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“Working Through” Societal Trauma
in *The Last Flight*, *Heroes for Sale*, and
All Quiet on the Western Front

William Dieterle’s film *The Last Flight* (1931) begins, after a brief sequence explaining how they were wounded, with two WWI pilots, Cary Lockwood, played by Richard Barthelmess, and Shep Lambert, played by David Manners, sitting in a hospital, watching a clock in anticipation of the war’s end and their release. Both men are fully dressed. They appear angry, not excited, and lean forward as if they will take off at a sprint once set free. Barthelmess, in particular, appears to brood. His expression conveys an almost criminal intent. It fades briefly, however, in the presence of a military doctor in the next scene. The doctor prescribes “time” for Shep’s nervous tick, stretching for Cary’s burnt hands, and normal living for both of the lieutenants. But in a conversation with a colleague following their departure, it becomes clear that these are only hollow words:

Well, there they go. Out to face
life and their whole training was
in preparation for *death* ... They
fell, you know: 6000 meters. Like



Scene from *The Last Flight*, starring Richard Barthelmess and David Manners (00:02:32).

dropping a fine, Swiss watch on the pavement. Shattered both of them. Their nervous systems are deranged, disorganized, brittle ... Spent bullets. That's it. They're like projectiles: Shaped for war and hurled at the enemy. They've described a beautiful, high-arching trajectory. Now they've fallen back to Earth: spent, cooled off, useless. (00:05:06-00:06:17)

Of course, there are a number of different interpretations for the doctor's speech: war weariness, cinematic foreshadowing, or an effort to channel America's angst surrounding the successful reintegration of servicemen into postwar society. But, what cannot be dismissed is its clear focus on the psychological wounds of combat. The doctor sees Shep and Cary as "spent bullets" because of their minds, not because of nervous ticks or burnt hands. In 1931, *The Last Flight* suggests that any trouble WWI veterans might have reintegrating into society has entirely to do with the psychological wounds of combat.

Literary trauma theorists apply psychoanalytic principals to literary texts, exploring these wounds as they appear on local levels in characters, narrators, and interpersonal interactions within a plot. These principals also prove useful in understanding how cultures comprehend and process trauma. Scholars like Cathy Caruth and Richard Bernstein suggest that traumatic events are never fully experienced consciously (Bernstein 44) and that much of what is experienced comes after trauma in the form of symptoms (Caruth, *Unclaimed Experience* 91-92). Both Freud and proponents of modern therapies recognize that crafting narratives—associations between what happens before, during, and after trauma—is essential in bringing these events into the conscious realm and resituating them temporally.

This narrative-making work takes place on individual and societal levels. The psychological symptoms of traumatized individuals suggests that they are anchored to the past, to the moment of trauma, and that healing must come from revisiting those past traumas and crafting a stable narrative that stretches into the present. Societies, on the other hand, begin with instability—with symptoms—in the present and work backwards through narrative to understand their etymological roots, arriving at a fuller understanding of trauma in the past. In many societal narratives, specifically the WWI films explored in this essay, war veterans themselves exist as the traumatic symptoms of a society working backwards toward a fuller understanding of its shared trauma.

On the surface, depictions of veterans in *The Last Flight*, *Heroes for Sale*, and *All Quiet on the Western Front* appear offensive and shallow. The films make

suggestions about the postwar lives of veterans based only on shell shock's most visible symptoms, those viewable to the public through popular media, ugly truths blown out of proportion and made hyper-real. However, each film that negatively depicts veterans is also an example of trial and error in the creation of America's societal narrative, a collective story that must be revised after war to include those sent to fight it. Ultimately, societal narratives succeed in working through traumatic wounds in the same manner as individual narratives: by crafting stories of successful reintegration, defeated addiction, and by making associations between symptoms and their causes. To be "healing" both societal and individual narratives must situate traumatic events within a temporal structure, piecing together realities fragmented by war, mapping a future inclusive of the traumatized subject into collective humanity despite the prevalence of traumatic symptoms.

Whereas psychoanalysis has evolved beyond the initial postulations of Freud, his theories of latency and return remain essential to understanding how narratives process trauma. For Freud, latency was the fourth in his stages of psychosexual development, the point in which children redirect oedipal energies upon social pursuits. This redirection takes the form of play in analyst Jacob Arlow's analysis of children: "[T]he play consisted of simulating and repeating unpleasant, frightening, realistic situations, in which the young boys identified themselves with a damaged individual" (35). This "simulating and repeating" is explained as a part of Cathy Caruth's paradox of trauma: "Traumatic experience, beyond the psychological dimension of suffering it involves, suggests a certain paradox: that the most direct seeing of a violent event may occur as an absolute inability to know it; that immediacy, paradoxically, may take the form of belatedness" (*Unclaimed Experience* 91-92). The mind returns again-and-again to a traumatic event in an effort to make sense of it, to create associations between symptoms and their roots, to reorder confused memories, explain symptoms, and piece together a fragmented reality. *Play*, for Arlow's subjects, circumvents Caruth's "inability to know" through creative expression. Films featuring WWI veterans are examples of play on a societal level. Simply put, society is *unable to know* until it has worked those veterans sent away to fight back into its collective narrative.

The Last Flight is an experiment with veteran identity, one in search of a WWI veteran identity viable in postwar society.



Shep's final scene in *The Last Flight* (01:11:48)

Importantly, this experiment is successful in only one out of four instances. In the film, four recently discharged pilots suffering from shell-shock, Cary, Shep, Bill, and Francis, travel to France where they drink constantly and rally behind a young woman, Nikki, who plays witness to their high-risk behaviors. Bill is killed after an impromptu bullfight in Portugal; Shep dies in a firefight between Francis and a womanizing American reporter, and Cary is ultimately deprived of the camaraderie that anchored him to his wartime self. The doctor, whose speech at the beginning of the film suggests that the men are “spent bullets,” represents those skeptical about postwar assimilation. The film must account for this skepticism but other outcomes as well if it is to transcend stereotype.

It must treat Shep, Bill, Francis, and Cary as individuals. Nikki, whose innocence contrasts many of the negative symptoms exhibited by the men, represents those opposite of the doctor, those who believe in the possibility of WWI veterans’ successful reintegration. She certainly does not fall prey to four lascivious war veterans. Instead, she finds herself under their protection. Francis is willing to kill for her without any expectation of reciprocation. Cary accepts her offer of companionship without the ability to feel intimacy. Nikki represents the portion of American society unaffected by the war, but also the portion which cannot fully understand its own past before accepting war veterans back into the fold. So, as societal narrative, the film engages its viewers by making them wonder if the four veterans will take advantage of Nikki—by making them wonder if war veterans will take advantage of America. Alcoholism and high-risk behaviors, those plainly visible symptoms of individual trauma, then, take a back seat to the larger concern of the safety those who are innocent, of those uninitiated into war. By redirecting their energies—the psychological conditioning that kept them alive in combat—into maintaining Nikki’s innocence, the veterans in the film prove their usefulness in American society as its protectors.

Return is the “belatedness” in Caruth’s theory, the emergence of repressed symptoms which mirror the psychological and physiological necessities of combat. Repression represents the most feared element of veteran identity to those unacquainted with war: the resurgence of violent tendencies honed in combat. In 1926, Norman Fenton wrote in *Shell Shock and its Aftermath* that “neurosis obeys the laws of habit. Once the habit has been founded the individual is subject to its mandates. Any unusual or sudden stimulus (whether real or imagined) calling out emotion, or likewise, any social problem which appears to the individual great and unsurmountable may reinagurate in the individual’s body this old habit of wartime” (161-62). Fenton’s explanation of the startle response is accurate; traumatized

veterans will return to their training when triggered by stimuli. In *The Last Flight*, Francis proves Fenton's assumption when he kills the American reporter. His actions are justified within the plot, but his exit—the fact that he disappears into the dark never to be heard from again—suggests that there are violent veterans lurking about, suffering from a growing list of war-related illnesses and addictions attributed to veterans of the era: “syphilis, alcohol ... hallucinoses, hysteria, neurasthenia ... pathological lying, Bolshevism, delinquencies of various sorts, homosexuality, suicide and self-mutilation, nosophobia, and even claustrophobia” (Southard viii). Nevertheless, Francis is only one iteration of veteran identity found in the film.

Of the two veterans who die, Shep reveals the most about repression. He chases the death that missed him in a plane crash, the crash responsible for his hospitalization at the beginning of the film. He is “‘haunted’ by a past [he] cannot put behind [him], and which continually intrudes into [his] present, waking and sleeping” (Leed 86). It is not that Shep cannot grasp the fact that he almost died. He cannot grasp the fact that he is still alive. He says as much in his dying words:

You may not believe it but this is the best thing that ever happened to me ... That's better. You know, Cary, I feel just like we're falling. A long time ago. Don't you remember? Spinning. Spinning. Spinning. Only, you brought me down safe. Oh, Cary, good old Cary. Best flier in the service ... Old Shep's going to crash ... Cary, level off. (1:10:30-1:12:40)

In the scene, Shep associates his death in the present with his *near*-death in the plane crash. His words sound as though it were just a matter of time before death found him. However, psychoanalysis reveals that it to be the other way around: it is Shep who is in search of death.

In “The Neurotic's Individual Myth” Lacan claims that “the subject always has an anticipatory relationship to his own realization which in turn throws him back onto the level of a profound insufficiency and betokens a rift in him, a primal surrendering” (423). Shep's struggle begins when he envisions his own death in the plane crash at the opening of the film: “After all, in order for this dialectic of the death struggle, the struggle for pure power, to be initiated, death must not be actualized ... death must be imagined” (Lacan 425). Judith Herman, like Arlow, recognizes this struggle in the form of play: “Adults as well as children often feel impelled to re-create the moment of terror, either in literal or in disguised form ... In their attempts to undo the traumatic moment, survivors may even put themselves

at risk of further harm” (39). Shep’s play—his attempt to “undo” his trauma—is a “struggle for pure power” played out through high-risk behavior and alcohol abuse. Shep returns to his trauma through symptoms, articulating Lacan’s power struggle through stereotypes the audience can understand, presenting another possible version of veteran identity.

The Last Flight runs Cary through the same gamut of symptoms and stereotypes as the other characters. Robin Room’s reading of the film focuses on alcohol abuse, in particular:

The Last Flight (1931), a low budget semi-parody of Hemingway’s *The Sun Also Rises*, starts with four American flyers, wounded in the First World War, being discharged from military hospital in France. In almost the opening lines, one flyer says to another, ‘The old guerre is fini. What are you going to do now, Shep?’ ‘Get tight!’ ‘And then what?’ ‘Stay tight.’ (15)

Room argues, “What we are seeing in a movie like *The Last Fight* might be described as a pornography of drinking” (16) and asserts that alcohol’s role in the film is directly related to the influence of prohibition. However, the direct links to veteran identity and psychological illness in the plot are hard to ignore. The dialogue highlighted by Room, taken from early in the film when Cary and Shep sit in the hospital, suggests a foreknowledge of their inability to reintegrate into postwar society. That they plan to get drunk as soon as possible is only a part of the larger narrative underway, *local symptoms* of veterans who themselves are *societal symptoms* of war trauma. Alcohol is only one of the tests faced by Cary. The symptoms of shell-shock are equally challenging.

Cary displays psychological numbing after Shep’s death: “Can’t you cry, Cary?” Nikki asks. He claims that he can no longer cry because of the war, suggesting that he will be incapable of the deeper levels of emotion necessary to maintain a relationship. Judith Herman explains how both numbing and alcohol abuse are related to Cary’s war trauma: “Traumatized people who cannot spontaneously dissociate may attempt to produce similar numbing effects by using alcohol or narcotics ... [to] control their hyperarousal and intrusive symptoms” (44). Of the four veterans in the film, however, Cary displays the most control over his drinking. The lack of alcohol in the film’s finale suggests that he has regained some control over his war trauma. His numbing remains: “[N]othing matters. We only had each other. Comradeship was all we had left. And now that’s gone, too” (01:14:45-01:14:52). *The Last Flight* submits that the best way for veterans to reintegrate into society is by

removing themselves from reminders of war. The route taken in the film is one that involves revisiting trauma instead of repeating its symptoms. As Francis, Bill and Shep die or disappear, Cary excels. By engaging in another traumatic event in the gunfight, Cary is freed of his trauma by making real the death that should have occurred in his plane crash. A veteran viable for the postwar narrative, according to *The Last Flight*, is one that faces his past and accepts its consequences, real or imagined. *The Last Flight* is not the



Tom Holmes, played by Richard Barthelmess, receives morphine from a German doctor in *Heroes for Sale*. (00:07:49).

only 1930s film to propose iterations of veteran identity. William A. Wellman's *Heroes for Sale* (1933) tells the story of Tom Holmes, played again by Richard Barthelmess, a veteran whose innate goodness and integrity outstrip any symptoms carried with him out of war. Tom singlehandedly captures an enemy trench during the war while his friend, Roger Winston, played by Gordon Westcott, cowers in an adjacent trench. Tom is presumed dead and develops a morphine addiction in a German hospital. Roger receives all of the praise for Tom's bravery and returns home as a hero, landing Tom a job at his father's bank, provided that he keeps the events of that night a secret. However, Roger's father learns of the addiction from Tom's doctor and fires him, forcing him into rehab and further tests of his integrity.

Heroes for Sale takes a different approach than *The Last Flight*. Whereas the former articulates traumas of individual veterans, the latter articulates the trauma of the society that welcomes them home. A viable narrative explains the causes of trauma, traces symptoms to their roots, and conceives of a future inclusive of the traumatized subject. Tom Holmes's trauma is kept a secret; his most visible symptom, a shameful morphine addiction, is linked to a German hospital, not the Americans who sent him to war. At first, to protect



Tom is accosted for an unwanted addiction as Roger, who stole his war valor, paces nervously at the side in *Heroes for Sale* (00:19:18).

Roger, it appears as if the causes of Tom's trauma will never be narrativized in the film, as if the roots of his addiction will forever remain a secret, and as if trouble will keep visiting the veteran, preventing him from reintegrating into society. However, his innate qualities enable him to beat the odds and turn the tables on his accusers. The audience cannot help but watch in disgust as the noble soldier is berated by Roger's father: "I wonder if you realize what this does to my standing in the community. After 25 years of public confidence, I find myself with a drug addict in my employ. A drug addict handling the depositors' money. An employee of mine with this loathsome, cowardly habit. I can't understand it" (00:19:18-00:19:33). Tom sits angrily, wringing a rag, clutching the arms of his chair, scowling at the floor. Interestingly, he does not direct his angry gaze at the accuser. Instead, he avoids defending himself, perhaps introjecting the blame for his condition; his anger is not at first aimed at a particular person. As the tension mounts, however, the scene becomes analogous to evolving conceptions of veteran identity. Once heard, Tom's speech represents a tipping point of acceptance:

Whoa, wait a minute. How do you think I started taking that stuff? For fun or pleasure? Well I'll tell you how They gave it to me in a German hospital to keep me from going mad with pain. Pain. Agony. Continuing torture, day-after-day like a million ants eating me alive. Do you know what that means? No, you don't. Because when I was being blown to bits you were sitting here safe and comfortable. And you're still sitting here, in judgment. (00:19:42-00:20:07)

Heroes for Sale helps heal the wound of exclusion inflicted upon veterans by society. By speaking "the unspeakable," the trauma itself, Tom represents an entire generation of veterans stereotyped and ostracized for circumstances beyond their control. It is the public aspect of this narrative-making process that makes it healing.

Caroline Cox suggests that dramatizing the shell-shocked veterans was not always possible: "Without a clear grasp of the cause or cure of war neuroses, the condition could only work dramatically as an incidental device, and it would be many years before writers could more fully come to terms with and successfully exploit its dramatic possibilities" (281). *Heroes for Sale* continues the work of iterating postwar veterans begun in *The Last Flight*. Both of Barthelme's characters show resiliency, integrity and, once they can overcome the symptoms associated with their trauma—alcohol abuse and high-risk behavior in *The Last Flight*, morphine addiction in *Heroes for Sale*—they prove viable as productive members of society. Further, and

historically, these depictions prove “pivotal in creating a more sympathetic public attitude toward mental illness and undermining traditional ideas about insanity” (Cox 281). The ameliorated veteran in *Heroes for Sale* might best be explained by the need to create a collective narrative inclusive of veterans as well as the mentally ill.

A private narrative is of little use to collective society. In order to heal, traumatized subjects must experience acceptance after speaking the unspeakable. Ruth Leys draws upon Herman, arguing the importance of testimony:

For Herman and the other modern ‘recovery movement’ generally, even if the victim of trauma could be cured without obtaining historical insight into the origins of her distress, such a cure would not be morally acceptable. Rather, she must be helped to speak the horrifying truth of her past ... because telling that truth to herself and others has not merely a personal therapeutic but a public or collective value as well. (123)

It is as true for society as it is for individuals that “the traumatic event is not experienced as it occurs, it is fully evident only in connection with another place, and in another time” (Caruth, *Trauma 8*). Tom’s war wound was traumatic. But he was lucky enough to find himself alive in a German hospital afterwards. His addiction to Morphine was traumatic, too. But his innate qualities enabled him to overcome it. The trauma processed in *Heroes for Sale* is that of betrayal. His trauma manifests in a fragmented identity that the film helps piece together through a series of moral challenges indicative of the challenges faced by all WWI veterans. Once Tom’s version of the veteran identity makes its way into the national narrative, other veterans can immolate it and define themselves based on its example. But the narrative-making process does not end there. It continues once veterans are free to speak to and on behalf of the society that accepts them.

Popular psychology developed as quickly as real understandings of shell shock. Everyone had opinions about who the malingerers were, who wanted a government pension, and who actually suffered. The 1919 text *Shell-Shock and Other Neuropsychiatric Problems*, a collection of 589 case histories, addresses “physicians, [though] some of its material has interest for *line-officers*, who may see how much ‘criming’ is matter for medical experts” (i). Sorting through the “fakers” was an everyday part of medical practice on the front lines as well as in veterans’ hospitals after the war. Gwen Parsons researched WWI veterans in New Zealand and found, time and again, that in stories passed down through families, qualifiers like “‘they were never same after the war,’ link[ed] problematic behaviour to military service”

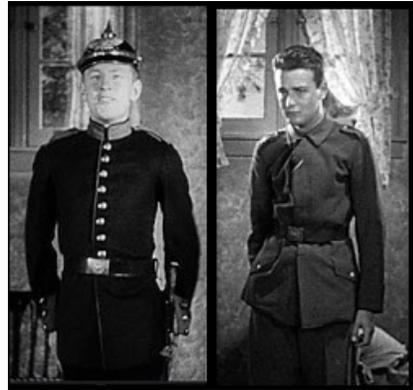
(71). Statements like these are examples of attempts to bolster the legitimacy of shell-shock claims. But shell-shock also implied a hereditary link to mental illness, a link that caused secondary symptoms to societal symptoms to emerge.

The individual mind tends to resist narrative-making in therapy. It is draining and potentially retraumatizing to speak the unspeakable. A similar phenomenon emerges for society when mental illness gains the capacity to change the social status of entire families. Such concerns greatly impacted the development of treatments: patients would not divulge information out of shame or fear of being labeled as malingerers. In the preface to the second edition of *Shell Shock and Its Lessons*, a 1917 text written by G. Elliot Smith and T. H. Spear at the University of Manchester, the authors make an appeal for patient confidentiality:

Our book, however, is a plea for the necessity of intimately personal and confidential discussions between patient and doctor, for the purpose of enabling the latter to learn the innermost secrets of the former's individual experience and thereby discover the sources of his distress. These confidences cannot be shared with the nurses, not indeed with any third person. (ix)

Smith and Elliot relate later that “[i]t is not merely the psychological side that is neglected. The most depressing aspect of the state of affairs is the comparative absence of all research” (117). Mental healthcare was in its formative stages, held back by stigma and underdeveloped narratives. Not surprisingly, those veterans who spoke negatively of the war effort were labeled as cowards. Veterans with legitimate anger or illness were excluded from society until a narrative could develop, until enough iterations of veteran identity provided them with the authority to speak.

In *All Quiet on the Western Front* (1930), Paul Bäumer, played by Lew Ayres, is accused of cowardice when



Two scenes from *All Quiet on the Western Front*: The first shot (left), shot in the opening scenes of the movie shows a young soldier in eager anticipation of war (00:05:21). The second (right), shows Paul Bäumer on home from leave, stooped over, and with a new set of attitudes concerning wartime experience (01:49:13).

he displays battle fatigue and decries the war effort. Despite his hatred of war, he prefers death to living in the civilian world. Early in the film, Paul is convinced that it is “fitting and proper” to die for one’s country. In a rousing speech from his school teacher, he and his fellow classmates each envision themselves basking in the glory of war. Paul sees himself standing in a doorway, dressed in full uniform, smiling in expectation of war’s glory. Later in the film, however, Paul returns hunched over, emaciated, and bitter about the loss of his friends. Though *All Quiet on*



Paul Bäumer hears his teacher indoctrinating the next batch of young soldiers in *All Quiet on the Western Front* (01:55:24).

the Western Front is an adaptation of Erich Maria Remarque’s famous German war novel, its Hollywood birthplace, all-American dialects, and universal depictions of war’s effects upon the mind and body make it an addition to the narrative-making process that takes place in *Heroes for Sale* and *The Last Flight*. After visiting his mother on leave, Paul walks down streets featured in the opening scenes of the film, streets that now appear deserted in the absence of soldiers marching happily off to war. He sees the window he looked out of when he decided to enlist open and hears the same nationalist rhetoric falling upon the ears of the next crop of students. Paul stops. There’s no mistaking it: the look on his face is one of anger and conviction. To emphasize this point, the camera pans left as Paul exits the scene to the right. Without breaking the shot, the teacher continues his speech and Paul enters the room. The teacher says, “You must speak to them. You must tell them what it means to serve your fatherland” (1:56:18). Paul holds back his anger in a way similar to Tom in *Heroes for Sale*. He looks upon the students with pity. He doesn’t know if he should expose his true feelings: “I can’t tell you anything you don’t know. We live in the trenches out there. We fight. We try not to be killed. Sometimes we are. That’s all” (1:57:04). Devoid of the descriptors found in propaganda, the teacher attempts to get more out of Paul. Once again, the pressure builds until the war veteran bursts with conviction, speaking for all veterans lured into war under false pretenses.

Paul turns toward the teacher and exclaims, “I’ve been there! I know what it’s like ... You still think it’s *beautiful and sweet* to die for your country don’t you?”

Well, we used to think you knew. The first bombardment taught us better. It's dirty and painful to die for your country. When it comes to dying for your country, it's better not to die at all. There are millions out there dying for their countries and what good is it." The children become audibly concerned at this point; one calls him a coward. Paul replies that it is much easier to say "go and die" than to "watch it happen," exiting the room, claiming he will go back to the front "tomorrow" because "he can't stand it" there (01:58:05-01:59:13). Because of his imminent death, Paul speaks from the vantage of a ghost, representing all of those who died in the war. As a ghost, his proximity to death and combat cannot be questioned. This vantage enables him to break down barriers to the narrative-making process: accusations of cowardice, stigma, and other resistances. Unlike Tom in *Heroes for Sale*, Paul does not have to prove himself through hard work and principals. Unlike Cary in *The Last Flight*, Paul does not have to prove himself by overcoming the symptoms of shell-shock. Instead, he draws upon those unquestionably accepted into the narrative of their sacrifice. He channels the voice of those who perished and encourages those who will listen to learn from those who survived.

Eric Leed argues cause and effect, explaining that traumatic events show "how past events act as causes in human history. They show us how our wars mark minds, how an unforgettable past becomes determinative even though the past has no existence outside human imagination and memory" (85). Leed draws upon many of the popular arguments surrounding *All Quiet on the Western Front*: that it represents Erich Maria Remarque's personal illness, that it reflects societal woes of The Great Depression. As with Room's reading of *The Last Flight*, Leed avoids larger discussions of veterans in society. When Paul Bäumer claims that he "can't stand it" in a society that refuses to listen, he implies an impending repetition of war. Just as society fears veterans returning to the violence that kept them alive, veterans fear society's return to the war: the repetition of collective trauma.

Leed continues, "Through the lens of war neuroses we may see how events become ideas that determine and define subsequent actions. The neuroses of war reveal how ideas of injury arise from fatal events and generate a causality — the faith and fear of what happened before is happening still and will happen again" (85). Paul, like many veterans, sees death and carnage on unimaginable levels. His speech is more than an anti-war soliloquy. It is a desperate attempt to save lives. He channels his symptoms—hunched over shoulders, anger, disregard for that which is fitting and proper—and gives them purpose. The articulation of veteran identity in *All Quiet on the Western Front* encourages other veterans carry on the work of truth-telling begun by those who died, suggesting that death is all that war has to

offer. It argues that the most important role for veterans in postwar life may very well be healing the wounds of society by circumventing the traumatic repetition of war.

Many veterans undertook this mission in the interwar period. Groups like The American Legion wrote shell-shock into the national narrative and, thusly, veterans themselves. Cox discusses the research of Dr. Thomas Salmon, “a key figure in the unfolding struggle for care for war-neurotic veterans” (285), as an individual who changed how we understand war-related mental illness: “[S]hifting terminology in academic and popular use divorced the psychological problems of soldiers from those of women and men in civilian life. Pre-war associations of the condition with hereditary or moral weakness disappeared when the condition struck men from all ranks of society” (287). In *The Last Flight*, Bill and Shep only exacerbate limited understanding of the condition; they are fuel upon the fire of America’s anxiety. Cary, however, is an example of a veteran who survives his symptoms, displaying integrity, persevering despite the shortcomings of his fellow veterans. Tom Holmes shows a similar level of integrity in *Heroes for Sale*; he helps heal the wound of betrayal committed against veterans excluded from the collective narrative. In *All Quiet on the Western Front*, Paul Bäumer speaks with the authority of the dead, assigning living veterans the mission of exposing the truth about war. Each of these films stereotype veterans in some way. None of them are 100% accurate. But they don’t need to be. They each discover some scrap of truth needed to repatriate veterans into society, transforming them from symptoms into treatments for the trauma of war.



Paul confronts the teacher that sent him to war in *All Quiet on the Western Front* (01:59:00).

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