"Victims of War"? Mentally-Traumatized Soldiers and the State, 1918-1939

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In 1922, a French military nurse suffering from mental exhaustion applied for a disability pension, stating that "I left for the front in superb health... Now I am condemned to my bed and total rest." Her pension, she wrote, had been "painfully paid for."1 Veterans of the First World War who suffered from psychological trauma, as well as their families, neighbors, and former comrades, agreed with her argument. Before Pension Boards and Appeals Courts, they maintained that the war was the only possible explanation for often severe, but frequently delayed, mental distress. Consequently, as the father of one incapacitated veteran informed the Pension Board, its sole duty was to decide immediately on the pension that "is owed to my son and the treatment to which he has a right."2 In the complex processes that determined which veterans would receive a pension for mental trauma or "war neurosis," such declarations constituted an important counterweight to the

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1 This research was funded by the Canadian Institutes of Health Research (CIHR). I am grateful for their support. I also wish to thank my research assistant, Michael Lanthier, for his hard work.

2 Archives nationales, Centre des archives contemporains, Fontainebleau, uncatalogued pension records for disabled soldiers of the First World War, file # 1006917 [hereafter indicated by pension file #].

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Pension file #951808.
opinions of psychiatrists, Board officials, and bureaucrats in the ministry of Pensions who regularly sought to deny or reduce these pensions on the grounds that mentally-traumatized soldiers—particularly those whose psychological disturbances appeared after demobilization—were not true victims of war.3

Today in France, veterans of the Algerian war argue that the psychological trauma of war and particularly its delayed manifestations have been both widespread and consistently forgotten. Inspired by the actions of American veterans of the Vietnam War, they are campaigning for both official and community recognition of their problems.4 As yet, historical research on war trauma in France is limited, but elsewhere there has been a "flood" of historical studies.5 In particular, historians have been interested in the

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3 There are no reliable figures on the number of French veterans who received pensions for psychiatric problems after the First World War; the same holds true for all the other nations participating in the war. The French expert on such problems, Dr. Louis Crocq, cites British statistics that in 1939 psychiatric problems still constituted fifteen percent of British pensions to disabled veterans of the Great War. Louis Crocq, Les Traumatismes psychiques de la guerre (Paris: Editions Odile Jacob, 1999), 38.

4 Crocq, 10; Bernard W. Sigg, Le Silence et la honte. Névroses de la guerre d’Algérie (Paris: Messidor/Éditions sociales, 1989). Crocq, a military psychiatrist, and his colleague Claude Barrois have been leading figures in the medical support for the recognition of post-traumatic stress disorder (névrose traumatique de guerre), which was recognized as a disorder that qualified for pensions in 1992.

reluctance of psychiatrists to recognize such disorders, often, it has been suggested, because of deep-seated anxieties about class and masculinity. Although such recognition is an important stage in a larger process, the medical profession does not have a monopoly of the definition of disease. As Charles Rosenberg, an eminent historian of medicine, has argued, disease is an "elusive entity" and "does not exist until we have agreed that it does, by perceiving, naming and responding to it." This paper uses French disability pension records from the First World War to examine the lay or community recognition of wartime psychological trauma. It argues that individuals and communities in rural France were able to present Pension Boards with coherent assessments that contradicted the testimony of psychiatrists and that were, in some cases, influential in forcing the state to assume at least some responsibility for these victims of war.

(2000), an issue devoted to the question of war trauma. Although not directly on the topic, see also Jean-Yves Le Naour, Le Soldat inconnu vivant (Paris: Hachette Littéraire, 2002) on the sole unidentified living veteran of the war.


The legislation of 31 March 1919 that compensated disabled veterans and provided them with free health care was characterized by one legal expert as "a law of public solidarity, ensuring the support of the nation to the disabled, the widowed, and the orphaned of the most deadly war in history." This legislation, which evolved throughout the interwar period, was so complex as to be incomprehensible even to the bureaucrats who administered it. Moreover, Pension Boards were notoriously stingy both in the claims they recognized and the amount of support they awarded. In addition, even in the 1920s, public opinion began to consider such pensions too costly and veterans too greedy. By the 1930s, a concerted effort to reduce both the number of pensions and the extent of their provisions responded to large government deficits. As Antoine Prost has demonstrated, veterans became increasingly bitter about their treatment by a "grateful" nation, and veterans' associations spent much effort in fighting for what they considered to be fair compensation. The 1919 law was the source of much litigation launched by veterans—over seven hundred thousand appeals to departmental tribunals and twenty thousand before the Conseil d'État—not simply because of its complexity but because veterans considered it a lasting acknowledgement of their sacrifices. The legislation of 1919 did recognize

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mental illness as a basis for compensation, but the procedures, which included medical examinations and Board hearings, were especially difficult for mentally-disturbed veterans, and the nature of their disorders, which were often difficult to document medically, made them vulnerable to cost-cutting efforts.  

Although some of the psychiatrists who provided expert testimony for Pension Boards and appeal courts were sympathetic to the plight of these veterans and medical testimony could result in full pensions, psychiatric theory minimized the psychological impact of war. By 1919 French psychiatrists had concluded that the First World War had produced no new types of mental illness. The various mental conditions that psychiatrists had treated during the war could, they argued, be incorporated into established psychiatric classifications such as hysteria, depression, neurosis, or dementia praecox (démence précoce). The theory of dementia praecox (literally premature dementia), which became popular shortly before the war, attributed mental disturbance in the young to degeneration or a pre-existing disposition.  

It was the most widely used diagnosis in psychiatric reports to Pension Boards, and it provided a comforting explanation for the puzzling fact that, although many men experienced the horrors of war, only some developed psychiatric disorders. The real cause of war trauma was therefore

11 The regulations and proceedings were also, of course, very difficult for the physically disabled and the severely ill. It also took time for those who had contracted tuberculosis or had been gassed to be recognized by pension legislation.
"constitutional," and the war became simply the "occasional" cause that hastened the appearance of illness. In 1930, Professor Fribourg-Blanc, a leading military psychiatrist, admitted that in some cases the "fatigues and dangers of such a long and terrible war" could, of themselves, cause mental disorders, but he maintained that in the vast majority of cases the war only aggravated a pre-existing condition. Psychiatric theory therefore offered Pension Boards and ministry officials a convenient scientific justification to deny, decrease, or even reverse pensions, particularly in the 1930s and under the Vichy regime.

The only type of psychological trauma that psychiatrists and Pension Boards would readily accept was "post-shell-shock syndrome" a series of physical and psychological problems that were acknowledged to be the result of an exploding shell, of being buried alive following the explosion, or of a head wound, particularly one that had required trepanation, the removal of circular sections of bone from the skull. The symptoms included headaches, nightmares, continual noise in the head, irritability, excessive emotionalism, and even serious mental illness. The psychological consequences of such wounds were so well known and were experienced by so many veterans that Pension Boards readily accepted them as the basis for awarding permanent pensions, even when the medical evidence was unclear.

Psychiatric evidence was, however, only one aspect of the case presented to Pension Boards whose members included both a doctor and a veteran. The Board would

13 Dr. A. Rodiet and Pf. Fribourg-Blanc, "Influence de la guerre sur l'aliénation mentale à Paris," Annales médico-psychologiques 12:1 (Jan. 1930): 17. This doctrine is still considered to have some value: see Crocq, 200ff.
consider—and would often use—testimony from the veteran himself or more likely from his family, friends, comrades, or a local doctor, and it regularly sought evidence from his former military unit. In addition, psychiatrists needed this family or community evidence to complete their diagnosis, which included the "delicate task" of determining both a possible predisposition to mental illness and a prognosis. This prognosis was important because permanent pensions were only awarded if the condition was deemed incurable. It was a common practice for the medical member of the Board to request that gendarmes make "discreet inquiries" in the local community about the soldier's health before the war, his current medical state, any indications of insanity in his family, and whether people suspected that he was pretending to be ill in order to receive a pension.

The responses from families and communities were both coherent in their definition of mental illness and categorical in their belief that the only possible explanation for the disturbed behavior of veterans was the horror of war. With monotonous regularity and often in identical words, families, neighbors, comrades, and local officials described a dramatic or sea change in the applicant: before the war he was "robust," "intelligent," "full of spunk and good humor." Now he was "not in possession of his mental faculties," "crazy," "in a pitiful state," "an idiot," or "a child." He looked like "an octogenarian" or walked "like an automaton." In some cases, neighbors would indicate that this change, although dramatic, was gradual. As the former employer of one veteran noted: "he was hardworking, but a

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14 Pension file #990459.
15 The terms "robust," "intelligent," "not in possession of his mental faculties," "crazy," and "a child" occur frequently. For the other terms see pension files #996704, unnumbered "Sa, born May 5, 1896," #931977, and #3978073.
little clumsy; he got upset easily, and although there were no mental troubles he was less balanced than before his departure for the regiment.\footnote{Pension file #9372390.} Occasionally neighbors would declare that before the war the veteran had been "simple-minded." To psychiatrists, this was an indication of predisposition, but neighbors insisted that limited intelligence was not synonymous with madness.\footnote{For example, Pension file #977016.} Sometimes people would attribute the veteran's bizarre behavior to a specific aspect of the war such as fatigue, the fear of bombardment or of being buried alive, mistreatment in a prisoner of war camp, or trepanation (even when there was no medical evidence of the operation in the file). Overwhelmingly, those questioned, including local doctors and officials, denied that the family was "tainted" by any hereditary predisposition to mental illness: only an unimaginably brutal war could account for such a dramatic change. Although there is very little direct evidence from veterans themselves in pension files, recent studies of American and French veterans diagnosed with post-traumatic stress disorder have noted these veterans' insistence that their personalities had been irrevocably altered by their experience of war.\footnote{Crocq, 269.}

The neighbors and officials who spoke to gendarmes also insisted that everyone in the community knew that the veteran was mad, even when the family had attempted to hide his condition. Both the neighbors and the Pension Boards were dealing with the most severe, and therefore most visible, cases of war trauma. People described men with haggard faces, vacant eyes, or penetrating stares. Two gendarmes who went to interview one veteran simply

\footnote{Pension file #9372390.}
\footnote{For example, Pension file #977016.}
\footnote{Crocq, 269.}
reported: "we could see that he was unbalanced." This emphasis on consensus in the community was also based on the fact that the behavior of these men clearly violated long-established and shared definitions of normality. As the medical sociologist Claudine Herzlich has noted, lay definitions of illness are not based on the body, but are a judgment on the "social identity of the sick person" which is "wholly equated with social integration." In rural France, this definition had two essential components: these men were ill because they could not work and because they could not participate in the routine sociability of the community.

The ability to work has always been key to definitions of health, and the importance of work is understandable in a rural community where survival and prosperity depended on the work of all. Again and again, people reported that veterans could not be counted on for any work, not even looking after cows. Men lay in the fields, gazing at the sky, or they wandered off, even as far as the next village. One man who employed a veteran reported that "he swore all day, gesticulated all the time . . . and you couldn't say anything to him. He became insufferable and I fired him." Even worse, family members often had to leave their own work to look after the veteran. As one despairing father testified, trying to get his son to work was more trouble than it was worth. This inability to work could affect the whole community: the neighbor of one disturbed veteran

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19 Pension file #1065469.
21 Ibid.
22 Pension file #944883.
23 Pension file #993035.
remarked that before the war the two men had relied on each other for "mutual help."  

The second factor that separated these men from their fellow citizens was their inability to maintain normal daily contacts with friends and neighbors. Men who had been outgoing and sociable before the war were now portrayed as taciturn and obsessed by their personal nightmares or hallucinations. They wandered about, muttering of "the Boches, the English, and trenches" or drawing crosses on walls. As the friend of one veteran reported, before the war he would talk with everyone. But recently "I met him in the courtyard and suddenly, for no reason, he began to cry and hold his head in his hands. I took him home." The friend of another man testified that he had watched the veteran turn his head away and refuse to reply when someone in the village spoke to him. "It was precisely at this moment," he said, "that I realized he had mental problems."

Violence, although often reported, was not considered an integral part of madness. In fact, people took pains to point out that although the man might be crazy, he was not dangerous. Violence was only mentioned as an indication that the family could no longer care for their relative and had been forced to commit him to a departmental asylum. Ironically, a committal immediately resulted in a full pension, a fact that led psychiatrists to suspect the motives of families.

Finally, although the plight of mentally traumatized veterans elicited sympathy and pity, the letters and gendarme reports emphasized the tragedy for their families.

\[24\] Pension file #1062706.
\[25\] Pension file #906762.
\[26\] Pension file #993935.
\[27\] Pension file #928985.

*Proceedings of the Western Society for French History*
and the heavy burden of care that they were forced to assume. A widow who had lost her other son in the war described the mental breakdown of her remaining child as "a catastrophe."\(^{28}\) The brother of one disturbed veteran wrote that the situation was "even more difficult for us than for him."\(^{29}\) Many stressed the tragedy of elderly parents who were trying to care for sons who should have cared for them, a reversal of the natural order. As one neighbor stated, the veteran was "more of a burden for his family than a support,"\(^{30}\) and letters and gendarme reports often referred to such men as children. In the face of such devastating illness, both families and the community insisted that it was the responsibility of the state to provide the necessary support.

In a number of cases, particularly in the 1920s, such arguments were accepted by Pension Boards and Appeals Courts and were used to justify pensions in the face of psychiatric or ministerial opposition. Appeals Courts seemed particularly willing to rule in favor of the veteran and order the ministry of Pensions to pay the court costs. During the 1930s, this lay testimony was more often disregarded, but it remained in the files to be used again after the Second World War when opinion was more sympathetic to veterans as well as to civilian victims of war such as survivors of the concentration camps. These pensions were, however, limited in number and never generous. In a recent book on the development of the French welfare state Timothy Smith has argued that the interwar period constituted "the two most vibrant decades of social reform," in large part because of the consequences of the war. Disabled veterans, their dependents, war

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\(^{28}\) Unnumbered pension file, "Sa, born May 4, 1896."

\(^{29}\) Pension file #990431.

\(^{30}\) Pension file #9993905.
widows and orphans were, he writes, "people whose needs could not be ignored."\textsuperscript{31} Smith demonstrates that there was impressive reform during this period, but the experiences of disabled veterans, and particularly of the mentally traumatized, suggest the limits of public solidarity and, as always, the importance to welfare states of the unpaid care given by families and friends.

The psychologically shattered men who returned from the war were a disturbing reminder of the terrible and continuing costs of that conflict. The grieving families of those who had not returned could take some solace from the war memorials and public ceremonies that honored their sacrifice. Such consolation was not available to the mentally traumatized or their families. It is therefore possible to sympathize with one man's life-long battle to force the Pension Board to acknowledge that his brother's mental disabilities were the not consequence of rheumatism as the Board had ruled but of the "traumatic exhaustion of war" and to have inscribed on his brother's tomb: "Mort pour la France."\textsuperscript{32}

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