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The Cost of Ignorance:

Shell-Shock in Britain during World War I

Abstract: Over the years since World War I, many volumes have been produced on the British experience of shell-shock; however, many historical pieces have lacked the kind of in-depth psychological context and analysis of primary sources in which the discussion of shell-shock, now known as Post-Traumatic Stress Disorder (PTSD), must take place. Because shell-shock is a term specific to World War I but describes a condition which remains today, this paper sets the context for studying the British experience of shell-shock by carefully explaining what modern psychology says regarding PTSD and examining a few select texts by Wilfred Owen to demonstrate the psychological concepts in historic pieces. From this point, a historical comparison is made between the modern understanding of PTSD and the historic understanding of shell-shock as set forth in the Freudian paradigm between 1914 and 1920. The final pages examine the effects of this paradigm on the conclusions drawn by the War Office Committee of Enquiry into 'Shell-Shock'. The argument set forth in this paper asserts that the attempts by British Officials to effectively respond to the consequences of the emergence of shell-shock as a widespread condition among English soldiers in World War I, particularly in the conclusions of the War Office Committee of Enquiry into Shell-Shock, demonstrate a pervasive ignorance of the underlying causes of mental illness due to prevailing paradigms for cultural behavior and psychological understanding. Because the committee's conclusions emphasized military training rather than a better understanding of shell-shock psychologically, officials failed to implement significant changes in mental health treatment as a precedent for future wars. The logical conclusion made from this argument emphasizes that historians, while they must not condemn past officials for their lack of understanding, they must understand the tragic cost of this ignorance in Britain and globally if they are to be of use to future policy makers.

As World War I dawned in 1914, Europeans responded with diverse and conflicting emotions. Some raced to the war as though to a sporting event. Ernst Jünger, who fought on the Western Front, summarized the excitement of the German Army in *Storm of Steel*: “We were enraptured by war. We had set out in a rain of flowers, in a drunken atmosphere of blood and roses... We thought of [war] as manly, as action, a merry dueling party on flowered, blood-bedewed meadows.”¹ Vera Brittain, a young, British schoolgirl who would quickly learn what war was like through her service as a nurse, attended a tennis tournament on Bank Holiday, a few days after the war began, and recorded in her diary: “I suppose it is because we all know so little of the real meaning of war that we are so indifferent.”² Perhaps, though, journalists writing for *The Times* in London perceived the grave reality of the situation when they wrote what certainly became the dominant English attitude by war’s end: “The great catastrophe has come upon Europe.”³

In England, no aspect of World War I better captured the general disillusionment toward the war than the emergence of shell-shock. Historians have reasonably made the further argument that no aspect of the First World War has come to be as uniquely associated with English recollection of the war as shell-shock. In her recent, acclaimed book, Fiona Reid summarized this phenomenon: “The mentally wounded soldier has now come to dominate the narrative of the first World War in Britain... Even those quite uninterested by history in general, or by the Great War in particular, will ‘know’ that men became shell-shocked in the trench warfare of 1914-1918.”⁴ Various reasons may be studied and suggested to explain the dominance of shell-shock in the master-narrative of the First World War, from the treatment of soldiers on

¹ Ernst Jünger, *Storm of Steel* (New York: Penguin Classics, 2004), 5.

² Vera Brittain, *Testament of Youth* (New York: Penguin Classics, 2005), 94.

³ *London Times*, “Five Nations at War,” August 3, 1914.

⁴ Fiona Reid, *Broken Men: Shell Shock, Treatment and Recovery in Britain 1914-1930* (London: Continuum Press, 2010), 26.

the front line to the institutionalization of veterans in asylums as lunatics to the execution of soldiers—who may have been mentally wounded—through courts-martial. Each of these factors certainly has its individual place in the study of the British experience of shell-shock during World War I, and they have been studied both collectively and individually; but the discussion of how these combined to force British government response, and the evaluation of that response in the context of psychological analysis has been less effectively communicated in historical literature. A variety of consequences which arose from the emergence of shell-shock during World War I forced British officials to respond. The attempts by British Officials to effectively respond to the consequences of emergence of shell-shock as a widespread condition among English soldiers in World War I, particularly in the conclusions of the War Office Committee of Enquiry into Shell-Shock, demonstrate a pervasive ignorance of the underlying causes of mental illness due to prevailing paradigms for cultural behavior and psychological understanding. Because the committee's conclusions emphasized military training rather than a better understanding of shell-shock psychologically, officials failed to implement significant changes in mental health treatment as a precedent for future wars.

To fully set the context for this study, the term “shell-shock” must be properly understood in historical and psychological contexts. Dr. Charles S. Myers first used the term in an official capacity when he described several men who displayed noteworthy symptoms following close proximity to shell explosions on the battlefield.⁵ This established a clear link in soldiers' minds between shell explosions and a resultant illness. Notably, Myers went on to develop his theory into a psychological condition and explanation, but there seemed to remain a desire to consider shell-shock as primarily a physical condition among soldiers because “[a] straightforward physical wound, even if undetectable to the naked eye, was clearly more

⁵ Reid, *op. cit.*, 26.

honorable than a mental collapse.”⁶ In other words, such were the stigmas associated with mental illness in general that soldiers desired a possible misrepresentation of their conditions rather than to admit they suffered from mental instability.

Given the culture in which these soldiers grew up, and to which survivors would return, this hesitancy to willingly admit to and seek help for a mental wound should not surprise historians. First, Victorian values and the arguments of Lord Moran in *The Anatomy of Courage* established a link in the late nineteenth century between character and mental health, thinking which Ted Bogacz argued ultimately affected the medical profession so that “the physician’s attitude toward the hysteric and neurasthenic was often one of moral condemnation: they were seen as morally depraved, willful and egotistic.”⁷ England, a mere thirteen years removed from the rule of Victoria by the outbreak of the war, still lived guided by the austere moral principles and discretion which characterized her reign. Placing responsibility on individuals for their physical and mental health allowed British civilians and military personnel to conclude that mental illness resulted from improper responsibility, self-control and self-maintenance. For example, an aversion to the realities of battle, namely killing and the imminent threat to life, typically accompanied shell-shock victims. Joanna Bourke discussed one such example in her study on the role of ethnicity and effeminacy in cultural perceptions of shell-shock in Ireland and Great Britain. Citing the 1918 work *War Neuroses*, in which John T. MacCurdy laid forth the case that a shy, well-behaved, virtuous boy who disliked watching animals killed and had no intentions of marriage archetypally represented shell-shocked victims, Bourke concluded that the predominant belief in England regarding mental stability held that “‘normal’ men were psychologically capable of killing because they were tough, did not mind seeing animals

⁶ Reid, *op. cit.*, 26.

⁷ Ted Bogacz, “War Neurosis and Cultural Change in England, 1914-1922: The Work of the War Office Committee of Enquiry into ‘Shell-Shock,’” *Journal of Contemporary History* 24, no. 2 (1989): 231.

slaughtered, were gregarious and mischievous as youths, and were actively heterosexual.”⁸

Bourke further summarized this point by pointing out that the British assumed that abhorrence to violence marked effeminacy.⁹ Clearly, English medical minds of the early twentieth century neither present the victims of shell-shock in a positive light nor as suffering from honorable symptoms, and the desire on the part of soldiers to describe mental wounds in physical terms to avoid shame appears absolutely reasonable.

Second, in addition to recognizing the complexity of shell-shock in terms of diagnosis, representation and cultural response, the term shell-shock itself must be understood as specific to World War I and, simultaneously, as the modern condition known as Post-Traumatic Stress Disorder (PTSD). Daryl Paulson and Stanley Krippner, in their volume on Post-Traumatic Stress Disorder, explained that “[d]uring the First World War, the condition now known as PTSD was referred to as ‘combat neurosis’ or ‘shell-shock,’ and during the Second World War as ‘battle fatigue’ or ‘operational fatigue.’”¹⁰ The significance of understanding shell-shock in the context of PTSD is that it allows historians to recognize that the psychological understanding of ‘shell-shock’ has evolved over time through careful, empirical and clinical study to arrive at a medical appreciation for this psychological condition. Therefore, it is now possible to study shell-shock in World War I by applying the modern understanding of PTSD to the contemporary response to shell-shock because the conditions are the same. In so doing, the purpose is not to judge England’s officials, but rather to understand precisely why their knowledge and experience of shell-shock failed to prepare them to effectively address the condition and thereby illuminate the

⁸ Joanna Bourke, “Effeminacy, Ethnicity and the End of Trauma: The Sufferings of ‘Shell-Shocked’ Men in Great Britain and Ireland, 1914-39,” *Journal of Contemporary History* 35, no. 1 (2000): 59.

⁹ *Ibid.*, 60.

¹⁰ Daryl S. Paulson and Stanley Krippner, *Haunted by Combat: Understanding PTSD in War Veterans* (Lanham: Rowman & Littlefield Publishers, Inc., 2007), 9.

shortcomings of the conclusions set forth by the War Office Committee of Enquiry into ‘Shell-Shock.’

Having set this context for understanding shell-shock, a brief consideration of modern understandings of Post-Traumatic Stress Disorder (PTSD), based on years of research in psychology and medicine, illuminates the inadequacy of early twentieth century mental health paradigms to address the challenges which the emergence of shell-shock posed. The 2007 *Handbook of PTSD* emphasized several risk factors which are particularly applicable to combat. The chapter which addressed risk immediately stated that “there is no ‘magic bullet’ to explain who will and will not develop PTSD”, but research has allowed mental health professionals to identify some key factors of exposure to trauma which relate to later PTSD development.¹¹ Specifically, exposure to traumatic events more likely produces PTSD symptoms when the event included one or more of these conditions: injury; a malicious and grotesque nature; active involvement rather than passive witness; subjective distress and dissociation.¹²

The application of the first three points to warfare can be understood relatively well without further explanation; however, dissociation needs to be carefully explained and considered. Dissociation, particularly as cognitive dissonance, confronts soldiers regularly in battle. Daryl Paulson, who served in Vietnam, testified to psychologist Stanley Krippner in their collaborative effort, that, “I clearly remember my anguish over taking one hill, losing six or seven men, and after a month or so, abandoning it, only to retake the same hill a month later .”¹³ The repetitive process of siege, abandonment and siege of the same area weighed on Paulson. It removed the sense of purpose from the war because no progress seemed to be made. The loss of

¹¹ Matthew J. Friedman, Terence M. Keane and Patricia A. Resick, ed., *Handbook of PTSD* (New York: The Guilford Press, 2007), 99.

¹² *Ibid.*, 100.

¹³ Paulson and Krippner, *op. cit.*, 114.

life, coupled with this lack of definitive purpose, goal or motivation, deeply disturbed Paulson, and he therefore defined courage as “the ability to keep on fighting in spite of the frank absurdity of the war.”¹⁴

Dave Grossman, a psychologist and military man, adds another useful dimension to dissociation by making a useful observation of the psychological steps of battle. Specifically, he describes the nature of intra-species conflict in the animal world. The natural first instinct of a member of a species, faced by an adversary of the same kind, is to posture. This term, synonymous with “peacocking”, describes the inclination to present oneself as a formidable foe as a way to win the confrontation through intimidation, rather than through fighting.¹⁵ This understanding, applied to combat, helps to describe why an advantage in firepower such as cannons, though not particularly accurate at long distances, served armies by intimidating opponents in the American Civil War and Napoleonic Wars, as well as why gunpowder arose in the first place.¹⁶ Grossman also emphasizes that animals in the wild, when battling a member within the same species group, will do nearly anything to avoid fighting to the death. Specifically, he asserts that though “piranhas and rattlesnakes will bite almost anything and everything...among themselves piranhas fight with raps of their tails, and rattlesnakes wrestle...One of these intra-species opponents will usually become daunted by the ferocity and prowess of its opponent, and its only options become submission or flight.”¹⁷

When applying these concepts of dissonance-causing dissociation to World War I, the problem immediately becomes clear in why shell-shock emerged in such widespread numbers as it did in the first place: the conditions and nature of the war mandated, whether consciously or

¹⁴ Paulson and Krippner, op. cit., 114

¹⁵ Dave Grossman, *On Killing: The Psychological Cost of Learning to Kill in War and Society* (Boston: Little, Brown and Company, 1995), 6.

¹⁶ *Ibid.*, 7-11.

¹⁷ *Ibid.*, 6.

unconsciously, the violation of the natural—even honorable—tendency to avoid killing a member of one’s own species. This tendency promotes well-being in evolutionary and psychological approaches. First, the hesitation to kill a member of one’s species naturally promotes the opportunity for both parties, by surviving conflict, to survive to reproduce and thereby continue their own genes as well as the species’. Second, the instinct to avoid killing in intra-species conflict, especially when achieved, prevents survivor’s guilt and further reflection by the survivor that an opponent had sought the survivor’s destruction as well.

In World War I, however, battlefield practice removed the possibility of flight because armies entrenched themselves at the location of fighting. Hew Strachan, a distinguished professor of history at Oxford University, made several useful observations of trench warfare. First, he noted that the trend of historians to automatically condemn trench warfare because of the resultant casualties and diseases ignores what should be the obvious fact that trenches prevented casualties from escalating as they would have had armies been absolutely unprotected in open fields.¹⁸ Second, and more important, Strachan described the incessant activity which accompanied trench warfare, notably the fact that battles in World War I were more equivalent to Napoleonic campaigns because they could last months.¹⁹ Additionally, because armies engaged in battle lived onsite, “War was stopped neither by the seasons nor by the divisions of night and day...Men were continuously exhausted.”²⁰ This point becomes increasingly important in analysis of ‘shell-shock’ and PTSD because intensity of trauma exposure and the length of that exposure are intimately linked with psychological breakdown.²¹ Further, it is worth noting that

¹⁸ Hew Strachan, *The First World War* (New York: Penguin Group, 2003), 163.

¹⁹ *Ibid.*, 165-6

²⁰ *Ibid.*, 166-7.

²¹ Grossman, *op. cit.*, 282-285.

this psychological breakdown is, in nearly all cases of continuous combat, a matter of when, not if.²²

The reality of dissociation among soldiers themselves in World War I appeared in letters, poems and other forms of literature which expressed varying degrees of anger, disillusionment and horror. In addition to *All Quiet on the Western Front*, the classic text produced by the German soldier Remarque, English soldiers wrote a wealth literature, particularly poetry, to describe their reactions to the war. Among the most well know is Wilfred Owen.

Wilfred Owen, an officer who did not survive the war, wrote to his mother on 4 October 1918. In considering his experiences, he wrote that “[the war] passed the limits of my Abhorrence.”²³ Despite his officer ranking, which would have automatically increased his intrinsic status as an elite, honorable man, Owen failed to protect himself from all the horrors of the war. Even he, a noted and distinguished fighter in a particularly distinguished unit—as they had been particularly covered by the media²⁴—could not be considered impervious to the emotional effects of the war; however, it does not appear that he developed shell-shock from this event, for he included a particularly revealing line, writing, “My nerves are in perfect order.”²⁵ Reasonably, Owen included this primarily to dissuade the fears of his mother because he had previously survived an episode of shell-shock.²⁶ The knowledge that Owen’s unit had been engaged in particularly trying battle brought the expectation that news of shell-shock was sure to follow; Owen sought to lessen the dread that he might become a victim again. This line holds significance because it demonstrates the reality that there is not a singular, definitive ability to predict psychological breakdown in response to traumatic stimuli, even today. At the time when

²² Grossman, op. cit., 43-44.

²³ Wilfred Owen, letter to Susan Owen, October 4, 1918.

²⁴ Ibid.

²⁵ Ibid.

²⁶ John Stallworthy, *The Poems of Wilfred Owen* (New York: W. W. Norton and Company, 1985), 1.

Owen wrote, however, this contained the ability to inflict problematic consequences, as the English tendency was to interpret the lack of development of shell-shock, especially in officers, as confirming evidence in favor of the prevailing, class-based society. In other words, the fact that Owen escaped shell-shock during this battle suggested that he simply was a better, more honorable man than comrades who succumbed to mental injuries. Owen, because he had previously battled shell-shock and returned to the field, might have been even more praised than a typical, mentally healthy individual because of his resilience.

Owen's clearest demonstration of dissociation toward the war appeared when he composed "Dulce et Decorum Est" in 1917. In this poem, Owen described the madness which ensued when a unit faced a gas attack from the enemy. Specifically, Owen recalled observing a man in his dreams who either failed to secure a gas mask or used one which did not work properly. Owen wrote, "In all my dreams, before my helpless sight, / He plunges at me, guttering, choking, drowning." Originally intended to be a private poem, this posthumously-published work illustrates the cognitive processes of a man trying to fit the traumatic experience of war into his worldview. More important, it clearly shows the dissociation that occurred between what English children learned in youth and what they experience in the actual practice of war. Owen, writing as though talking to a confidant, insisted that, should such an image appear in the listener's dream, "[He] would not tell with such high zest / To children ardent for some desperate glory / The old Lie: "Dulce et decorum est / pro patria mori."²⁷

This line, called a lie by Owen, captured the spirit of what English writer and veteran Sassoon called "the heritage of heart."²⁸ It informs readers of the reality that so many English children of the late nineteenth and early twentieth centuries, like most people in general, desired

²⁷ Wilfred Owen, "Dulce et Decorum Est" in *The Poems of Wilfred Owen*, ed. Jon Stallworthy, (New York: W.W. Norton and Company, 1985) 117.

²⁸ Siegfried Sassoon, *Collected Poems: 1908-1956*, (Northampton: John Dickens & Co. Ltd., 1961), 11.

fame and recognition rather than anonymity. Parents suggested that the males especially seek this result in warfare. Warfare provided the ultimate opportunity for fame because one died in service to one's country. Owen used his last line, an allusion to the Roman author Horace, as therapy and counsel as he struggled with what the war had taught him. What was this lie? Literally, the line translates—accounting for the use of the adjectives *dulce* and *decorum* in the neuter gender—as “it is a sweet and proper thing to die for the country”. By writing this, and calling it a lie, Owen challenged the previous understanding that war brought glory to the individual who died by providing them an honorable death and everlasting fame. This death is proper, indicating that a mark of a gentleman is dying as a representative of his country on the battlefield. In Owen's experience, however, men died in battle gruesomely and anonymously. This created a cognitive dissonance which challenged his worldview and encouraged him to seriously question the war. Owen's experience of dissociation was certainly not unique, as evidenced by the great wealth of disillusionment literature which exists. Further, though not all would be able to express the thought so poetically, many soldiers who experienced shell-shock had similar notions about the war, contributing to their rejections of the war. Nor was this notion limited to one side of the conflict; rather, consider Ernst Jünger, who said that on his first day of battle, “War [showed] its claws and stripped off its mask of cosiness.”²⁹

Simply put, soldiers expected that war would be a remarkably positive experience. Perhaps they considered that it would be like the ultimate expression of manly competition, a sort of sport. Perhaps they longed for the adventure it provided. Perhaps they desired to face the enemy because of deep-seated rivalry instilled by the spirit of nationalism which characterized their age. Whatever they thought, the reality, in any era, is that “war is an act of violence.”³⁰ War

²⁹ Ernst Jünger, *op. cit.*, 7.

³⁰ Fiona Reid, *op. cit.*, 169.

deals in life and death, and it presents the possibility of devastating and permanent results such as injury and loss of life. When they discovered this truth, many men could not handle it. Faced with the constant threat of injury and death, as well as the knowledge that they themselves actively sought to kill other people, many men succumbed to psychological injury. Though physical stimuli such as the noise of shells, observing a friend die or experiencing a brush with death due to an injury may have been the immediate precursor or trigger to mental collapse, modern psychology now understands that this collapse was rooted in the psychological experiences associated with dissociation and cognitive dissonance.

In 1914, however, mental health professionals and citizens did not recognize this distinction as clearly. Several factors contributed to this. First, it is necessary to recognize that psychology as this generation knows it, that is, as an empirical and separate science, did not emerge until Wilhelm Wundt founded the first psychology laboratory in 1879.³¹ Prior to this, psychology had been a branch of philosophy, characterized by the study of the mind (psyche in the Greek). Thus, by the outbreak of World War I, scientific psychology had a mere 35 years of distinguishable history. Therefore, it had not undergone the medical transition which it would in the 1950s, and began the serious progress of understanding war-related mental illness as PTSD,³² nor had great diversity in methodology emerged by this time. In fact, one man and paradigm dominated psychological study of the early twentieth century, which was psychoanalysis as developed by Sigmund Freud.

As mentioned before, discussion of mental illness in Victorian England had not been common or popular, and those who chose a profession which dealt primarily with mental health

³¹ R. Eric Landrum, "Brief History of Psychology," *Boise State Department of Psychology*, http://www.personal.psu.edu/faculty/a/c/acp103/PSYCH105/brief_history.htm (accessed April 28, 2013).

³² Ben Shephard, *A War of Nerves: soldiers and Psychiatrists in the Twentieth Century* (Cambridge: Harvard University Press, 2000), 363.

were not well-respected by 1914. When it came to discussing shell-shock, though, Freud put forth a paradigm for understanding the condition, which he called war neurosis. In a lecture on general neurotic theory delivered in 1916, Freud proposed that, like trauma cases from nineteenth century railroad crashes, “traumatic neuroses give a clear indication that a fixation to the moment of the traumatic accident lies at their root.”³³ In the same lecture, Freud stated that a traumatic event “within a short period of time presents the mind with an increase of stimulus too powerful to be dealt with or worked off in the normal way, and this must result in permanent disturbances of the manner in which the energy operates.”³⁴

The propensity of victims of war neuroses to return to the condition-causing stimuli in their dreams indicated the fixation principle to Freud. Interestingly, the principle of fixation also appeared in the theories related to sexual development, and Freud linked appropriate sexuality to proper methods of fixation in development, and improper sexuality to improper fixation.³⁵ For a society which refused to openly discuss matters of sexuality, the connection between fixation in war neuroses and human development need not long be considered before war neuroses becomes, to officials and citizens, a symptom of sexual perversion. This, Freud claims, was a permanent state. That belief, as it emerged in society, proved disastrous for some veterans. Peter Barham discussed the frequent tendency of families to send shell-shocked men to asylums and service manors designed for lunacy patients upon return from battle. At one such manor, called Old Manor, the majority of patients “were there for the long haul. In the late 1950s there were 130 or so still in residence.”³⁶ To summarize this point, because the British did not openly address issues related to mental health, as veteran family members returned to the home front,

³³ Sigmund Freud, *The Complete Psychological Works of Sigmund Freud*, (London: The Hogarth Press Limited, 1963), 16:274.

³⁴ *Ibid.*, 275.

³⁵ *Ibid.*, 340-345.

³⁶ Peter Barham, *Forgotten Lunatics of the Great War* (New Haven: Yale University Press, 2004), 291.

they did not understand how to effectively handle their conditions, and, able to justify their actions through the theories of the leading psychologist in the world, they sent their loved ones to homes as men destined to remain mentally ill forever. Unfortunately, this reflects a misunderstanding about the nature of trauma now recognized in PTSD, as studies show that “the role of social support has a strong and clear influence on both the development of PTSD following trauma and recovery”,³⁷ and, when social support and intervention are given, fewer than 30% of cases will take more than a month for proper adjustment, and less than 10% of people are at significant risk for lifelong impairment resulting from trauma.³⁸ Thus, many men endured isolation unnecessarily, and this may have been avoided had mental health professionals properly understood the absolute necessity of social support and the likelihood, or lack thereof, that a soldier would develop permanent impairment.

Freud further influenced the work of British officials when he speculated how to end war neuroses. Freud noted that a conscripted army served Britain during World War I. Soldiers either entered battle as volunteers or drafted individuals, but the overwhelming majority were not professional soldiers. As a result, Freud suggested that entrance into war forced a second ego to develop in the soldier so that he had a peacetime, civilian and a separate wartime, military ego. The conflict which developed between the two “becomes acute as soon as the peace-ego realizes what danger it runs of losing its life owing to the rashness of its newly formed, parasitic double.”³⁹ Thus, the symptoms characterizing war neuroses emerged in victims as a defense mechanism of the civilian ego. Seeking to defend itself, it entered a state of traumatic neuroses to protect itself from destruction. From this foundation, Freud could logically conclude that national

³⁷ Friedman, Keane and Resick, op. cit., 482.

³⁸ Ibid., 308-09.

³⁹ Sigmund Freud, *The Complete Psychological Works of Sigmund Freud* (London: The Hogarth Press Limited, 1955), 17:209.

armies themselves nourished war neuroses, and among mercenary or otherwise professional armies, no cases of neuroses would arise because the soldiers would have one, unified ego. Psychologists now understand that training and profession may prepare soldiers to kill and face death in battle, but can never accurately predict how they will psychologically respond to such traumatic exposure and stimuli. British policy makers of the World War I era had no access to such theory.

Faced with the emergence of shell-shock as a wide-spread condition, the institutionalization of veterans and the possibility that the army had executed mentally-ill men after courts-martial, Lord Southborough called for the establishment of a research committee to study shell-shock in the House of Lords on 28 April 1920 which would specifically seek to provide procedure for courts-martial and proper training methods for the elimination of shell-shock.⁴⁰ Interestingly, the article also suggested that evidence would likely make clear that the physical fitness of a man entering the war played the most significant role in determining whether he succumbed to mental illness.⁴¹ Thus, from the beginning, the War Office Committee of Enquiry into ‘Shell-Shock’, established on 20 August 1920, had an agenda. This likely clouded their conclusions, but nonetheless, the emphases of their conclusions demonstrate a reliance on the psychological paradigm established by Freud.

It is worth noting that Ted Bogacz, in his important study, seems to have overemphasized one principle, and that is that the Committee of Enquiry recognized that officers had been susceptible to shell-shock, which he argued represented a significant shift in cultural perceptions of mental health because it had been previously believed that members of the officer class, because of their elite, gentlemanly status, were not subject to the mentally damaging effects of

⁴⁰ *London Times*, “Shell-Shock and Death Sentences: A War Office Inquiry,” August 20, 1920.

⁴¹ *Ibid.*

battle.⁴² He refers specifically to the testimony of an officer who broke down upon viewing horses belonging to dead comrades, and reflecting on his condition, he stated “Well, I think that was 'shell shock' I had. I lost control when I went into the dugout and concealed myself, and also for that week in which I could not control my tears; but after that... I had no difficulty whatever in controlling myself- not the slightest.”⁴³ While the Committee of Enquiry deserves some credit for including this testimony, despite the challenge it posed to prevailing attitudes toward mental illness, several logical problems exist in crediting this testimony as evidence of a significant shift. First, unless the members of the committee failed to observe any newspapers during the war—and we know that is not the case considering Lord Southborough, chair of the committee, had called for its establishment in the wake of pressure partially created by the media—there could have been no reasonable reality in which the committee members still held completely to that paradigm. In 1914, the *Times* reported the suicide of Captain E.D. Roberts, a student who had been studied and evidently killed himself after suffering delusions “whilst of unsound mind.”⁴⁴ Little more than a year later, the times reported another officer who killed himself at a hotel with his service revolver, and law enforcement returned the verdict “suicide during temporary insanity.”⁴⁵ A final, third example, came in 1916, when an officer treated for shell-shock at Ham Common committed suicide, and the verdict returned again was “temporary insanity.”⁴⁶

These three, brief examples demonstrate that the notion that officers were not susceptible to shell-shock faced significant opposition early in the war. Certainly, many people likely still believed they were less likely to succumb to mental illness, but the point remains that the British

⁴² Ted Bogacz, op. cit., 227-230.

⁴³ Report of the War Office Committee of Enquiry into 'Shell-Shock', Cmd. 1734 (London 1922), 91.

⁴⁴ *London Times*, “Army Officer’s Suicide: Discovery at the Staff College at Camberley,” June 15, 1914.

⁴⁵ *London Times*, “Suicide of an Officer,” August 14, 1915.

⁴⁶ *London Times*, “Officer’s Suicide After Shell-Shock,” February 15, 1916.

knew that sensitivity to conditions of an unstable mind existed in officers. Further, the fact that inquests classified these suicides, in all three cases, as the result of insanity, must be considered exceedingly significant because the majority of shell-shocked victims, though classified as mentally-wounded, did not received the label insane.⁴⁷

Thus, the conclusions reached by the War Office Committee of Enquiry and set forth in their report should be studied as more representative of whether significant changes in understanding mental health had or likely would emerge in post-World War I Britain. Only one aspect of the committee's official policy recommendations reflects ideas similar to those modern mental health professionals have adopted regarding warfare. Regarding active service, the committee recognized the importance of rest for both the mind and the body and suggested that "[s]o far as the military situation permits, tours of duty in the front line in stationary warfare should be short, especially in bad sectors...Leave home should be encouraged."⁴⁸ This promising notion, however, seemed to emerge out of the fear that monotony and boredom played key roles in the emergence of shell-shock.⁴⁹ Thus, it stands to reason that the committee members reached this wise suggestion by accident rather than through well-conceptualized, sound knowledge about mental illness.

The sections which detailed the committee's recommendations concerning recruitment and training make the reality of ignorance—again, an ignorance resulting from the prevailing cultural norms and psychological paradigms available rather than the lack of a desire to understand mental illness—more clear. Concerning the recruitment of a conscripted army, the committee praised the *Behaviour Characteristics* employed by the U.S. Navy when training recruits during World War I. The list suggested thirteen behaviours that predicted nervous

⁴⁷ Fiona Reid, *op. cit.*, 99-127.

⁴⁸ Report of the War Office Committee of Enquiry into 'Shell-Shock', Cmd. 1734 (London 1922), 191.

⁴⁹ *Ibid.*, 191.

stability in recruits. Notably, the list includes: personal uncleanliness; abnormal sex practices and tendencies, including masturbation; characteristic effeminacy; bedwetting; and chronic homesickness.⁵⁰ The committee does not make clear that men displaying such behaviors are not permitted in the army; rather, given the experience of shell-shock in World War I, they should be targeted and removed from consideration. More important, however, modern psychology would not likely give any credible foundation to this list of predictions; thus, adoption of this list by the committee indicates that the link between character and mental instability remained. Even more clearly, the committee recommended that England follow the procedure of the French military in obtaining the most credible advice of experts when determining cases of neurosis in the future, as “[i]n many cases it is extremely difficult to distinguish cowardice from neurosis since in both fear is the chief causal factor.”⁵¹ The present tense has been maintained in this quotation to make absolutely clear that this recommendation maintained the link between the character flaw of cowardice and the incidence of shell-shock moving forward from World War I rather than simply recounting the perceived link and difficulty in diagnostic experience during the years 1914 to 1918. Thus, it stands to reason that no significant progress had been made in understanding the nature of shell-shock which might affect policy-making; rather, that fear played the defining role in neurosis, confusing it in many cases with cowardice, remained standard diagnostic belief in 1922.

In addition to the above recommendations, the committee also emphasized the importance of training. The logic of the committee stated that (1) training promoted morale; (2) prolonged training made men physically fit enough to maintain the morale and discipline necessary to put their units first; (3) Maintaining morale and discipline would be the key factors

⁵⁰ Report of the War Office Committee of Enquiry into 'Shell-Shock', Cmd. 1734 (London 1922) 183.

⁵¹ Ibid., 192-3.

in eliminating shell-shock; (4) Therefore, the army must always utilize a rigorous, prolonged training method when preparing for future wars if they expected to lessen the incidence of shell-shock.⁵² Additionally, in order to better understand managing men, the committee recommended that the government require all officers to study character as it applied to the military in depth. Following this logic and the emphasis on character, one again sees the shortcomings in the committee members' knowledge concerning mental illness, specifically neurosis. Rather than cite scientific study as the basis for the logic of their recommendations, the committee maintained the academic, philosophical mindset which linked soundness of character and incidence of shell-shock, or other mental illnesses, in direct correlation. These recommendations, when presented to the British government, certainly affected military training methods, not only in Britain, but across the western hemisphere. The United States, for example, influenced by this report as well as the work of S.L.A. Marshall after World War II, implemented significant training reform to increase firing rates and the willingness of soldiers to kill, achieving a 90-95% rate during the Vietnam War;⁵³ however, if anything, the experience of the United States in Vietnam confirms that masterful training will not eliminate the incidence of combat-related PTSD. Following the logic of the War Office Committee, the United States removed responsibility for proactively treating veterans from the military and placed a burden of proof that a soldier needed psychological treatment on the soldier himself.⁵⁴

Thus, the War Office Committee of Enquiry into 'Shell-Shock' failed to produce significant policy changes in addressing mental health within Britain, but it also set a precedent for attempting to preempt the incidence of combat-related mental illness with training, rather than truly understanding the root cause: length of exposure to trauma. Because of this, PTSD

⁵² Report of the War Office Committee of Enquiry into 'Shell-Shock', Cmd. 1734 (London 1922), 190-1.

⁵³ Grossman, *op. cit.*, 35.

⁵⁴ Shephard, *op. cit.*, 355-68.

continued to be misunderstood long after World War I, and even now governments around the world have failed to implement the kinds of psychologically-based policies which might more effectively address combat-related mental illness.

World War I thrust itself upon a world unprepared to handle the variety of challenges it would present. Nations applied the cutting-edge of scientific technology to weaponry, forever altering how they conducted war, and cementing the relationship between science and war. As aggressive, significant and impressive as historians judge the technological, biological and chemical innovations during World War I to be, to the same extent, they must judge the way in which Britain handled shell-shock during World War I as uninformed and ignorant. By applying modern psychology's understanding of Post-Traumatic Stress Disorder (PTSD)—a synonymous condition with shell-shock—to World War I, we recognize the reality of pervasive ignorance in British culture concerning mental illness. While modern psychology has made clear that, in warfare, nearly all soldiers will develop symptoms of PTSD given prolonged exposure to trauma and cognitive dissonance related to dissociation because these—along with several other psychological factors—play a far greater role in the development of PTSD than any character flaw or lack of training. The cultural traditions of Britain and the established Freudian paradigm concerning neurosis emphasized the opposite. In that day, mental health professionals, government officials and average citizens all understood shell-shock as intimately linked to a soldier's character, sexual development and training for war. The War Office Committee of Enquiry into 'Shell-Shock' had the opportunity to break this thinking, but they maintained the accepted dogma concerning mental illness, as the recommendations in their *Report*, demonstrate. For this reason, though multiple governments made sweeping changes to military training in the wake of this study, they did not make significant, enduring alterations to addressing combat-

related mental illness. British officials studying shell-shock from 1920-22 acted according to the best psychological information available. Simply put, the best information proved to be inadequate to address mental illness because it failed to grasp what the luxury of 90 years of medical research has afforded this generation. Thus, in objective study, historians must not condemn the actions of British officials in World War I or their failure to understand and address shell-shock. However, if historians intend to be of any use to officials in the future, they must simultaneously understand, apply and inform them of the tragic cost of ignorance: once practiced policy has been founded upon it, it establishes a precedent and cycle of confusion which extends far past the initial misunderstanding. Thus, seeking education and understanding remains vital when recommending official policies to address social ills like PTSD in the future.

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Barham, Peter. *Forgotten Lunatics of the Great War*. New Haven (CT): Yale University Press, 2004.

Barham's book illuminates the struggles of common soldiers suffering from war neurosis, or "shell-shock" and what is now understood as PTSD, during the First World War. He contends that the majority of study before this book focused on the officer corps, particularly in their treatment during the war. Barham, therefore, concentrates on the history of the return of veterans to Britain and the details of their institutionalization as lunatics in post-war society.

Bogacz, Ted. "War Neurosis and Cultural Change in England, 1914-22: The Work of the War Office Committee of Enquiry into 'Shell-Shock'." *Journal of Contemporary History* 24, no.2 (1989): 227-256.

Bogacz argues that, while cultural norms and biases established prior to 1914 affected the public reaction to the initial cases of "shell-shock" the committee's report seems to indicate that mental illness was better understood, though there remained cultural ambiguity. Some of these claims seem suspect, thus this article serves this project in two ways. It helps to illuminate some of the cultural stigmas toward mental illness in Great Britain, but it also provides good material to challenge in that Bogacz fails to assert that the committee's report did not significantly inform British officials as to true nature of shell-shock; rather, he argues that it fundamentally challenge accepted popular beliefs and stereotypes of mental illness.

Bourke, Joanna. "Effeminacy, Ethnicity and the End of Trauma: The Sufferings of "Shell-Shocked Men" in Great Britain and Ireland, 1914-1939." *Journal of Contemporary History* 35, no. 1 (2000): 57-69.

Bourke relates the specific stigma associated with soldiers who suffered from Neuroses being unmanly as she attempts to explore the depth of misunderstanding associated with war trauma in

the British Isles. Bourke's article proves to be relevant to any study which seeks to understand shell-shock as a cultural and psychological phenomenon, not merely an event in the past.

Brittain, Vera. *Testament of Youth*. New York: Penguin Classics, 2005.

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This text is foundational to understanding the psychological processes and research associated with PTSD and specifically, it provides valuable information risk factors and long-term effects which can be applied this study of shell-shock to understand where the psychological paradigms then in place to explain mental illness failed.

Freud, Sigmund. *The Complete Psychological Works of Sigmund Freud*. Vol. XVI. London: The Hogarth Press Limited, 1963

This volume of Freud's works demonstrates that part of the paradigm established for war neurosis which tied it to fixation and sexual development.

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This volume of Freud's works demonstrates that part of the paradigm established for war neurosis which suggested that the civilian ego defense against the military ego caused neurotic symptoms to show and, as a result, suggested the use of professional or mercenary armies, as Freud believed them to be impervious to war neurosis.

Grossman, Dave. *On Killing: The Psychological Cost of Learning to Kill in War and Society*. Boston: Little, Brown and Company, 1995.

Grossman, a colonel and psychiatrist in addition to historian, argues that the main cause of PTSD throughout warfare, but especially WWI, WWII and Vietnam was the conditioning of soldiers to violate instinct and kill human beings as well as constantly being exposed to the reality that they too were targets. Ultimately, Grossman suggests that the necessity to kill in battle caused the breakdown, and he traces the training tactics employed by the United States army from World War I to Vietnam to explain how this nation produced an exacting, precise, human-killing machine. At the same time, he is sensitive to the effects this has had in society and suggests some of the problems associated with the modern violent culture. His theories regarding the cause of PTSD greatly help to inform, admittedly in a hindsight fashion, the inadequacy of understanding during World War I.

Imperial War Museum. "Report of the War Office Committee of Enquiry into Shell-Shock".

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The Report of the War Office Committee of Enquiry into "Shell-Shock" is the indispensable primary source to a project focused on PTSD in World War I, particularly in Britain. Set up after the end of the War, this committee labored to study the new phenomenon "shell-shock" in order to understand causes, potential victims and how it affected warfare. This report contains their findings and witness testimonies, but most importantly their conclusions and recommendations, which add great insight to the cultural and political understanding of shell-shock in 1922.

Jünger, Ernst. *Storm of Steel*. New York: Penguin Classics, 2004.

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-----, "Five Nations at War." August 3, 1914.

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----- "Shell-Shock and Death Sentences: A War Office Inquiry." August 20, 1920

Paulson, Daryl S. and Krippner, Stanley. *Haunted by Combat: Understanding PTSD in War Veterans*. Lanham (MD): Rowman & Littlefield Publishers, INC., 2007.

Combat is not the only place where PTSD occurs, and it is also notably different than PTSD in society. This book illustrates these differences and is valuable to this project's understanding of the integration of soldiers back into society after suffering trauma in war.

Reid, Fiona. *Broken Men: Shell Shock, Treatment and Recovery in Britain 1914-1930*. London: Continuum Press, 2010.

Reid's history of the shell-shock experience in Britain is a great general overview of the topic. The text spans sixteen years, highlighting every facet of shell-shock from its presence on the frontline, to the work of the War Office Committee of Enquiry into 'Shell-Shock', to the problems associated with lunacy reform in the 1920s. The text is succinct and to the point, and it provides this project with an indispensable portrait of the British experience with shell-shock.

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Shephard, Ben. *A War of Nerves: Soldiers and Psychiatrists in the Twentieth Century*. Cambridge, MA: Harvard University Press, 2000.

Shephard traces the military understanding of PTSD from 'shell-shock' through Vietnam, and his work is foundational in illustrating the relationship between psychiatrists and the military, as well formulating our understanding of shell-shock in its historical context. Among the most cited works in this topic, this book is indispensable to the project.

Stallworthy, Jon, ed. *The Poems of Wilfred Owen*. New York: W. W. Norton and Company, 1985.

Strachan, Hew. *The First World War*. New York: Penguin Group, 2003.

Strachan's text is a masterful narrative of World War I. In this project, his clear, concise and original interpretations of trench warfare are utilized to illustrate the cognitive dissonance such battles caused in soldiers.