

RESEARCH ARTICLE

Naked men on the run, regression to childhood: cultural figures of the trauma during the First World War

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(Received 3 February 2023; revised 13 April 2023; accepted 13 April 2023; first published online 23 May 2023)

Abstract

Although there is a wide-ranging historiography dealing with psychoneurosis, various manifestations of psychic suffering widespread among traumatised soldiers during the Great War have received less attention. This essay, based on an analysis of soldiers' clinical files in Italian psychiatric hospitals, draws out these phenomena. The main forms assumed by this kind of trauma are three: soldiers who strip off their uniform and wander around naked; a sort of regression to childhood; and a particular type of hysteria. The essay stresses how existing stereotypes about women were adapted to form a new way of describing masculinity in crisis, and the new political subject: the masses. Too many emotions, too many nerves, define the affected men: they are subjects deprived of personality, and their predicament highlights the transition from soldier-hero to mass-soldier.

Keywords: shell shock; naked men on the run; regression to childhood; psychoneurosis; hysterical men; cultural history of psychiatry; First World War period

Introduction

Lice, rats, barbed wire, fleas, grenades, bombs, ditches, corpses, blood, liquor, mice, cats, gas, cannons, dirt, bullets, mortars, fire, steel: this is war.
(Otto Dix, quoted in Schmidt 1997, 51)

The subject, the sources and the methodological approach

The soldiers cry, clap their hands, play; others flee from the front and continue their tireless race (Bianchi 2001): a lieutenant colonel of the army, after running away, 'roamed around the house naked' and 'got under the bed afraid that people would come and kill him'.¹ Others take off their uniforms; very many manifest tremors, deaf-mutism, paralysis: in short, they are hysterical.

Despite the extensive historiography available on wartime psychoneurosis, various expressions of psychic suffering that markedly characterised the experiences of traumatised soldiers during the First World War have remained in the shadows (Lerner 2003; Micale 2008). This essay, based on an analysis of a number of soldiers' clinical files in Italian psychiatric hospitals, draws out the existence of these conditions; it analyses the

descriptions to be found in these files – often short comments quickly jotted down on the folders themselves – and it suggests interesting indications illuminating lesser known aspects of the trauma experienced by soldiers at the front.² Such clinical records, as we will see, contain traces of the painful experience lived through by the patient, even though they were also evidently rooted in a particular cultural framework, and reworked and inserted in the psychiatrists' explanatory models and reflections.

The stories of the soldiers in the grip of war neuroses take centre stage in this account. Their narratives can be pieced together from the medical records. First, we see an account of a person's refuge in, or regression to, childhood; patients of this type begin speaking, moving and asking for toys, apparently just like children in all respects. Second is of the story of the soldier who, in addition to taking off his uniform, sometimes – significantly – runs about indoors, or indeed outdoors, completely naked. The third instance features the hysterical man, about whom a great deal has been written. In fact, hysteria was a common label used for traumatised Italian soldiers, but what has been too little considered hitherto are the implications of this figure for the stereotype of masculinity, the development of nationalist culture, and the process of 'massification' (Mosse 2000).

This perspective needs some specifications to clarify its methodological approach. The manifestations of distress that doctors and nurses noted cannot be considered 'authentic expressions' of the patients' suffering, but were the result of an encounter: on the one hand, the patient pronounced words, recounted his pain, assumed attitudes, moved, gesticulated in a certain way; on the other hand, all this was recorded, catalogued and selected by the doctor according to his own parameters and psychiatric models. Despite the fact that the exceptional nature of the war emergency made the drafting of the medical records particularly standardised, the sources are quite rich in these aspects.

This strange combination is useful in order to grasp the historicity of mental illness, the different forms in which it takes shape in relation to changing historical contexts. In this regard, Ian Hacking's suggestions and theoretical reflections are very appropriate: his concept of the 'ecological niche' – a set of contradictory factors that explain the manifestation, the emergence of specific forms of mental illnesses, strongly anchored to a particular historical context – is therefore markedly present in this essay (Hacking 1998). Thus, in the medical records there is a mixture of different ideas and uses of the body, acquisitions and rejections of national-patriotic codes, problems related to gender identity, models of masculinity in crisis, and the dynamics of the psychology of the masses.

To this end, it is methodologically useful to establish a link between, on the one hand, the traces of the soldiers' suffering transcribed by the doctors and nurses in the folders and, on the other hand, the most extensive memoirs produced by the veterans, in order to identify a shared cultural horizon.

The Italian psychiatric approach

In Italy, many soldiers – maybe forty thousand, or perhaps more – succumbed to nervous forms of illness and began a downward trajectory from the front line to the asylum nearest to their area of origin. In January 1918, after the Italian defeat at Caporetto in 1917, a Preliminary Collection Centre (Centro di Prima Raccolta), was established in Reggio Emilia on the initiative of the military psychiatrist Placido Consiglio (Riva 1919, 308–324). This indicates that, in contrast with the first phase of the war, there was growing awareness of the scale of the emergency. Generally, Italian psychiatrists played an important political role in legitimising the war and in supporting a nationalist culture, so they used to send back to the war sick soldiers who were 'now cured': the real goal of the Preliminary Collection Centre was to limit and contain the exodus from the front. In many cases, the soldiers were moved to other psychiatric hospitals. Thus began a dizzying

toing-and-froing of traumatised soldiers between different types of hospitals: the field, military hospitals, asylums and finally, in some cases, criminal asylums (Milazzo 2020).

There was no original theoretical reflection about specific war pathologies. Italian psychiatrists continued to use traditional categories such as predisposition, heredity, and degeneration. Some of them had essentially excluded (or greatly restricted) the pathogenic impact of the war. The war was not considered a real cause of nervous diseases, because it was thought that the men who fell ill would have done so in any case, even without life in the trenches. When, subsequently, the war became regarded as a contributory cause of the disease, there were no specific therapies for soldiers who had suffered mental breakdowns. In any case, the most widely followed therapy was undoubtedly the application of an electrical current to the patients' bodies, even to their private parts, as we know (the Kaufman method). A possible objective of this treatment was to make life in an asylum even harder than life in the trenches.

The Italian debate took place in an international context focused on ascertaining the 'reality of the disease'. European psychiatry understood 'real' illness as a syndrome that derived from a precise organic lesion: there were then a series of transitory pathological diseases that were the result of suggestions, fears, or imagination, which, not having precise somatic manifestations, were considered transient and easily treatable. This distinction, which in diagnostic practice created very many difficulties and gave rise to a broad theoretical debate, highlights an attitude that was already present in many psychiatrists: contempt for those soldiers who, in their opinion, were unable to face war in the spirit of devout patriotism, and took refuge in a false illness. Hysteria was not considered a clinical definition, but a system of psychic reactions, an expression of primitive patterns of behaviour, or even a frantic attempt to escape: violent therapeutic methods were therefore legitimate when used on these craven individuals to whom the state should not have granted any right to a war pension.

Furthermore, in Italy the positivist Lombrosian tradition was particularly strong: this was the approach followed by the person in charge of the Preliminary Collection Centre, Placido Consiglio, who had already been the director of a field hospital during the Italian colonial enterprise in Libya. The anomalous person, as a deviation from the type, does not integrate into society – wrote Consiglio in 1913 – and even less into the army, but finding himself in a condition of evolutionary incompleteness has fewer inhibitions and a lower moral sense. The anomalous individual is, therefore, the most suitable figure to fight any kind of war because he is more audacious and more unrestrained. As early as the time of the colonial wars, Consiglio had precisely stated a concept to which he would always remain faithful: environmental causes have a small impact on the psychoses of war, which in fact arise in individuals who are already predisposed to them (Consiglio 1913, 370–410).

Much of the contemporary literature on the subject insisted on the degenerate and crime-prone traits of soldiers that military training had not managed to contain: immoral individuals, it was feared, polluted the army, as they had already done in society as a whole. The war, therefore, had only made visible and public a wretched section of humanity – epileptics, nervous, degenerate patients who now crowded the infirmaries. This was, to cite another example, the basic premise of Giacomo Pighini, who played an important role as a consultant neuropsychiatrist at the front and who advocated the transfer of this type of soldier to the Italian colonies. After noting the failure of the military educational project, this was his proposal in eugenic terms:

the amoral, the habitually undisciplined individual, the criminal recidivist, as a variety of the great family of the phrenasthenic ... are elements that polluted society first, now they pollute the army; let's eliminate them from the ranks of the fighting army and channel them towards a destiny that prevents them, once the war is over,

to return to polluting society. This will be a deed of moral and social remediation ... (Pighini 1918, 990).

The epithets attributed to suffering soldiers by some Italian psychiatrists suggest brutality, violence and inhumanity: these soldiers were not able to adapt to the war, and to military discipline; they were perceived as alcoholics, amoral, impaired, affected by a hereditary taint, imbued with feelings hostile to war. The call to arms had reshuffled the social slime.

The same approach can also be seen in another protagonist in the debate of the time, Vito Buscaino, active in various Italian mental hospitals, who stated: 'in fact, the vast majority of soldiers sent for observation are undoubtedly made up of degenerates, the sons of alcoholics, epileptics, psychopaths, neurotics ...' (Buscaino 1919, 222). His patients came from families of alcoholics, psychopaths and neurotics, or from families affected by the most diverse psychic infirmities.

The debate was intense, notably with regard to the etiology of the disease, and the impact of the violence of war itself (Cazzamalli 1918, 111–129). Among the most cautious positions was that of Giulia Bonarelli Modena, one of the few women psychiatrists active at this time in Italy, who had an interlocutory attitude far removed from the derogatory tone of other psychiatrists (Bonarelli Modena 1917, 279–297). Vincenzo Bianchi included hysteria among the most widespread pathological forms: he likened it to a brain shock caused by the explosion of large grenades and considered the cause to be a narrowing of the field of consciousness (Bianchi 1916, 166–183). Attention, especially at the end of the war, focused on the topic of emotions and on the effects that a long exposure to war events might have had on the psychic and nervous system (Fiorino 2016). In all these ways, the impact of the war was taken into account in terms of the disruption of the ego and emotional trauma. In the complex variety of the scientific debate, and with reference to very distant epistemological models, the anxiety about classifying and judging was overwhelming and, more than in other historical contexts, the transformations concerning perception and the experiences of the body, like those concerning gender roles, deeply invested psychiatric knowledge. The considerations that would follow illuminate from different perspectives the rupture in the system of the representation of the body and of the individual that took place around the First World War, and constituted a turning point in the Western cultural model of manhood.

Regression to childhood

In the psychiatric hospital in Rome, a soldier, Giovanni D.,

emits a continuous lament similar to those of children, with variations in intensity, and with movements similar to those of children *who are having a tantrum*: not infrequently he performs some aggressive acts. Usually he does not respond to questions.³

The scene is unusual: young men, strong and sturdy, came back from the front and started to assume childish attitudes, movements and voices; they did not take care of their families any more, in fact ideally they saw themselves as children in the family. They spent their time playing, crying with childlike monotony, playing leapfrog: they were no longer able to count, and so on. Another soldier seemed like 'a boy who is playing blind man's bluff and walking blindfolded circling around himself' (Bianchi 2001, 106–107).

Italian psychiatrists made passing references to such matters in medical records, but never made an in-depth study of this problem or thematised it. For instance, Andrea Ghillini, who worked in Bologna studying the formation of psychoneuroses, refers to a

soldier who, besides not paying attention, was ‘irresponsible and fatuous’ and prone to behaviour ‘between the animal and the childish’ (Ghillini 1918–9, 10).

However, this state of regression to childhood was evident among many soldiers interned in different areas of the peninsula: in the archives of the former asylum in Trieste there is the story of a soldier who

cries easily, without reason or for childish matters ... He continues to be torpid, depressed, hypochondriac and to be subject to unmotivated crying. Childish behaviour continuously disturbs the staff in its duties.⁴

Among the inmates of the San Girolamo psychiatric hospital in Volterra, we find Biagio G., a Roman bricklayer, depressed and already admitted to the Preliminary Psychiatric Collection Centre of Reggio Emilia where he revealed suicidal ideas. His medical record describes him as being ‘worried about Nino, his little brother, who is being naughty, making his mummy angry’. And again, he exhibited ‘very scant ability to concentrate. Incoherent, very confused, disoriented, memory almost nothing’.⁵

This specific behaviour had broad implications. The link between childhood and mental illness was widely remarked, but in this specific case the regression to childhood was perceived as destroying any sense of autonomy, namely the independence typical of maturity. However, it should be remembered that the maturity of the soldiers in war had already been devastated by their absolute dependence on and subjection to the military discipline that was imposed on them. In this sense, the return to infancy makes this process explicit: the soldier’s total obedience made him a child once again. Infantilism referred to a condition of dependence that had already been acquired in the army and in military life.

In addition, this process was strongly interwoven with another, even more important, condition experienced by the soldier: the shattering of time and space (or the breakdown in the perception of the space-time categories); the close and continuous encounter with death, being trapped in the labyrinths of the trenches; contact with modernity and technology, widely accepted as factors determining the break-up of the psychological unity of the combatants’ ego. As Eric J. Leed (1979) suggested, the war was a complex rite of passage that did not include a return to the reconstitution of the unit-person. Therefore, finding shelter in childhood is part of an attempt to reconstitute the original core of their personality. The return to childhood is a precise phase of the rite of passage: one in which the individual tries to find himself in order to attempt to return to society. However, the third phase of this rite of passage requires the state of childhood, and with it the original beauty of being, the absence of corruption and contamination: consequently, in taking refuge in childhood, the soldiers expressed the beginning of a reconstitution of the self, as well as their need for social reintegration.

What was a subtraction from life – an exit from independent, free, adult existence – gave rise, therefore, to the first step of the process of reconstructing one’s individuality; it was a matter of recovering a line of continuity of one’s own existence through an attempt to return to one’s original childhood and thus to cancel the contamination with the violence of war. The linking of war violence and childhood regression has already been made with reference to other depictions: visual representations, such as posters or postcards, of the mutilated bodies of soldiers which emphasised their transformation into beings in need of assistance. The clear and repeated visual picture is striking: having lost the virile daring of the soldier-hero, there remains the wounded body, composed and dignified but similar to that of the child entrusted to maternal care (Bracco 2012).

Gaetano Boschi – a military doctor and the author of many important essays on war psychoneuroses – brilliantly linked national patriotic discourse with the wounded

minds of the soldiers during the Great War. Here is the story of his clinical case. A 20-year-old second lieutenant fought with exemplary courage on the Carso, but after a scare he began to ask about his mother. When he tried to stand up his strength suddenly failed him, and he fell on the bed in a sitting position as if invaded by a convulsive tremor, retching and bursting into tears, crying uncontrollably as if in his mother's arms. He remained for the rest of the day almost totally absorbed in a painful vision (Boschi 1915).

What seems important to me to underline is the way in which a series of emotions experienced by suffering soldiers were pigeonholed into a very precise cultural model, the national-patriotic model, which at the time was at its peak. The psychiatrists' gaze perfectly recalled the figure of the hero as the cornerstone of nationalist mystique at the moment of his sacrifice: the wounded hero, now having gone back to being a little like a child, looked for his parents and especially his mother, an altruistic figure par excellence, who after having offered her sons to the homeland bore the pain of their wounds (or of their death). Now, the wounded hero needed to be looked after and to be accompanied by female figures in the ritual of a hoped-for recovery (Banti 2011).

Naked men on the run

'He was found running naked through the streets of Lucca, shouting: "Help! Help!"' ⁶ This was a 25-year-old soldier from Livorno, already admitted several times to the hospital in Florence, who arrived at the asylum in Volterra on 5 July 1916; there is very little other important information about him. Mario A. was another soldier originally from the province of Modena, stationed in Zagora. He too went through a long series of transfers in different Italian mental hospitals: from the one in Udine, he was moved to the hospital at Volterra, where 'shortly before his arrival at the hospital he had been stopped on the road, completely naked, uttering disjointed words [while] committing acts of violence'.⁷ Many of the soldiers admitted to various psychiatric hospitals, had fled from the front, from the military hospitals, from the asylums: almost always they had abandoned their uniforms, sometimes they wandered around 'completely' naked. The abandonment of the uniform is singularly frequent: the removal of military clothing acquires an enlightening meaning; it is a gesture which is not at all random.

However, it is not only a question of the abandonment of the uniform. Bruno C., for example, was a soldier accused of desertion and seriously ill: for years he was continuously transferred from one military hospital to another and in the medical record attesting his admission to the asylum in Trieste there is the following annotation:

From the day of his arrival until today he has given continuous signs of mental alienation by committing oddities of all kinds. He refuses food, gets undressed, gesticulates strangely and this morning, too, after having torn off all his military clothes, starting with his cap, he satisfied a bodily need and after having twisted all his military clothes he threw them in the middle of the corridor.⁸

Bruno, therefore, not only undressed, but tore his uniform and dirtied it with his own dejection. It is difficult to think of an action with such a clear and strong symbolic meaning. The issues raised by these sources are essentially three: first the escape from the front, from military hospitals, from the asylum, the seemingly aimless frenzied running; second, the act of undressing, the pursuit of nudity and, finally, the mockery of the military symbols.

Flight, as is known, is a pathological form, which has been well-defined and conceptualised since the second half of the nineteenth century: linked with a state of unconsciousness, then under the pressure of an automatism, flight obeys a deep and indispensable need whose origin cannot be traced. The extensive literature, above all French, has

dealt with the topic for a long time: among the first to write about it was the physician Philippe Tissié, author in 1887 of the work *Les aliénés voyageurs*, a study focussing on the case of a worker from a Bordeaux gas company who ‘unknowingly’ had made very long journeys (in Algeria, to Moscow, to Constantinople) but of which, on his return, he had no memory. Tissié outlined in detail the modern figure of the *fugueur*, which had always existed, but from that time was included in a precise nosographic and diagnostic framework, as is confirmed by the dissemination of specific terms such as ambulatory determinism, dromomania and so on (Tissié 1887).

Subsequently, some Italian psychiatrists also intervened tangentially on the subject without, however, reaching original conclusions. In line with the context of the psychiatric culture of a more organicist character, which had matured around the First World War, it is not surprising that flight was considered more a symptom than an illness. In any case, the psychiatrist Tommaso Senise offered an excellent synthesis of medical thought on this specific aspect:

Pathological flight is not a disease, but an expression, an indication, an episode, a symptom of illness – and as such it has no value if not supported by other symptoms of the disease – so one understands how the effort of the observer and the expert should primarily aim to diagnose the fundamental disease that had caused the ill-advised act (Senise 1920a, 179).

Senise’s reflection, while not considering flight an autonomous psychiatric label, still ends up indirectly confirming the importance of the phenomenon: included in the epistemic framework of hysteria, it is nevertheless a symptom of a lack of judgement, not of absence of awareness, therefore it does not constitute a serious pathological situation, but only a temporary one. In the Italian context, many psychiatrists correlated flight with the desire to return home, a feeling that was accentuated while on leave; however, the question is, in my opinion, more profound.

In Ian Hacking’s interpretation, the *fugueur*, always male and middle-class, is a figure at the centre of a cultural polarity that explains the emergence of the syndrome itself from the socio-cultural point of view. In the middle of the nineteenth century the phenomenon oscillated between a negative vector that brought it dangerously close to vagrancy, nomadism, and poverty, and a positive one that introduced it to a new code of bourgeois society: the tourist’s cultural journey. Flight, therefore, was situated within this precise antinomy: on the one hand it could precipitate its protagonist towards an anti-social act and towards social downgrading, on the other hand it marked entry into a new lifestyle in which there developed the – totally positive – value of the enjoyment of free time, outdoor gymnastic activity, and travel for pleasure. From this point of view, flight became a journey and therefore marked a precise advancement of social status.

There is no doubt that the historical framework within which the new *fugueurs* were placed was profoundly different and marked by the experience of war’s violence, which remained a central and inevitable element. The fugitive soldiers – of whom it is however difficult to grasp their social class – in fact experienced another type of contradiction: in one respect their flight made them fall into a morally negative sphere, which here is identified with illegality, desertion, pusillanimity; on the other hand, instead, their behaviour is a race towards a process of liberation, a rebirth of each man’s personality, the start of a new individuality capable of rising from the brutality of the war. Flight marked the desire to affirm one’s own freedom and the subjective capacity to choose. All this implies, however, that the need and the desire to be a new man could also be expressed through the external manifestation of his nakedness, because there was a desire to gain access to a new private subjectivity to be publicly presented.

It was not just about flight, but also, as the sources clearly attest, about the need to carry out an act that represented distancing oneself from the military world. Once again it is the psychiatrist Tommaso Senise, who, corroborating the medical records, tells of a soldier who flees, but is arrested, destroys his uniform 'after having satisfied his bodily needs on top of it' (Senise 1920b, 196).

In short, therefore, the conflict between the military symbols and the reaffirmation of the self obviously played an important role. Those signs were, however, polarised: if, on the one hand, we can consider the uniform the most visible symbol of discipline, of the subjugated bodies of the soldiers, trained and homologated so as to make them recognisable at first sight, on the other hand, it also encapsulates a series of positive values: wearing a uniform could be a precise objective, an important aim in many men's life-plan; it even corresponded with specific canons, both aesthetic and of elegance. But the aspirations of heroism and the pleasure of aestheticism were shattered by the experience of war: although the soldiers were often represented as bestial and inhuman, it is possible that their nakedness also expressed their desire to detach themselves from the war and to reaffirm their personality in a different context. Certainly, divesting oneself of a uniform is not an insignificant act: it validated the choice of flight, thus highlighting the rejection of the violent world. Nudity, moreover, from the perspective of cultural patterns, alludes to a state of original purity, an absence of guilt, a desire for childhood which, not by chance, as I will show below, is another of the most original topoi in which the pathological manifestations of traumatised soldiers were crystallised.

Furthermore, the body of the soldier, long before the effort required by the conflict, was the main locus of those dressage techniques which in military discipline assumed a function of primary importance. This training of the body needed the immediate identification and external recognition implicit in the uniform: the naked soldier who dirties his uniform is the most obvious symbol of the deconstruction of this process: that gesture in fact illuminates the perfect disassembly of the profound process of military uniformity training and the desire to construct another man.

Hysterical men

The asylums were full of trembling and aphasic soldiers: according to the medical records, there were many cases of mutism, deafness, contractures, paralysis, confused states, tremors, tics and so on. Many of the men rejected every kind of verbal communication and made their bodies the means to express their suffering and perhaps even their resistance to war violence.

Dante G. is a typical example of a hysterical soldier: he had 'exaggerated and paradoxical nervous reactions', end violent emotional crises, displaying

motor diffusion in the form of shocks, isolated contractions and tics in the limbs ... he remains in a twilight state with a wide-open and wandering gaze depending on his state of consciousness ... he screws up his eyes, his teeth chatter, he contracts his mouth.⁹

In the Italian asylums, hysteria was a common syndrome among hospitalised soldiers: profoundly and genealogically linked to the peak of the same phenomenon at the end of the nineteenth century, the soldiers' hysteria summarises a series of new cultural transformations. Its diffusion, its emergence as a male syndrome is, in my opinion, linked to a plurality of factors retraced below.

Although hysteria, following the neurologist Jean-Martin Charcot's theories, obviously did occur in males, in practice in Italian asylums it was predominantly – but not exclusively – considered a female condition right up to the First World War. After that time,

it became significantly male, and was applied to a type, such as a soldier, who had been called upon to match the stereotype of strong masculinity. In becoming also a male disease, the soldiers' hysteria continued to be structured and embodied by many cultural codes surrounding the female gender.

Italian psychiatrists did not fear dangerous feminisation of the soldiers: on the contrary, the set of negative characteristics – essentially misogynistic – that over time had been used to build the categories of male/female, constituted the cultural background for identifying an equally negative model: that of the soldier who falls into the abyss of mental illness. There was in fact a kind of 'gender trouble' in the cultural construction of the hysterical soldier: the soldier distanced himself from the representation of traditional masculinity and from nationalistic culture in different ways. This sort of 'gender trouble' is situated in a context in which the traditional and strict distinctions of gender roles were undergoing important transformations that were emphasised by the photographic medium. Photographs of mutilated soldiers – widely circulated at the time – underlined a loss of virility and adult status: the blind, like the war mutilated, were compared to children to be re-educated and were represented performing classically female jobs or activities – housework, knitting and so on (Di Cori 1986).

What then were the main cultural codes that supported the syndrome of the hysterical soldier? First, a series of generic attributes that had defined the moral character of hysterical women in previous decades, were now ascribed to soldiers: the hysterical soldier was suggestible and selfish; he gave greater importance to his own safety than to committing himself completely to the collective cause. The soldier hero ready to offer his life for his country was now transformed into his exact opposite: selfish and restricted in his individual space. Italian psychiatrists were very worried about this: Placido Consiglio defined the hysterical soldier as 'human debris' (Consiglio, 1912, 399); Sante De Sanctis wrote that 'we psychiatrists do not train "cardboard men", we are preparing 'a strong generation, without nerves' (De Sanctis 1917, 474).

Too many emotions, too many nerves – just as in the paradigm of feminine weakness. The transition was always carried out within the nationalist code: a hysterical woman was selfish and therefore not a good mother, just as the hysterical man suffering from nervous weakness was not capable of defending his country. Italian psychiatrists stressed this aspect very strongly.

Another manifestation of war neuroses tended to confirm the 'gender troubles' that affected traumatised soldiers: namely, the revival of the ancient topos that makes mentally ill people feel possessed by the devil – the ancient manifestation of the 'devil in the body', an element strongly related to the nineteenth-century experience of female hysteria. According to nineteenth-century medical records, men admitted to mental hospitals spoke of devils, but were rarely described as 'possessed', because of the obvious connection with sexual symbolism. But with the sufferings of war, whose appearance could be assumed by the devil, now showed these men to be truly possessed. This did not escape the attention of psychiatrists: Ferdinando Cazzamalli, for example, spoke of soldiers' hallucinations in these terms: 'the sick see the enemy advancing menacingly, often dressed in red like "devils", or with monstrous heads and limbs; the thunder of the cannons, the echo of wild screams, the sound of a machine gun' (Cazzamalli 1918–9, 1–39).

Devils reappear in the fears of a hospitalised soldier, Luigi G., who writhes in bed shouting continuously 'Devils, devils!' and then after a few days:

[He is] restless, anxious, agitated. He has to be kept secured to the bed, because he tries to cut his abdomen, as he is dominated by the delusional idea of having devils in his body. He continuously writhes in bed and will not let anyone approach him ... The very marked mental decline is obvious.¹⁰

There is another interesting medical record of a soldier who was transferred from the asylum in Florence to that of Volterra: here once again there is a strong moralistic evocation of the struggle between good and evil, but with a significantly gendered structure and profoundly different from the one which underlay the moralistic discourse for hysterical women. In fact, no values related to sexual behaviour are involved, but rather a moralising look at the theme of the man-worker. The medical record of Armando R. states:

He believes that his body is possessed by the devil, which makes him a parasite and incapable of useful work, while on the other hand he sees angels who suggest he should do good and help those who cannot work. He feels able to do this but the demonic influence immobilises him by forcing him to commit actions opposed to his tendencies ... even now it is not true that he performs acts against his will but he cannot say whether he is a demon or an angel, a man or a woman, a friar or a priest. A power is exercised over him; he does not know how it is put into effect; he does not know if he can free himself from it.¹¹

The reference to diabolical possession, free from any sexual implications, acquires here the meaning of the inner conflict between good civic behaviour and the fall into the abysses of evil; it thus becomes a manifestation of the possible shattering of the modern individual.

The conceptual framework does not change if we move to Trieste, in whose asylum there was the young soldier I. C. who appears

constantly depressed and anguished, he enunciates a number of delirious ideas of demented and disconnected content: having the devil in his body or a snake. The food is poisoned, it smells like a corpse ... He asks for a knife to cut his belly, where the devil is.¹²

The long nineteenth-century medical investigation through which the manifestation of the devil in the body had become the symbol of the stratification of the inner consciousness, no longer unique, consistent, but divided and contradictory, keeps its meanings active. And in fact:

At the entrance the subject showed a state of mild excitement, spat at the male nurses who accompanied him saying that it was not him who was spitting but the solitary worm in his body; he said he was happy to be among good friends, but he resisted when he was put to bed, then began to talk erratically saying that the Italian troops had gone beyond Trieste, all the Italian women had to go on a pilgrimage to the Carso, and he should also have gone that very day. Several times he got out of bed going to annoy some other patient, he also refused to eat, at night he was sleepless, but quite calm ... During interrogation the signs of an excitement and a serious mental weakness are clear. The patient continues to believe that he is a great singer and that because of this gift he will have a successful career ...¹³

The long nineteenth-century tradition that had, albeit with some exceptions, electively seen sick women talking of having the 'devil in the flesh' expands to express also the discomfort of traumatised soldiers. In both cases – for nineteenth-century women and later for First World War soldiers – their subjectivity was at stake. Once again, from the point of view of the genealogy of cultural models, we see the reprise of old cultural codes to express meanings adapted to a new historical context. Like women, traditionally considered inferior, no officer (in fact I have never found a single case regarding an officer), but

only ordinary soldiers – also inferior figures – were classified as suffering from the hysterical syndrome.

However, the hysterical soldiers do not have the theatrical seizures of female hysteria (the arched back), as in classic hysteria. Many interventions are quick to clarify this particular aspect: the psychiatrist Vincenzo Bianchi, among the few who discussed Freud's reflections and among the most original voices of this intense debate, attributed the cause of the hysterical syndrome to emotional trauma. Bianchi spoke of strong and courageous men, not even over-emotional, who fell into hysteria precisely following the trauma caused by war violence. However, the soldiers' hysteria had different connotations from the classic female one:

Given the fact that real hysterical convulsions almost never occur in soldiers at the front and that instead paralysis, contractions and mutism are frequent with all the characters of a hysterical kind, it seems to me that it is worth excluding the sexual origin of these phenomena and tracing them back to their emotional origin, with the intervention of images from autosuggestion or from heterosuggestion which determine the various forms of hysteria (Bianchi 1918, 16).

The psychiatrist Angelo Alberti also dwelt on a structure purified of the most intrinsically feminine elements: in his opinion the muscular contractions of the soldiers were modest, contained, without the theatricality that characterised the feminine ones; and above all, if hysteria was – in short – an extraordinarily exaggerated and lasting reaction to stimuli of modest intensity, the soldiers, even in their agitated emotional state, were not entirely subjected to the game that psychiatrists had engaged in with their female patients (Alberti 1920, 131–163).

It goes without saying that the manifestation of classic hysteria, strongly linked to Charcot's theories, at the time of the First World War presented a different conceptualisation. Furthermore, in this case the symbolic values linked to sexuality and to being feminine cannot simply transmigrate to male subjects. The nature of hysteria, as proposed by Charcot, contained a crucial polarity through which nineteenth-century culture had represented women: a continuous alternation of sentimental excesses ranging from religious ecstasy to excessive sexuality. Here other values are at issue: it is the fall of the male man in his inner fragmentation; it is the fall of the hero into a suggestible and manoeuvrable emotional stage; it is the modern individual who, by losing his granitic unity, splits into two.

The hysterical soldier is also encumbered by another important cultural legacy: that of mass psychology developed in France but accepted on a large scale: following this last perspective, psychiatric thinking strongly emphasised elements such as sensitivity, suggestibility, emotion, fear – all typically feminine traits – that effectively fuse the hysteria syndrome with the processes of massification, in that historical moment at the centre of a great theoretical debate. From this point of view, the gender troubles were accompanied by another contradiction that had a strong impact on the cultural construction of the soldier: his becoming mass-man. The myth of the soldier was imbued with the values of heroism, the affirmation of the ego, the exaltation of physical strength, but in fact the soldier ended up being one of the most subjugated figures, oppressed by the rules of the most blind obedience. The soldier hero, paradoxically, in order to achieve his objective fully, had to lose his own identity and become part of the collective military body, obedient to the higher ranks. All this was part of a specific theory: the virtues of the military consisted in the full, blind obedience to orders; the best soldier was therefore rough, stupid, only able to understand the discipline imposed solely through the 'the beat of the drum'. Following on from these accepted facts, Agostino Gemelli, the author of an important essay on the subject, takes up the concept of the 'narrowing of the field of

consciousness' of the soldier, who, during his life in the trenches, arrives at the point of not seeing or hearing any more (Gemelli 1917). Aside from the well-known ambiguities of Gemelli's reflection, interestingly, the author considers the long process of depersonalisation that the soldier went through as also being a result of the officers' authority: the soldier gradually abandoned his ideas, his life and created a new identity. He abandoned the perception of being an autonomous individual in order to acquire that of a member of a larger organisation: the army as a collective body.

The transition from soldier-hero to mass-soldier in fact implies the acquisition of certain traits – the crushing of the ego, psychic fragility, manoeuvrability – fully consistent with, and within, the gender trouble that I mentioned. The cultural context of the hysterical syndrome envisages, encapsulates, summarises the two processes considered: on the one hand, the soldier hero who becomes the mass-man, on the other hand the manly soldier who loses his virility.

The value and the political implications of these processes are important: we know the importance for Fascism of the acquisition of the psychology of the masses. Arturo Marpicati, for example, the future deputy secretary of the National Fascist Party in the early 1930s, wrote that the mania of wanting to depict the soldier as a special being, forever in the conscious gesture of facing death, must now finish. The army was made up of ordinary men, who were afraid and needed help, who acted on the stimulus of psychic suggestions. The study of the effects of violence on the brain (and in particular on the poor minds of the peasants sent to war) would soon be used, as is known, to build models of political authority founded precisely on subjects deprived of personality, indifferent and trained to follow orders (Marpicati 1920).

Conclusion

Childhood regression and the loss of manhood of the soldiers of the Great War were the objects of psychoanalytic reflection. This however, remained extraneous to most of the debate in Italian psychiatry at the time. It is worth briefly recalling, nonetheless, Karl Abraham, a psychiatrist and collaborator of Freud, who intervened incisively on the subject. His investigation concerned the war trauma that acted as a trigger for a regressive process able to bring the soldier back to a narcissistic stage and to produce a certain confusion in his sexual orientation and a certain infantile regression. The soldier, therefore, encapsulated in a permanent narcissistic state, retained his emotional energies 'for himself', he lived in a kind of selfish and paranoid concern for his own life while remaining unable to transfer emotional energy into relationships with others (Ferenczi, Abraham, Simmel and Jones 1921). However, since this approach is distant from the cultural reference models in Italy, it goes beyond the genealogy that I have outlined here in order to grasp the cultural codes that defined these figures of suffering.

A central aspect unites the three different figures explored in this essay: from different points of view they refer to a peculiar historical experience, the fall into the disintegration of the ego and then the attempt at reconstitution of the individual himself through his own naked transparency. It must be highlighted how pieces and aspects of different cultural codes converge. Above all methodologically consider how these complex cultural systems (nationalism, hysteria, the gender constructions and roles), have been so ductile and capable of transiting and resemanticising some contents: the flexibility of hysteria moving from its classically feminine dimension to the male one is perhaps its most paradigmatic example.

On the one hand, therefore, the cultural construction of the process of personality disintegration experienced by the soldiers was deeply rooted in the past, but was also a great heritage that twentieth-century society received (Crouthamel J. and Leese P. 2017). On the

other hand, this construction represents a complex and interesting legacy about the new anthropology in the twentieth century: that of the man defeated by emotions which are too intense and a nervous system which is too weak. Emotions which are too intense cause nervous disturbances and muscular rigidity. The automaton had entered the new twentieth-century cultural landscape.

Competing interests. The author declares none.

Notes

1. Health Archives of the former psychiatric hospital of Rome, the Medical Records of Gino C. who died in January 1918.
2. I have worked in the historical archives of the psychiatric hospitals in Rome, Volterra (in Tuscany, which during the Great War received more than 500 soldiers who were ill), Lucca, Trieste, and Reggio Emilia.
3. Health Archives (Rome), Medical Records, Giovanni D., discharged on January 1919. The italics are mine.
4. Health Archives (Trieste), Medical Records, b. 316, discharged on 15 December 1919.
5. Health Archives (Volterra), Medical Records, Biagio G., discharged on 20 January 1919.
6. Health Archives (Volterra), Medical Records, T.C. admitted on 5 July 1916 and discharged on 16 October 1916.
7. Health Archives (Volterra), Medical Records, M.A. admitted on 21 July 1917 and discharged on 20 April 1918.
8. Health Archives (Trieste), Medical Records, Envelope 329, admitted on 12 September 1927 and discharged on 18 July 1928.
9. Health Archives (Rome), Medical Records, Dante G., arrived on 21 February 1916 and left on 15 January 1917.
10. Health Archives (Volterra), Medical Records, Luigi G., admitted to hospital on 28 June 1917 and discharged on 26 February 1918.
11. Health Archives (Volterra), Medical Records, Armando R. admitted on 31 January 1919 and discharged on 13 August 1919.
12. Health Archives (Trieste), Medical Records, Envelope 320, admitted on 13 October 1919 and discharged on 20 February 1920. In this case the patient's first name is not given.
13. Health Archives (Rome), Medical Records, Diego M., 1917.

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Italian summary

Nonostante un'ampia storiografia si sia molto occupata delle nevrosi di guerra, alcune manifestazioni di sofferenza psichica diffuse tra i soldati traumatizzati durante il primo conflitto mondiale non hanno ricevuto la giusta attenzione. Questo saggio, basato sull'analisi di documentazione clinica relativa a soldati ricoverati in diversi manicomi italiani, fa mergere tali espressioni. Tre le principali forme che ha assunto questo genere di trauma: soldati che si strappano la propria divisa e vagano nudi; una sorta di regressione nell'infanzia; una particolare declinazione della sindrome isterica. L'a. sottolinea come taluni stereotipi sulle donne entrino in un nuovo circuito comunicativo e strutturino una mascolinità in crisi nonché il nuovo soggetto politico del tempo: le masse. Troppe emozioni, troppi nervi definiscono individui deprivati della loro soggettività e illuminano la transizione dalla figura del soldato-eroe a quella del soldato massa.

Cite this article: Fiorino V (2023). Naked men on the run, regression to childhood: cultural figures of the trauma during the First World War. *Modern Italy* 28, 246–259. <https://doi.org/10.1017/mit.2023.20>