

The Intersection of Trauma and Language Impairment in Dalton Trumbo's *Johnny Got His Gun*

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Abstract

This study aims a detailed analysis of the novel, Johnny Got His Gun, written by Dalton Trumbo through the frameworks of trauma theory and psycholinguistics. This research is qualitative in nature and explores the effects of trauma on psychology, with a specific focus on PTSD (post-traumatic stress disorder). In the study, the protagonist, Joe Bonham, and his communication barriers are specifically targeted and analyzed. Joe Bonham's PTSD stems from the dreadful and horrific injuries he suffered in World War I, which left him blind, deaf, without limbs, and unable to speak, which causes a deep physical and emotional solitude. His story circles around his deep and intense isolation and his struggle to communicate and understand his new reality. Trauma shatters his ability to form memories, maintain his identity, and connect with others, leaving him trapped in a cycle of psychological pain. Symptoms like intrusive thoughts, constant anxiety and emotional numbness only deepen and heighten his sense of disconnection from the world. The analysis shows that war inflicts not just physical wounds but also deep emotional scars, disrupting a person's ability to communicate and form relationships; and renders a detailed apprehension of the complex link between trauma and language in literature. The protagonist, Joe Bonham's experiences expatiate the destructive impact of trauma on human connection and self-expression, offering a poignant exploration of the psychological toll of war.

Keywords: Trauma, language impairment, hyper-arousal, psycholinguistics, and PTSD.

Introduction

Language is one of the basic elements of human life to express their ideas, emotions, thoughts. its role is important in formation and maintenance of societies (Nussbaum, 2011). In human history, from ancient philosophers, i.e., Plato and Aristotle, to modern researchers, i.e., Zadeh (1975) and Tseng (2018), language has been accepted as an organized way of communication that employ symbols, sounds, signs, etc. to communicate meaning. Yet if this linguistic capability is disrupted by

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trauma, it can cause a severe language and psychological problems, specifically for those, who have been stricken by war trauma.

Psycholinguistics renders invaluable perception and comprehension of trauma impacts cognitively and emotionally by examining the cognitive operations which play a vital role in the production and comprehension of language (Aitchison, 2011; Fernandez, 2010). Similarly, psycholinguistics, as an interdisciplinary field, explores language acquisition, production, comprehension, and above all how linguistic information is arranged and processed in the brain (Fernandez, 2010). According to Nordquist (2019), psycholinguistics is the study of language and speech from the perspective of psychology, specifically concentrating on linguistic information organization and processing.

Trauma, as described by the APA (2020), is an overwhelmingly distressing or stressful experience that exceeds an individual's capacity to cope, often leading to physical, psychological, or emotional harm. These events typically disrupt a person's sense of security and stability. The repercussions of trauma can be extensive, affecting emotional, mental, physical, and behavioral aspects of life. Common outcomes include anxiety, depression, post-traumatic stress disorder (PTSD), dissociation, memory issues, and the formation of negative thought patterns (Briere & Scott, 2014). Although clinical studies have thoroughly examined language impairments caused by trauma, their portrayal in literature has received less attention. This research aims to bridge this gap by examining Dalton Trumbo's *Johnny Got His Gun*, a novel that vividly portrays the psychological and communicative struggles of Joe Bonham, a soldier who becomes deaf, blind, and mute after suffering severe war injuries.

Johnny Got His Gun is a celebrated anti-war novel penned by American writer Dalton Trumbo in 1938. The narrative focuses on Joe Bonham, an American soldier who suffers devastating injuries during World War I. When Joe wakes up, he finds himself in a hospital, disoriented and aware that he has lost his arms and legs. As he comes to terms with his injuries, he also realizes that he is deaf, blind, and mute. Initially overwhelmed by despair, Joe manages to hold onto his sanity by tracking time through the sensations on his skin. He also attempts to communicate by tapping his head against his pillow, spelling out messages in Morse code. When a nurse finally notices, Joe believes his salvation has arrived. However, his request to be taken outside and displayed to the public is swiftly denied. Joe understands that the authorities refuse to allow him to be seen, fearing that his condition would discourage others from fighting in future wars.

Statement of the Problem

The psychological impacts of trauma in particular have been extensively studied, but the majority of research on trauma-related speech impairments has taken place in clinical and psychological settings. However, psycholinguistic studies have paid little attention to literature and have not fully addressed their portrayal in literature, especially in works like Dalton Trumbo's *Johnny Got His Gun*. Therefore, this research aims to fill the gap by studying how trauma affects language and communication in literary texts—more especially, how characters' linguistic impairments reflect the psychological effects of war-related trauma.

Significance of the Study

This study is significant because it examines how trauma-induced language impairments are portrayed in *Johnny Got His Gun*, bridging the fields of psycholinguistics, trauma theory, and literary analysis. The study also deepens our understanding of the psychological toll of war, contributes to trauma and literary studies.

Literature Review

Tim O'Brien's 1990 collection of interrelated short tales, *The Things They Carried*, focusses on themes of trauma, guilt, terror, and memory while examining the psychological and emotional toll that the Vietnam War took on soldiers. Along with material burdens like weapons and messages, the troops also bear emotional burdens like grief and recovery.

In line with the theme of trauma, Elizabeth Jaikaran (2017) authored *Trauma: A Collection of Short Stories*, a compelling work that delves into the emotional and psychological effects of trauma on individuals. The stories show how trauma impacts the characters' identities, relationships, and ways of living. Jaikaran examines a variety of trauma types through interwoven narratives, such as emotional abuse, personal loss, and the aftereffects of historical and cultural traumas. Ultimately, the collection highlights the challenges of healing, the strength of resilience, and the lasting impact of traumatic experiences.

Likewise, Moss (2011) explores *Prelude to Fame: Trauma in the Early Short Fiction of Ernest Hemingway*, focusing on how trauma is depicted in Hemingway's early works. The analysis highlights the ways in which his characters are influenced by encounters with violence, loss, and psychological suffering. The research methodology relies on close reading and literary analysis. Using a psychological perspective, the study examines the effects of trauma on the characters and highlights how

Hemingway's writing reflects the psychological impact of war and personal suffering, providing insight into themes such as alienation and the search for meaning. It argues that trauma is central to the development of Hemingway's literary style and the complex emotional landscapes of his characters.

Similar to how these researchers have portrayed trauma and psychological distress in various literary works and genres, the researcher also does the analysis of Dalton Trumbo's *Johnny Got His Gun* through the lens of trauma theory (with a particular focus on PTSD) in order to highlight the protagonist, Joe Bonham's trauma and language impairment.

Methodology

This study focusses on the analysis of the novel, *Johnny Got His Gun* by Dalton Trumbo from traumatic and psychological distress perspective. The procedure of data analysis is based on text-based and close reading. This is analytical study in nature; and as a tool, qualitative research method is used in order to analyze *Johnny Got His Gun* by using the trauma theory (with a particular focus on PTSD).

Data Collection Method

This study utilizes both primary and secondary sources for data collection. The primary source is the original text of the novel *Johnny Got His Gun*, while secondary sources include research articles, books, internet sources, and other relevant materials. During data analysis, careful attention is given to the text itself to examine how messages are generated and conveyed.

Theoretical Framework

This study employs trauma theory, particularly its focus on PTSD and its effects on identity, communication, and memory, to analyze Joe Bonham's trauma and language impairment in *Johnny Got His Gun*. Many renowned scholars have contributed to the understanding of complex linguistic and psychological consequences of trauma, such as Sigmund Freud, who rendered his theory on trauma and repression; Janet studied the effects of trauma on identity and memory; Herman explored trauma impacts on psychology and its therapy; van der Kolk studied the physiological and neurological elements of trauma; and Caruth widened the range of trauma theory into literature to see its impact on narrative and communication.

Post-Traumatic Stress Disorder (PTSD) is a mental condition, caused by traumatic events, such as accidents, violence, wars, fights, abuse, etc. Which cause negative effect on one's mental health. Its

symptoms involve bad dreams, persistent thoughts, over-excitement, indifference, detachment, etc. which provoke extreme distress. If the symptoms last for more than a month, they may lead to suicide, attrition, and self-harming acts (APA - 2013).

In 1980, The American Psychiatric Association recognized PTSD as mental illness. Prior to this, phrases like "shell shock" from World War I and "combat fatigue" from World War II were used, but they did not adequately describe the variety of illnesses linked to trauma. Judith Herman, Bessel van der Kolk, William C. Menninger, Herbert P. Krieger, and other researchers played a key role in establishing PTSD as a diagnosable disorder. A significant advancement in the identification and treatment of trauma-related illnesses was made when it was added to the DSM-III (APA, 1980).

The fundamental components of PTSD revolve around the ways in which trauma affects one's physical and mental health. Here are the key points:

1. **Exposure to Trauma:** PTSD happens after someone goes through or witnesses a life-threatening or extremely upsetting event (such as war, sexual assault, accidents, or disasters).
2. **Intrusive Symptoms:** People with PTSD often have unwanted memories or flashbacks of the traumatic event, along with nightmares. These can be very upsetting and disrupt daily life.
3. **Avoidance:** Those with PTSD may try to stay away from things that remind them of the trauma, such as certain people, places, or activities.
4. **Negative Changes in Thoughts and Mood:** PTSD can lead to negative feelings about oneself or others, and feelings of detachment, guilt, or shame.
5. **Hyperarousal:** This refers to feeling constantly anxious, easily angered, having trouble sleeping, and reacting strongly to things, even if there's no real threat.
6. **Functional Impairment:** PTSD patients carry out their daily activities with difficulty, which in turn negatively impacts their social life, job hunting, and every aspect of life.

Discussion

To show the consequences of trauma, in the novel, *Johnny Got His Gun*, the writer Dalton Trumbo created a character, Joe Bonham, whose life is utterly changed by the horror of war. The novel provides an exploration of the physical and psychological effects of Post-Traumatic Stress Disorder (PTSD). primarily, PTSD symptoms, such as bad dreams,

persistent thoughts, over-excitement, indifference, and detachment, are shown through the character Joe Bonham, showing how these symptoms affected his body and mind to illustrate the ways which can impact a person. The study explores the PTSD symptoms, such as flashbacks, persistent thoughts, over-excitement, indifference, and avoidance, which are reflected in the trauma of the protagonist; and evaluates the difficulties Joe faces that align with PTSD theories. In addition, the novel interrogates the trauma-induced impacts of violence and conflict. In summation, the study evaluates *Johnny Got His Gun* in the light of six PTSD symptoms as penned in the theoretical framework.

1. Exposure to Trauma:

Post-traumatic stress disorder (PTSD) is caused when a person experiences a traumatic or dangerous event. In the novel *Johnny Got His Gun*, the protagonist Joe Bonham, a soldier, is severely wounded during World War I. Joe loses his limbs, speech, hearing, and vision, yet he is conscious of his surroundings within his limited range. Additionally, Joe's suffering stems from not only the physical wounds but also from the horrors of war that he experienced before being wounded, and even the cries of wounded destroy him further.

The novel's main focus is on both emotional and psychological trauma as consequences for the those affected. Joe's loneliness and suffering provide a potent illustration of how war-related trauma can change a person's identity, perspective, and ability to relate to others. Through Joe's story, *Johnny Got His Gun* highlights the long-term effects of PTSD and demonstrates how stress significantly changes the mind and distorts reality.

i. The Event of Trauma

Joe's trauma exposure begins during World War I when he is badly wounded by an artillery shell. This catastrophic event subjects him to not only physical destruction but also profound psychological disorientation. As Cathy Caruth (1996) notes, trauma often disrupts the continuity of experience, leaving survivors in a state of temporal dislocation. Joe, for his part, becomes entirely limb-less, deaf, blind, and mute. He ends up fully conscious yet trapped in his body, unable to communicate. He describes his condition as follows:

"I am a shell. I am empty inside and trapped."

This stark image embodies what van der Kolk (2014) describes as the disconnection trauma creates between mind and body. Joe's reference

to himself as a “shell” signifies not just his physical destruction but the obliteration of his identity. His injury does not merely wound him; it fundamentally reshapes his existence, making trauma his defining experience.

ii. The Psychological Impact of Trauma

After the injury, Joe is left in a state of perpetual isolation, unable to speak, hear, or see. This overwhelming solitude intensifies his psychological suffering. According to Sigmund Freud’s (1920) early theories on trauma, repeated exposure to distressing memories—a hallmark of PTSD—prevents the mind from fully processing and recovering from traumatic events. Joe’s condition reflects this cycle:

“There was no noise. There was nothing... Then I would hear it again, the terrible, crumpling, popping, wrenching noise of the flesh as it breaks, then it was gone.”

The involuntary and recurrent nature of these war memories aligns with Caruth’s (1996) argument that trauma exists as an unresolved experience that haunts the survivor. Joe’s mind remains stuck in a loop of unbearable recollections, highlighting the psychological damage wrought by the horrors of war.

iii. The Social and Emotional Effects of Trauma

Joe’s trauma extends beyond his internal psychological torment to his complete alienation from social connection. As Judith Herman (1992) states, trauma survivors often experience profound isolation due to their inability to communicate or relate to others. Joe finds himself alone in a hospital, unable to talk to anyone, with no family or friends visiting him. His injury has stripped him of all forms of social engagement, exacerbating his emotional loneliness. He reflects:

“What happened to me? Was I dead? I couldn’t tell... I couldn’t feel... There was only silence.”

His emotional seclusion is symbolized by this silence. Herman (1992) suggests that trauma silences its victims, both literally and metaphorically, preventing them from articulating their suffering. Joe’s loss of speech and sensory perception mirrors this theoretical perspective, illustrating how trauma robs individuals of their voices and identities.

iv. Trauma Beyond the Battlefield

Joe's anguish endures even after the war is over. While his physical injuries occurred on the battlefield, his psychological wounds remain ever-present. As van der Kolk (2014) explains, trauma survivors often find themselves reliving their pain long after the initial event, as their bodies and minds continue to register distress. Joe's permanent entrapment in a mutilated body serves as a metaphor for the long-term effects of trauma. Regardless of his distance from the battlefield, the war continues to haunt him. He states:

"I'll never get away from this. I'll never be free of it."

This statement encapsulates the relentless and unending nature of PTSD. As Caruth (1996) argues, trauma is not an event that concludes; rather, it is an ongoing, intrusive force that shapes the survivor's entire existence. Joe's suffering exemplifies this concept, demonstrating how exposure to violence leaves lasting imprints on the psyche.

In conclusion, Joe Bonham's extensive exposure to trauma forms the foundation for the PTSD he develops throughout the novel. His direct encounter with the brutal realities of war, combined with the psychological torment of being trapped within his own body and unable to escape his harrowing memories, underscores the deep and lasting impact trauma can have on an individual. Through Joe's emotional and mental suffering, Trumbo expatiates the lasting consequences that violence and conflict can bring down on a person's psyche.

2. Intrusive Symptoms

The main character of Dalton Trumbo's *Johnny Got His Gun*, Joe Bonham, exemplifies intrusive symptoms such as flashbacks, nightmares, and persistent, distressing recollections of a traumatic experience—symptoms that can significantly impair an individual's ability to carry out daily activities, often hindering normal functioning. Confined to a body severely injured in war, Joe is cut off from the outside world while his mind remains haunted by wartime memories. Trumbo has aptly depicted that Joe's psychological suffering is longer-lasting than his physical injuries.

i. Flashbacks to the War

One of the most important symptoms of Joe is the reminiscence of the chaos and horror of war. Though physically he is in the hospital, his

reminiscence takes him back to the battlefield, which forces him to re-experience scenes of destruction and massacre. These flashbacks occur involuntarily and are overwhelming, reflecting the deep and persistent impact of his trauma. For instance, Joe recalls:

"I was in the trench and then there was a big bang and everything seemed to go to hell. I don't know what happened. I can't remember it now. It's all mixed up with the shells and explosions. It was all just noise, and after that... everything was black."

These sudden recollections evoke the fear and disorientation Joe felt during the war. The violence of battle is inescapable for him, with his mind replaying the trauma repeatedly. According to van der Kolk (2014), flashbacks are a hallmark of PTSD, where the brain repeatedly replays traumatic memories as if the event were happening in the present, and these intrusive memories are not just recollections but are experienced as visceral, sensory re-enactments of the trauma. Joe's flashbacks go beyond recalling the particular moment that caused his injuries; they represent a general recurrence of the violence and death he witnessed. These war memories are so deeply etched in his mind that they continuously disrupt his efforts to focus on the present, preventing any relief from the past.

ii. Nightmares and Sleep Disturbances

Along with flashbacks during the day, Joe also suffers from disturbing nightmares related to the war. Nightmares are a common symptom of PTSD, allowing the trauma to resurface even during sleep. Trumbo illustrates how these dreams infiltrate Joe's unconscious, preventing him from finding rest and intensifying the psychological strain he endures. Joe's nightmares often revolve around the violence of war, with vivid images of explosions, gunfire, and death disturbing his sleep. These dreams force Joe to face the harshness of war even when he's not awake. One example of a nightmare Joe experiences is:

"In the dream, I'm back in the trench, but my body is whole, and I can run. Then the shells come again, and everything is chaos. I'm dying again, and it feels real. I can feel it."

These nightmares blur the boundary between reality and memory, making it increasingly difficult for Joe to distinguish between his past trauma and the present moment. Judith Herman (1992) emphasizes that nightmares are a common symptom of PTSD, as they allow the trauma to resurface even during sleep. Herman argues that these dreams are not

merely reflections of the traumatic event but are part of the brain's attempt to process and integrate the experience. The nightmares heighten Joe's sense of helplessness and isolation, as he cannot escape these emotional and psychological tormenting experiences, even in his sleep. His mind relentlessly forces him to face the war, regardless of his physical condition or desire for peace.

iii. Thoughts of Death and Mutilation

Another one of Joe's intrusive symptoms has to do with his obsessive fear of death, his condition and his disfigurement. Throughout his life, he always returns to the moment of his maiming, and the picture of his mangled body is always present in his mind:

"I don't have a face anymore, and there's nothing left of my body. How can I still be here? What's left of me to be alive for?"

His obsession with his own death and destruction reflects the mental anguish Joe was experiencing. He began to focus on his own mortality, his thoughts constantly returning to the artifacts of the war. Preoccupations with his death and the brutality of his injuries were intrusive thoughts that took over his mind and exacerbated the extent of the traumatic wear on his psyche. According to Pierre Janet (1998) intrusive thoughts are a manifestation of the mind's inability to fully process and integrate traumatic experiences. Janet's concept of "psychological dissociation" explains how trauma fragments the self, leading to persistent, distressing thoughts that dominate the individual's mental landscape. Joe's mind was stuck in a loop of negative thoughts, and this made him even more anxious.

iv. Joe's Inability to Escape the Past

Throughout the novel, Joe expresses a desire to escape his memories and traumas, but he is unable to do so. His memories and thoughts resurface, preventing him from accepting his current reality and finding peace. Joe describes his inability to separate the events and memories in his life from his current pain:

"I can't forget it. It's with me all the time. It never leaves."

The quote explains the unescapable nature of Joe's invasive and disturbing signs. No matter how hard he tried, he couldn't escape the past. The recurring injury left Joe with horrific memories. Cathy Caruth (1996) argues that

trauma disrupts the individual's sense of time, causing the past to intrude upon the present. In *Unclaimed Experience*, Caruth describes trauma as a "wound that cries out," a metaphor that aptly captures Joe's experience.

v. Emotional Numbing and Detachment from the Trauma

Joe's symptoms are exacerbated by the emotional and physical discomfort caused by his injury. Despite facing overwhelming odds and nightmares, he is unable to fully express or voice his feelings due to his illness. Loss and loneliness have numbed his thoughts, and he has difficulty connecting with his own thoughts, even when clouded by memories of the war. Pain, fear, sadness was all mixed together so that it was almost impossible for him to think of his own usefulness.

"I don't feel anything anymore. It's just noise. It's all a blur. The pain, the fear, the sadness, they're all mixed up."

This numbness is a symptom of posttraumatic stress disorder, in which patients distance themselves from the urge to deal with intense pain. Sigmund Freud (1920) observed that emotional numbing is a protective response to overwhelming trauma, allowing the individual to distance themselves from the intensity of their suffering. However, this detachment also prevents Joe from processing his feelings in a meaningful way, which leaves him alone and disconnected from his own experiences. Joe found the trauma so intense that it was beyond his understanding and even impossible to express his feelings. To protect himself from the agony and anguish he witnessed, Joe enters a state of emotional indifference and numbness.

3. Avoidance

Avoidance is one of the important symptoms of PTSD, which involves trying to get rid of the reminiscence of a traumatic experience. It can involve the avoidance of certain activities, people, places, or thoughts that instigate disturbing memories. In the novel, Joe shows both physical and mental forms of avoidance, as he tries to avoid the horror of war and traumatic events that have left him scarred and trapped in his body. Though Joe is physically wounded and cannot move or communicate, his mind continuously reminds him of his pathetic condition. Joe's avoidance behavior is tied to the desire to gain control of his life and avoid the traumatic emotional burden.

Avoidance of Reality

Joe tries to avoid the reality of his disfigurement and wounds. The war trauma and his disfigurement create difficulty for him to accept his present condition. His disfigured body continuously reminds him of the horror and chaos he faced. According to Freud (1920), trauma can create emotional detachment, permitting a person to distance themselves from horror and pain psychologically. Joe's psyche refuses to recognize his wounds, as he tries to escape his changed being.

"I didn't want to face the fact that I was being kept alive, not for my own sake, but because someone, somewhere thought it was the right thing to do."

In this moment, Joe's reluctance to confront the reality of his disfigurement represents a form of avoidance. This response is typical in PTSD, where individuals may attempt to downplay or reject traumatic experiences that are too painful to face (Herman, 1997). His struggle to accept his physical state and the fact that he is kept alive artificially reveals his effort to avoid the overwhelming emotions tied to his condition.

i. Avoidance of Memories

Joe also exhibits avoidance by trying to suppress the painful and intrusive memories of the war. Van der Kolk (2014) describes how trauma survivors often suppress memories to shield themselves from distress. Joe clings to recollections of his past life as a means of escaping the brutal realities of combat. However, despite his efforts, these memories persist:

"I try not to think about the war. But it's like the war is all that I have left. It's not something I can ever forget. I try to shut it out, but it comes back over and over."

This passage underscores Joe's battle with intrusive memories, which resonates with Janet's (1889) theory that unresolved trauma becomes dissociated but persistently reemerges. Despite his efforts to escape, the trauma remains firmly rooted in his consciousness, compelling him to repeatedly re-experience its brutality and destruction.

ii. Avoidance of Emotional Connection

Joe also strives to avoid building emotional bonds with others as a way to protect himself from further emotional pain. His traumatic injuries create a barrier to relating to others, and he withdraws emotionally

to protect himself from overwhelming feelings of anger, sadness, and despair:

“I can’t feel anything for them anymore. They’re all just people who don’t know. I don’t want to be with them. I don’t want them to pity me or feel sorry for me.”

This emotional distancing aligns with Herman's (1997) observations that trauma survivors often experience numbness or detachment, making it difficult to reconnect with others. For Joe, avoidance of emotional intimacy functions as a defense mechanism to prevent further pain.

iii. Avoidance of Hope

Another aspect of Joe’s avoidance is his reluctance to consider the future or entertain any hope of recovery. Freud (1920) suggested that trauma disrupts an individual's ability to imagine a future, leaving them fixated on the past or trapped in an endless present. Joe's reluctance to think ahead is illustrated in his words:

“There is no future. There is only the present. There is only now. Everything else is gone.”

This statement illustrates Joe’s rejection of any notion of life beyond the present moment, which is consumed by pain. His reluctance to consider the future is rooted in the psychological scars he carries, making it difficult for him to envision healing or redemption (Kolk, 2014).

iv. Avoidance of Social Interaction

Joe’s physical inability to communicate, combined with his tendency to avoid engaging with others, deepens his sense of isolation. His traumatic experience has caused him to withdraw from the interactions and relationships he once valued:

“I don’t want them to touch me. I don’t want to hear their voices. It’s all too much. I want silence. I want to be left alone.”

This reaction mirrors Judith Herman's (1997) observations on social withdrawal in trauma survivors. Joe's rejection of contact with the outside world intensifies his sense of detachment, demonstrating how the trauma of war can force a person to avoid even the most fundamental human

connections. Trauma often leads to a withdrawal from relationships, intensifying feelings of loneliness and hopelessness.

4. Negative Changes in Thoughts and Mood

A major symptom of Post-Traumatic Stress Disorder (PTSD) is a change in thoughts and emotions, typically leading in permanent negative judgements of oneself and others. This might manifest as feelings of guilt, shame, alienation, and emotional numbness. As Joe Bonham grapples with the psychological effects of his combat injuries, his inner monologue and emotional conflicts are portrayed in striking detail. The significant effect of PTSD on a person's psyche is highlighted by the fact that Joe's trauma not only has a physical impact on him but also leaves a deep and permanent mark on his mental and emotional state.

i. Guilt and Self-Blame

Joe's past experiences make him feel guilty, as he holds himself responsible for his pathetic situation. Though we know he was a soldier, and as a soldier, one has no control over injuries in war. Similarly, PTSD patients believe that they could avoid the present situation, even though they cannot. This feeling of guilt is common in PTSD patients, as it is in Joe. When Joe is alone, he wonders why he survived when others did not, thinking of himself:

"I wish I could go to the next world and leave all this behind me. I didn't deserve to be the one who lived. There were so many others, better than me, who died."

As a psychological reaction in PTSD, Joe blames himself in his thoughts and holds himself responsible for circumstances that are out of his control. Joe regrets surviving rather than being thankful for his life because he feels unworthy of it and is trapped in guilt over his tragic situation.

ii. Frustration and Anger

In addition to the horror of war, Joe is not happy with his country and the medical staff, which further enhances his anger. He hates those who sent him to war and the doctors who keep him alive in his pathetic condition. As Joe reflects on his life throughout the novel, this bitterness becomes evident:

"Why should I be kept alive? What am I living for? I am just a thing now, a body that exists only because someone else thinks I should."

Joe's inner torment is greatly exacerbated by this strong sense of betrayal and abandonment, which makes him angry at those who have "preserved his life" against his will and struggles to find meaning in life or survival. His emotional state, marked by bitterness and resentment, illustrates a dramatic shift in mood, aligning with the negative emotional changes often seen in PTSD, where trauma survivors feel forsaken by those who were supposed to safeguard them (Herman, 1997).

iii. **Emotional Detachment and Numbness**

One of the symptoms of PTSD is emotional numbness, where a person becomes disconnected from their feelings and finds it hard to experience joy, love, or excitement. This is often accompanied by a sense of detachment and an overwhelming isolation from others and the world around them. Joe's emotional state is clear as he reflects on his past life but feels emotionally distant from those memories:

"I try to think about how it used to be, but it's like I'm looking at someone else's life. Everything is so far away from me now."

In these lines, Joe describes how his memories feel distant, almost as if they belong to another person. He is emotionally disconnected from his former self, and his memories of life before the war seem irrelevant to who he is now. This emotional distance prevents Joe from fully engaging with his past, reinforcing his isolation. Emotional numbing often acts as a psychological defense, allowing trauma survivors to avoid further pain (Kolk, 2014).

iv. **Worthlessness and Shame**

A common symptom of PTSD is shame, and Joe frequently feels a deep sense of worthlessness. This feeling is not just tied to his physical injuries, but also to how he views himself in the broader context of the world. His sense of self-worth has been severely damaged by his disfigurement, leading him to feel less than human:

"What am I? I am a thing, not a man anymore. What good am I now?"

In this line, Joe's self-image is shattered by his injuries. He struggles to see any value in his existence, which is a hallmark of PTSD, where individuals lose their sense of identity and self-worth. Joe's constant self-doubt and dehumanizing perception of himself reflect the deep psychological damage caused by his trauma, as individuals struggle with a fractured sense of self (Freud, 1920).

v. **Sense of Isolation**

Joe's emotional detachment also affects his relationships with others. As he contemplates his condition and the changes in his identity, he feels completely alienated from those around him:

"There is nothing left. I can't even see, can't even speak. What's the point in talking to anyone when you can't even make them understand?"

This utter disconnection from others illustrates the emotional isolation that often accompanies PTSD. Joe feels detached not only from those who care for him but also from the world that seems to have moved on without him. He feels alienated in his own life as a result of his trauma.

5. Hyperarousal

One of the main symptoms of PTSD is hyperarousal, which is typified by elevated anxiety, anger, difficulty falling asleep, and an excessive response to stimuli—even in the absence of an immediate threat. Dalton Trumbo depicts Joe Bonham's intense inner struggle in *Johnny Got His Gun*, demonstrating the devastating effects of his terrible experiences during and after the war. Joe's serious injuries have left him physically immobile, but his mind is still trapped in the horrific events that changed his life forever. His persistent discomfort and heightened alertness add a psychological aspect to his physical pain.

i. **Restlessness and Anxiety**

Joe wakes up each morning with a nagging sense of anxiety that just won't go away. His ongoing mental anguish is a clear indication of his increased sensitivity to his environment and perceived threats. His anxiety is heightened by being stuck in a hospital bed, leaving him with minimal control over his environment. Joe is perpetually on edge, acutely aware of his condition. He articulates his mental state, emphasizing his inability to find any sense of peace. According to Yehuda's (2002) research, PTSD patients frequently have an overactive stress response system, which is consistent with his experience:

"I can't stop thinking about it. The horror of it, the noise, the agony. I can't even find a minute to rest. Every time I close my eyes, it's all I can see."

The line "I can't even find a minute to rest" highlights Joe's constant mental anguish, which is fueled by intrusive memories of battle, his wounds, and the sheer tragedy of his circumstances. This passage clearly demonstrates Joe's persistent sense of unease.

ii. Exaggerated Startle Response

Another feature of hyperarousal is an increased startle response, which is defined by strong reactions to stimuli even in the absence of a real threat (American Psychiatric Association, 2013). Excessive bodily reactions to noises, motions, or changes in the surroundings can be the outcome of this increased sensitivity. Joe's physical responses reveal something about his mental state. His body reacts to outside stimuli as though he is always on edge, even though his injuries prevent him from moving or speaking. His traumatising experiences of war, where sounds and abrupt movements frequently signalled impending danger, are the source of his hypervigilance:

“Every time I hear a sound, my heart races. The machines beep and hiss around me, and I want to scream, but I can’t. My whole-body tenses as if waiting for the next explosion, as if I’m still in the trenches, still fighting, still under fire.”

This line displays that, despite being removed from the battlefield, Joe's nervous system remains in a constant state of readiness, as though war is still a present threat. The link between his physical reactions and the trauma he experienced highlights the impact of hyperarousal as a PTSD symptom, aligning with Porges' (2011) Polyvagal Theory on trauma-induced hypervigilance.

iii. Sleep Disturbances and Fatigue

One of the hallmark symptoms of hyperarousal in PTSD is difficulty sleeping (Germain, 2013). The ongoing anxiety and vigilance make it nearly impossible for individuals to relax enough to sleep deeply. For Joe, sleep becomes another form of struggle. His awareness of his condition, coupled with his inability to move, intensifies his psychological anguish and prevents him from resting. Joe's sleep difficulties are evident:

“I can’t sleep. Every time I close my eyes, I feel the pressure in my head, the pain, the weight of the world pressing down on me. I can’t escape it, not even in sleep.”

For Joe, sleeplessness is a psychological battle in addition to a physical one. Recollections of the conflict and his continuous suffering keep his mind racing. Sleep, which ought to provide him comfort, becomes yet another place where he is unable to find comfort. His ongoing bodily

and mental discomfort is indicative of a deep level of tension and heightened awareness.

iv. Mental Exhaustion

Despite his physical limitations, Joe's mind is constantly active, replaying the trauma of the war and battling his ongoing pain, which has a significant negative impact on his psychological health and causes him to experience extreme mental exhaustion:

"I can't think anymore. It's all too much. Every thought feels like a hammer on my brain. I can't hold onto anything. My mind is so tired, but it never stops."

Joe's fatigue is not due to physical exertion, but rather from the unrelenting anxiety, stress, and intrusive memories that fill his mind. His constant mental activity, coupled with the inability to escape his thoughts, contributes to a heightened state of alertness where his mind is always active, never finding respite. His condition aligns with Sapolsky's (2004) research on stress-induced cognitive overload.

6. Functional Impairment

Post-Traumatic Stress Disorder (PTSD) often leads to significant challenges in everyday life, deeply affecting a person's ability to function. These difficulties can affect various areas, such as work, relationships, and social interactions. In *Johnny Got His Gun*, Dalton Trumbo offers a vivid portrayal of how Joe Bonham, the protagonist, experiences profound functional limitations after suffering traumatic injuries in the war.

i. Loss of Physical Functioning

Joe's main problem is his complete paralysis. After a severe injury in World War I, he loses his arms, legs, and most of his face, leaving him unable to perform basic physical functions. Joe cannot move, speak, see, or hear, and must depend entirely on life support systems and medical staff for survival. His body is merely a shell, incapable of self-care or meaningful engagement with the world. This experience echoes the observations of disability theorist Lennard Davis, who argues that society often marginalizes individuals with severe disabilities by defining them in terms of their limitations rather than their intrinsic worth (Davis, 1995). He reflects on this loss, saying:

"I am all alone. Alone in the dark. I can't move. I can't speak. I can't see. I can't hear. I am nothing but a mind trapped in a broken body."

The aforementioned lines emphasize Joe's total loss of control over his life; the essence of Joe's functional impairment is his physical immobility, which is consistent with what trauma scholars like Cathy Caruth refer to as the "embodiment of historical wounds" (Caruth, 1996).

ii. Psychological Impairment

Joe has significant psychological issues in addition to his physical restrictions, which keep him from participating in society or normal social activities. Even when he thinks back on his history, his emotions of loneliness, rage, and frustration prevent him from emotionally connecting with others. Joe explains the debilitating feeling of being imprisoned within his own body:

"I can't escape this. I can't talk to anyone. I can't even scream for help. I just lie here, thinking and thinking, over and over again."

His sense of powerlessness is exacerbated by the constant barrage of memories and ideas, making it difficult for him to find any peace of mind or partake in activities that would provide solace. The psychological aspect of his functional limits is exacerbated by his inability to process his trauma or emotionally connect, which only serves to increase the mental toll.

iii. Social Impairment

The breakdown of social ties is one of the most tragic aspects of Joe's situation; before his injury, he had friends, family, and a clear sense of purpose; however, following the accident, he is completely cut off from the life he once led; his incapacity to communicate keeps him from participating in social interactions or sustaining meaningful relationships, making him appear invisible to others, evoking Rosemarie Garland-Thomson's (2009) concept of the "staring" phenomenon, in which disabled people are frequently treated more like objects than as whole, complex human beings:

"I used to be someone with a face, a voice, a presence. Now I'm nothing. They see me as a machine, an object. To them, I'm no longer human. They don't recognize me. They don't truly see me."

This comment highlights Joe's profound social isolation. His struggles go beyond the physical; they signify a deep social divide. His disconnection from everyone, including his family and caregivers, underscores the extent of his alienation and the emotional void it creates.

iv. Impact on Mental Well-Being

Joe's mental health is severely impacted by his functional limitations. His struggle to express his thoughts, fulfill his desires, or break free from his hopeless circumstances leaves him trapped in a relentless cycle of helplessness and despair. This aligns with Sigmund Freud's (1920) concept of the "death drive," which suggests that chronic pain can lead to a wish for life to end. Joe feels imprisoned in his own body and mind, overwhelmed by profound suffering:

"I am not alive anymore. I'm not dead either. I'm stuck in the middle. But I don't know how long I can hold on. How long can you hold on when you can't move? How long can you stay alive when you have nothing left to live for?"

As theorists like Elaine Scarry (1985) have observed, extreme physical suffering often erases an individual's sense of self, making existence itself unbearable. Joe's narrative encapsulates this, portraying his struggle as not just a fight for survival, but also a desperate search for meaning in a world that has effectively erased him.

Conclusion

In the novel, *Johnny Got His Gun*, the writer powerfully captures the traumatic existence of Joe Bonham, a man whose life is irrevocably changed by the brutal realities of war. Through Joe's journey, Trumbo explores the major symptoms of PTSD, illustrating the severe physical, emotional, and psychological toll trauma takes on an individual. These symptoms—such as trauma exposure, intrusive memories, avoidance, negative thought patterns, hyperarousal, and physical impairment—are deeply evident in Joe's experience:

1. **Exposure to Trauma:** Joe's trauma stems from the catastrophic injuries he sustains during World War I, which leave Joe, the protagonist, permanently defaced and unable to move or communicate.
2. **Intrusive Symptoms:** Joe is haunted by persistent flashbacks and vivid nightmares that invade his mind, even in his immobilized state. The intrusive nature of PTSD is evident in the constant memories of battle that shatter any sense of mental peace.
3. **Avoidance:** Joe attempts to escape both his physical surroundings and the emotional turmoil of his memories, yet he cannot escape the stark reality of his illness. This struggle is made

worse by his isolation, as he finds it difficult to connect with others or seek any form of distraction.

4. **Negative Changes in Thoughts:** Joe's identity and perspective on life have been profoundly changed by his harrowing experiences. He is overwhelmed by feelings of guilt, humiliation, and despair, and his emotional numbness and detachment reveal how trauma has warped his view of relationships and existence.
5. **Hyperarousal:** Joe experiences intense anxiety, impatience, and ongoing mental restlessness, which are all characteristic of hyperarousal symptoms linked to PTSD. This heightened state of alertness is exacerbated by his inability to move and communicate, leaving him feeling trapped within his own body.
6. **Functional Impairment:** Joe's PTSD leaves him unable to function at all. His emotional and mental isolation robs him of the opportunity for a meaningful life, and his physical health issues prevent him from handling even the simplest tasks. The depth of his suffering is evident in his reliance on life-support devices and ongoing medical care.

Trumbo offers a poignant and unflinching look at the enduring impact of tragedy in *Johnny Got His Gun*. He powerfully conveys the profound psychological toll of war and violence, vividly demonstrating how PTSD can rob individuals of their mental stability, physical autonomy, and capacity to function.

References

- Aitchison, J. (2011). *The articulate mammal: An introduction to psycholinguistics*. Routledge.
- American Psychological Association. (2019). *Publication Manual of the American Psychological Association*, (2020). *American Psychological Association*, 428.
- Briere, J., & Scott, C. (2012). *Principles of trauma therapy: A guide to symptoms, evaluation, and treatment*. Sage Publications.
- Brown, K. (2005). *Encyclopedia of language and linguistics* (Vol. 1). Elsevier.
- Caruth, C. (2016). *Unclaimed experience: Trauma, narrative, and history*. JHU press.
- Davis, L. (1995). *Enforcing normalcy: Disability, deafness, and the body*. Verso.
- Dhabhar, F. S., Meaney, M. J., Sapolsky, R. M., & Spencer, R. L. (2020). Reflections on Bruce S. McEwen's contributions to stress neurobiology and so much more. *Stress*, 23(5), 499-508.

- Dhabhar, F. S., Meaney, M. J., Sapolsky, R. M., & Spencer, R. L. (2020). Reflections on Bruce S. McEwen's contributions to stress neurobiology and so much more. *Stress*, 23(5), 499-508.
- Fernández, E. M., & Cairns, H. S. (2010). *Fundamentals of psycholinguistics*. John Wiley & Sons.
- Freud, S. (2015). Beyond the pleasure principle. *Psychoanalysis and History*, 17(2), 151-204.
- Garland-Thomson, R. (2009). *Starring: How we look*. Oxford University Press.
- Halliday, M. A. K. (2003). *On language and linguistics (Vol. 3)*. A&C Black.
- Herman, J. L. (2015). *Trauma and recovery: The aftermath of violence--from domestic abuse to political terror*. Hachette uK.
- Janet, P. (1925). *Psychological healing: A historical and clinical study (Vol. 2)*. G. Allen & Unwin.
- Kendell, R. E. (1980). Diagnostic and statistical manual of mental disorders. *American Journal of Psychiatry*, 137(12), 1630-1631.
- Moss, M. L. (2011). *PRELUDE TO FAME: TRAUMA IN THE EARLY SHORT FICTION OF ERNEST HEMINGWAY*.
- Nussbaum, M. C., & Capabilities, C. (2011). *The human development approach. Creating capabilities. Cambridge, MA: Belknap Press of Harvard*.
- O'Brien, T. (2009). *The Things They Carried*. 1990. London: Flamingo.
- Osgood, C. E., Sebeok, T. A., Gardner, J. W., Carroll, J. B., Newmark, L. D., Ervin, S. M., ... & Lounsbury, F. G. (1954). Psycholinguistics: a survey of theory and research problems. *The Journal of Abnormal and Social Psychology*, 49(4p2), i.
- Porges, S. W., & Buczynski, R. (2011). The polyvagal theory for treating trauma. *Webinar, June, 15, 2012*.
- Scarry, E. (1985). Injury and the Structure of War. *Representations*, (10), 1-51.
- Schwieter, J. W. (2024). Bilingual Language Processing. In *Oxford Research Encyclopedia of Linguistics*.
- Shah, A., Banner, N., Heginbotham, C., & Fulford, B. (2014). 7. American Psychiatric Association (2013) *Diagnostic and Statistical Manual of Mental Disorders*, 5th edn. American Psychiatric Publishing,
- Trumbo, D., & Doctorow, E. L. (2007). *Johnny got his gun*. Citadel Press.
- Tseng, M. Y. (2018). Creating a theoretical framework: On the move structure of theoretical framework sections in research articles related to language and linguistics. *Journal of English for Academic Purposes*, 33, 82-99.

- Van der Kolk, B. (2014). The body keeps the score: Brain, mind, and body in the healing of trauma.
- Van der Kolk, B. A. (2014). The body keeps the score: Brain, mind, and body in the healing of trauma.
- Zadeh, L. A. (1975). The concept of a linguistic variable and its application to approximate reasoning—I. Information sciences,8(3), 199-249.