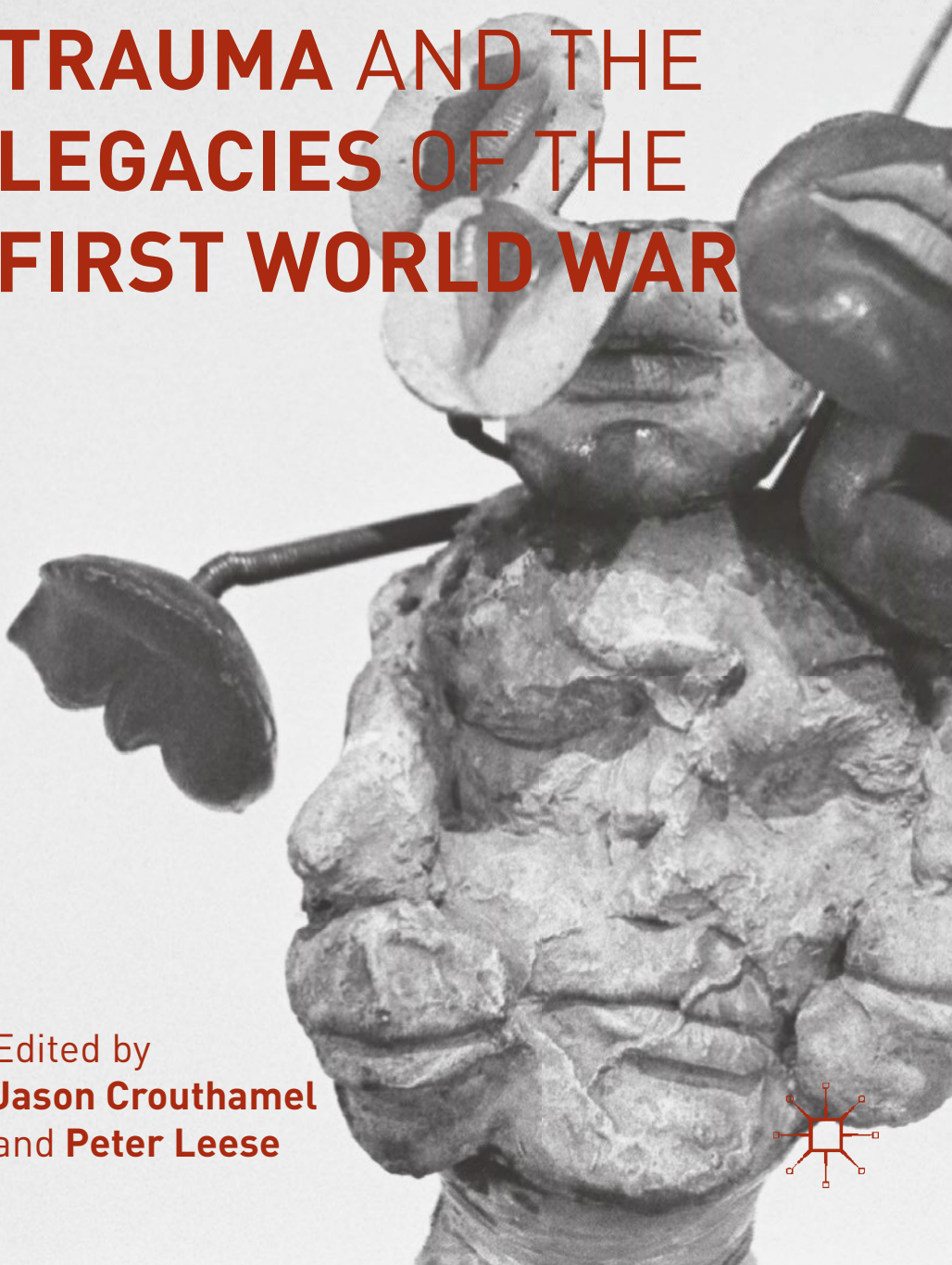
PSYCHOLOGICAL TRAUMA AND THE LEGACIES OF THE FIRST WORLD WAR



Edited by
Jason Crouthamel
and **Peter Leese**

Editors
Jason Crouthamel
Grand Valley State University
Allendale, USA

Peter Leese
University of Copenhagen
Copenhagen, Denmark

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Gundula Gahlen is a research scholar at the Free University (Freie Universität) in Berlin. She specializes in modern military history, the history of psychiatry, and the history of the Balkans. Her most recent publications include *Das bayerische Offizierskorps 1815–1866* (Paderborn: Schoeningh 2011) and, as co-editor with Daniel Marc Segesser and Carmen Winkel, *Geheime Netzwerke im Militär 1700–1945* (Paderborn: Schoeningh 2016).

Heike Karge is an Assistant Professor at Regensburg University. She specializes in the social and cultural history of Eastern and Southeastern Europe, the history of remembrance cultures, and the social history of medicine. Her publications include *Steinerne Erinnerung—Versteinerte Erinnerung? Kriegsgedenken im sozialistischen Jugoslawien* (Wiesbaden: Harrassowitz, 2010, revised and translated into Serbo-croatian: *Sećanje u kamenu—okamjeno sećanje?* [Beograd: Biblioteka XX Vek, 2014]) and a co-edited volume, with Sara Bernasconi and Friederike Kind-Kovács, *Beyond Medicine: The Politics of Public Health in 20th Century Europe* (forthcoming in 2016).

Julia B. Köhne is a research scholar at Humboldt-University Berlin and Privatdozentin for Contemporary and Cultural History and Media Studies at the University of Vienna. She is the author of *Kriegshysteriker: Strategische Bilder und mediale Techniken militärpsychiatrischen Wissens, 1914–1920* (Husum: Matthiesen, 2009) and *Geniekult in Geisteswissenschaften und Literaturen um 1900 und seine filmischen Adaptionen* (Wien: Böhlau, 2013). She has edited and co-edited, among others, *Trauma und Film. Inszenierungen eines Nicht-Repräsentierbaren* (Berlin: Kadmos, 2012) and, with Ulrike Heikaus, *Krieg! Juden zwischen den Fronten 1914–1918* (Munich: Hentrich & Hentrich, 2014).

Peter Leese is Associate Professor of History at the University of Copenhagen. His publications include *Shell Shock: Traumatic Neurosis and the British Soldiers of the First World War* (Palgrave Macmillan, 2002. Revised paperback, 2014) and *Britain Since 1945: Aspects of Identity* (Palgrave Macmillan, 2006). He has also co-edited *Migration, Narration, Identity: Cross Cultural Perspectives* (Peter Lang, 2012). Together with Jason Crouthamel, he is also the co-editor of *Traumatic Memories of World War Two and After* (Palgrave Macmillan, 2016).

Nils Löffelbein is an Assistant Professor at the Goethe-Universität in Frankfurt am Main. His research deals with the history of the First World War, the cultural history of National Socialism, the history of migration, and the history of European administration. His publications include *Ehrenbürger der Nation. Die Kriegsbeschädigten des Ersten Weltkriegs in Politik und Propaganda des Nationalsozialismus* (Essen: Klartext, 2013).

Mark S. Micale is Professor of History at the University of Illinois, Urbana-Champaign. He specializes in modern European intellectual and cultural history, the history of medicine, and the history of gender and sexuality. He has published extensively on the history of psychiatry, and his work includes *Hysterical Men:*

CHAPTER 3

Screening Silent Resistance: Male Hysteria in First World War Medical Cinematography

Julia Barbara Köhne

Silent Resistance?

During the First World War, a huge number of combatants in the belligerent nations showed a variety of psychogenic symptoms including severe tremors, stuttering, and lower body dysfunctions such as problems with sitting, standing, walking and speaking, as well as tics, paralysis, and other disabling factors. In the aftermath of the war, these so-called 'war hysterics' or 'shell shocked' persons not only gained an iconic status within the community of mentally injured and psychically traumatized soldiers and officers,[1] but also became important figures symbolizing the weakness, inefficiency, and vulnerability of the following spheres: modern industrialized warfare, the military collective body (the corps), the nation, and masculinity. The disturbances in the physical movements and behavior of 'hysterical' men contradicted the image of the heroic soldier ready to fight for his country and the well-being of his family. On a symbolic level, their 'misbehavior' seemed to threaten their fitness for military service ("*Diensttauglichkeit*") and victorious battle results in general.

J.B. Köhne (✉)
Institut für Kulturwissenschaft, Humboldt-Universität zu Berlin, Georgenstr. 47, 10117 Berlin, Germany

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Since its beginnings, cinematography in neuropsychiatry focused on movement abnormalities, in particular of the 'hysterical' body. Since 1899, the strange iconography of the female 'hysteric' was filmed in diverse European clinics, for example, in Rumania, Italy, and France. From 1916 to 1918, medical films by British, French, German, and Italian neuropsychiatrists pictured the deviant movements of soldiers and officers suffering from so-called 'war hysteria.' The relatively new media technology of medical cinematography was used to visualize, 'project,' interpret, and disseminate the 'typical' aesthetics of the disturbing symptoms of 'war hysteria.' This visualization technique seemed to 'catch' the external appearance of what was considered to be a sign of disempowered and "defeated masculinity" (Raya Morag) and capture it on celluloid.

The visual characterization of 'hysterical' dysfunctions had a longer prehistory in female hysteria research. Since the 1880s, in the surrounding area of the Sâlpetrière in Paris, a fascinating and, at the same time, disturbing symptom complex appeared: wild and uncontrollable acting female hysteria-patients, who were staged by Jean-Martin Charcot, Albert Londe and Paul Richer in a visual appealing way—via schemes, photographs, drawings, or reliefs.[2] Due to its Attic Greek origin, "hysteria" ('υστ'ερα, *hystera* means uterus) was considered to be a 'typical' female disease, although not only Charcot but also Josef Breuer and Sigmund Freud described and treated male conversion hysteria-patients as well.[3] Closely associated with the female hysteria research context, the hysteria diagnosis was transferred on a massive scale to the male gender for the first time during the First World War.[4] The usage of this term—"hysteria" was only one term among many others like "war neurosis," "neurasthenia," "battle fatigue," "shell shock," "nervous shock," "functional disorder," etc.[5]—feminized the affected soldiers and officers on a symbolic level.[6] Because of this terminological heritage, they were more likely associated with theatricality, aggravation of the symptoms, faking, malingering ("*Simulant*," "*Drückeberger*"), weakness of the will ("*Willensschwäche*") and femininity. Therefore, the shivering and shaking limbs of the male 'hysteric' transgressed first, the classical image of the brave, active, tough, and victorious warrior and, second, they challenged the functional borders of medical cinematography as they mirrored the flaws of early film technology by emphasizing its representational limits, twitches, and paralysis—in short, its 'hysteria' aesthetic.[7]

This essay examines some of the medical films that depict the sensitive relationship between first, military psychiatry and its physician-protagonists, and, second, the visually pathologized and objectified, domesticated and remilitarized, 'deviant' and 'hysterical' individual.

Analysis of scenes from the historical film documents—supported by medical literature of this time—reveals that these films are highly complex, choreographed medical spectacles. In addition, they happen to contain a—even if only limited—layer of meaning that involves the subtle agency of traumatized soldiers within the controlled environment of medical filming. It is this subjective perspective, this subtext of the soldiers' 'resistance' that this essay tries to uncover by analyzing the film images in a 'close-reading.' Special emphasis is put on the question of how the 'war hysterics'' 'soft rebellion' was depicted in more detail, applying (feminist) film theory regarding the function of the male gaze in contrast to the feminine-coded position of the victimized patient.

The patients' perspectives contrast with the physicians' attempts to retain control over 'war hysterics' who subverted or disturbed it—deliberately or inadvertently. Before starting the actual shoot, there were repeated rehearsals in which the 'war hysterics' practiced how to play their role as 'patients' the way they were expected to perform. This preparation for the shoot and the whole arrangement (film set) undermines the temptation to read the film images as authentic documents close to reality. The rehearsals were supposed to brief men who were filmed and guarantee a smooth filming process; timing the composition and reduction of the requisites (chairs, clothes, medical or therapeutic instruments, etc.) was expected to save expensive film material. During the filming process, strict commentary and directions were given by the military physicians, who were acting as film directors. Without doubt, in the majority of cases, there was a certain film script devised by the military physicians in order to demonstrate a three-step process: the 'hysterical' symptom, the therapy, and the statement of healing. The first step featured the patient's body, which displayed what was defined and diagnosed as 'hysterical' symptoms. The second step projected the act of healing where the actual healing process was not shown in full length or it was only presented in parts. The third step of this before/after-logic, in most of the cases, was a scene that only lasted a few seconds in which the war hysteria-patient stood in an upright, completely vertical position without any movement. The pictures show a war hysteria-case presented by the German psychiatrist Ferdinand Adalbert Kehrer (1883–1966), in his 1917-film Reserve-Lazarett Hornberg (und Triberg) im Schwarzwald. Behandlung der Kriegs-Neurotiker [Hornberg (and Triberg) reserve hospital. Treatment of war neurotics], produced by the National-Hygiene Museum in Dresden. In this film Kehrer stands beside the patient, whose body is shaking all over, stumbling back and forth. In the sequence that marks the therapy, the

hypnotized patient is touched on his head and influenced by verbal suggestion ["*Wortsuggestion*"] and military drill. The third sequence shows the patient without shivering and he is smiling and almost symptom-free, fully relaxed (Images 3.1, 3.2, and 3.3). The ideal of verticality and motionlessness can be seen as the overall aesthetic goal of the majority of the medical films.[8] This ideal was accompanied by some other aesthetic and dramaturgical precepts: Some films exhibit several hysteria-patients standing in a straight line that recollects a "chorus line," lifting and bending their arms in a particular way, triggering references to the ballet. Obviously, there was a distinct way to walk while demonstrating the symptoms, and these gaits were accompanied by a choreography of gazes and gestures towards the physician and/or the camera or among each other.

Apart from the fulfillment of this film script, which was supposed to display the successful healing process, several actions of 'hysterical' soldiers

Image 3.1 Ferdinand Kehrer as a doctor with magical hands (Reserve-Lazarett-Hornberg im Schwarzwald, 1917, reproduced with permission by the Deutsches Hygiene-Museum Dresden)

and officers can be detected that torpedoed this ideal script—insofar as the scenes in question were not deleted from the cinematic text right from the start. A detailed analysis can reveal slight occasional deviations from the intended depiction of the 'war hysterics,' as there would be short glances between the patients in the pertinent shot that undermined the pre-rehearsed dramaturgy and presented the symptoms in a manner probably not envisaged by the physician. Within the film, the patients' movements also deviated from the prescribed choreography. For example, the patients left the frame heading for the wrong direction while the film camera was still on. Independent of the question of whether or not these small deviations and forms of dissonance in the narrative flow and 'disharmonies' originated in the 'hysterical' symptoms, they severely disrupted the doctors' visions of order imposed on 'hysterical men' (who were perceived as being out of control). Patients disrupted the '(magical) moment of healing' that

Image 3.2 Verbal suggestion and military drill (Reserve-Lazarett-Hornberg im Schwarzwald, 1917, reproduced with permission by the Deutsches Hygiene-Museum Dresden)

Image 3.3 Ideal of verticality and motionlessness (Reserve-Lazarett-Hornberg im Schwarzwald, 1917, reproduced with permission by the Deutsches Hygiene-Museum Dresden)

physicians longed for so eagerly in many ways. Medical film was often used as an instrument to help the physicians, enriching their medical authority, charisma, and aura and to make themselves appear to have a kind of supernatural ability to cure their patients. By exploring the traces of malfunctioning in the patients' behavior and their acting in front of the camera, an ulterior phenomenon that subverts the healing paradigm that dominated most of the films becomes visible. This paradigm—focusing on the obedient patient following a particular choreography called for by military physicians—was broken by the patient-actors who, unwillingly or willingly, foiled the rigid dramaturgy, mise-en-scène, and montage of the films.

If one tracks the subtle messages from the filmed soldier-patients, another film story emanates that derails the physicians' intentions and teleology. For a present-day historian this is a difficult layer of meaning to uncover, because it is hidden within the filmic text and there are only small hints pointing to it. One has to watch the film material over and over again in order to reveal the films' subtexts. Although the cases of subtle and silent disobedience (or

inability to perform the requested choreographies) might not be fully convincing examples for patients' resistance nor contain a higher potential of subversion, it cannot be denied that some of the film scenes include a fraction of irritation (that would be recognized by diverse historical or contemporary audiences). In the following analysis, I try to identify some of these notoriously delicate subversive tracks that certainly should not be taken for the patients' clear intentions, will and aims, but they do give an impression of the forms of dissonance and complexities inscribed in the films. I read these forms of dissonance not primarily as mirroring the patients' desire to subvert the doctors' powers following a concrete plan of resistance, but rather as more or less coincidental deviations from the doctors'/film directors' script.

The scholarship on medical cinematography of this time and context was not especially developed and sophisticated, and it remained this way for a long period of time. Only in more recent years has there emerged more scholarship that deals with medical films depicting 'war hysterics' during World War One. Among them is the already mentioned *Hysterical Men* (2003) by Paul Lerner. This monograph contains a chapter on Max Nonne's film concentrating on the portrayal of his treatment of 'war hysteria,' the miraculous hypnotic cure that is not showcased explicitly in any detail in the film, but is nevertheless depicted as unconditionally successful. Lerner points to the remarkable mysterious and magical elements involved in the narration and dramaturgy of the film that transcend the limits of classical mental medicine and positions the film within the framework of the hypnosis discourse since the end of the nineteenth century.[9] In 2011, Edgar Jones published an in-depth analysis of the British film War Neuroses,[10] highlighting biographical and professional dimensions of the film director Arthur Hurst. Jones describes the medical environment in which the film was created, the Royal Victoria Hospital, Netley and the Seale Hayne Military Hospital, and discusses its discursive achievements in contrast to other former documentaries and the disparate reaction of the scientific community towards the enigmatic phenomenon of "war neurosis." Elisabeth Cowie, Sophie Delaporte, Hans-Georg Hofer, and Juliet C. Wagner have also dealt with the nexus between neuropsychiatry and cinematography in clinical settings between 1914 and 1918. But none of the published studies refers explicitly to aesthetic or dramaturgical questions, or analyzes the medical films according to (feminist) film theory and the question of subjectivity, patients' resistance, and subtle agency. This contribution demonstrates how the physicians' efforts at control and tries to carve out new approaches to patients' bodies and minds dealing with the challenging question of the 'voice of the victims.'

In light of the frangible standing of psychoanalysis and psychology within the sphere of military medicine (and the scientific community of that time), it is clear that except for a few examples, such clinical techniques did not play a major role in the nosological or therapeutic setting of the First World War, although there were of course differences in different countries and sections of the front.[11] The ideal of treatment near the frontline ["*Ideal der frontnahen Behandlung*"][12] made it difficult to experiment widely with psychoanalytical ideals, goals, and practices like, for example, the cathartic "talking cure" [*kathartische "Redekur"*].[13] Contrary to what is depicted in the 1946 American semi-documentary film LET THERE BE LIGHT by John Huston, in the aftermath of the repeated massive male-hysteria-wave in the Second World War (in the U.S. military at the time it was known as "combat fatigue" or "psychoneurosis"),[14] soldiers and officers in the First World War were not welcome to tell their stories of emotional trauma, fear, anxiety, distraction, and depression officially.[15] It was assumed that there was just not enough time to talk to the patients or let them talk copiously. Therefore, a large number of physicians turned to rapid cures that promised a healing success just within a single session (primarily the "*Kaufmann-Kur*"). 'War hysterics' were imagined and often perceived as passive, obedient, quiet individuals who could be objectified and subordinated by doctors.

The 'war hysterics,' at least those who were filmed between 1916 and 1918, were silenced and silent in many ways. Frequently, alongside the physician-directors, they were the protagonists of the medical silent films. Unlike the silent motion pictures of the time, in which intertitles conveyed parts of the narrative and concrete dialogue between the actors and actresses, these films stayed and stay silent—except for the cases in which the filmmaker-physicians themselves provided live-commentary on the projected material in order to clarify the film screening (e.g., at a medical war congress). Martin Loiperdinger states that the speech of the commentator, often underestimated as an influence on the audience, added extra dimensions to the performance event ["*Aufführungsereignis*"].[16] Just as these particular speech acts flanking the screening cannot be reconstructed, so the voices of the 'war hysterics' remain silent. It is, however, evident in the films themselves that they sometimes replied to what the physicians said, or spoke out without having been explicitly requested to do so. Of course, it is possible to *imagine* what might have been said by interpreting the body language (or sometimes even lip movements) of the patients as they were reacting to the physicians' orders as they constituted the persuasion and verbal suggestion cure ["*Wortsuggestion*"].

Deviation by the Deviant

Unpleasant Feelings: Pain and Nudity

How can the above-mentioned deviations from the healing script be described in more detail? Two forms of irritation, the pain experienced from electrotherapies and the often enforced nudity of the patients, played a major role in deviating from the script. Whereas the filming of nudity seemed to have neither a medical nor a nosological justification, the pain deriving from the application of electrotherapy seemed to disturb the idealistic construction of physicians having everything under control. This can be seen by comparing two versions of a 1916 film by the neurologist Clovis Vincent, Le Progres de la Science francaise au profit des victimes de la guerre. Une grande découverte du docteur "Vincent" [The Progress of French Science for the benefit of the war victims. A great discovery of Doctor "Vincent"]. It features Clovis Vincent (1879–1947), a former student of Joseph Félix Babinski (1857–1932). Similar to Fritz Kaufmann in Germany, he tried to heal patients in a single session by applying electric current ["*système torpillage—électrisation à milliampères*, 70 Volts"] and "persuasion" ["*Überredung*"]. The method nicknamed "torpillage" [derived from the word *une torpille*, a shell] was a persuasive "form of psychotherapy using faradic and [during wartime] galvanic electric currents, to treat soldiers with 'intractable' neuroses."[17] This treatment was followed by physical exercises to reinforce the recovery, military re-education, and the training of the moral 'will' in order to prevent relapse.[18] At the *L'hôpital Descartes* in Tours, Vincent was filmed while applying electrotherapy to the lower back of a patient suffering from an inability to walk and sit due to impaired muscle coordination and 'hysteria' ["*Astasie-abasie trépidante pithiatique*"] after he was injured in the Battle of the Marne.[19] In the film, while the latter is walking up and down the hallway with the help of crutches, he is observed from three sides: the camera/cameraman and the film spectators, in the front, Vincent himself and vis-à-vis his assistant with the electrical apparatus (maybe another ex-hysteria-patient that helped preparing the healing equipment?). All three parties are positioned at different sides of the corridor—the light comes from windows on the left side that lit the hallway.[20] Le Progres de la Science francaise was a propaganda film in the respect that Vincent probably made it with the intention to convince his colleagues and the public that his treatment methods actually worked immediately and successfully—

allegedly within 35 minutes. As a protest against his aggressive methods, Vincent was criticized harshly in the well-received case of Jean-Baptiste Deschamps, a soldier who refused to be treated by electric current as a curative technique, in the neurological center in Tours.[21] The image shows Vincent in a victorious pose with his bent and lifted arms, his fists close to his head—his hair parted neatly and his head surrounded by an aureole.

In another, double length version of the film, titled Traitement des Troubles Nerveux Fonctionnels dans le Service du Docteur Clovis Vincent [Treament of Functional Nerve Disorders, Service by Doctor Clovis Vincent] (undated), the negative side effects of the electric treatment ["*electrisation à 35 milliampères*, 70 Volts"] become more apparent. After having repeated his walks up and down the hallway many times, the first out of three patients presented in this compilation film gasps for breath and touches his chest repeatedly. The modified title already points to the less triumphant and glorifying tone of the longer film: the terms progress ("*le progrès*"), great discovery ("*grande découverte*"), and the hint at Vincent's distinctive research personality, as he apparently eased the patients' suffering for the benefit of the "victims of war" ("*au profit des victimes de la guerre*"), are missing here. The subsequent intertitle—"*Merveilleuse méthode electrophysiologique du Docteur Vincent, appliquée aux troubles nerveux fonctionnels*" ["Doctor Vincent's marvelous electrophysiological method, applied to functional nerve disorders"]—emphasizes the relevance of Vincent's research for the affected 'war hysterics' and, indirectly, also for the war-torn French community. Traitement des Troubles Nerveux Fonctionnels is composed of the same film material as Le Progres de la Science francaise, but adds more scenes that indicate the rather violent, aggressive, and brutal character of the treatment that seems to take a much longer period of time here. It also shows three cases, but the frame is broader, the shots are longer, and the intertitles differ from the popular version. The patient mentioned above is shown while he is walking towards the camera, turning around and heading to the end of the hallway again. His physical exhaustion is obvious. He stumbles and falls down although he is accompanied by two physicians supporting him. He is taken up again by them, and they force him to walk forward quickly, but he slips through their arms again and again. Vincent, with moustache and side-parting, follows the trio and frequently applies an electric brush to the lower part of the patient's back. It is hard to tell if the apparatus is connected to the electrical supply, or if it only functions as a suggestive instrument here. By watching the scene more closely, it seems as if the patient makes a twisted face when the brush touches the skin of his

sacrum, and he throws back his head. As this movement does not appear in either the prior or the subsequent shot, it is likely that it does not belong to the 'hysterical' symptom. It is difficult to determine whether this reaction is generated by the suggestion-treatment, or a result of the pain and jolts caused by the electricity. Because the electrophysiological treatment is affirmed by the intertitles, it is most likely that it was applied. Although the film was composed and was supposed to convince its audiences of the effectiveness of Vincent's method, the moving pictures tell another story that contradicts the aim of the film narration. The whole scene conveys the impression of a child who is taught to walk and takes its first steps. The patient is infantilized. He is encouraged by his 'physician-parents' with repeated pushes and nudges. This scenario looks as if the 'patient-child' receives an encouraging pat on his backside from time to time. In fact, this is achieved by the electrical brush.

The extent of the physical exhaustion is never made clear in Le Progres de la Science francaise, which indicates that there are numerous veiled film cuts, excluding the visible pain from the material prepared for public screening. In the longer version, however, there are several persons who walk alongside the patient in order to support him or lift him up again. These details and edits make it questionable that the time specification ["35 minutes"] was correct. The exhausted patient and his likewise exhausted attendants imply that the whole process lasted much longer than declared in the intertitles. The last intertitle that seals the end of the therapy is simply: "*La fin de la séance curative*." The word "fin" refers to the world of the feature film and confirms the happy-ending of this dramatic story of a healing process—directly in front of the eyes of the film audience. An additional confirmation is given by a short scene, titled: "*Le Médecin-Major Clovis Vincent au milieu de ses élèves*," in which Vincent looks straight into the camera with folded arms and a hint of a triumphant smile.

Another feeling that disrupts the image of the 'perfect patient' following the physician's instructions was not pain but shame. In some films, a sense of shame resulting from the patients' nudity can be observed. For example, in Troubles nerveux chez les commotionnés, filmed in the military hospital in Val-de-Grâce, there is a patient lying on a stretcher with his feet towards the camera. He wears a nightdress but no underwear. Apparently, he is not enjoying the fact that he is nude, especially because of the delicate placement of the camera that offers a glance at his bare genitals.

In the 16-minutes before/after-film Funktionell-motorische Reiz- und Lähmungs-Zustände bei Kriegsteilnehmern und deren Heilung

durch Suggestion in Hypnose [Functional-motor Irritation- and Paretic Disorders of Combatants and their Healing by Suggestion in Hypnosis] (around 1916), Max Nonne showed about 14 almost naked, hypnotized patients wearing only shorts while touching them at different parts of their bodies. The film by the German neurologist was produced by the *Königliches Bild- und Filmamt* (BuFa) in Berlin, the predecessor of the *Universum Film AG* (Ufa). Nonne, who was a professor at the General Hospital in Hamburg-Eppendorf, presented the white nearly nude bodies that were shaken, bent, or twisted by their symptoms against a completely dark cloth, presenting a stark contrast to this background.

In the relationship between physician and patient, nudity often did not make any medical or nosological sense but was used to humiliate the 'war hysteric.' Nonne, who considered the therapeutic confrontation with the patient as a "fight of his will" ["*Willenskampf*"] and used suggestion in hypnosis and faradic electricity as therapeutic methods, confirmed this in a written statement: "I always made the invalids undress completely because this increased their feeling of dependency and helplessness".[22] These feelings of "dependency" and "helplessness" were considered useful for suggestive techniques. For the film, Nonne hypnotized ex-patients, whom he already had treated 'successfully,' with the result that they re-performed their former symptoms for the camera. In a particular moment while shooting, he 'took away' the symptoms by awakening the patients from their hypnotic state.[23] The Nonne-film also includes intertitles with the name of the symptom, for example: "spasm of abdominal muscles after shell detonation" ["*Bauchmuskelkrämpfe nach Granateinschlag*"]. After having thus highlighted the disturbance in the white-on-black written commentary, the symptom is then demonstrated on the body. Nonne's hands are staged like magically healing agents. They seem to caress the sides of the body or swipe over the head, until he suddenly presses his hands at one point of the body, for example on one shoulder or on top of the head (Image 3.4), as if to stop these movements with his own hands. Nonne was on-screen in most of the cases and this, from the point of view of the audience gives him about the same amount of attention as the patients. After Nonne has named the aetiology of the physical/psychic disturbance and the type of symptom in each individual case history, the intertitle "After Treatment" ["*Nach der Heilung*"] is faded in, followed by the being-healed-scene without the doctor which only lasts a few seconds. This method of montage is strictly standardized. It returns periodically and builds the narrative basis of every filmed

Image 3.4 Max Nonne treating a soldier (Funktionell-motorische Reiz- und Lähmungs-Zustände bei Kriegsteilnehmern by Max Nonne (1918), reproduced with permission by the Bundesarchiv, Filmarchiv, Berlin/Transit-Film-Gesellschaft MBH)

case history, with only slight variations. The message "After Treatment" indicates a completed healing with unerring certainty. In contrast to this assertion, Nonne admitted in a journal article that the healing rate of 301 patients studied was not higher than 61.2 percent.[24] It must also be said that this teleological montage did not mirror reality, as the physicians in many cases did not succeed in healing their patients permanently as

symptoms often came back after the treatment. Furthermore, there were intervals in which the symptoms temporarily seemed to be gone, an intermission of the 'hysterical' symptom. In addition, in most cases the physicians only chose patients for the film sessions who were not so difficult to cure. But in a few cases the patients' symptomatic display seems to be beyond the point of what could be shown. For example, two filmed case studies, titled "Heavy general myoclonus with abasia-astasia," ["*Schwere allgemeine Schüttelkrämpfe mit Abasie-Astasie*"], feature patients whose bodies are in such an extreme slanted position that their upper bodies nearly touch the ground. Their symptoms hardly seem to be curable at all. In these scenes, it is obvious that it was physically hard for Nonne to hold the patients and prevent them from falling down (Image 3.5).

Undermining the Choreography of Gaits

In contrast to British or German medical films about 'war hysteria,' the French films did not focus that intensely on therapeutic procedures and the (magical) moment of 'healing.' Instead, they offered more space for artistic and theatrical means in order to represent this disease as persisting and refractory. According to their poetic make-up, the French films contain diverse dramaturgical means including narrative strategies adopted from the field of illusion, as indicated above: including theater, revue theater, cabaret, ballet, and motion pictures. This media transfer can be read not only in terms of a new media quoting older ones, but also as an indication of an epistemological reflection on the complex nature of this 'male malady.' The 'hysterical' patient was associated with theatricality, delusion, simulation, and artificiality ever since his depiction in earlier periods of the theoretical history of the terms "hysteria" and "trauma" (for example, the female 'hysterics' in the Salpêtrière in Paris, described, drawn, and photographed by Jean-Martin Charcot, Albert Londe, and Paul Richer in the late nineteenth century).[25]

As pointed out above, the cinematic portrayal of male 'hysteria' in the First World War presented both a transgression and a phantasmatic recovery of the social and military function of strong men and soldiers. In this way, military psychiatry improved its reputation and influence by using cinematic material to prove its nosological and therapeutic powers. In the French context, the pronounced theatrical film rhetoric represents the shift from the concept of "pithiatisme" (Joseph Babinski),[26] favored by the majority of the French physicians in the first half of what was addressed

Image 3.5 The slanted patient (Funktionell-motorische Reiz- und Lähmungs-Zustände bei Kriegsteilnehmern by Max Nonne (1918), reproduced with permission by the Bundesarchiv, Filmarchiv, Berlin/Transit-Film-Gesellschaft MBH)

as '*la grande guerre*,' towards a more or less genuine somatic and physiological aetiology of war hysteria cases treated after 1916.

In several French medical films, a dark cloth in the background of the setting serves as an artificial coulisse—in front of it, the 'hysterics' walk in a line, one after the other, from the right to the left, or the opposite direction. In other films, the 'war hysterics' practice their deformed gaits in sickrooms or in front of 'near-natural' backgrounds, for example outside the mental hospital. These topographies have differing depths of field in which the medical plot unfolds. The protagonists of the scene are always placed in the foreground, others almost vanish at the back end of

the view axis of the spectators, for example at the back end of an alley of trees. These consciously selected backgrounds, in combination with the question of how the patient is dressed or (partly) undressed, as well as the precise positioning of the patients, convey specific meanings. By choreographing all of this, not only is the place of performance carefully prepared, but also the variety of narrative strategies are defined.

It may be helpful to comment here on the choreography of gaits that occur in different variants in these films. Watching the material closely, it becomes clear that the scenes containing choreographed gaits and ambulatory exercises—depending on the degree of complexity—must have included a shorter or longer period of training for the patients. Some patients even look at the physician off-screen to reassure themselves that they are moving in the right way. Thus, questions of how the group is arranged (e.g., frontal or in a circle formation) meet questions of timing, countenance, and maintaining a certain separation from the preceding and the consecutive patient while walking in line with other 'hysterics.' As mentioned in the introduction to this article, there are places in the film where patients' arms and legs are lifted or lowered in sync and the thrust of feet resemble a sort of alienated ballet. The called-for demonstration of the 'hysterical' gait disturbance, especially the one within a well-ordered group cohesion, might trigger associations with the military sphere. Does the order-and-symmetry-oriented choreography of the 'war hysteric' imitate military gaits like marching, patrolling, or standing at attention or in line? Do these attempts at formation explicitly refer to the *military*-psychiatric context, and were they supposed to confirm or reinforce it? Is this (para-)military, forced-into-line visual style supposed to indicate a prospective reconstitution of the patients' readiness to fight again ["*Feldtüchtigkeit*"]?[27] Whereas there might be different answers to these questions, it is clear that two different messages are conveyed here: first, the symptoms of 'war hysteria' ought to be visualized impressively, secondly, it ought to be demonstrated that the 'hysterics' can be 'transformed' into soldiers and human beings again, and that their deviance is only temporary.

This can be proven by pointing to a particular staging of gaits in front of a foresaid dark background in the three-minute long film Troubles de la démarche consécutifs a des commotions par éclatements d'obus [Walking Disabilities, consecutive of Commotions by Shell Concussions], filmed in the asylum for "psychotherapy" ("*l'Etablissement Psychothérapique*") in the division for neuropsychiatry of the fifth battalion

in Fleury-les-Aubrais, under the direction of James Rayneau, a first-class military doctor. Action in this film is staged similar to the field of revue theater: the crooked 'hysterics' walk in long lines through the shot. As we can see in the screenshot of a certain moment in the 20-second episode "Tremor of Arms" ["*Tremblements des bras*"], one out of five patients apparently does not follow the called-for choreography of movements. The man with the beard looks directly into the camera and therefore does not see how he is watched by his colleague who obviously notices his deviation but tries to stay in the rhythm of movement. Or does the second man from the left side look towards the patient on the other end of the line in order to synchronize his own movements? By controlling or watching the other group members, he also produces a 'deviant' behavior as he does not stick to the agreed-upon gaze choreography—actually he is supposed to keep up by looking straight into the camera, or by looking towards the physician who is off-screen, giving directions. This clearly demonstrates how close-meshed the directions of the respective physician must have been—in this case it is Rayneau. Although the 'war hysterics' try to follow the agreed course of motions, they deviate. The slight variations make the pre-rehearsed standardization even more evident. Besides indicating primarily evidence of choreography directed by the doctors, the off-screen glances made by patients in various film pieces could also be interpreted as signs of distraction, like some unforeseen event in the hospital room, or a known or unknown person intruding the scene, or a glance at a wall clock controlling the progress of time, or a silent cry for a release or rescue from this situation of being objectified by a technical means. This is difficult to ascertain due to the sensitive, ambiguous, and challenging character of these historiographical (and at the same time highly subjective) cinematographic sources.

The next group of patients of this film piece seems to be even less coordinated. They enter the scenery from the left side and line up in a chorus-line. While doing so they repeatedly look at each other, unsure where and how to place themselves in order to follow the drill precisely. Finally, they take one step towards the camera and, for a second, stand there as motionless as possible. When the line seems to be 'perfected,' the patients look straight into the camera. After this, they head out of the frame again. The patient on the left leaves the scenery to the left while the one on the right-hand side heads for the opposite direction. He has already started to walk when he notices he is going the wrong direction. The other two patients look first to the comrade leaving on the left, then to the one on the right

and do not know what to do. Finally, all three also turn around to the left in order to follow the first comrade.

In Troubles de la démarche, the deviation lies within the peculiar aesthetical staging of the 'hysteria' patient. At the side of his body, which is directed towards the camera, the 'hysteric' is painted with a simple black line following the upper body, the hip area, and the upper and lower legs. As he is walking with crutches, depending on the degree the upper body is bent and the legs are kinked, a more or less broken line occurs. By this visual strategy the completely vertical straight line becomes the ideal case and the therapeutic goal. The representational technique of verticalization has two effects. On the one hand, it seems to be easier to compare different hysteria-patients by comparing the lines they form. On the other hand, the 'hysteric' with the most vertical lines on his body is determined to be the healthiest. By this teleological thinking, the degree of physical recovery and his uprightness denotes the successful disciplining and 'normalization' of the (ex-)patient.

Another example of dancing out of line in the truest sense of the word is given in Troubles Fonctionnels chez les commotionnés, Hopital Saint-Charles, Marseille [Functional Disorders of the Shell-shocked, Hospital Saint-Charles, Marseille] (date unknown). The film concentrates on male 'war hysteria' as a mass phenomenon, and dysfunction and failure of the military collective body. It features soldiers of the French army who have been psychically wounded. After the latter have marched up and down a wide avenue of trees in a U-formation, trying to comply with the agreed-upon walking route, one is all of a sudden taken piggyback by an assistant or physician. This odd scene signals a deviation from all expectations of the film audience and therefore functions as a subversion of the U-formation ideal.

Undermining the Choreography of Gazes

The dramaturgy of gazes is likewise as many layered as the choreography of gaits—in which horizontal or vertical lines are preferred—and seems to confirm its logic. It also strengthens the ideal of the straight line, but this time it comes across in the view axis that leads out of the frame towards the physician and the camera position. Based on critical theories of gazes and looks found in feminist film theory since the 1970s, theories that consider the cinematic apparatus as mirroring patriarchal patterns in their gendered structures of gazing and acting, there are at least four kinds of

gazes that can be found in the present medical films: first, the voyeuristic-penetrating camera view focusing on the 'war hysteric' as its object, which merges with the (male-coded) spectator's view and that of the filmmaker forming a sort of scopophilic triangle; second, the inner cinematic male-coded gaze position (of the physician who is part of the cinematic plot and frame) towards a female-coded position, the patient, connoted by "to-be-looked-at-ness" (Laura Mulvey); third, the possibility of reversing the gaze ("female gaze-reversal"), that usually is being punished, as Laura Mulvey stated in 1975 [1973] for the classical Hollywood cinema.[28] In the films in question (made between 1916 and 1918), one can add a fourth gaze, the look directly into the camera (by the physician and/or the patient), which became an exception in later motion pictures, but was a common technique in earlier fiction and non-fiction films.[29] The relatively sedate look of the 'hysterical' patient staring at the camera, lasting (almost) throughout a whole scene, is the core of the choreography of gazes in these films. In line with the above outlined considerations of feminist film theory, it can be said that the gaze of the military physician is in accordance with the classical male gaze position observing the objectified and effeminized patient, making him appear passive. In addition, the latter is pathologized and in some cases victimized by his physical and mental disturbances.

In films like Troubles de la démarche, several patients perform this steady, almost formal look at the camera lens. It resembles the look of psychiatric patients into the photo camera; this (hollow) look seems to be more the result of instructions by the physician than the patients' attempts at transporting an individual message or being obstreperous or rebellious. As indicated above, the viewpoint of the camera and the spectator fuse here with the look of the physician-filmmaker (or operator of the film recording/cinematographer) who strives to film the 'hysterical' symptom as distinctly as possible and in conformity with the diagnoses he named in the intertitle displayed before. The whole scenery of representing the 'war hysterics' aligns with the requirements of this physician's look. The visual axis between physician and patient is informed by a differentiation of power. Although it appears that in most of the takes the patients have been told to look at the camera without interruption, they glance at the physician-filmmaker, from time to time, or at other items that attract their attention. In some cases, the patients also take a look at each other, as described above. An example of this can be found in Troubles de la démarche, which includes a scene in which 'hysterics' demonstrate their 'claw hands' in front of a cloth that is placed before their chests, as men-

tioned before. Their eyes are searching for the eyes of the others. In this example they do not meet.

The Battle of Seale Hayne as a Means to the Dream of Re-Militarization

Reflecting on the question of agency, there is another film that needs to be included in this compilation of examples: a one-and-a-half-minute piece from the medical film on psychiatric battle casualties entitled War Neuroses (27 min.), 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 (née Hertz) and J.L.M. Symns, named The Battle of Seal Hayne. As Edgar Jones explains, War Neuroses was funded by the Medical Research Committee (MRC), used cameramen from Pathé Motion Picture Co., and was shot over eight months with interruptions. The film features several cases of ex-soldiers showing movement disorders of all kinds, which were reportedly cured efficiently. It was screened at least twice at the Royal Society of Medicine in March and at the Allied Pensions Conference in May 1918.[30] According to Jones, "[T]he message conveyed in the film that chronic cases could be treated in a single session had a powerful resonance for ambitious or charismatic doctors […]."[31] Hurst most likely added this film piece to War Neuroses because it seemed to prove that he took the right approach to this disease and successfully applied his treatment methods. On a symbolic level, the film piece also has another function. According to the written titles, The Battle of Seal Hayne was made by convalescent war-neurosis patients themselves who were the "directors," "photographers," and "actors" of this exceptional film (Image 3.6). These mentally and/or physically wounded ex-soldiers were patients in the military hospitals mentioned above. After treatment and recovery, they were probably asked to shoot this short movie dealing with the fantasy of being rehabilitated to fight again—or they came up with the idea themselves. Thus they pretended to be able to return to the battlefield, even though this dream was only a cinematographic one (Images 3.7 and 3.8).

To strengthen the character of the motion picture, fake hand grenades were used that produced too much smoke compared to real hand grenades, as Elisabeth Cowie observes critically.[32] Here the ex-patients could act as real actors in the role of "victims of the war" who played in this film a story conceived in their imaginations, within the hospital reality of that time. However, in this piece they 'played false'—as they were not re-enacting their own real story of being wounded mentally but played something else that was different from their own experiences. In the last

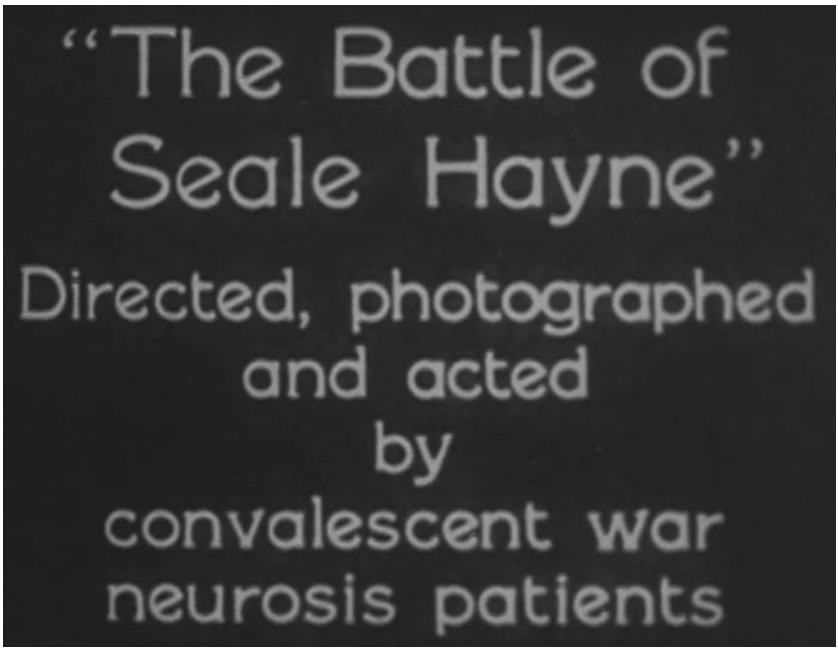

Image 3.6 The Battle of Seale Hayne (War Neuroses by Hurst/Symns, circa 1916–1918, reproduced with permission by the Wellcome Library, London)

seconds of The Battle of Seal Hayne, a (convalescent) hysteria-patient is rolling down a hill; afterwards his actor-comrades carry him away on a stretcher. Obviously, he is re-enacting his war injury, only this time the injury is physical and not mental and he is rescued from the battlefield. One could say that this ending adds a kind of apotropaic character to the film plot, suggesting the possibility of reaching back into the past and pretending to be able to change the soldier's fate through a 'lucky shot' that damages his health without killing him and is serious enough to take him out of combat (and back home) (Image 3.9).

By contrast, Cowie identifies this film segment as the last act of the hysteria-therapy, as the reconvalescent soldiers played being back at the front again:

> The re-staging is the staging of the cure. The shock of their [the soldiers'] war experiences is signified in playing at successful soldiering, in contrast to revealing the horrors of the war, as manifested in the hysterical symptoms

Image 3.7 Re-enacted military formation with stretcher bearer (War Neuroses by Hurst/Symns, circa 1916–1918, reproduced with permission by the Wellcome Library, London)

> the men were showing before. Thus, the reality of war could be represented precisely via its fictitious staging. [translation by author][33]

According to Cowie the "re-staged combat scene" ["*re-inszenierte Kampfszene*"] of the Battle-play means a successful cathartic reliving, or "abreaction" of the traumata. By playing war again, directing its scenes, re-animating them in the illusory field of film while, at the same time, being its protagonists, the ex-soldiers were confronted with the situation that caused the trauma. Cowie states that the Real and the Unconscious that elude direct access cannot be addressed by recollection and memory processes but emanate as a traumatic effect in the shape of shell-shock-symptoms. Soldiers could work through the trauma by playing at war. According to Cowie, the image of the past experience was transformed by soldiers who imagined they could influence or re-work their traumatic experience while playing. And this time they might have felt like they had everything under control and could take action themselves. By portraying

Image 3.8 War parade: Playing the war game again (WAR NEUROSES by Hurst/Symns, circa 1916–1918, reproduced with permission by the Wellcome Library, London)

the conditions of war in the reality of a medical film, the patients empowered and (re-)assured themselves of their warrior prowess.

Even if this is a tempting idea, it remains unclear to what extent the soldiers succeeded in regaining their phantasmatic soldierly powers and control over their often repressed memories that led back to their traumatic experiences. In later cinematic trauma narrations, mythical and hero-worshipping elements help film spectators imagine a healing of individual psychic traumata or collective wounds that nations, groups, or persons have experienced due to violence, war, accidents, diseases, or catastrophes. These filmic "healing scripts" (Marlene Hunter),[34] the cultural patches in the shape of imaginative imagery, are created—often belatedly and last, but not least, in case of internationally distributed motion pictures that are financially appealing —to cover traumatic wounds on an artificial level. If and how exactly this short film passage, THE BATTLE OF SEALE HAYNE, actually worked as a "healing script" is questionable, but the new happy ending of this fictional film piece, the "lucky-shot," might have

Image 3.9 The 'Lucky shot' as an illusory happy ending (War Neuroses by Hurst/Symns, circa 1916–1918, reproduced with permission by the Wellcome Library, London)

functioned as a modifier for what, beforehand, seemed to have been the inevitable destiny of the traumatized soldier. Jones emphasizes the influence of Hurst's charismatic and theatrical personality and the fictionality of the scene sequence at the end of the film:

> The final scene, which reflected his [Hurst's] theatrical personality, was the 'Battle of Seale Hayne' in which recovered soldiers paraded in full military uniform with rifles and bayonets, marched along a country lane and took part in a mock assault on an enemy position. Smoke was used to make the battle appear realistic and in the attack one soldier pretended to be shot, requiring the attention of a medic and stretcher bearers. Thus, what began as a factual record of military patients developed into a fictional scene worthy of the commercial cinema.[35]

What is also interesting is how this therapeutic idea resembles today's psychological theories and therapeutic methods, including "scenic memory,"

"screen-spectator-technique" (e.g., Frank W. Putnam), and "psychodynamic imaginative trauma therapy." In the latter, traumatic memory fragments are projected onto an "inner display screen" or "inner stage" watched by the patient like an "old movie" that can be stopped, fast-forwarded, set to close-up, or switched to black and white via an imaginary remote control. Ostensibly, this enables self-comfort and allows for control over the interplay between association and dissociation.[36] Perhaps The Battle of Seal Hayne can be seen as one of the early models for these therapeutic methodologies. However, it seems to be typical for those films to show allegedly cured individual traumata in order to convince military and medical officials that the collective, even nationwide healing and the reintegration of ex-war hysterics was possible.[37]

Conclusion: Agency?

This article focused on the relation between medicine, film technology, and visibility by analyzing the staging of 'war hysteria': its nosological interpretation and its treatment (via film) according to dramaturgy, mise-en-scène, and montage, as well as the choreography of gazes and acting. The selected European medical films discussed here also incorporate carefully choreographed performances. Most of them followed a particular "healing script" that communicated control over the structural chaos symbolically associated with 'hysteric' patients, who allegedly contaminated other healthy soldiers and officers. Looking at the deliberate or involuntary interventions and subversions of this healing plot, the subjective perspective of 'war hysterics' reveals a fragile parallel film story beneath the propagandistic and success-oriented healing-visions of the military physicians of that time.

In some scenes described above in detail, the hysteria-patient—intentionally or not—refused to conform to the commanded dress-code as well as the homogeneous choreography of gazes, gaits, and movements that were supposed to help demonstrate hysteria-symptoms in 'the right way.' In this way, he can be re-evaluated as a diaphanous performer of an illness 'invented' by military physicians who stigmatized him as a passive and effeminate medical object. Although it is arguable whether this can be seen as an act of insubordination, or if he was simply unable to conform to the demands placed upon him.

How much and what kind of agency did the 'war hysterics' in the First World War have? And how did this relate to their wish to be well again and therefore cooperate with the physicians as well as correctly fulfill their

gender role? If agency points to the ability of persons to act independently and make decisions at will, beyond their social boundaries and determination via class, gender, ethnicity, religion et cetera, what was the scope of action for 'war hysterics'? The extent to which their actions were free and not guided by the verbal instructions of the physicians is rather obscure. An analysis can only refer to what might be observed while watching the films from a temporal distance and by attempting to judge, given the military backdrop, what role factors like coercion and submission might have played. Through such an analysis, a rather subtle layer of limited agency can be revealed, though it is not the same level of agency found in healthy free civilian individuals. It seems as if the soldiers' capacity to act freely is affected by the circumstances of the war-environment and their need to obey their military leaders and avoid conflict. The presence of the military psychiatrist, who embodies the army system in the filmed therapeutic scenes, hinders the individual agency of the soldier and reminds him that he cannot act on his own behalf but is caught up in the requirement to act as part of a collective. As everything the soldier decides on his own is classified as disturbing the "scenery of requested healing," and as he has lesser agency in the situation than the physician filmmaker, the patient is not constructed here as a fully conscious agent in control. Instead, he can be characterized as a member of a—referring to a definition by the psychologist Paul Plaut in the year 1920—"war-minded group" ["*kriegerische Gruppe*"], a temporary working community, influenced by, on the one hand, the necessity of fighting and commitment, and, on the other hand, a strong instinct of self-preservation and self-reflection.[38] Although the patients in the military hospitals were not in a direct combat situation—except when they were phantasmatically re-enacting their (heroic) soldier-gender-identity as in The Battle of Seal Hayne— military virtues and ideology were still virulent and personified by the military psychiatrists. However, though the degree of agency was limited and always influenced by the physicians' agendas, these cinematic texts show small infringements, omissions, or transformations of the behaviour expected from the ex-soldiers and therefore reveal, via subversion, subjectivity.

Notes

1. For further study see, for example, Jason Crouthamel, *The Great War and German Memory: Society, Politics and Psychological Trauma, 1914–1945* (Liverpool: Liverpool University Press,

2009); Peter Leese, *Shell Shock: Traumatic Neurosis and the British Soldiers of the First World War* (Basingstoke: Palgrave Macmillan, 2002); Mark S. Micale and Paul Lerner, eds., *Traumatic Pasts: History, Psychiatry, and Trauma in the Modern Age, 1870–1930* (Cambridge: Cambridge University Press, 2001); Paul Lerner, *Hysterical Men. War, Psychiatry and the Politics of Trauma in Germany, 1890–1930* (Ithaca: Cornell University Press, 2003).

2. See, for example, Jean-Martin Charcot and Paul Richer, *Les démoniaques dans l'art* (Paris: Edition A. Delahaye et E. Lecrosnier, 1887).
3. For example Josef Breuer and Sigmund Freud, *Studies on Hysteria*, transl. and ed. by James Strachey, with the collaboration of Anna Freud (New York: Basic books, 2000), 236.
4. Julia B. Köhne, "Militärpsychiatrie und Kriegspsychologie im Ersten Weltkrieg und das Problem der Masse," in Gundula Gahlen, et al., eds., *Portal Militärgeschichte* (Focus: Psychische Versehrungen im Zeitalter der Weltkriege), 16 Jan. 2015 URL: http://portal-militaergeschichte.de/koehne_militaerpsychiatrie (6 Sept. 2016).
5. During the First World War, neuropsychiatric knowledge of traumatic injuries was far from a medical consensus on the origins and 'nature' of these psychological wounds. Medical terminology was not yet standardized and there was no clear concept of how to label, name, address, not to mention treat the massive medical, logistical, and symbolic problems caused by 'war hysterics.' The hybrid diagnostic and nosological terminology mirrored ambivalence and confusion associated with the medical concept of "hysterical men." Texts written by military neuropsychiatrists between 1915 and the 1920s, including patients' records, journal articles, and monographs, reveal that symptoms of 'war hysteria' could have been considered as signs of male softness, anti-heroism, weakness, lack of character, cowardice, or even so-called 'inner desertion,' as well as an abnormal disposition or a war-related, physical shock—to name just a few central points of the broad and complex medical discourse.
6. Julia B. Köhne, "Visualizing 'War Hysterics.' Strategies of Feminization and Re-Masculinization in Scientific Cinematography, 1916–1918," in Christa Hämmerle, et al., eds., *Gender and the First World War* (Basingstoke: Palgrave Macmillan, 2014), 72–88.
7. Julia B. Köhne, "Psychiatrisch-kinematographische Repräsentationen von 1917/18," in Köhne, *Kriegshysteriker. Strategische Bilder und*

mediale Techniken militärpsychiatrischen Wissens, 1914–1920 (Husum: Matthiesen, 2009), 192–200, see esp. the subchapter: "Zuckender Film – zuckender Hysteriker," 192–98.

8. In French medical cinematography there was a greater tendency to assert that a complete healing was only a fantasy. These films, except for two preserved films by Clovis Vincent, depicted the persistence of the symptoms and their resistance towards therapeutic interventions. See Julia B. Köhne, "Militärpsychiatrisches Theater. Französische Kinematographie der Kriegshysterie, 1915 bis 1918," in Cornelius Borck, ed., *Berichte zur Wissenschaftsgeschichte*, 36, (2013), 29–56.
9. Lerner, *Hysterical Men*, 86–102.
10. Edgar Jones, "War Neuroses and Arthur Hurst: A Pioneering Medical Film about the Treatment of Psychiatric Battle Casualties," *Journal of the History of Medicine and Allied Sciences*, 67:3, 8 June 2011, 345–73.
11. The relatively distinct ignorance towards these disciplines was given up after the war, especially in Germany and Austria-Hungary, where the majority of the physicians involved in the discourse were convinced that there is something like a subconsciousness and a psychogenic aetiology of male "war hysteria." In *Hysterical Men*, Lerner addresses the marginalization of psychoanalysis in military medicine, 163–92.
12. Kurt Schneider, "Einige psychiatrische Erfahrungen als Truppenarzt," *Zeitschrift für die gesamte Neurologie und Psychiatrie/Originalien*, 39:4/5, R. Gaupp, ed., 8 March 1918, 307–14.
13. See Peter Riedesser and Axel Verderber, *Aufrüstung der Seelen. Militärpsychiatrie und Militärpsychologie in Deutschland und Amerika* (Freiburg im Breisgau: Dreisam, 1985).
14. Julia B. Köhne, "Gegenläufige Erzählungen. Filmische Verfertigung individueller und kollektiver Heilung in *Let There Be Light* (1946) von John Huston," *Medizinhistorisches Journal* (2016, in preparation).
15. See further literature on this: Michael Roper, *The Secret Battle – Emotional Survival in the Great War* (Manchester: Manchester University Press, 2009).
16. See Martin Loiperdinger, "Plädoyer für eine Zukunft des frühen Kinos," in Ursula von Keitz ed., *Früher Film und späte Folgen*.

Restaurierung, Rekonstruktion und Neupräsentation historischer Kinematographie (Marburg: Schüren, 1998), 77.

17. See Laurent Tatu, et al., "The 'torpillage' neurologists of World War I. Electric therapy to send hysterics back to the front," *Neurology* 75:3, 20 July 2010, 279–83.
18. See Köhne, *Kriegshysteriker*, 227–236. Juliet C. Wagner, "Twisted Bodies, Broken Minds: Film and Neuropsychiatry in the First World War" (Cambridge, Massachusetts: Harvard University, dissertation, 2009), 133–44.
19. Le Progres de la Science francaise au profit des victimes de la guerre. Une grande découverte du docteur "Vincent" (around 1916), filmed at L'hôpital Descartes à Tours by the neurologist Dr. Clovis Vincent, released by the Service Cinematographique des Armées (SCA), 11 min.
20. Wagner, *Twisted Bodies, Broken Minds*, 142.
21. Cf. a caricature of Clovis Vincent, drawn by A.P. Gallim [unreadable], titled "Vincent des Pôles" ["Vincent of the electric poles"], 1920. It is printed as part of a biographical note on Vincent: http://www.histcnrs.fr/histrecmedcopie/notices/vincent.html (6 Sept. 2016).

    See also: Marc Roudebush, "A Patient Fights Back: Neurology in the Court of Public Opinion in France during the First World War," *Journal of Contemporary History*, 35:1, special issue on Shell Shock January 2000, 29–38, here: 35.
22. Max Nonne, "Über erfolgreiche Suggestivbehandlung der hysteriformen Störungen bei Kriegsneurosen," *Zeitschrift für die gesamte Neurologie und Psychiatrie: Originalien*, 37 (1917), 201. Cf. Köhne, *Kriegshysteriker*, 214–16.
23. Lerner, *Hysterical Men*, 266 and 86ff. Stefanie Caroline Linden and Edgar Jones, "German Battle Casualties: The Treatment of Functional Somatic Disorders during World War I," *Journal of the History of Medicine and Allied Sciences*, 68:4, October 2013, 627–58. See also: Max Nonne, "Über Psychotherapie mit Filmvorführungen und Lichtbildern," *Deutsche medizinische Wochenschrift* 64 (1918), 477–478.
24. Max Nonne, "Neurosen nach Kriegsverletzungen (Zweiter Bericht)," in *Verhandlungen der Gesellschaft deutscher Nervenärzte*. 8. Jahresversammlung (Kriegstagung) gehalten zu München, 22. and 23. September 1916 (Leipzig, 1917): 37–115, here: 96.

25. See Désiré M. Bourneville and Paul M. Regnard, *Iconographie photographique de la Salpêtrière (service de M. Charcot)* (Paris, 1878).
26. The term "pithiatisme," that was coined by Babinski around 1900, implicates that the symptoms of "hysteria," generated via pathological and dispositive (auto-)suggestion or simulation, would generally be healable via persuasion, anti-suggestion and autoritarian disciplination. Joseph Babinski, "Definition de l'hystérie: Société Neurologique de Paris Meeting of 7 November 1901," *Revue neurologique* 9 (Paris, 1901), 1074–80.
27. Franziska Lamott, *Die vermessene Frau. Hysterien um 1900* (Munich: Fink, 2001), 128.
28. Mulvey's dichotomizing conception in "Visual Pleasure and Narrative Cinema" (previously published in *Screen*, 16:3, autumn 1975, 6–18) has been repeatedly criticized, challenged, and transformed by other theorists of feminist film theory (see Mary Ann Doane, E. Ann Kaplan, Gertrud Koch, Kaja Silverman et al.).
29. Ute Holl, "Neuropathologie als filmische Inszenierung" in M. Heßler, ed., *Konstruierte Sichtbarkeiten: Wissenschafts- und Technikbilder seit der Frühen Neuzeit* (Munich: Wilhelm Fink, 2006), 235. Holl refers here to reflections of Tom Gunning in 1983.
30. See Köhne, *Kriegshysteriker*, 221-27; Jones, "War Neuroses and Arthur Hurst," 357.
31. Jones, "War Neuroses and Arthur Hurst," 1.
32. See E. Cowie's arguments in her 2001 essay: "Identifizierung mit dem Realen – Spektakel der Realität," in Marie-Luise Angerer and H.P. Krips, eds., *Der andere Schauplatz: Psychoanalyse – Kultur – Medien* (Vienna: Turia+Kant), 151–80, here: 174. Wagner argues in *Twisted bodies, broken minds* that the medical film The Battle of Seal Hayne used genre conventions of "a broader visual culture" and that Hurst and the soldiers might have been influenced by them making it, 201.
33. Cowie, Elisabeth, "Identifizierung mit dem Realen – Spektakel der Realität" 174: "Die Re-Inszenierung ist die Inszenierung der Kur. Der Schrecken ihrer Kriegserfahrungen wird in dem Spiel eines erfolgreichen Soldatentums signifiziert, im Unterschied zum Signifizieren des Kriegsschreckens, wie er sich in den hysterischen Symptomen, welche die Männer vorher zeigten, dokumentierte. So gelangte die Realität des Krieges gerade durch ihre fiktive Inszenierung zu einer Repräsentation."

34. Marlene Hunter, *Healing Scripts: Using Hypnosis to Treat Trauma and Stress* (Bancyfelin et al.: Crown House Publishing, 2007).
35. Jones, "War Neuroses and Arthur Hurst," 10.
36. Luise Reddemann, *Psychodynamisch Imaginative Traumatherapie* (Stuttgart: Pfeiffer bei Klett-Cotta, 2005), 172. Many other parallels can be drawn between clinical trauma research and the knowledge of practitioners in the field of traumatology and film aesthetics and dramaturgy.
37. For further thoughts on the triangle: (1) war veterans and their traumatic experiences, (2) politics of war remembrance and postwar society, and (3) gender issues in Imperial, Weimar, and Nazi Germany, see Jason Crouthamel, *The Great War and German Memory*.
38. See Julia B. Köhne, "Papierne Psychen. Zur Psychographie des Frontsoldaten nach Paul Plaut," in Ulrike Heikaus and Julia B. Köhne, eds., *Krieg! Juden zwischen den Fronten, 1914–1918* (Berlin: Hentrich & Hentrich, 2014), 65–104.