



Grupo de Investigación
Historia Militar



Beyond Armistice: The Psychological Legacy of World War I

Introduction: World War I & Metallica's "One"

As a cultural historian – as opposed to a military historian or just a straight-forward historian – I look to artifacts from culture that discuss or portray images of war. While I do study war, I am not a specialist on World War I. But when I think of World War I, I do not think of the fields of Somme or the shores of Gallipoli; I think of Metallica's 1989 music video for their song "One." I saw the video as a child, and it scared me. I remember my father telling me that the scenes of a man in a hospital bed, head trapped in a box video trying to signal "S.O.S." was fake. Only later, in adulthood, did I learn that this portion of the video was, in fact part of a real film, but I still largely avoid the video when I can – I still find it haunting and raw.

Metallica's "One" music video, which is a combination of the band playing in an empty room spliced with footage of the aforementioned head-box man in a war hospital, is actually not entirely "fake" as my father thought. Directed by Bill Pope and Michael Salomon, the video mixes the band playing with film footage scenes from *Johnny Got His Gun*, a 1971 anti-war film based on Dalton Trumbo's 1938 World War I novel *Johnny Got His Gun*. Trumbo directed the film version of his novel, which, per British music critic Simon Young:

Tells the story of a doomed WW1 infantryman Joe Bonham who is hit by an artillery shell. He wakes up in a stark hospital room with no limbs and a crude, box-like mask covering the space where his face used to be. With touch as his remaining sense, he begins to communicate with nurses and visiting generals by tapping out Morse code signals on his pillow using his head. 'Kill me', that sort of thing." (Young, 2021)

Personally, I have not been able to finish the novel *Johnny Got His Gun*, and I have never tried to see the film – the music video's clips are sufficiently psychologically damaging. Simon Young was equally scarred by the music video; he describes the video as buried deep in his

subconscious “that nightmares can be triggered by the slightest of things” (Young 2021). He goes on to describe getting “a knotted feeling in [his] stomach” by reading about or seeing World War I film. Young notes that, around Armistice Day, 11 November, he “is rife with broken sleep as the UK remembers its fallen heroes” and recalls having his “first-ever panic attack” after following his classmates into “The Trench Experience” at the Imperial War Museum in London (Young 2021). Young and I’s shared testimony on the power of this music video regarding our overall impressions of World War I should attest to the fact that music videos can be educational... and that a video with absolutely zero depictions of violence can haunt one’s psyche.

But in the aforementioned video, in the “stark hospital room” featuring “doomed” Joe Bonham, the lyrics of the song further illustrate the story of World War I. The lyrics play into ideations of what is now referred to as “PTSD,” or Post-Traumatic Stress Disorder, in the United States’ handbook for mental illness, *The Diagnostic and Statistical Manual of Mental Disorders* (DSM). After the first World War, however, this diagnosis was less clinical. “Shell Shock” was a more common term for any unexplained physical or mental reactions a World War I veteran might exhibit (Skerrett 2013). Without the visual of the music video, the lyrics of Metallica’s “One” stand alone as an artifact of what could happen to a soldier after war.

The two-line chorus – also known colloquially as the part of the song most people remember and clearly hear upon first hearing the song – is: “Hold my breath as I wish for death/ Oh please, God, wake me” (Metallica 1989). It’s dramatic, but it’s what the listener is now told war does to its survivors. The verses of the song continue the drama, but also add glimpses of trauma the narrator, a soldier injured from a war. The narration begins: “Now that the war is through with me/ I’m waking up, I cannot see/ That there's not much left of me/ Nothing is real but pain now” (Metallica 1989). He is disposable, a thing that the machinations of war can be

“through with,” and the only reality he knows is “pain.” And, as the audience knows from the chorus, actively “wish[es] for death.” This is not a song about a victorious hero returning home from the front; this is a story about a soldier wounded, near death but not spared its relief from physical and mental wounds. In “One,” the speaker/soldier considers himself, hooked up to medical equipment and severely injured, a “wartime novelty” who feels “trapped in myself/body a holding cell” (Metallica 1989). The song ends with the acknowledgement that the speaker was injured by a landmine during war, leaving him with “life in hell” (Metallica 1989). If this is World War I, it is wretched. Metallica’s “One” depicts a disturbing and distressing picture of the First World War’s physical and mental wounds. The song offers listeners a glimpse into the mental world of survivors of combat; it reveals what a story of someone with PTSD might *sound* like.

PTSD & World War I

Aside from the sorrowful “One,” whenever I think of World War I, my mind pings through different images. Trench warfare (and the birth of the trench coat) and gas masks. Plodding through *All Quiet on the Western Front* in primary school. The American propaganda song “Over There,” commissioned by the Wilson Administration and written by Broadway’s George M. Cohan, which also introduced me to the slang-word “hun” for German soldiers. And the general attitude of the United States when participating in wars overseas as ambiguous, faraway affairs.

One image that sticks with me most is that of Septimius Warren Smith, the forlorn World War I veteran character in Virginia Woolf’s 1925 novel *Mrs. Dalloway*. In the book, which covers a day in the life of a variety of characters, Smith spends time with his wife, Lucrezia,

trying to evade Dr. Holmes, who is dismissive of Smith's condition. Smith's internal narrative details his war-related hallucinations of his dead comrade, Evans – an early allusion to PTSD:

So he was deserted. The whole world was clamoring: Kill yourself, kill yourself, for our sakes. But why should he kill himself for their sakes? [...] But even Holmes himself could not touch this last relic straying on the edge of the world, this outcast, who gazed back at the inhabited regions, who lay, like a drowned sailor, on the shore of the world.

It was at that moment... A voice spoke from behind the screen. Evans was speaking. The dead were with him.

“Evans, Evans!” he cried. (Woolf 1953, 92-93).

Septimius Smith's internal monologue is a tormented one. He feels all alone, and thinks that he should commit suicide in order to spare his wife and those around him from watching his downward spiral. He is “weak” and considers himself “quite alone, condemned, deserted” before he hears Evans' voice (92). This isolated feeling is a hallmark symptom of PTSD, but it also extends to those who have gone through war and feel misunderstood by those who did not share their combat experience. Smith's continued emphasis on his outlier status – “like a drowned sailor, on the shore of the world” – underscore his feelings of disenchantment with his life post-war, and though his mind is still nimble, his reactions to ordinary life are heightened and outlined in hallucinatory fear. Smith, wretched with guilt and memory, leaves the novel by jumping out of window to his death, effectively ending the loop of trauma in his mind.

World War I veteran PTSD was surely heightened by the inability of society to discuss what happened to them in any positive way. Those who carried physical wounds of war were often seen as freakish or pitiful, which does little to raise the spirits of the wounded. In the early 20th Century, calling attention to someone's uneven temperament or gruesome wounds was impolite behavior, and in Britain, a culture famous for keeping calm and carrying on, uttering nary a complaint behind a stiff upper lip, it was *extraordinarily* impolite. *Mrs. Dalloway's*

Septimius Smith was kept relatively isolated from others, partly at his insistence and partly due to societal shame over his condition. In Kate Atkinson's 2014 novel *Life After Life*, one of the story's minor characters, Clarence Dodds, is similarly sequestered. *Life After Life* follows the story of the young Todd family, who live in the English countryside. Clarence is the World War I veteran and husband of the Todd's housekeeper, Bridget. The narrative is often told from the perspective of the children in the family, and their impressions of a wounded post-war Clarence reveal a larger social attitude towards World War I veterans. The children marvel that:

It was impossible not to stare at Clarence's tin face ("galvanized copper," he corrected them). They lived in terror that he would remove the mask. Did he take it off to go to bed at night? If Bridget married him would she see the horror beneath?
"It's not so much what's there," they overheard Bridget say to Mrs. Glover, "as what's *not* there." (Atkinson 2014, n.p.)

Clarence has suffered a head-wound that is covered – whether for aesthetic or medical reasons – by a galvanized copper mask. Clarence's disfigured post-war appearance is fascinating to the children, but they "[live] in terror that he would remove the mask" and think there's a "horror beneath" it. Bridget, Clarence's wife, vaguely remarks that things are missing, or "not there" on his face, but that is an eavesdropped conversation not meant for the children. Prior to Clarence's deployment to the front, he was a benevolent farm hand, playful with the children and strong enough to carry them on his shoulders. The Todd children did not fear Clarence before, but now that he has returned from WWI a more reserved and masked figure, they are scared of him.

Later in the book, Clarence dies of pneumonia, leaving Bridget a widow. The Todd family re-employ Bridget into their house, as she cannot afford to live in her marital home with Clarence on just his military pension. The parents in *Life After Life*, Sylvie and Hugh Todd, are economically well off enough to have been able to avoid military sacrifice within their family, and talk openly in front of the children about the lingering effects of World War I. Their

discussions include how they feel about the soldiers as a group and the legacy of the War. While both are committed pacifists, or at least too educated to indulge in the gritty matters of war, they are concerned about how the War is remembered, as well as how Clarence is remembered:

[The Todd family] spent a considerable amount of time discussing whether Clarence had been buried with his mask on or off. (And if off, where might it be now?) [...] Clarence's photograph, a print of the one taken for his mother, before he marched off to his destiny, had now joined that of Sam Wellington in the shed. "The endless ranks of the dead," Sylvie said angrily. "Everyone wants to forget them." "Well, I certainly do," Hugh said. (Atkinson 2014 n.p.)

Sylvie Todd's anger over the hopelessness of mourning the war dead is palpable. Sam Wellington, another family friend, is also a war casualty, and their memories, are shunted to the garden shed, out of sight and out of mind. Sylvie views this as a comment on the worthlessness of war, bemoaning Clarence Dodds' new position "in the endless ranks of the dead." Her anger is rooted in their inevitable fate: forgotten. The sacrifices of these World War I dead were worth nothing if they are forgotten, their portraits banished to a mis-used shed. Hugh, speaking from the position of a man who is working to return to pre-war Britain, as well as happier times, does not want to dwell on men like Clarence Dodd; he "certainly" wants to forget them. While Clarence does not present with obvious war-related PTSD symptoms, the people around him do; the Todd children are forever marked by the change in Clarence from outgoing to subdued, and his copper mask has rendered him less human to them. Sylvie, not as eager to move on from the horrors of war as her husband, insists that the humanity (and the inhumanity) of war be remembered and justified.

As evidenced by many stories of many wars, post-war trauma is not confined only to the veteran experience. It is important to include civilians and base members who may or may not have seen active combat, but have been undeniably changed and internally rattled by the

experience. Medics, for example, often report high rates of PTSD, and even more front line-removed members of the military – pilots, for example – also report issues related to PTSD. But veteran trauma, at least, is somewhat studied and documented, and their particular plight is more pronounced. Furthermore, in many countries, post-war awareness and care for veterans has increased since World War I, but it still has a long way to go.

The WWI PTSD Legacy Today

Studying war ultimately leads to at least a cursory understanding of the evolution of PTSD. In the late 19th century US, for example, PTSD symptoms were labelled “Soldiers Heart” or (Skerrett 2013). As noted earlier, World War I referred to these same symptoms as “Shell Shock” due to the increased power of military weapons – shelling from tanks, fragments from mines, and chemical warfare objects, like gas shells – and the idea of the symptoms as “Combat Fatigue” or “Combat Stress” continued into the World War II era until the early 1980s, when PTSD became a more studied and recognized set of symptoms (Skerrett 2013). The US Department of Veterans Affairs (VA) requires a PTSD diagnosis to always include four main symptoms: 1) re-living events, 2) Avoidance of things that remind one of events re-lived, 3) having more negative thoughts and feelings than before the event, and 4) Hyperarousal, or a perpetual feeling of being “on edge” (“PTSD Basics” 2023). Sometimes it can be difficult to get this diagnosis, not only because veterans have to admit that they are experiencing these symptoms, which can be a difficult first step, but also because they may not present the complete pathology. Furthermore, the inclusion of Traumatic Brain Injury (TBI, a condition where multiple concussions rattle the brain) and Moral Injury (a psychological reaction to doing something that went against one’s morals, which is a definite by-product of war) requires a more comprehensive diagnosis.

In my life, when I began to work with US veterans of the Viet Nam, Iraq, and Afghanistan wars, I saw different ways that PTSD affects former soldiers. I began to understand what a “thousand-yard stare” looked like, or why a veteran might want to strategically sit at a restaurant so they could see all the exits. At the University of South Carolina Beaufort, where I work and advise our student veteran group, lost a member, Nick Becker, to suicide in 2017. In his final post (arguably a suicide note) on Facebook, he referred to himself as “the 22nd man,” a reference to the (roughly) 22 veterans who commit suicide in the United States every day. The scepter of the fictional Septimius Smith looms over the very real veterans with PTSD today; literature as a lens to the problem of veteran suicide is helpful, but to best understand the problem, more sources are needed. American awareness of its military is high; US citizens are aware that the United States has the largest military budget in the world, and no one appears to complain about that. The problem is that the budget for the US military often excludes critical research, funding, and staffing for veteran health care. Few veterans who have dealt with the VA (Veterans Affairs) office, especially in regard to psychological help, have glowing reviews of the Office. The VA’s inadequate treatment is often argued to contribute to the rate of veteran suicides, but I would also argue that social apathy is partly to blame – we don’t really pay attention to our military veterans once they’ve served, or, to paraphrase Metallica, once the war is “through with” our soldiers.

In Christian Appy’s recent review of Nadia Abu El-Haj’s book *Combat Trauma: Imaginaries of War and Citizenship in Post-9-11 America* (Verso, 2023), Appy argues:

American culture, especially since 9/11, has been saturated with endless reminders that respect for the military is essential not just to the well-being of our troops but to the health of the nation. The larger message was always clear, at least implicitly: to question the causes, conduct, and consequences of war might thwart the greater need to heal from the wounds of war and to continue the fighting. (Appy 2023)

Appy's sharp underscoring of how questioning the "consequences of war" prohibits its continuance points to a problem as old as World War I – how can the world continue to go to war with little thought to what it does to those involved? And, as Abu El-Haj points out, the Iraqi and Afghan citizens in these wars are never mentioned as victims as part of the mythology surrounding war. Abu El-Haj also reflects on how PTSD has slowly devolved into a "condition of victimhood," a cultural diagnosis that does little to rehabilitate or respect those who have gone through the trauma of war, from the Septimius Smiths of World War I to the unnamed citizens across the world (Appy 2023). How does one live on after experiencing the trauma of war – if one was a child during the war or a hapless adult civilian or a soldier? We rarely know much about these conditions unless those suffering from them speak out – yet how are they to speak out if they are discouraged by cultural gas lighting?

Consider the description of World War I hospitals in a recent article about the trauma of the war in Ukraine from the *New York Times*. In "'I Live in Hell': The Psychic Wounds of Ukraine's Soldiers," an interactive article centered around psychiatric evaluations ongoing in Ukraine, journalist Ellen Barry recalls that "[in] World War I, hospitals overflowed with soldiers who screamed or froze or wept, described in medical texts as 'moral invalids.'" (Barry & d'Agala 2023). The article, filled with photos of Ukrainian soldiers grasping their heads in beds or looking off in the distance, pained and aged by their experience, echoes the screaming, frozen, and weeping soldiers of World War I. Instead of "moral invalids," however, they are viewed more sympathetically. Barry includes commentary from Robert van Voren, head of the Federation Global Initiative on Psychiatry, who notes that: "We are looking at a war that is basically a repetition of the First World War [...] People are at the frontline too long, and at a certain point, they crack" (Barry & d'Agala 2023). While the article features several stories from

individual Ukraine soldiers, one junior lieutenant, identified as Ruslan, is the 2023 version of the WWI “moral invalid”; he details a day-to-day existence not far removed from the fictional Septimius Smith: he has “the same dream, over and over: He dives for a trench, but it is not a trench; it is a grave. [...] ‘I would like to lie in a hole somewhere and hide,’ he says” (Barry & d’Agala 2023). PTSD, thus, continues to be an experience that is very real, as opposed to musings in literature. Fictional accounts and the reality of PTSD are the same.

But what of Ruslan’s children and wife, who visit but not for long (per Ruslan’s wishes, as he doesn’t want them to see him in his fragile state)? The trauma of war does not end when a soldier dies, nor does it end when a civilian who survived the war dies; generational trauma hardens and buries the emotional wounds of war far beyond the historical goal posts of the beginnings and ends of wars. My recent research into second-generation Vietnamese-Americans reveals people who, despite being born after the Viet Nam War, and despite often born *outside* of Viet Nam, still carry the wounds of war inside them. This is often called generational trauma. The children of war survivors learn early to dance around the trauma of war that their parents exhibit, ultimately passing down a lineage of fear and separateness – you cannot fully be “American” if part of you is still left behind in a country the United States once fought. You cannot be fully present when part of you is tethered to past horror.

Statistically, PTSD treatment and numbers have been “improving” from when our friend Nick Becker experienced in 2017. According to National Center for PTSD within the Department of Veterans Affairs, at some point in their life, “7 out of every 100 Veterans (or 7%) will have PTSD. In the general population, 6 out of every 100 adults (or 6%) will have PTSD in their lifetime. PTSD is also more common among female Veterans (13 out of 100, or 13%) versus male Veterans (6 out of 100, or 6%)” (“How Common...” 2023). The higher rate among

females is often attributed to military sex trauma (MST), and Vietnam, Iraq, and Afghanistan veterans report higher rates of PTSD than WWII or Korean War Veterans (“How Common...” 2023). One can conclude from these statistics that PTSD is a common enough occurrence to warrant more attention and proactive behavior from the military, but that is not always the case. Reading through veteran testimony in the US, one of the most prohibitive factors regarding veteran mental health is access to VA facilities, where veterans can be treated for free. Going outside of the VA means paying for care out of pocket, which many veterans, especially those hamstrung by debilitating PTSD symptoms, cannot afford.

Conclusion

The most famous poem from World War I, or at least the most taught World War I poem in Western Literature, is Wilfred Owen’s “Dulce et Decorum Est.” Published in 1920, after Owen’s death (he was killed in action a week before Armistice was declared), the poem is both acerbic and honorific. The soldiers in his poem “limp on, blood-shod” through the falling gas shells and “sludge” of World War I (Owen 1920). The narrator writes of nightmares of fallen comrades, just as soldiers in *Mrs. Dalloway* and the Ukraine did. In Owen’s poem, the speaker laments: “In all my dreams before my helpless sight/ He plunges at me, guttering, choking, drowning” (Owen 1920). The poem is most remembered for its ominous final lines: “My friend, you would not tell with such high zest/ To children ardent for some desperate glory,/ The old Lie: *Dulce et decorum est/ Pro patria mori*” (Owen 1920). The final line, a direct reference to a quote from the Roman poet Horace, is an embittered rebuke of Horace’s declaration that “[it] is sweet and fitting to die for one’s country” (Poetry Foundation 2023). The emphasis on “desperate glory” underscores the “old lie” – it is not glorious to die for your country. It is, instead, “obscene as cancer” and a much more futile pursuit than a glamorous one (Owen 1920).

In slight contrast, perhaps the other best-known poem from the World War I era is Laurence Binyon's 1914 poem "For the Fallen." The whole of the poem is not as well-known as one of the middle stanzas, which is repeated as part of ANZAC (Australia and New Zealand Army Corps) Remembrance Day events as well as memorials of the ANZAC war dead on Armistice Day. At ANZAC events, a speaker reads the verse: "They shall grow not old, as we that are left grow old;/ Age shall not weary them, nor the years condemn. / At the going down of the sun and in the morning/ We will remember them" and the audience intones, in reply, "lest we forget" ("Ode..." 2023). When researching at the Australian War Memorial, I witnessed the museum's Last Post Ceremony every evening for a week. The ceremony is held outside by a reflecting pond, the walls lined with the names of the dead and poppies. A deceased soldier is picked from the Roll of Honor to be remembered, wreaths are laid, and then a lone bugler plays the haunting tones of the "Last Post." It is a breathtaking, somber experience. Sylvie Todd of *Life After Life* would be glad – but how many of us participate in remembrance? I found this ceremony moving, a hopeful tribute to recognize the fallen and reconcile death and war. But Binyon's poem doesn't speak as much to the suffering of war but rather to its solemnity and loss. This poem, like much World War I literature, is for the fallen, not the survivors.

As we think about World War I's legacy, it is important that we include its psychological inheritance. It is important to note how far we have come in acknowledging the wounds of war, but also how much more distance we have to cover. It is good that we can diagnose PTSD and Moral Injury (a somewhat newer theory about trauma that, like PTSD, extends beyond battlefield experiences) and attempt to treat it, but we must also acknowledge that we only treat the few who are brave enough or scarred enough to come forward. And that those few usually don't include civilians caught in the cross-hairs of wars; we must also acknowledge who we forget.

Wars do not simply end on Armistice Day; they continue in the minds of those that remember them, and not always to their benefit. There are no tidy endings with war, and it is essential that our discussions of wars include the sad residue that lingers after peace is declared.

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