating a convincing scenery of convalescence and rehabilitation that strived to reinforce the traditional ideal type: the manly soldier-warrior. In the course of this reaffirmation of male gender identity,

the mental androgyny of the male 'hysterical' soldier was deleted. The filmic portrayal of male 'hysteria' presented both transgression *and* recovery of the social functionality of the gender norms of the nineteenth century and of appropriate masculine behaviour. At the same time, it excluded *and* incorporated the shell-shocked patient into medical narratives of the war and its cultural post-war repercussions.

## Notes

1. G. Aubert (2002) 'Arthur Van Gehuchten Takes Neurology to the Movies', *Neurology*, 59:10, p. 1614.
2. Depending on the respective nation and the source of information, research literature mentions tens up to hundreds of thousands cases of so-called 'war hysteria' or nervous and mental shock. Cf. A. Watson (2008) *Enduring the Great War: Combat, Morale and Collapse in the German and British Armies, 1914–1918* (Cambridge: Cambridge University Press), pp. 36, 43, 240. B. Shephard cites British reports of December 1914 claiming that '7–10 per cent of all officers and 3–4 per cent' of all ranks were being sent home suffering from nervous or mental breakdowns: B. Shephard (2000) *A War of Nerves: Soldiers and Psychiatrists, 1914–1994* (London: Jonathan Cape), p. 21; also W. Johnson and R.G. Rows (1923) 'Neurasthenia and War Neuroses', in W. G. Macpherson, W. P. Herringham, T. R. Elliott and A. Balfour (eds) *History of the Great War Based on Official Documents: Diseases of War*, vol. 2 (London), pp. 1–2. One year later, the French physician M. Laignel-Lavastine mentioned a very high number of somatic manifestations of 'hysteria' that had been observed at the neurological centre in Tours: M. Laignel-Lavastine (1914–1915) 'Travaux des centres neurologiques militaires: Centre neurologique de la IXe région (Tours)', *Revue neurologique*, 28, p. 1165. Contemporary reports and medical journal articles used expressions such as 'epidemic' or 'contagious' to describe the high number of mentally injured soldiers. Cf. M. Roudebush (2001) 'A Battle of Nerves: Hysteria and Its Treatments in France During World War I', in P. Lerner and M. S. Micale (eds) *Traumatic Pasts: History, Psychiatry, and Trauma in the Modern Age, 1870–1930* (Cambridge: Cambridge University Press.), pp. 253–5.
3. A. Rasmussen (2010) 'L'électrothérapie en guerre: pratiques et débats en France (1914–1920)', in C. Blondel and A. Rasmussen (eds) *Le corps humain et l'électricité* (Paris: Victoires), pp. 73–91.
4. There are numerous sources for different types of treatments. For the British context, see Shephard, *A War of Nerves*, pp. 21–32 and 53–95; for the French context, Roudebush, 'A Battle of Nerves', pp. 253–79; M. Roudebush (2000) 'A Patient Fights Back: Neurology in the Court of Public Opinion in France during the First World War', *Journal of Contemporary History*, 35:1, pp. 29–38; G. M. Thomas (2009) *Treating the Trauma of the Great War: Soldiers, Civilians, and Psychiatry in France, 1914–1940* (Baton Rouge, LA: Louisiana State University Press).
5. F. Reid (2010) *Broken Men: Shell Shock, Treatment and Recovery in Britain, 1914–1930* (London: Continuum).
6. W. Amberger describes and criticizes the ideal of the 'soldierly man' in her 1984 book, *Männer, Krieger, Abenteuer: Der Entwurf des 'soldatischen Mannes' in Kriegsromanen über den Ersten und Zweiten Weltkrieg* (Frankfurt am Main: R. G. Fischer). See also G. L. Mosse (1990) *Fallen Soldiers: Reshaping the Memory of the*

- World Wars* (New York: Oxford University Press); G. L. Mosse (1996) *The Image of Man: The Creation of Modern Masculinity* (New York: Oxford University Press); G. L. Mosse (2000) 'Shell-shock as a Social Disease', *Journal of Contemporary History*, 35:1, pp. 101–8; R. Seifert (1992) 'Männlichkeitskonstruktionen: Das Militär als diskursive Macht', *Das Argument*, 196, pp. 859–72; R. Seifert (1996) *Militär – Kultur – Identität: Individualisierung, Geschlechterverhältnisse und die soziale Konstruktion des Soldaten* (Bremen: Temmen); U. Frevert (1996) 'Soldaten, Staatsbürger: Überlegungen zur historischen Konstruktion von Männlichkeit', in T. Kühne (ed.) *Männergeschichte – Geschlechtergeschichte: Männlichkeit im Wandel der Moderne* (Frankfurt am Main: Campus), pp. 69–87; U. Frevert (2001) *Die kasernierte Nation: Militärdienst und Zivilgesellschaft in Deutschland* (Munich: Beck); C. Eifler (ed.) (1999) *Militär – Gewalt – Geschlechterverhältnis* (Osnabrück: Frauenbündnis Projekt '350 Jahre Krieg und Frieden – ohne Frauen?'); K. Theweleit (2005 [1977]) *Männerphantasien, I: Frauen, Fluten, Körper, Geschichte* (Munich: Piper). 'Symbol of masculinity' is an expression by Eva Kreisky (2003) 'Fragmente zum Verständnis des Geschlechts des Krieges', lecture at the University of Vienna on 9 December 2003, p. 5, online at [http://evakreisky.at/online/exakte/geschlecht\\_des\\_krieges.pdf](http://evakreisky.at/online/exakte/geschlecht_des_krieges.pdf) (accessed 1 January 2012); see also D. J. Morgan (1994) 'Theater of War: Combat, the Military, and Masculinities', in H. Brod and M. Kaufman (eds) *Theorizing Masculinities* (Thousand Oaks, CA, and London: Sage), p. 165.
7. P. Lerner (2009) *Hysterical Men: War, Psychiatry, and the Politics of Trauma in Germany, 1890–1930* (Ithaca, NY: Cornell University Press), e.g. p. 54.
  8. U. Frevert (1997) 'Das Militär als "Schule der Männlichkeit": Erwartungen, Angebote, Erfahrungen im 19. Jahrhundert', in U. Frevert (ed.) *Militär und Gesellschaft im 19. und 20. Jahrhundert* (Stuttgart: Klett-Cotta), p. 159.
  9. The link between notions of war and 'masculinity' has been emphasized by several historians, for instance Seifert, 'Männlichkeitskonstruktionen'; K. Hagemann and S. Schüler-Springorum (eds) (2002) *Home/Front: The Military, War and Gender in Twentieth-Century Germany* (Oxford: Berg), pp. i–xi; K. Hagemann (2002) 'Männlicher Muth und Teutsche Ehre': *Nation, Militär und Geschlecht zur Zeit der antinapoleonischen Kriege Preußens* (Paderborn: Schöningh). Universal military conscription was initially introduced during the French Revolution within the context of the newly formed nation state. By implementing compulsory conscription as the prevalent recruiting system in Europe during the second half of the nineteenth century, 'male actors' in warfare were encoded and their biological sex was predominantly read through their gender performance. The ideals of military discipline, norms, and codes of conduct became more and more powerful in the course of this development (see U. Bröckling (1997) *Disziplin: Soziologie und Geschichte militärischer Gehorsamsproduktion* (Munich: Fink), pp. 31, 113, 329). Furthermore, the coordinates of the new reference system were the 'fatherland', the nation, and the state – all masculine institutions producing masculine role models, functions, and encodings. The soldier not only had to match the requirements of these institutions but, at the same time, was supposed to embody them: the individual biological and the political significance of the male soldier were equal on a symbolic level (see Kreisky, 'Fragmente', pp. 4–5).
  10. The features of 'war hysteria' were not only part of military psychiatry during the war, but survived in literature and movies: see P. Barker's *Regeneration Trilogy*, written 1991–95; *Mad Love/Orlacs Hände/Wahnsinnige Liebe* (United States 1935), directed by K. Freund; and *Nerven* (Germany 1919) by R. Reinert – to name just a few. E. Jones, N. T. Fear and Simon Wessely (2007) 'Shell Shock and Mild

- Traumatic Brain Injury: A Historical Review', *The American Journal of Psychiatry*, 164:11, pp. 1641–5.
11. This did not happen until the 1970s as a reaction to soldiers suffering from vast mental injuries in the Vietnam War. Today, an elaborated scientific knowledge pool exists about 'post-traumatic stress disorder' (PTSD) and psychotraumatology and so on.
  12. 'War hysteria' was only one term among many others. I chose this term which feminized the affected soldier because it signifies the transfer from the female 'hysteria'-context (the Attic Greek word *ὑστέρρα*, 'hystera' means uterus). In the French context, competing terms used were: 'pithiatisme', 'troubles nerveux', 'troubles physiopathique', 'troubles fonctionnels', or 'commotion'. The term used depended on the respective concept of the 'disease'.
  13. Mosse, 'Shell-shock', p. 102.
  14. Mosse, 'Shell-shock', p. 102.
  15. Morgan, 'Theater of War', p. 167. See also E. Jünger (2004 [1920]) *Storm of Steel*, trans. with an introduction by M. Hofmann (London: Penguin), pp. 30–1 and 93, for the claim that soldiers were expected to stand 'as one man', to form a huge collective body. For the original text, see E. Jünger (1990 [1920]) *In Stahlgewittern* (Stuttgart: Klett-Cotta), p. 5.
  16. J. C. Wagner states that although many French 'war hysteria' films were intended for a large audience, most of them were not shown in public because their capacity to 'convey trauma and provoke empathy' had been underestimated. J. C. Wagner (2009) *Twisted Bodies, Broken Minds: Film and Neuropsychiatry in the First World War* (dissertation Harvard University), p. 121.
  17. U. Holl (2006) 'Neuropathologie als filmische Inszenierung', in M. Hefler (ed.) *Konstruierte Sichtbarkeiten: Wissenschafts- und Technikbilder seit der Frühen Neuzeit* (Munich: Wilhelm Fink), p. 230 (trans. J. B. K.).
  18. In the French context, military services, the 'Service du Santé des Armées', commissioned and collected nearly one hundred films on neurological and psychiatric conditions. According to J. C. Wagner, 12 of these films survived in viewable condition (Wagner, *Twisted Bodies, Broken Minds*, pp. 120–2). I discuss fragments and scenes from about half of the surviving films.
  19. J. Kristeva (1974) *Die Revolution der poetischen Sprache* (Frankfurt am Main: Suhrkamp).
  20. Morgan, 'Theater of War'.
  21. In written sources, notions like 'deserter' or 'coward' emphasized the hysteric's vulnerability. Cf. K. Singer (1916) 'Allgemeines zur Frage der Simulation', *Würzburger Abhandlungen aus dem Gebiet der praktischen Medizin*, 16:6, p. 141.
  22. The Latin term 'hystera' means 'uterus' and *per se* implicates a structural feminization. The very transfer of this term onto the male soldier caused 'gender trouble', especially in the context of the army at war and the belligerent nation.
  23. For a close reading of this film, see Holl, 'Neuropathologie als filmische Inszenierung', pp. 217–40.
  24. See D. Weickmann (1997) *Rebellion der Sinne: Hysterie – Ein Krankheitsbild als Spiegel der Geschlechterordnung (1880-1920)* (Frankfurt am Main: Campus).
  25. E. Showalter (1987) *The Female Malady: Women, Madness and English Culture, 1830–1980* (London: Virago); P. Lerner (2003) *Hysterical Men: War, Psychiatry, and the Politics of Trauma in Germany, 1890–1930* (Ithaca: Cornell University Press); M. Micale (2008) *Hysterical Men: The Hidden History of Male Nervous Illness* (Cambridge, MA: Harvard University Press).

26. See S. Ledebur (2012) 'Zur Epistemologie einer Ausschlussdiagnose: Unwissen, Diskurs und Untersuchungstechniken bei Simulation psychischer Erkrankungen', in M. Wernli (ed.) *Wissen und Nichtwissen in der Klinik: Dynamiken in der Psychiatrie um 1900* (Bielefeld: transcript, in print). Ledebur traces the discourse, genealogy, and history of the medical label 'feigning illness' in relation to clinical patient demonstrations as it unfolds throughout the second half of the nineteenth century, oscillating between its perception as being part of an illness, fakery, play, or evidence for the subjective agency of the patient.
27. See St Andriopoulos (2000) *Besessene Körper: Hypnose, Körperschaften und die Erfindung des Kinos* (München: W. Fink, for instance pp. 22, 84, 109; St Andriopoulos (2008) *Possessed: Hypnotic Crimes, Corporate Fiction, and the Invention of Cinema* (Chicago, IL: University of Chicago Press).
28. E. Kretschmer (1918) 'Die Gesetze der willkürlichen Reflexverstärkung in ihrer Bedeutung für das Hysterie- und Simulationsproblem', *Zeitschrift für die gesamte Neurologie und Psychiatrie: Originalien*, 41, p. 382.
29. O. Polimanti (1911) 'Der Kinematograph in der biologischen und medizinischen Wissenschaft', *Naturwissenschaftliche Wochenschrift*, 26 (n.s. 10):49, p. 770.
30. R. Barthes (1981) *Camera Lucida: Reflections on Photography* (New York: Hill & Wang), pp. 26–7.
31. J. B. Köhne (2009) *Kriegshysteriker: Strategische Bilder und mediale Techniken militärpsychiatrischen Wissens (1914–1920)* (Husum: Matthiesen), p. 213.
32. Cf. *Bayerisches Hauptstaatsarchiv*, San A 142 (Nr. 199103 Kriegsministerium, Verwaltungsabteilung, Munich, 12 December 1917).
33. M. Nonne (1917) 'Über erfolgreiche Suggestivbehandlung der hysteriformen Störungen bei Kriegsneurosen', *Zeitschrift für die gesamte Neurologie und Psychiatrie: Originalien*, 37, p. 201. Cf. J. B. Köhne, *Kriegshysteriker*, pp. 214–16.
34. *Reserve-Lazarett Hornberg (und Triberg) im Schwarzwald. Behandlung der Kriegs-Neurotiker*, Germany c.1917, produced by National-Hygiene-Museum Dresden, directed by Stabsarzt Dr. Ferdinand Kehrer, cf. Köhne, *Kriegshysteriker*, pp. 200–14.
35. For a photograph, see K. Alt (1918) 'Über die Kur- und Bäderfürsorge für nervenranke Krieger mit besonderer Berücksichtigung der sogenannten Kriegsneurotiker', *Wiener Medizinische Wochenschrift*, 19, p. 847. See also the relevant chapter in Köhne, *Kriegshysteriker*, pp. 145–99.
36. See, for instance, Imperial War Museum in London at <http://www.iwm.org.uk/>, or In Flanders Fields Museum at <http://www.inflandersfields.be/> (accessed 10 January 2013).
37. J. Bogousslavsky and O. Walusinski (2009) 'Marcel Proust and Paul Sollier: The involuntary memory connection', *Schweizer Archiv für Neurologie und Psychiatrie*, 4, p. 130.
38. O. Walusinski and J. Bogousslavsky (2008) 'À la recherche du neuropsychiatre perdu: Paul Sollier (1861-1933)', *Revue Neurologique FMC*, 164:S4 (September), p. 41.
39. As E. Cowie (2001) has pointed out, real hand grenades did not produce that much smoke: 'Identifizierung mit dem Realen – Spektakel der Realität', in: M.-L. Angerer and H. P. Krips (eds) *Der andere Schauplatz: Psychoanalyse – Kultur – Medien* (Vienna: Turia+Kant), p. 174.
40. For further thoughts on the triangle: (1) war veterans and their traumatic experiences; (2) politics of war remembrance and post-war society; and (3) gender issues in Imperial, Weimar, and Nazi Germany, see J. Crouthamel (2009) *The Great War and German Memory: Society, Politics and Psychological Trauma, 1914–1945* (Exeter: University of Exeter Press).

41. In his film *Funktionell-motorische Reiz- und Lähmungs-Zustände bei Kriegsteilnehmern und deren Heilung durch Suggestion in Hypnose* (Germany 1918), Nonne declares 'war hysteria' as perfectly curable, while in a text referring to a time period up to the year 1916, he admits that of 301 patients, only 61.2 per cent fully recovered. Cf. Max Nonne (1917) 'Neurosen nach Kriegsverletzungen (Zweiter Bericht)', in *Verhandlungen der Gesellschaft deutscher Nervenärzte: 8. Jahresversammlung (Kriegstagung) gehalten zu München, am 22. und 23. September 1916* (Leipzig: F. C. W. Vogel), p. 94.