

Introduction

Documenting the “Residue of Battle”

“The aftermath of war is rubble—the rubble of cities and of men—They are the casualties of a pitiless destruction. The cities can be rebuilt, but the wounds of men, whether of the mind or of the body, heal slowly.”

—opening text of *Kiss the Blood Off My Hands*
(Norman Foster, 1948)

Tasked with explaining what war can “do to the mind,” a Navy medical officer stares into the camera and delivers a warning about cinema’s capacity to traumatize its spectators, especially those whose arena of reception is the neuropsychiatric ward of a military hospital. Directly addressing the vulnerable, “battle-fatigued” patients watching the film from the relative safety of their hospital beds, this unnamed man offers a gentle reminder about the diversity of formal devices that profitably constitute the category of documentary cinema. That these devices include simulation in addition to the use of “authentic” footage means that a traumatized war veteran will invariably fear more than just a “loud,” star-studded, Hollywood-style recreation of the horrors of combat. He may, in fact, fear the very film in which this medical officer appears—a short, military-produced documentary designed, first and foremost, to bolster the psychiatric treatment of those suffering from combat-related “mental problems.” After all, the officer’s own segments—pedagogic and therapeutic moments of direct address—are interspersed with dramatizations of various claims about war trauma, many of which recreate ghastly battle conditions.

Introducing a series of staged sequences, the officer counsels the film’s hospitalized viewers to accept that, however vividly these sequences may



FIGURE 1. A Navy psychiatrist addresses the traumatized viewer in the service's *Introduction to Combat Fatigue* (1944). Courtesy of the U.S. National Library of Medicine.

evoke the very experiences that led to the viewers' psychological breakdowns, they are meant to indicate just how common—and, more to the point, just how comprehensible—war trauma can be. As the officer puts it, dramatic reenactments of combat are “painful” but “necessary”—like the pulling of a bad tooth or the treatment of a broken leg. By watching them, the battle-scarred soldier will learn how to recreate and thereby exorcise his own traumatic past as a central part of the therapeutic process. Thus the film's own mimetic relationship to war is meant to spur mimesis of a different order—the sort of “curative imitation” that, performed in clinical settings under the close supervision of therapists, allows a soldier to “work through” war trauma.

This short Navy film, *Introduction to Combat Fatigue* (1944), demonstrates many of the principles that motivated the military's use of documentary realism as a form of instruction and therapy during and after World War II. Addressing hospitalized soldiers suffering from various symptoms of combat trauma, the officer-narrator also, at least implicitly, addresses a number of other spectators for whom the film was expressly produced: psychiatrists in “special Navy hospitals” where film screenings were essential components of group psychotherapy; nurses, hospital corpsmen, and medical officers not directly involved in

such psychotherapeutic sessions but nonetheless committed to the rehabilitation of the “war neurotic”; non-psychiatrists (both line and medical officers) likely to encounter cases of “battle fatigue”; and, finally, those charged with using trauma-themed documentary and realist films in order to “screen and diagnose” soldiers, “in a manner similar to Murray’s thematic apperception and Rorschach’s ink blot tests.”¹ For the members of this latter category (committed, the Navy Medical Department maintained, to “a strictly limited experimental purpose”), cinema’s diagnostic potential was tied to its capacity to “trigger” emotional responses, chief among these a fear of both the “real” (footage of combat) and the “faked” (dramatic reenactments and other staged performances).² The contradictory dimensions of this understanding of cinema—the sense that the medium was potentially traumatizing and, at the same time, potentially therapeutic—reflected broader contradictions in the military’s frequently contentious engagements with the so-called “war neuroses” and their treatment.

If a Navy film like *Introduction to Combat Fatigue*, with its soft-spoken officer-narrator providing psychological counseling through direct address, was seen as a means of soothing the soldier-spectator, it was also, with its dramatic reenactments providing vivid reminders of the horrors of combat, viewed as a probable source of shock for men already primed to avoid all representations of war. Managing such a paradox was the job of the film itself, as the officer-narrator himself avers, pointing out the therapeutic value and documentary legitimacy of a skillful, “useful” combination of devices. But this obligation also extended to therapists responsible for leading pre- and post-screening discussions and, in the process, emphasizing that a documentary like *Introduction to Combat Fatigue* is, after all, “just a film,” albeit one with the capacity to diagnose, treat, and even “cure” the titular condition.³

Introduction to Combat Fatigue may initially have been intended for hospital screenings, but, like a great many of its military-sponsored counterparts, it enjoyed remarkably expansive wartime and postwar itineraries—an indication not simply of the importance of war trauma as a cinematic subject but also of the proliferation of venues for nontheatrical nonfiction film. (As producer and critic John Grierson had observed in the interwar period, there is “more seating capacity outside the commercial cinemas than inside them.”)⁴ If the nontheatrical realm had previously been estranged from some of the military’s cinematic efforts, the requirements of “total war” helped to change that. “War has broken these bottlenecks,” wrote the editors of *Look* magazine in 1945,

stressing that state-sponsored documentaries—including films about “the study and treatment of damaged minds”—would “be readily available for general use,” especially in classrooms.⁵ Faced with the “gigantic problem” of “mental disease” among members of the armed forces, military psychiatrists increasingly informed the public that they were “acutely aware of the psychic injury to an enormous number of servicemen, a far greater number than are diagnosed as psychiatric patients, or [than] ever get into the hospitals for that matter.”⁶

Documentary film, in a variety of styles, was seen as a key means of alleviating concerns about the high incidence of psychoneurosis—a tool for treating soldiers, instructing medical officers, and assuring the general public that, paradoxically, the military was a place where mental health might be restored. “Joe Smith’s mental health actually improved in the Army,” claims the narrator of the service’s *Shades of Gray* (1947), pointing to a pseudonymous enlistee who “could be any American,” so effective and egalitarian is the military’s alleged commitment to psychotherapy. Often coordinating its pursuit of the general public with the U.S. Office of Education (which had its own industrial training films to circulate), the military ensured that documentaries about trauma and psychotherapy would travel widely despite their exclusion from commercial exhibition. In the spring of 1945, the Office of Education prepared a “postwar proposal” that stressed the lasting value of military documentaries, noting that “the Army has stated that the use of training films speeds up training as much as forty percent,” and that “the Navy reports that students learn thirty-five times faster and that facts are remembered up to fifty-five percent longer.” Such claims, and their unqualified endorsement by the Office of Education, helped to normalize the use of military documentaries beyond the armed forces, including in businesses and schools.⁷

BATTLE SCARS

“Wars don’t leave people as they were.”

—Marina (Ann Baxter) in *The North Star*
(Lewis Milestone, 1943)

This book considers the imprinting power of military psychiatry in its intersections with both theatrical and nontheatrical film. My title, *Traumatic Imprints*, is inspired, in part, by the 1945 Army Signal Corps short *The Atom Strikes!*, which insists that the trauma of the titular bomb has left traces—imprints—that only military expertise can identify, and that

only documentary film can adequately communicate.⁸ These traces are both visible (“lines literally blasted into the stone” of a war memorial, the discoloration of a smokestack, flash burns on a lamppost) and invisible, both empirical and postempirical, explicitly recalling the lessons of wartime military psychiatry, which often insisted on trauma’s dual character—its capacity to combine externalized symptoms (tremors, tics) with traits indiscernible on the surface.⁹ The dead, charred trees of Hiroshima, like the razed buildings of that city, are thus juxtaposed with the imperceptible effects of radiation, which medical experts must explain in terms of an “inner development” akin to the progression of neurosis.¹⁰

If *The Atom Strikes!* tends to skirt the psychological traumas wrought by the bomb, focusing almost exclusively, in empiricist fashion, on its effects on buildings and bridges, other military documentaries of the period present the human mind as the principal bearer of war trauma. It was precisely the latter approach that rankled many military officials, including Army Chief of Staff General George C. Marshall, who, despite being a “zealous proponent of educational film,” and despite his stated desire to “care for the minds of men as well as their bodies,” balked at the prospect of producing documentaries about “invisible” ailments.¹¹ Hollywood films had addressed this dilemma throughout the interwar period. The traumatized protagonist of George Cukor’s *A Bill of Divorcement* (1932), for instance, complains that his “invisible” condition generates “not honorable scars, not medals and glory,” but merely “years in hell,” remaining utterly imperceptible to others. In 1942, Marshall complained about such “invisibility” in a special report on war neuroses—an indictment of military psychiatry that was quickly leaked to a Washington newspaper. Rather than halting the development of documentaries about war trauma, the leaked report all but ensured their production, as curious Americans—including soldiers struck by the disconnect between official psychiatric policy and Marshall’s own brand of empiricist bluster (which he shared with General George S. Patton)—were deemed in need of the interventions of educational films.¹²

War trauma had the force of a structure of feeling during and in the wake of World War II, informing a range of cultural productions, and its power was inextricable from the contradictions that it seemed at once to manage and exacerbate. Consider, for instance, a casual joke about war trauma in the film *A Letter to Three Wives* (Joseph L. Mankiewicz, 1949), which stands in stark contrast to the subject’s sober discussion in the exactly contemporaneous *Home of the Brave* (Mark Robson,

1949).¹³ Consider, as well, the era's tendency to depict the promiscuous character of war trauma—its capacity to bleed inexorably into civilian life. In Jean Renoir's *This Land Is Mine* (1943), the civilian protagonist suffers from a “nervous condition” that is worsened by thoughts of war. “I can't stand violence—it terrifies me,” he confesses. “Noise and explosions—something happens to me.” The severely traumatized daughter of a World War II veteran is compared to a combat soldier in MGM's *Shadow on the Wall* (Patrick Jackson, 1950), and she eventually develops “hysterical muteness,” along with a range of other symptoms. “You're familiar with shellshock in adults?” asks a psychiatrist (played by Nancy Davis). “Well, children can be that badly upset, too.”

Even Lassie, the canine character created by Eric Knight (who co-wrote scripts for the *Why We Fight* series and was instrumental in introducing the British documentary movement to Signal Corps filmmakers before his death in 1943), suffers from war trauma in *Courage of Lassie* (Fred M. Wilcox, 1946), surviving a horrific battle in the Aleutian Islands Campaign only to “crack up,” initially lapsing into a catatonic state and later exhibiting violent behavior.¹⁴ The dog's diverse symptoms inspire considerable terror, and it is up to a local rancher to explain war trauma as a common yet eminently treatable condition, one that extends not merely from soldier to civilian but also from soldier to dog.¹⁵ That a rancher is capable of explicating the vagaries of war trauma suggests the sheer availability of psychotherapeutic discourses in the 1940s, and his eloquent disquisition provides *Courage of Lassie* with an instructive power, however partial and fleeting, that evokes documentary's translational character.¹⁶ It is precisely because some of the traumas of World War II are “new”—as the rancher himself suggests—that they require creative interpretation, infiltrating even a children's film and forcing it to confront the challenges of rehabilitation and reintegration.

Defining a structure of feeling as “a social experience which is still *in process*,” Raymond Williams offers a useful framework for thinking about the inchoate aspects of war trauma, as well as the capacity of new symptoms, diagnostic criteria, and treatment methods to spur public debate and encourage the hybridization of filmmaking strategies. The fluidity of war trauma was often sufficient to collapse previously sacrosanct distinctions in American public life, inspiring such catchphrases as “Are you fed up with the setup?” and “Are you nervous in the service?”¹⁷ Thus while rhetorical convention clung to a binary opposition between soldier and civilian, the latter was, if employed in war production, considerably more likely to die or suffer serious injury, her traumas

encompassing the physical as well as the psychological.¹⁸ Addressing these realities, military documentaries consistently couch war trauma as a universal phenomenon—a sweeping consequence of “total war” and, in particular, of shockingly destructive new technologies—while simultaneously striving to identify the peculiarities of combat-related neuroses.

Hollywood’s wartime engagements with the subject of trauma occasionally emphasized its growing accessibility. Focusing on the dramatic experiences of the U.S. Merchant Marine, Victor Fleming’s *Adventure* (1945), for instance, stresses the traumas to which civilian mariners are subjected, as well as the availability of information about the development and treatment of psychoneurosis. Visiting a public library, the traumatized Mudgin (Thomas Mitchell), who “lost [his] soul” after his ship was torpedoed, learns much about his condition from librarian Emily Sears (Greer Garson). Pointing to “some excellent studies”—including one by an American colonel, entitled *Facts on Combat Fatigue*—Emily explains that “the strain of war . . . sometimes causes psychoneurosis.” She proceeds to confidently psychoanalyze Mudgin, doing her part to align him with combat soldiers—and to “prove,” moreover, that “anyone” can comprehend the previously unknown etiologies of trauma.

Far from avoiding any resemblance to such star-driven, studio-bound representations, or denying that techniques of intervention and reconstruction constituted part of the terrain of documentary (in the manner of later objections issued, however disingenuously, by proponents of direct cinema), military filmmakers repeatedly linked trauma’s diverse and sometimes contradictory symptomatology to a variety of documentary methods, arguing that the latter could ably serve the former, and vice versa. Describing documentary filmmaking as a realist enterprise whose restrictions all but disappear during times of institutional crisis and in the face of traumatic experience, Navy psychiatrist Howard P. Rome wrote in 1945 of a “realistic flexibility which has very few limitations.” Because trauma’s symptoms often included false memory and other fictive strategies of self-representation, and because its treatment entailed “creative reconstruction” (as in the psychodramatic interactions of patients and therapists, or the “memory work” of narcosynthesis), any attempt to document it had to embrace “drama and dynamics” that included “[scripted] words, music and sound, and even color.”¹⁹ Regarding the latter, Rome had in mind special effects that, however symbolic and anti-illusionist, would nevertheless “accurately illustrate” a patient’s mental state. Thus if a traumatized combat veteran claimed that he could

see nothing but blood—both his own and that of his fallen comrades—the filmic image of him could be given a red tint to reflect and perhaps resolve this fixation, “desensitizing” him to his greatest fear.²⁰

Traumatic Imprints considers some of the consequential intersections among Freudian psychoanalysis, military psychiatry, and documentary film in a period that long predated the codification of war trauma as PTSD. At stake in my reevaluation of wartime and postwar military media is a broader understanding of how war trauma and psychotherapy were articulated in and through documentary and realist film. Situated at the intersection of trauma studies and documentary studies, this book considers some of the historically specific debates about, aspirations for, and uses of documentary as a vehicle for honoring, monitoring, understanding, publicizing, and even “working through” war trauma, while occasionally conceding trauma’s contradictory and intractable character. The diverse objectives toward which documentary was mobilized are mirrored, in the films that I analyze here, by a diversity of formal strategies. Paying attention to trauma thus allows me to tell a more nuanced story about films that are either tendentiously denied the label of documentary or reduced to a limited, stable set of documentary techniques. It also demands that I address a number of films that, stored in the National Archives and Records Administration and at the National Library of Medicine, have not been cited in previous publications. As pedagogic and therapeutic engagements with PTSD and the politics of survival and recovery, these remarkable films merit close attention.