



Jason Crouthamel, Peter Leese, eds. *Psychological Trauma and the Legacies of the First World War*. New York: [Palgrave Macmillan](#), 2017. 350 pp. \$119.99 (cloth), ISBN 978-3-319-33475-2.

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A recent article in the *Nursing Times* based on a King's College London study showed that a large percentage of doctors, nurses, and other medical personnel on the front lines of England's COVID-19 response have experienced clear signs of trauma, including post-traumatic stress, depression, and anxiety.[1] American nurses and doctors seem to just as regularly experience such forms of trauma as they pour their hearts out on national television in pleas to a defiant public to maintain social distancing and wear masks. It seems odd to begin a review of a book on First World War trauma by referencing civilian medical staff during a twenty-first-century pandemic. But the two experiences may be more connected than we care to admit, especially when one considers the trajectory of modern trauma studies, where scholars seek to broaden the scope of psychological distress from the epicenter of war experiences, where it has typically been studied.

Such is the goal of Jason Crouthamel and Peter Leese's edited volume, *Psychological Trauma and the Legacies of the First World War*. Crouthamel and Leese seek to "broaden our definition of 'mental trauma' ... by examining wider groups" and uncovering "'hidden' forms of trauma" (p. 3). Taking the focus away from the direct experiences of the battlefield and the medical practitioners who encountered patients in hospital wards, the chapters in this collection highlight how trauma reverberated throughout postwar societies as the bells of the November 11, 1918, Armistice receded into history. The book is organized into three parts, beginning with a focus on tensions over how veterans were represented in postwar societies. Fiona Reid's opening chapter treads some well-charted territory on the history of maxillofacial wounds. Adding to the work of such scholars as Marjorie Gehrhardt and Joe Kember, Reid examines not the medical histories of the facially wounded men but how they dealt with their trauma in the interwar years. While some died of wounds, she argues, many were exhausted from the lengthy recovery, lurked in the shadows so as not to be seen, or committed suicide. Julia Barbara Köhne reads against the grain of sources, in similar ways as Reid does, to demystify the lived experiences of traumatized veterans. In "Screening Silent Resistance," Köhne reads the bodily movements of neuropsychiatric patients in films that were meant to suggest healing at the hands of medical personnel. Though she notes that patients' "soft rebellion" sometimes showed up in the films where they did not completely follow the scripts given to them by doctors on how to act in front of the camera. Gundula Gahlen emphasizes the role of print media in the conceptualization of trauma, specifically among publishing professionals in journals. Gahlen argues that the "writing physician" at home shaped public medical discourses, and those conversations generally were more sympathetic to officers than other patients.

Part 2 extends the boundaries of trauma from the rank-and-file soldier to civilians. Justin Dolan Stover argues that Irish republicans disrupted the traumatic legacies and commemorations of the Great War in favor of the traumas of revolutionary struggle by, for example, ridiculing veterans of the Great War and interrupting memorial ceremonies so as to prevent the "establishment of public memory" of the war (pp. 121). Trauma, therefore, was

part of the narrative building of Irish republicanism. Stover shows how individual political actors worked to choose their collective trauma. But political realities complicated war remembrance in Weimar Germany, too, as Silke Fehleemann and Nils Löffelbein argue. Fehleemann and Löffelbein show how the memory of bereaved women became politically potent particularly with the rise of Nazism. Michael Roper's chapter on children of disabled soldiers in Britain is the most exciting of the volume. Studying the histories of such children is complicated because of a lack of sources. However, Roper shows his skill at reading against the grain as he contextualizes the lives of World War descendants and argues that trauma was generational, as children became "repositories" for unbearable feelings leftover from the war (p. 168). Roper's analysis shows how having sick or disabled fathers meant children also took on adult roles within the family at a young age. "Living with the sight, smell and pain of wounds" Roper argues, children lived with the "fallout of a war waged before their time" (p. 186). Next, Marie Derrien looks at French soldiers who were left without many services and had to live their postwar days dealing with trauma on their own.

Finally, part 3 of the volume explores what the editors call traumatized medical cultures after the war. Heike Karge argues that despite Serbia's prolonged war years stretching back to 1912, there was a remarkable lack of psychiatric treatment options for those who needed them, leaving a great many soldiers to be treated in civilian hospitals. Livia Prüll combs through sources to show how the Great War traumatized physicians and, subsequently, German military medicine after 1918. The dire circumstances of the war years, particularly food shortages, led physicians to eliminate individuals who they believed might undermine the war effort. This rationale contributed to patient starvation in Germany's wartime asylums. But again, 1918 was not the end of such policies, but just the beginning. As Philipp Rauh argues, the infamous T-4 program in which the Nazis killed hundreds of thousands of disabled Germans found its earliest experiences in the years of the Great War. In fact, Rauh shows that some of the first victims of Nazi euthanasia were soldiers of 1914-18 with psychiatric wounds.

Mark Micale concludes the book by looking at promising recent scholarship toward a "global history of trauma." He argues that, unlike many of the earlier histories of trauma that focused primarily on war wounds, including his own book *Traumatic Pasts*, co-edited with Paul Lerner, contemporary events have changed how we think about trauma. From tsunamis and earthquakes to plane crashes and political revolutions, most of the events that create traumatic experiences include natural disasters and civilians instead of combat injuries inflicted on soldiers, and most have occurred outside of Europe. Citing four recent examples of historical scholarship on trauma, from modern Japanese responses to psychiatric distress to the origins of psychiatry in Korea, their findings, according to Micale, "enrich our comprehension and conceptualization of historical trauma studies in general" and point the way toward thinking about this subject anew (pp. 302). Such might be the genesis of future scholarship on trauma in the era of Covid-19.

This volume is an important, though not flawless, addition to the myriad histories of trauma and opens new avenues for research about disabled veterans in modern societies. For example, Julia Köhne's chapter on cinematography and hysteria in Germany and Michael Roper's chapter on children of disabled soldiers in Britain are compelling templates for similar studies in the United States, France, or in the context of colonial empires. And Justin Dolan Stover's examination of trauma in the context of Irish revolutionary struggle points to questions about trauma in the context of the many violent conflicts that persisted in the years after the November 1918 Armistice that are expertly charted in, for example, Robert Gerwarth's book *The Vanquished* (2016). While these chapters are compelling, a thorough reading of disability theory—or even a simple note on nomenclature—would have been beneficial. For example, in a chapter on trauma and victimhood in Germany, Silke Fehleemann and Nils Löffelbein repeatedly use the term "invalids" when referring to disabled veterans even though this word is well out of use in twenty-first-century English. Nonetheless, Crouthamel and Leese have put forth an important collection. And though the field of trauma studies already has a vibrant historiography, it seems to have an equally rich future if this volume is any indication.

Note

[1]. Megan Ford, "Covid-19: New Findings Point to Widespread Trauma Among Nurses," *Nursing Times*, January 13, 2021.



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