

Defective Men: Shell-Shock and the Individual British Soldier During World War I

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Today when a soldier returns from being deployed, he or she is evaluated for psychological trauma. If they are found to need any further evaluation or treatment, there are many options already in place for them. In fact, according to Fiona Reid, this is true for many traumatic events: natural disasters, terrorist attacks, and even smaller scale events such as car accidents, “we now routinely provide counseling, we recognize grief and we encourage the expression of anxieties.”¹ However, this has not always been the case, during World War I, psychologists and the general public in Britain and the United States sought to explain shell-shock in terms of the defective individual rather than in the context of the environment, placing the blame on men themselves rather than on the war.

During the First World War, psychologists and physicians struggled with categorizing and explaining the newly widespread psychological disorder termed “shell-shock”, and came to the conclusion more often than not that it was the individual’s own weakness to blame for his condition. In a compilation and analysis of 589 presumed shell-shock cases based on war literature, and published in 1919, E.E. Southard gives great insight into how the medical field viewed and sought to explain shell shock. The interesting thing about this book, however, is that the first eleven sections and 196 cases are focused on other conditions that could cause shell-shock like symptoms. Some of these other categories of explanation include: epilepsy, feeble-mindedness, focal brain lesion psychoses, manic depressive and allied psychoses, and alcoholic, drug, and poison psychoses. To preface his explanation of these groups, Southard writes: “[I]n the terms of available tests and criteria, open to the psychiatrist, does not every putative Shell-shock soldier deserve at some stage a blood test for syphilis? Should we not verify...the facts of epilepsy and epileptic

taint? Of alcoholism? And so on?”² With these words Southard shows the feelings of the medical field toward shell-shock victims—the diagnosis of shell-shock was an absolute last resort. What is so interesting about all of these offered explanations for shell-shock like symptoms is that these conditions are not a result of the war, but instead were either genetic, prewar, or in the case of alcoholism and syphilis, brought on by individual actions.

In the early firsthand accounts and descriptions of shell shock and shell shocked soldiers, the language, including several loaded terms of the time such as hysteria, can give a better understanding of how doctors and civilians thought of men suffering from shell shock. Due to the commonalities in conception between the condition termed “shell-shock” and the often interchangeable term, hysteria, soldiers who suffered from shell shock came to be seen as less masculine because they were unable to handle the “masculine” practice of war. It is important to understand the implications and societal reactions to such a loaded term as “hysteria”. In the 1878 edition of Webster’s Unabridged Dictionary hysteria is defined as: “A species of neurosis, or nervous affection...the principal characteristics of which consist in alternate fits of laughing and crying, with a sensation as if a ball set out from the uterus and proceeded through the stomach, chest, and neck, producing a sense of strangulation...”³ This definition is shortly followed by the term hysterics, which is defined as a condition which women alone can suffer.⁴ In fact the medical procedure of a hysterectomy, which is a removal of the uterus, is also derived from the word hysteria. In the 1903 version of the same dictionary, the feminine reference is not as explicit, yet the word “womb” still appears in the definition of “hysterics”.⁵ Hysteria and other like terms had clear feminine implications, yet during and after World War I the term is used very frequently in the

description of shell-shock and shell shocked victims. In fact the term is used at least sixty three times in the titles alone of Southard's 589 cases; this does not even include the actual descriptions themselves. The term is also used extensively in newspaper articles and other literature from the time about shell-shock.

This notion of men becoming more feminized was further carried out by treatments that were considered traditionally feminine activities such as basket weaving.⁶ The men were then expected to progress from their acquired feminine state back to manhood through a gradual reintroduction of wartime practices. In her book *Broken Men*, Fiona Reid writes: "War is ostensibly and historically, the most masculine of activities, yet men have often been represented as emasculated or feminized by war. . ."⁷ By categorizing and labeling shell-shocked men as having become more feminine, psychiatrists, doctors, and others were once again focused on the individual rather than on the extreme environment of the war. Women, at this time, were considered much weaker in body and mind than men, so by identifying a man as feminine he was being labeled as weak. Instead of recognizing the psychological effects caused by being in the trenches under fire for hours and days at a time—the sound of continuous artillery and screams from fallen comrades, the mud, the smells and visions of death and destruction playing over and over again in one's mind—would have affected most anyone, yet, men who were affected by these extreme conditions were labeled as feeble-minded or feminine and were clinically treated, not to restore sanity but to restore masculinity.

Several terms which were used both interchangeably with shell-shock or to describe it further convey the common use of the word "hysteria". In his book *The Poetry of Shell Shock* Daniel Hipp writes that the phrase "hysterical disorders of warfare" was used synonymously with shell-shock.⁸ There are also two medical terms that were used to define different types of shell-shock that use "hysteria" as a descriptor, they are: conversion hysteria, which affects the senses and locomotion—mental affection is converted into its physical equivalent; and anxiety hysteria, which produces dread, anxiety, and fear.⁹ Both of these terms were used during and after the war and continue to be used in literature about shell-shock today.

Two cases in particular that demonstrate the lack of knowledge about shell-shock came in the

form of two very popular British poets and their wartime experiences. Wilfred Owen and Siegfried Sassoon wrote of their experiences in the trenches, also, throughout the course of their time in service, each man spoke out against the continuation of the war and both were also hospitalized for "shell-shock". Sassoon witnessed and had to endure the loss of a dear friend in battle, an experience which haunted him into the post war years. Because of this occurrence and other traumatic experiences during the war, Sassoon came to the conclusion that war was evil and that the war they were fighting was unjust; he sent a letter to his superiors conveying his sentiments and shortly found himself sent away from the war to recover. Sassoon was sent to a "resort like" hospital called Craiglockhart where he was treated by reintroduction into masculinity as previously described.¹⁰

Wilfred Owen, another rising young poet, found himself in a very similar situation to his colleague, Sassoon. Like Sassoon, Owen suffered from significantly traumatic experiences; at one time Owen was flung into the air by an enemy mortar and when he landed, he found himself lying in the remains of a comrade. The second experience that affected Owen was when he found himself trapped in an enemy trench, surrounded by the dead, and unable to escape for several days.¹¹ Also like Sassoon, Owen openly disagreed with the war and was sent to Craiglockhart psychological hospital for recovery. If either of these men were suffering from psychological stress or trauma, the first cause to consider would be the wartime experiences each had—instead the reason that Sassoon and Owen were actually hospitalized was because of their open disagreement with the war. While Owen did suffer from psychological trauma, Sassoon was not suffering from shell-shock, instead he was merely questioning the reasoning behind millions of young men, including some of his own family and friends, being sent to their death. But if one thought the war was wrong then they were passed off as mad and sent away to be reacquainted with the idea of fighting and the war.¹² Questioning the war, to doctors of the time, meant that a man had once again become less masculine. These two young men can serve as an example of how individuals were treated during the war— in both of these cases the individual was found to be defective instead of the war found to be unjust. This reflects not only the way shell shock was treated but in the case of Siegfried Sassoon also the way shell shock was used

as a label to treat individuals who spoke out against the war.

According to historians such as Fiona Reid, the post war years saw a great improvement in the way that men with shell shock were treated and introduced back into society. Reid's book, *Broken Men: Shell Shock, Treatment and Recovery in Britain, 1914-1930*, focuses on the postwar period. Reid writes that men returning from war service were not ostracized from society and unable to find medical care for any psychological trauma that they might have. Instead, men during the postwar years were provided with appropriate medical care by both the government and military and were, for the most part reintroduced back into society without incident.¹³ So why during and shortly after the war was there a very different climate in both medicine and society where the individual was often blamed for suffering from being placed in a very traumatic environment?

While shell-shock like cases had been seen before the war they had not been termed shell-shock and were never as widespread as during the First World War. In fact, "Shell shock' as a clinical diagnosis was a term introduced by Doctor Charles Myers of the Royal Army Medical Corps into the military lexicon during the First World War, specifically in September 1914 when the first cases of men suffering from what was thought to be an odd type of physical, rather than psychological, trauma began to arrive at casualty clearing stations."¹⁴ It was not that shell-shock-like symptoms had not been seen before, they had just most commonly been diagnosed as hysteria, which, as already discussed was considered a "woman's" disease.¹⁵ Something else that it is important to note is that in prewar Britain, among many social reforms, reforms in the area of mental health were very much left out. "When it came to ravaged minds," in prewar Britain, "there was no semblance of equality, neither in professional attitudes nor in treatment regimes."¹⁶ The psychologists and other medical staff who, during the war, were charged with treating shell-shocked soldiers undoubtedly carried their prewar notions of mental illness as well as the mentally ill into the wartime hospitals with them.

During the war there was a great deal of medical attention to shell-shock and shell-shocked soldiers which grew out of the necessity to treat and rehabilitate these men both for social and military reasons. But treatment methods themselves show lack of understanding about the trauma these men were suffering from. Electroshock therapy being

one of the most extreme and severe treatments used—men unable to walk as a result of almost constant tremors and unable to sleep because of terrible nightmares, shocked over and over again as a supposed treatment. A *New York Times* article from 1918 titled, "Shell Shock Mastered, Physician Reports; Tells Neurological Association That Surgeons at the Fighting Front No Longer Dread It," hails the effectiveness of electroshock therapy. But even in recovery, expectation is placed on the individual not on the doctors or techniques. The article states: "The rapidity of recovery, Dr. Russell said, depended entirely upon the mental capacity of the patients..."¹⁷ Therefore, men were not only seen as lacking mental capacity if they were diagnosed with shell-shock, but also if they did not have a quick recovery—even when subjected to electroshock therapy as a treatment.

Other men who avoided electroshock therapy were subjected to testing and experimentation at the hospitals where they were supposed to be receiving help for their conditions. An example of this testing and observation took place on film when a French soldier who was very frightened of a red officers hat was placed in a chair while the hat was waved in front of him by the doctors.¹⁸ His terrified reaction was observed and recorded on film and included in a documentary about shell shock in World War I. Prescribed treatments for shell-shock reflected the lack of knowledge about this condition, and based on the nature of shell-shock, in many cases could have harmed suffering men more than it helped them.

During the war the public understanding of shell-shock was very limited, which can be seen in the information that the public was given in newspapers from, during, and shortly after World War I. The information the public was given in the form of popular media shows a lack of understanding about shell-shock, its causes, and implications. In fact the information available to the public reflects many of the same themes and conceptions that were common in the medical community. One very common theme in newspaper articles is the idea that the army could and should weed out individual soldiers who would be predisposed to mental illness or shell-shock. One 1918 *New York Times* article explained the conclusions of British and French soldiers who had been working with shell-shock; the article first states that they claim shell-shock is no longer a concern on the front line because, ". . . shell shock is not suffered

by the best, physically sound soldiers...those who are afflicted either have neurotic tendencies or are otherwise suffering."¹⁹ Another article from the same year titled "Drop Unfit Soldiers: Those Subject to Shell Shock Being Weeded Out," discusses the same topic, claiming that, "systematic examinations of recruits," to discover mental soundness would, "greatly increase the efficiency of the American fighting forces in Europe."²⁰ Based on the claims of these articles it was the mental unsoundness or feeble-mindedness of individual soldiers that caused not only widespread shell-shock but also inefficiency in the army as a whole.

Another frequently discussed issue in the *New York Times* was the discussion of hysteria. Keeping in mind the implications of the use of this term, it is interesting that it shows up several times in articles about shell-shock. A 1917 article titled, "War's Amazing Effect on Nerves of Soldiers: Distinguished Neurologist Tells from Personal Observation of Remarkable Cases of Hysteria That Have Resulted at the Front," discusses the fact that when an entire nation is mobilized, some mentally ill men are inevitably mobilized and deployed as well, but the use of the term hysteria in the article and even in the title brought about very specific ideas in the minds of the 1917 reader; so even men who might have had legitimate psychological issues were given diagnoses of shell-shock or hysteria which carried the weight of preconceived public ideas and prejudices.²¹ The use of the term hysteria to describe men was not the only way soldiers with shell-shock were portrayed as feminine and weak to the public. Another article published in 1918 describes a civilian woman as suffering from shell-shock after an explosion near her home in New Jersey.²² Using the newly coined term "shell-shock" to describe a housewife who would have

previously been described as hysteric, further shows how the terms came to be seen as interchangeable by the public in addition to the medical field. Now, shell-shock was not confined to the front line but, a woman thousands of miles from any front of the war could be described as having shell shock.

Despite any changes in how shell-shock was addressed medically and by society after World War I, the wartime years were marked by a misunderstanding and wrongful categorization of shell-shock, usually at the expense of individual men. This misunderstanding can be seen in newspaper articles, popular prescribed treatments for shell-shock, use of loaded language such as the word, "hysteria", as well as an overall societal attitude that those suffering from mental conditions were, in some way, more weak or feeble-minded than the average person.

During World War I Britain and the United States sought to more fully explain and gain control of the increasingly common psychiatric condition of shell shock. In both individual and systematic conclusions the overwhelming explanation for shell shock was placed on the individual and specific weaknesses the individual possessed, instead of on the war and its traumatic, violent, and seemingly endless nature. When the war as a whole is examined, particularly the way that each nation involved had to strive for total war and a continuous state of nationalism, the reason for blaming the individual is evident: no nation could openly, on any level, acknowledge the war as destructive. If shell-shock had been portrayed as a condition caused by the horrors of war, the British or American governments would have been hard pressed to find a single mother who would willingly subject her son to that environment for the sake of "God and Country".

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Endnotes

¹ Fiona Reid, *Broken Men: Shell Shock, Treatment and Recovery in Britain, 1914-1930*. (London: MPG Book Group, Bodmin and King's Lynn, 2010), 1.

² Elmer E. Southard, "Shell-Shock and Other Neuropsychiatric Problems Presented in 589 Case Histories From the War Literature, 1914-1918," (New York: Arno Press, 1973) 1. This is a collection of case histories originally published in 1919, right after the war, but was republished in 1973.

³ *Webster's Unabridged Dictionary*, 1878 ed., s.v. "Hysteria.", 651.

⁴ *Webster's Unabridged Dictionary*, 1878 ed., s.v. "Hysterics.", 651.

⁵ *Webster's New Standard Dictionary*, 1903 e.d., s.v. "hysterics."

⁶ VHS documentary, "The Great War and the Shaping of the 20th Century," PBS, 1997.

⁷ Reid, *Broken Men*, 3.

⁸ Daniel Hipp, *The Poetry of Shell Shock: Wartime Trauma and Healing in Wilfred Owen, Ivor Gurney and Siegfried Sassoon* (Jefferson, North Carolina: McFarland & Company Inc. 2005), 16.

⁹ Montague David Eder, *War Shock; The Psycho-Neuroses In War Psychology and Treatment*, (Philadelphia: P. Blankiston, 1917), 8.

¹⁰ VHS documentary, "The Great War and the Shaping of the 20th Century," PBS, 1997.

¹¹ Ibid.

¹² Ibid.

¹³ Reid, *Broken Men*, 1-15

¹⁴ Hipp, *Poetry of Shell Shock*, 15.

¹⁵ Hipp, *Poetry of Shell Shock*, 18.

¹⁶ Peter Barham, *Forgotten Lunatics of The Great War*, (New Haven: Yale University Press, 2004), 3.

¹⁷ "Shell Shock Mastered, Physician Reports: Tells Neurological Association That Surgeons at the Fighting Front No Longer Dread it," *New York Times*, May 10, 1918.

¹⁸ VHS documentary, "The Great War and the Shaping of the 20th Century," PBS, 1997.

¹⁹ "Shell Shock Not Serious: Physically Sound Soldiers Are Immune, Surgeons Find," *New York Times*, July 2, 1918.

²⁰ "Drop Unfit Soldiers: Those Subject to Shell Shock Being Weeded Out," *New York Time*, February 7, 1918

²¹ W.R. Houston, "War's Amazing Effect on Nerves of Soldiers: Distinguished Neurologist Tells from Personal Observation of Remarkable Cases of Hysteria That Have Resulted at the Front," *New York Times*, March 5, 1917.

²² "Woman Suffers From Shell Shock," *New York Times*, October 25, 1918.