



Grupo de Investigación
Historia Militar



“Beyond Armistice: The Psychological Legacy of World War I”

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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.

But the image that sticks with me most is that of Septimus 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 in the park with his wife, Lucrezia. Smith’s internal narrative details his war-related hallucinations of his dead comrade, Evans – an early illusion to what we now call PTS or PTSD (post-traumatic stress syndrome) – and 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. Septimus Smith was my first exposure to the personal wounds of war which soldiers experience, albeit in a fictional form.

In real life, when I began to work with US veterans of the Viet Nam, Iraq, and Afghanistan wars, I saw different ways that PTS 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. Our student veteran group lost a member to suicide in 2017; in his final post 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.

In Christian Appy’s recent review¹ 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

¹ Appy, Christian. “To End Soldier Trauma, Stop Waging Wars.” *Catalyst Review*. 16 March 2023. <https://catalyst-journal.com/2023/03/to-end-soldier-trauma-stop-waging-wars>

victimhood,² a cultural diagnosis that does little to rehabilitate or respect those who have gone through the trauma of war, from the Septimus Smiths of World War I to the unnamed citizens across the world. 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’³.” 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 crack⁴.” 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 Septimus 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 says⁵.”

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. 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.

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

² Ibid.

³ Barry, Ellen & Antoine d’Agala. “‘I Live in Hell’: The Psychic Wounds of Ukraine’s Soldiers.” *New York Times*. 14 March 2023. <https://www.nytimes.com/interactive/2023/03/14/magazine/ukraine-soldiers-psychiatric-hospital.html>.

⁴ Ibid.

⁵ Ibid.

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.