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Shell Shock and the Medical Community: Messages and Implications for the Great War and Beyond

A pervasive public health crisis arose out of the unique, precarious conditions of the First World War- shell shock. Shell shock, posttraumatic stress disorder's direct ancestor, was coined during the conflict and characterized the experience of millions of young men who planted themselves in the trenches, threw on the gas masks, and ultimately, faced the national enemy. The vibrations of the shell shock epidemic did not stop with participants but spread fiercely throughout the entire social structure. The shell-shocked soldier had an impact on psychiatrist, superior officer, politician, parent, wife, and child alike; these effects were varied in nature and impact, but nonetheless shell shock rocked society from top to bottom. Institutions like the military establishment, the government, and the family were tasked with navigating the ins-and-outs of a large-scale war wound that had never been this serious or scaled. Additionally, the self, the sufferer, was tasked with navigating life while plagued by this psychological injury.

In response to the proliferation of the shell shock epidemic, a frantic rush to understanding ensued by all of the aforementioned institutions. Shell shock was affecting the War and the men fighting it; therefore, understanding was necessary for one reason or another to *everyone*. The military establishment and the government needed strong, whole men to win the War. The families needed their boys back. The self needed a place in the world uninterrupted by excruciating, pervasive, unyielding, emotional strife. Thus, the rush to understanding ensued, and serious divergences, as well as optimistic parallels, arose throughout the process.

The medical community was uniquely positioned regarding the rise of shell shock. For this reason, a thorough examination of the literature set forth by this institution provides a unique, fruitful glimpse into the impact of war trauma. Methodologically, the messages conveyed about shell shock's definition, etiology, and treatment will serve as the crux of the analysis. Additionally, some limited discussions will be conducted regarding the implications of these themes.

I. The Definition of Shell Shock

The first task of the medical field was to define their problem, to conceptualize shell shock so that understanding could occur. Society was desperately trying to make sense of shell shock in the midst of a full-scale war that embraced a new breed of combat. However, medical literature did not reflect this notion until 1917. One vital exception is Charles S. Myers' "A Contribution to the Study of Shell Shock". Myers is considered one of the first proponents of "shell shock" and his publication placed it on the table as a reputable term. Myers' article discussed the physicality of the condition, only mentioning physiological effects of the senses.[1] At this point in the War, shell shock was largely considered a physical manifestation of physical trauma. Despite Myers' "suspicion that the syndrome was more psychological than physical"[2] his work highlighted the reliance on physiology in early understandings of shell shock. As the War raged on, the conception of shell shock as a psychological disorder began to gain traction. Grafton Elliot Smith bridges the gap with *Shell Shock and Its Lessons,* written in 1917. In the

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[1] Charles S. Myers, MD, "A Contribution to the Study of Shell Shock," The Lancet 185, no. 4772 (February 13, 1915): 316.

[2] Tara M. Fueshko, "The Intricacies of Shell Shock: A Chronological History of The Lancet's Publications by Dr. Charles S. Myers and His Contemporaries," *Peace & Change* 41, no. 1 (January 2016): 41, Academic Search Elite.

first chapter of the book, Smith discusses at great length the nature of shell shock. In this discussion, he relies almost entirely on psychology to define it. He writes, “In a word, it is not in the intellectual but in the *emotional* sphere that we must look for terms to describe these conditions.”[3] Smith demonstrates a great removal from Myers’ original idea of physiological shell shock, even moving past cognitive foundations and into emotional ones. Smith demonstrated great progression in defining the condition as a concretely psychological malady. The psychological perspective continued postwar with Frederick Walker Mott’s *War Neuroses and Shell Shock*. Mott’s work defined shell shock as both a physical and psychological phenomena and facilitated a unifying discussion for each of these perspectives. Mott addressed this tension multiple times in his work: “It is, therefore, extremely difficult to decide from the symptoms alone whether the case is commotional, emotional, or both.”[4] Edgar Jones’ “’An Atmosphere of Cure’: Frederick Mott, Shell Shock and the Maudsley” grappled with Mott’s two-pronged idea that shell shock was both physical and psychological. Although Jones believes Mott to reside more firmly in the physical perspective, he outlines both the physical and psychological factors that Mott set forth in defining shell shock.[5]

The physical-psychological dichotomy of defining shell shock affected veterans and their care directly. As the psychological underpinnings of the condition were uncovered and validated by the medical community, there was an increased need for psychological research and treatment formulation. Essentially, this led to the birth of military psychiatry as a staple of wartime. Paul

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[3] Grafton Elliot Smith, MA, *Shell Shock and Its Lessons*, 1st ed. (Manchester University Press, 1917), 2.
[4] Frederick Walker Mott, MD and Christopher Addison, MP, *War Neuroses and Shell Shock* (London: London, H. Frowde; Hodder & Stoughton, 1919), 30.
[5] Edgar Jones, "'An Atmosphere of Cure': Frederick Mott, Shell Shock, and the Maudsley," History of Psychiatry 25, no. 4 (November 13, 2014): 412-421, Sage Premier 2017.

Wanke's "American Military Psychiatry and Its Role Among Ground Forces in World War II" exemplified the impact of the First World War moving forward. He discusses the lessons gleaned from the First World War in shaping military psychiatric practice for the Second World War. He even says, "The American military psychiatric organization was determined not to repeat the earlier mistake of forgetting the important lessons learned during World War I."[6] Wanke's analysis clearly illustrates that the evolution of shell shock as a psychiatric malady was continued into succeeding conflicts and the conception valued.

In whole, the task of defining shell shock centered on the question of physiology and psychology. Notable members of the medical community were tasked with deciding which of these to trust with the new diagnosis, and the implications of moving towards the latter permeated into later eras.

II. The Etiology of Shell Shock

Etiology is the natural subject to follow definition. Beyond the point of Myers' physiological shell shock, medical personnel tended to take up two very different viewpoints regarding the development of shell shock. One side of the argument addressed shell shock as a war wound, arising primarily from the experience of combat trauma. Although intuitive, this sympathetic viewpoint was overshadowed by another. A large part of the medical community viewed the shell-shocked soldier as weak in composition and viewed adverse combat experience as a simple aggravator of preexisting mental inferiorities. Most often, the psychiatrists and physicians treating shell shock possessed a mixed view on the question of etiology. The best example of this, again, comes from Grafton Elliot Smith's *Shell Shock and Its Lessons*. He

[6] Paul Wanke, "American Military Psychiatry and Its Role Among Ground Forces in World War II," *The Journal of Military History* 63, no. 1 (January 1999): 22, ProQuest.

writes, “He [the trained soldier] enters the trenches in first-class condition. The duration of his stay there, provided he is not wounded, or attacked by a bodily illness, will depend from that time forward upon the nature, duration, intensity and frequency of the emotion-exciting causes, and upon himself. By that all-inclusive word ‘himself’ we mean to signify chiefly his temperament, disposition and character”[7] Smith adequately conveys that the development of shell shock relies on not one of these factors, but the union of them. Although, a reading of Smith’s entire work would yield more weight to the environment than to its counterpart, which was unusual for the time. Frederick Walker Mott, too, adopted the idea that the cause for shell shock was two-pronged and had to do with both the environment and the individual. However, *War Neuroses and Shell Shock* gave far more weight and consideration to the etiological properties of the individual than to the individual’s wartime experience. Mott was a pioneer in terms of recognizing the psychological roots of shell shock, but he referenced the composition of the individual so heavily in the etiology of the disorder that it could accurately be described as victim-blaming. Mott writes, “The above-mentioned facts show the importance of studying what a man is born with and what happened after birth when recruiting and subsequently assigning him to a category for military service. It is not much use sending a constitutional neuropath or psychopath to the front; he will in all probability break down.”[8] This attitude forms a thread through Mott’s work, signifying that his etiological belief is constitutional. Edgar Jones supports this point: “The largest sub-group of shell-shocked patients, Mott argued, were those servicemen who had ‘an inborn timorous or neurotic disposition’ or an ‘acquired neuropathic or

[7] Grafton Elliot Smith, MA, *Shell Shock and Its Lessons*, 1st ed. (Manchester University Press, 1917), 2.
[8] Frederick Walker Mott, MD and Christopher Addison, MP, *War Neuroses and Shell Shock* (London: London, H. Frowde; Hodder & Stoughton, 1919), 111-12.

psychopathic taint.'"[9] Jones goes onto describe the research Mott conducted to prove this point, and while convincing, it is important to note its implications which will be the subject of the succeeding section. In another piece by Jones, he summarizes that "…the traumatic event was judged secondary: the personality of the soldier remained the primary explanation why only some soldiers broke down in combat."[10] WHR Rivers provided what may be considered the most humanizing view of shell shock with the majority of etiological emphasis on the trauma of war. Rivers did not publish much regarding this issue, but his humanistic stance is plain to see in the treatment he utilized with shell-shocked patients. "WHR and the Politics of Trauma" candidly states, "Many of Rivers' colleagues did not share his compassionate view of shell shock, viewing it as a moral failing."[11] Jones narrowly discusses Rivers' belief that shell shock occurred "when [men] were faced with 'strains such as have never previously been known in the history of mankind'."[12] It is abundantly clear that while most of the medical community agreed that shell shock had a complex etiology, there was a significant rift in what was weighted most heavily.

The dispute regarding the etiology of shell shock, particularly the constitutional argument, had massive repercussions for veterans and their families. A percentage of the military establishment used the constitutional etiology of shell shock to invalidate it. Accusations of malingering, or "a conscious strategy to avoid the perils of trench warfare"[13] and cowardice

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[9] Edgar Jones, "'An Atmosphere of Cure': Frederick Mott, Shell Shock, and the Maudsley," History of Psychiatry 25, no. 4 (November 13, 2014): 415, Sage Premier 2017.
[10] Edgar Jones, "Battle for the Mind: World War I and the Birth of Military Psychiatry," *The Lancet* 384, no. 9955 (November 8, 2014): 1712, EBSCO.
[11] Michael Robertson and Garry Walter, "WHR Rivers and the Politics of Trauma," *Acta Neuropsychiatrica* 22, no. 2 (April 2010): 87, Wiley Online Library.
[12] Edgar Jones, "Battle for the Mind: World War I and the Birth of Military Psychiatry," The Lancet 384, no. 9955 (November 8, 2014): 1709, EBSCO.
[13] Edgar Jones, "Battle for the Mind: World War I and the Birth of Military Psychiatry," The Lancet 384, no. 9955 (November 8, 2014): 1711, EBSCO.

gained strength from the constitutional etiology. Jones writes, “a tough and unsophisticated policy towards mental illness is popularity thought to have led to the execution of servicemen with shellshock.”[14] This sentiment continued postwar. Despite some positive efforts and outcomes, “Cowardice and Shell-Shock” from the *Report of the War Office Committee of Enquiry into Shell-Shock* heavily intertwines malingering and cowardice with shell shock.[15] The negative consequences of the constitutional view bled into veterans’ affairs, particularly the administration of pensions. Frances Miley and Andrew Read’s “The Purgatorial Shadows of War: Accounting, Blame, and Shell Shock Pensions, 1914-1923” extensively outlines the relationship between constitutional etiology and pension decisions. The logic that shell shock was a result of inferior character dominated and manifested in such decisions. Miley writes, “Pension classifications were prejudiced towards men with physical disabilities and against men with shell shock,”[16] going on to subtly discuss the way that constitutional etiology played a role through scapegoating. The same notion was reinforced by Patricia E. Prestwich of the University of Alberta: “In 1930, Professor Fribourg-Blanc, a leading military psychiatrist, admitted that in some cases the ‘fatigues and dangers of such a long and terrible war’ could, of themselves, cause mental disorders, but he maintained that in the vast majority of cases the war only aggravated a preexisting condition. Psychiatric theory therefore offered Pension Boards and ministry officials

[14] Edgar Jones, "Battle for the Mind: World War I and the Birth of Military Psychiatry," The Lancet 384, no. 9955 (November 8, 2014): 1711, EBSCO.
[15] United Kingdom, War Office Committee, H.M. Stationary Office, *Cowardice and Shell-Shock,* 138-144.
[16] Frances Miley and Andrew Read, "The Purgatorial Shadows of War: Accounting, Blame, and Shell Shock Pensions, 1914-1923," *Accounting History* 22, no. 1 (February 1, 2017): 6, Scopus.

a convenient scientific justification to deny, decrease, or even reverse pensions…"[17] Constitutional etiology precipitated widespread social consequences for those affects.

III. The Treatment of Shell Shock

Finally, the turn comes to the question of treatment. The medical community was tasked with coming up with a plan to deal with shell shock during the War and after soldiers returned from the front. The writings of Grafton Elliot Smith and Frederick Walker Mott outline a method that possesses many similarities. These suggestions were likely a fair representative of the time, as Smith and Mott were tackling the issue from a place of much disagreement regarding one another. Smith and Mott were strict proponents of maintaining at least some kind of discipline in the treatment of shell shock. The meaning of the word 'discipline' is where we find a departure between Smith and Mott. Smith writes, "While it is important, for purely therapeutic reasons, that discipline should be maintained…it is manifestly disturbing and injurious in many cases for the officer to insist upon all the exacting detail of military rules and regulations."[18] Smith believed that operating from a sense of discipline was vital to a certain extent. After this point, such discipline would cause more harm than good. On the contrary, Mott writes, "Military discipline is essential for the satisfactory treatment of cases of functional neurosis. All patients should be made to salute officers and stand to attention when they enter wards."[19] This was written as the second direction in creating an 'atmosphere of cure,' as Mott coined it, illuminating the fact that military discipline was essential to his conception of the ideal treatment

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[17] Patricia E. Prestwich, ""Victims of War"? Mentally-Traumatized Soldiers and the State, 1918-1939," Journal of Western Society for French History 31 (2003): 4.
[18] Grafton Elliot Smith, MA, *Shell Shock and Its Lessons*, 1st ed. (Manchester University Press, 1917), 10.
[19] Frederick Walker Mott, MD and Christopher Addison, MP, *War Neuroses and Shell Shock* (London: London, H. Frowde; Hodder & Stoughton, 1919), 276-277.

plan. There is a great deal of overlap in Smith and Mott's treatment suggestions concerning the idea of work. For both Smith and Mott, work was perhaps the greatest activity a shell-shocked soldier could perform to recover connection, purpose, and mental resilience. Smith suggests, "It should be unnecessary to emphasise the desirability of preventing the neurasthenic from dwelling upon his subjective troubles by occupying his mind with other things. This end may often be achieved by the provision of suitable occupation, and where possible, for many obvious reasons, this occupation should take the form of useful work."[20] Smith's notion is nearly mirrored in *War Neuroses and Shell Shock*. Edgar Jones' piece goes to great length explaining the work projects that Mott instituted at the Maudsley. He saw to it that useful hobbies like gardening, woodwork, and music were incorporated in the day-to-day life of the hospital.[21] The reliance on work as curative extended to the infamous Craiglockhart War Hospital where Arthur John Brock and WHR Rivers oversaw treatment. The premise of Brock's treatment philosophy was centered on regaining the ability to function. Thomas E.F. Webb writes, "The shell-shocked needed, in his view, to rediscover their links with an environment from which they had become detached. They could only do this through active and useful functioning; through working."[22] Despite the agreement in this realm of treatment with Smith and Mott, Craiglockhart took up an opposite approach to his patients' orientation towards war experience. Arthur John Brock and WHR Rivers both found it vitally important that soldiers address and integrate their experience, directly in opposition to Smith, Mott, and other members of the medical community that believed

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[20] Grafton Elliot Smith, MA, *Shell Shock and Its Lessons*, 1st ed. (Manchester University Press, 1917), 20.
[21] Edgar Jones, "'An Atmosphere of Cure': Frederick Mott, Shell Shock, and the Maudsley," History of Psychiatry 25, no. 4 (November 13, 2014): 416, Sage Premier 2017.
[22] Thomas EF Webb, "'Dottyville'- Craiglockhart War Hospital and Shell-Shock Treatment in the First World War," *Journal of the Royal Society of Medicine* 99, no. 7 (July 2006): 16, US National Library of Medicine.

repression to be the best course of cure. Brock exemplified this in the creation of *The Hydra*, the hospital magazine that patients' used partly to convey their experiences. *The Hydra* served as a platform for literary voices such as Wilfred Owen and Siegfried Sassoon. Owen and Sassoon both became voices of the antiwar sentiment and these voices developed through the magazine. Brock is said to have even encouraged Owen in his poetic endeavors, sharing his wartime experience without censorship.[23] WHR Rivers, the most notable psychiatrist of the Great War, agreed with Brock's method and wrote a piece regarding the harmful effects of burying war trauma in the psyche. Rivers employed a method heavily rooted in psychoanalysis and encouraged catharsis for shell shock treatment.[24] This notion was directly in opposition to Mott's theory and, to a lesser degree, Smith's. However, Rivers stood by his course and through this became one of the most renowned, loved figures of the First World War's medical landscape.

The interaction in treatment between physicians and veterans precipitated much of the creative force that characterized the period after the War. Much of the depiction of psychiatrists and physicians in modernist literature was negative. Virginia Woolf's *Mrs. Dalloway*, particularly, portrayed the symbol of the medical community as a condescending, unsympathetic overseer. Her symbolism was solidified when the shell shock trope, Septimus Smith, committed suicide. Woolf's Dr. Holmes embraced the isolative rest cure, which further distanced Smith from the social environment he was already alienated from.[25] Negative views of physicians' and their treatments were portrayed in a wide array of postwar literature from Rebecca West's *The*

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[23] Thomas EF Webb, "'Dottyville'- Craiglockhart War Hospital and Shell-Shock Treatment in the First World War," *Journal of the Royal Society of Medicine* 99, no. 7 (July 2006): 21, US National Library of Medicine.
[24] WHR Rivers, MD, "An Address on the Repression of War Experience," The Lancet, February 2, 1918, 13, World War I Document Archive.
[25] Virginia Woolf, *Mrs. Dalloway*, ed. Anne E. Fernald (Cambridge University Press).

Return of the Solider to Erich Remarque's *All Quiet on the Western Front*. That said, the cases of Wilfred Owen and Siegfried Sassoon proved the opposite. These men found themselves under the treatment of W.H.R. Rivers, the physician that embraced the psychological-conditional tenets of shell shock and encouraged therapeutic catharsis. Additionally, Owen and Sassoon were placed in Craiglockhart War Hospital, where *The Hydra* was used as a therapeutic tool. These therapies and outlets may very well have sparked the drive in Owen, Sassoon, Graves, and other shell-shocked veterans to take up the pen and express their experiences. The treatments used in cases of shell shock, whether negative or positive, certainly had some impact on the literary culture of the Interwar period.

The literature of the medical community provided an encompassing look into perceptions of shell shock's definition, etiology, and treatment. Additionally, the analysis led to threads that traced into broad and impactful implications. Overall, the medical community's work on shell shock formulated and solidified its understanding as a public health crisis, an evolutionary diagnosis, and a symbol of the Great War.

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