

SHELL SHOCK STORIES AND BEYOND:

Trauma and
the First World War

Research Guide and Bibliography

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SONG OF SONGS.

Sing me at morn but only with your laugh ;
Even as Spring that laugheth into leaf ;
Even as Love that laugheth after Life.

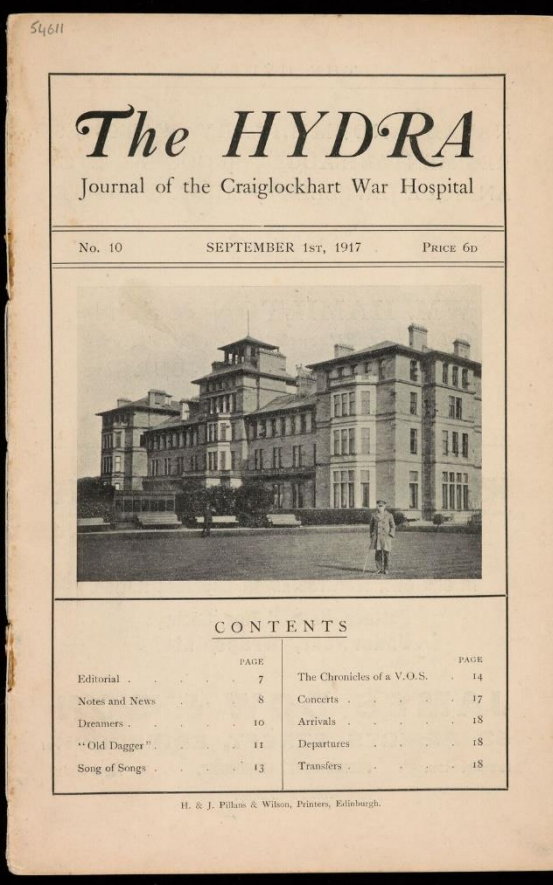
Sing me but only with your speech all day,
As voluble leaflets do ; let viols die ;
The last words of your lips is melody !

Sing me at eve but only with your sigh !
Like lifting seas it solaceth ; breathe so,
Slowly and low, the sense that no songs say.

Sing me at midnight with your murmurous heart !
Let youth's immortal-moaning chords be heard
Throbbing through you, and sobbing, unsubsided.

Song of Songs by Wilfred Owen,
featured on the front cover of
*The Hydra, Journal of the
Craiglockhart War Hospital*,
Edinburgh, 1917.

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The Hydra (3132/1880).**



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Introduction: Traumatic Stress and the First World War

Nigel Hunt & Larissa Allwork

This resource is designed to aid individuals and groups who wish to study aspects of World War One that relate to traumatic stress (e.g. shell shock, neurasthenia, etc). **Trauma** was an important issue both during and after the war. During the war many soldiers on all sides found that they could not deal with the stress of battle. In the **UK** many were charged with cowardice or desertion. Some were executed following court-martial, many were imprisoned. The lucky ones received treatment, though for the ordinary soldier (non-officers) the treatments were often harsh. Generally, only officers received the sort of care we would now recognise as talking therapies – and not all of them.

The situation was different in other countries. Most shot at least some soldiers. Some provided care. Sigmund Freud was involved in caring for traumatised **Austro-Hungarian** troops in Vienna. The French considered such troops to be 'malingerers'. In **Germany** traumatised troops were often seen as unpatriotic, and were often treated using electric shock therapy (also used in the UK).

We will look at the literature relating to trauma (or shell shock) in World War One. The problem with trauma is that it is not confined to the traumatic situation (in this case war). It can continue to affect people for a very long time, often permanently. People (soldiers, nurses, doctors, etc) went home after the war and it was assumed they would successfully integrate back into civilian life and forget about the war. This may have happened to many people, but others continued to be significantly affected, and the problem with **war trauma** is that it does not only affect the individual, it affects those around them, families, friends and work colleagues. Unfortunately, after World War One, very little was written about the post-war years and the impact this had on society. We need to use other sources to try and find out about people who were traumatised. Some of the best records we have relate to those soldiers who remained in **asylums** after the war, sometimes for life. There were cases of World War One veterans in asylums until the 1960s.

We will also explore the development of the concept of trauma through history, looking in particular at World War One, and how it is represented in the present day (often using the idea of post-traumatic stress disorder - PTSD). This will include providing examples both from the **literature** and cases of trauma. This will help when you are trying to identify trauma-related material of your own.

We will also look at the **methods** that can be used to try and find out about trauma in history. These include newspapers and journals, medical records, military records, state welfare documents, the public literature created by campaign groups as well as the diaries and accounts (published and unpublished) written by people who were either traumatised themselves or saw trauma in others.

We will also look at **self-care**. Reading a lot about trauma can affect you as an individual – in psychology we call this **vicarious trauma**. It is not that you can become traumatised by reading about

other people's experiences, but it can sometimes be emotional, and it is important to recognise this, and so be able to deal with it.

What is traumatic stress?

The construct of post-traumatic stress disorder (**PTSD**) was introduced in 1980 in the Diagnostic and Statistical Manual of Mental Disorders, 3rd Edition (DSM-III, APA, 1980). The diagnostic criteria were developed mainly from US research that had taken place with veterans of the Vietnam War. It has since been revised several times, and now focuses not only on war experience, but on rape and abuse, natural and manmade disasters, and other traumatic experiences.

By '**trauma**' we are referring to the way a person may respond to an environmental event that is life-threatening, either to oneself or to others. It may involve deaths and serious injury, but the key point is that by using the term 'trauma' we are referring to a sense of the mind being broken. The individual who is traumatised may experience a range of symptoms, ranging from **nightmares** and the inability to control **memories** of the event, **avoiding** reminders of the event, a negative shift in one's **beliefs** about the world, problems with **relaxing**, **hyperarousal** and physical **agitation**, **anger** and **aggression**, **depression**, generalised **anxiety**, and perhaps problems relating to **alcohol** and other **drugs**. The person may also have problems with being able to **work**, to **socialise**, or to behave normally with their family.

At the heart of this is the **traumatic memory**. Ordinary memories may be strong or weak, they may fade with time or become confabulated with other information. They may be recalled verbally, or they may be implicit (such as remembering how to ride a bike). Traumatic memories are generally very strong, it is often very difficult to verbalise them, and they can be very upsetting. The traumatic memory forms a conditioned association with negative emotions such as **fear** or **horror**; and sometimes with behaviours such as **aggression**, **crying** or **hiding**. That is, when the memory is recalled (and this is usually out of conscious control), the associated emotions and behaviours are also activated, and the person feels the horror or fear they felt when the traumatic event occurred.

This association between the event, emotions and behaviour occurs in order to aid survival. In the traumatic situation it may be beneficial – **life saving** – to react in a certain way. For instance, if a gunman walks into a room full of people and starts shooting, the ones who dive to the floor the fastest are most likely to survive. They will at the time be very afraid. What happens is that there is what psychologists call one-trial learning. Usually it takes time and repetition to learn something (think times tables or learning a language), but with one-trial learning the learning takes place almost instantly. In the example given above, the person associates fear and diving to the floor with the gun. The person who converts this to a traumatic memory will, the next time they see a gun, dive to the floor and experience fear. In the initial situation, this was an advantage, outside that situation it is a problem.

This is a simplified example, but it makes the critical point that a traumatic memory is not one that the person can control. Treatment for trauma involves finding a way to separate the memory of the event from the emotional and behavioural responses and finding a way to manage the memory.

Traumatic stress through history

There is evidence going back to early recorded history regarding people experiencing traumatic stress as a result of war. **Homer's Iliad**, from the 8th Century BC describes trauma in Achilles after the death of his friend Patroclus. **Herodotus** describes how an Athenian soldier is traumatised in battle with the Persians in the 5th Century BC. In the modern world there are several examples from **Shakespeare** where there are descriptions of trauma. The best is **Henry IV** (see Table 1). **Samuel Pepys** describes nightmares after the Great Fire of London, and **Charles Dickens** has a similar problem after witnessing a train crash. After the US Civil War, it was thought that those who broke down in battle had a weak heart (Da Costa, 1873). It was during the Russo-Japanese War in the early 20th Century when psychiatrists were first seen near the front line.

Table One: Henry IV traumatised

<i>O my good lord, why are you thus alone?</i>	Social withdrawal and isolation
<i>For what offense have I this fortnight been A banished woman from my Harry's bed?</i>	Random, unwarranted rage at family, sexual dysfunction, no capacity for intimacy
<i>Tell me, sweet lord, what is 't that takes from thee Thy stomach, pleasure,</i>	Somatic disturbances, loss of ability to experience pleasure
<i>and thy golden sleep?</i>	Insomnia
<i>Why dost thou bend thine eyes upon the earth</i>	Depression
<i>And start so often when thou sit'st alone?</i>	Hyperactive startle reaction
<i>Why hast thou lost the fresh blood in thy cheeks</i>	Peripheral vasoconstriction, autonomic hyper-activity
<i>And given my treasures and my rights of thee To thick-eyed musing and curst melancholy?</i>	Sense of the dead being more real than the living, depression
<i>In thy faint slumbers I by thee have watched,</i>	Fragmented, vigilant sleep
<i>And heard thee murmur tales of iron wars, Speak terms of manage to thy bounding steed, Cry "Courage! To the field!" And though hast talk'd Of sallies and retires, or trenches, tents, Of palisadoes, frontiers, parapets, Of basilisks, of cannon, culverin, Of prisoners' ransom and of soldiers slain,</i>	Traumatic dreams, reliving episodes of combat, fragmented sleep

*And all the currents of a heady fight.
Thy spirit within thee hath been so at war,
And thus hath so bestirred thee in thy sleep,*

*That beads of sweat have stood upon thy brow Night sweats, automatic hyperactivity
Like bubbles in a late-disturbed stream ...*

It was during World War One and World War Two that significant advances in understanding trauma took place, but the research was largely forgotten after both wars. Following the campaigns of Vietnam veterans and their advocates it wasn't until **1980** that PTSD was introduced, and then further developed.

In 1986, the UK Ministry of Defence legitimately recognised the diagnosis of PTSD. This was following the trauma reported by military personnel serving in the Falklands and Northern Ireland during the 1980s. It was also as a result of reports documenting the ongoing traumatic symptoms experienced by former British soldiers who had been prisoners of war in the camps of the far-east during the Second World War.

Trauma in the First World War: Shell Shock

This was the first time that large numbers of psychiatrists and others were involved in the **recognition** and **treatment** of traumatised soldiers. Nevertheless, there were many soldiers disciplined and either **imprisoned** or **executed** for crimes such as desertion or cowardice, when now many might be given a label of PTSD (not that the symptoms people had in World War One were the same as PTSD. We will look at this issue). It was in World War One that people began to realise that war can cause serious mental injury to people.

During World War One there was a debate as to whether someone became traumatised due to **physical injury**, or whether the environment itself could cause the injury (a **psychological injury**). F.W Mott (1919) continued to believe the former. The notion of shell shock was first introduced because it was thought that a traumatised person was physically damaged by a **shell**, whether this was a fragment that had somehow damaged the brain, or it was the physical shock of the shell blast that had shaken the brain and caused damage (not dissimilar to our modern notion of traumatic brain injury). A Royal Army Military Corps consultant psychologist in France, Charles S. Myers, used his experiences of the front line to publish the first article on shell shock in *The Lancet* (Myers, 1915). He later recognised that not all traumatised soldiers had experienced nearby shellfire (Myers, 1940).

Following on from Myer's article, British First World War medical journals were soon full of essays exploring different perspectives on the **diagnosis** and treatment of conflict induced 'neurasthenia', 'war neuroses' or what became more popularly known, specifically in the British cultural imagination as 'shell shock'.¹ Similarly hospitals in Britain were becoming increasingly conscious of the number of

¹ Although the term 'shell shock' has largely fallen out of use in regards to contemporary medical diagnoses of war trauma, it will be used here as the term is easily accessible for community audiences, continues to be used in World War One historical literature, and provides a short-hand for discussing the specific range of symptoms

shell shock cases transported home from the front line. From 1915, the shell shock treatment centres expanded rapidly to meet the growing demand. A number of asylums were converted into **treatment centres**. These included the Northants Asylum (Berrywood), the Northumberland (Newcastle upon Tyne), the Springfield (Middlesex) and the Wharnccliffe (Sheffield). Specialist centres for acute and chronic cases of war neuroses were established in England at the hospitals of Maghull (Liverpool), The Royal Victoria (Netley) and Queen Square Hospital (London). In Ireland, hospitalised shell shock cases were treated at the King George V (Dublin) and in Scotland they were sent to the Royal Victoria in Edinburgh (Leese, 2002: 68-69). Individuals with acute and chronic cases of shell shock or war neurosis were characterised by symptoms such as severe depression, insomnia, nightmares, recurrent dreams, hallucinations, mental regression, paralysis, hysterical gait and physical tics and/or tremors. However, despite this expanded treatment network, demand often continued to outstrip supply, particularly when the number of cases intensified following the Battle of the Somme (1916).

Cultural historian Eric J. Leed (1979) proposed that out of the hospitals, treatment centres and medical articles two main schools of diagnosis and treatment emerged: the '**analytic**' and the now controversial '**disciplinary**' method. The 'disciplinary' approach was associated with the techniques used by Dr Lewis Yealland at Queen Square Hospital (Yealland, 1918). Here Yealland would treat acute and chronic cases of shell shock with 'disciplinary' techniques such as isolation, shouting orders and administering **electric shocks**. By contrast, more 'analytic' methods of treatment of acute and chronic cases emerged at Maghull Hospital, Liverpool. These approaches were associated with a loosely affiliated group of doctors called the 'School of Integral Psychology'. These practitioners used their academic qualifications and professional practice in applied psychology to contribute to the treatment of war neuroses. Influenced by the psychoanalytic theories and '**talking cure**' of Sigmund Freud, specialists who spent a period practicing at Maghull included psychiatrist and Fellow of St John's College, Cambridge, W.H.R. Rivers and his former students, the psychologists Myers and William McDougall (Rivers, 1918; Myers, 1915; McDougall, 1920). Myers appeared at Maghull after he left Le Touquet's hospital for British war casualties in 1917. He was frustrated and angry at the army's approach to the treatment of war neuroses. This was the same year that 'shell shock' was **banned** as a diagnosis in the British army.

If the applied expertise of the psychiatrists and psychologists associated with Maghull was a significant historical moment for the understanding, diagnosis and treatment of war trauma, it must be understood within the context that this was not the typical experience of psychologically distressed British combatants during the First World War. The army operated a strict policy that shell shocked servicemen were to return to **active duty** as soon as possible, preferably after treatment at hospitals near the front line. Returning to Britain was reserved only for the most severe cases. Treatment and recovery was also highly dependent upon rank. Officers with war neuroses were treated in separate hospitals and **convalescent homes** such as the special hospitals for officer's established at Palace Green, London (opened 1915) and Craiglockhart (opened 1916). The plight of these officers was supported by Lord Knutsford's public campaigns as well as the employment of specialist staff, particularly Rivers at Craiglockhart. It is also from the officer class that we have some of the most well-known literary reflections on shell shock by poets of the First World War such as Wilfred Owen and

suffered by traumatised First World War combatants. However, in using the term 'shell shock' it is also important that researchers are aware, reflective and critical of the ways in which the British army, government, press and medical establishment may have used the term in socially stigmatising ways during the period of the First World War.

Siegfried Sassoon. It is difficult not to be moved by Sassoon's observations in the poem 'Survivors', written in October 1917 at Craiglockhart that: "*No doubt they will soon get well; the shock and strain have caused their stammering, disconnected talk.*" (Sassoon, 1918).

By contrast, most rank and file cases of shell shock were not treated in specialist centres. Their voices can sometimes be found in patient contributions to hospital newspapers such as the *Springfield War Hospital Gazette* or in the rare instances where correspondence from patients to colleagues and loved ones from hospital wards has survived. Perhaps most quirky is the appearance of the testimony of 2nd Lieutenant L. E. Whitfield (Royal Garrison Artillery) in a 1918 advert for Sanatogen tonic. Whitfield described the fact that, "*Last year I was sent home from France with a bad attack of shell shock*" and that, "*I owe my present healthy condition solely to Sanatogen.*" (*The Illustrated London News*, 1918). Leaving the medical treatment of hospitals and psychiatry far behind, it is interesting to see that coping mechanisms included these types of nerve tonics which had been introduced in the late 1800s to deal with modern diagnoses such as neurasthenia and exhaustion. Adverts like this one for Sanatogen, suggest that by 1918 these products were having their advertising re-purposed to suit a new mass market created by shell shock.

Finally, there was government scepticism epitomised by Sir John Collie's leadership on the issue of shell shock within the Ministry of Pensions. Collie was an expert in 'malingering' and perceived the diagnosis of shell shock and war neurosis to indicate **personal weakness** (Collie, 1917). He rejected psychoanalysis and saw hard work as the solution to mental distress arising from combat stress. Collie's views compounded the challenges that veterans suffering with war neuroses faced on demobilisation in terms of getting a pension. The Special Medical Board assessment system for post-war pension payments saw disability caused by mental illness as less severe than disability caused by wartime physical injury. As a result, veterans diagnosed with 'neurasthenia' often faced comparatively low or no pensionable recognition for their war related **mental disability**. This compounded the challenges that they faced following the 1914-18 conflict. These challenges included managing their mental care, settling back into family and community life as well as finding employment and housing (Leese, 2002: 141-158). As a consequence, the views of officials like Collie contributed to the **social stigmatisation** experienced by traumatised servicemen on their return home. Indeed, most tragic, are post-war newspaper reports of suicides owing to recurring symptoms of psychological distress. For example, a *Nottingham Evening Post* report of 30 June 1921, described the fate of Mr Leslie Hancock, a young man of just twenty-seven, who hung himself following recurring symptoms of shell shock brought on by his Naval Air Service at Dunkirk (*Nottingham Evening Post*, 1921).

Whilst pensions were a source of angst for many, the surviving records that we do have often provide an invaluable source for historians. The case of Second Lieutenant Stephen Farmer from the Leicester Regiment is a case in point. The documents included for his pensions appeal tribunal on 26 February 1924, in which he objected against the issuance of a final award, chronicles Farmer's psychological and physical health from 1917 until 1922. Demonstrating typical symptoms of war neurosis, at his 21 December 1921 Special Neurological Board, Farmer complained of fatigue, sleep restlessness, occasional "*war dreams*" and "*nervousness, trembling and shaking if excited.*" (Ministry of Pensions, TNA: PIN 26/21590).

Trauma in the First World War: Current and Future Research Directions

The shell shock experienced by male combatants on the Western Front has dominated the historical and medical literature on trauma and the First World War. However, since the 1990s alternative approaches have emerged which are diversifying understandings of trauma in relation to the 1914-1918 conflict. Much research remains to be completed in relation to how trauma (which is admittedly a Western diagnostic construct) was experienced and coped with by British imperial forces. Censored mail sent from the Indian General Hospital, Brighton archived at the British Library has provided tantalising insights into these experiences. Confronting and coping with the high loss of life within his regiment (57th Rifles), Subedar and patient, Mohammed Agim wrote to Subedar Major, Miroz Khan that, *"Not a single British or native officer of the old regiment is left and not a sepoy. It is just like the grinding of corn in a mill."* (Agim, British Library). Undoubtedly, there are many more individual stories of trauma to tell from across the First World War's global conflict zones, from the Field General Court Martial and execution of Private Azaberi Fatoma for cowardice on 5 July 1915 in the Cameroon (TNA: WO 213/4) to the published memoir of Anglo-Russian VAD, Mary Britnieva who witnessed horrific gas attacks during her service on the Eastern Front (Britnieva, 1934).

The role of gender has become an increasingly **important** area of research. For example, Joanna Bourke (1996) has analysed how the diagnosis of 'shell shock' in men, particularly **working class men** from Ireland, was often value loaded and associated with negative stereotypes associated with being 'unmanly', 'effeminate', 'childish' or physically and psychologically 'degenerate'. In addition, Christine E. Hallett has researched the extent to which **nurses** and female Voluntary Aid Detachment workers (VADs) operated effectively to 'contain' the trauma of their patients (Hallett, 2009). She has also shown how they were also sometimes personally psychologically affected by their wartime service (Hallett, 2010). Once again, records from the Ministry of Pensions are illuminating in regards to nurses and VADS diagnosed with 'neurasthenia'. For example, a pension request letter from Welsh VAD, Mary Elizabeth Thomas (26 July 1926), detailed the continuing effects of her war service: *"I was on the Arogon going out to Egypt. When she was torpedoed and have suffered with shock and nerves since then...Therefore, I can only take on light work which means little 'pay'..."* (Thomas in Ministry of Pensions, TNA: PIN 26/20260).

Also integrating the experience of **women**, Michael Roper (2009) has focused on the letters between soldiers in the trenches and their mothers during the First World War in order to show how memories of 'home' and the emotional bonds of childhood contributed to the emotional resilience of young men and shaped their subsequent post-war lives. It is arguable that an example of the type of resilience built-up not only by letter writing to loved ones, but also the writing of diaries and memoirs about war experience is the folder of materials available at the Imperial War Museum in relation to 2nd Lieutenant, Alastair H. Crerar of the 2nd Battalion of the Royal Scots Fusiliers (30th Division). Historians are extremely lucky to have access to Crerar's war diary, thirty-seven letters to his mother, sisters and uncle as well as his post-war account of his First World War military experiences, written during his retirement. On 12th October 1916 at the Somme, Crerar was severely wounded in the left leg whilst going 'over the top'. He spent an agonising thirty-six hours in 'No Man's Land', before managing to make it back to the British side. He was subsequently treated at Le Touquet's Duchess of Westminster's Hospital and at Aldford House Hospital in London.

What is interesting about Crerar is that despite enduring a terrible experience of injury in the trenches, he did not suffer with neurasthenia and after the war continued his legal career and led a full and

active life, as confirmed by his family. Researchers can only speculate, but was Crerar's continual writing and re-writing of his war experiences an unconscious coping mechanism that helped him to maintain a successful recovery from his ordeal? Indeed, despite his excellent recovery, is it possible that Crerar's post-war description of his recollections of being injured in 'No Man's Land' nonetheless resonate with residual symptoms of trauma identified by psychologist Richard McNally (2003). Building on McNally's work, literary theorist, Joshua Pederson (2014) has claimed that these symptoms are evident in narratives which distort perception, time and physical space. As Crerar notes in his memoir, *"The moonlight made objects look weird and fanciful and I remember wondering what on earth a tar boiler was doing on the edge of my shell hole, and then later finding it was a dead man with a large spade standing upright beside him."* (Crerar, IWM: 12155).

Shifting decisively to the home front, Edgar Jones and Simon Wesseley (2010) have revisited the diagnosis of '**barbed wire disease**' in World War One prisoner-of-war and internment camps to see if it can be considered as a form of PTSD. Meanwhile, Suzie Grogan (2014) has focused on the trauma experienced by civilians on Britain's home front both during and after the First World War, unpacking the devastating effects of air raids, the first Spanish Flu outbreak and the challenges of supporting and reintegrating traumatised soldiers returning from the front line. Grogan's research shows that the traumatic impact of the First World War on the home front is an important, often under-explored area that demands more investigation. Building on Grogan's example, the trauma workshop accompanying this booklet includes a case study of Leicester and how the city responded to the challenges presented by war trauma. From the medical treatment of war induced neurasthenic cases at Leicester's 5th Northern General Hospital, to surviving images of therapeutic basketry sessions and the East Midland's Oral History Archive's capturing of civilian recollections of coping with war inflicted grief. In the conflict's aftermath these experiences of loss both brought people together and divided them, as powerfully described by Leicestershire resident, Mr C Bell, *"...I do well remember the next door neighbour of my grandmother, she had three son's killed in the Leicestershire regiment in one year. And there was quite a bit of bitterness between that lady and my grandmother living next door, because none of her sons, my uncles, had been killed."* (East Midland's Oral History Archives, compiled 2014).

This pack and the workshop accompanying it contains stories of tragedy, resilience and hope. All of these stories deserve to be heard. We hope that community researchers will use this pack as a starting point to delve further into these **shell shock stories and beyond**.

Nigel Hunt and Larissa Allwork

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Shell shock sequel. Inquest on Mr Leslie Hancock. (June 30, 1921). *Nottingham Evening Post*.

Yealland, L.R. (1918). *Hysterical Disorders of Warfare*. London: Macmillan.

SHELL SHOCK STORIES AND BEYOND:

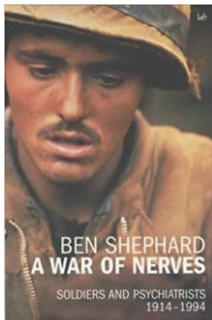
Research Guide and Biography

I. Introductory Reading: Trauma, Shell Shock and the First World War

Peter Leese's book *Shell Shock* is a great place to start if you need an **introduction** to the history of war neuroses and the First World War. Works by Shepherd, Jones and Wessely are more effective in placing the First World War history of shell shock within the broader framework of the development of twentieth-century military psychiatry, particularly the emerging diagnosis of Post-traumatic stress disorder (PTSD) within the context of conflicts such as Vietnam, the Falklands and the Gulf War. By contrast, Grogan's focus is the legacy of First World War trauma for men and women living in Britain after 1918.

Ben Shepherd

A War of Nerves: Soldiers and Psychiatrists, 1914-1994



Shepherd's book is about the history of medicine's attempt to get to grips with the phenomenon of what was at first known as 'shell shock'. The term, doctors soon came to realise, was inadequate: soldiers got 'shell shock' whether or not they had been close to an exploding shell. And the range of symptoms was bewildering: paralysis, tortured gaits, wild tics, sexual dysfunction and the inability to defecate or urinate, resulting in the body blowing up like a balloon. We now know the condition as 'Post-Traumatic Stress Disorder' (PTSD).

Shepherd's book, which chronicles the changing relationship between psychiatrists and the military in the twentieth century, details the politics involved at every stage of a soldier's journey in the First World War. From recruitment and selection to identification and treatment of war neuroses. Going beyond the treatment of these soldiers in the war, it explores the consequences of the First World War to expose the attitudes within the institutions and the larger society that determined compensation, pensions and assimilation of these men as they returned home.

Shepherd's focus is mainly on Great Britain and America during the World Wars and later on the Vietnam War. He also dedicates a chapter to shell shock in France and includes a chapter called 'Europeans'. This chapter is primarily aimed at studies of war neuroses in Germany and Austria-Hungary and Shepherd compares these to Britain. He also talks about Psychoanalysis, when Sigmund Freud's followers worked with war neurotic soldiers. It is interesting to note that psychoanalysts did not have "all the answers" to start with and assumed the symptoms were of organic nature, injury to the spine or brain. Later inquiry revealed that the true nature of symptoms of war neuroses was psychological.²

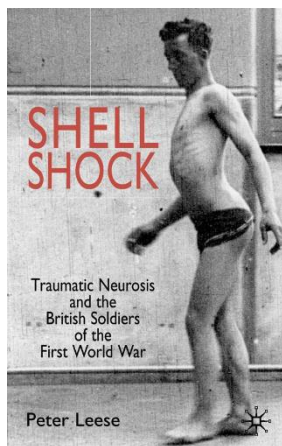
² Ben Shepherd, *A War of Nerves: Soldiers and Psychiatrists, 1914 – 1994* (Cambridge, Mass.: Harvard University Press, 2000).

Book excerpt:

"[...] we must see the shell-shocked soldier not simply as a victim, silently suffering, powerless to help himself, but as an agent, using his medical symptoms as a weapon of resistance to military authority. [...] Fortunately it is now becoming easier to take this more nuanced view. Over the past decade scholars have done much to clarify the social context of shell-shock, the tangled issues of pensions, French and German policy in the First World War and the complex medicine politics which went to 'intervention' of Post-Traumatic Stress Disorder." (p. xxi)

Peter Leese

Shell Shock: Traumatic Neurosis and the British Soldiers of the First World War



Leese, in this short book, gives an overview of how shell shock was treated, understood, and perceived in Britain before, during, and after the Great War. Britain's treatment of shell shock is contrasted with that of Germany and France. Leese's work thus sheds some light on how the people in these other countries understood still-contentious concepts such as 'war neuroses'. The focus of Leese's work is the response of British soldiers, civilians, and the medical establishment to shell shock.

Leese argues that in order to understand shell shock as traumatic neurosis it is necessary to understand the influence of culture and to investigate the historical lives of soldiers fighting in the First World War. To achieve this, Leese divides his book into three parts: 'Discoveries', 'Wartime' and 'Legacies', with 'Wartime' comprising the majority of the book.

In the first part 'Discoveries' the author tries to find parallels between the treatment of nervous disorders in the late nineteenth and early twentieth centuries with the understanding of shell shock in the First World War. For example, he looks at similarities between a pre-World War One factory worker diagnosed with neurasthenia and a soldier diagnosed with shell shock. He then compares the British army and government response to shell shock in the First World War to France and Germany, to see how state and military responses differed across cultures. This links to Leese's argument that shell shock as a traumatic neurosis is influenced culturally.

The second part of the book 'Wartime' looks at the front line and trauma. Leese talks about how servicemen were treated with ambivalence by the British army, government and society regarding their symptoms of psychological distress. Despite campaigns by concerned members of the public and charitable groups, shell shocked soldiers were stigmatised. The various forms of treatments are contrasted with the French and German approaches. Historical case studies of soldier's lives are offered as part of the analysis.

The last part 'Legacies' looks at the post-war era and shell shock in Britain during the twentieth century. We can read about the soldiers' experiences upon their return home, their rights and

pensions. Leese also talks about their reintegration (both successful and failed) into British society in the 1920s and 1930s.³

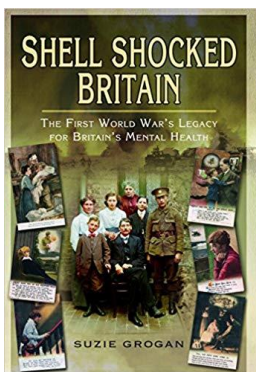
Leese's recent edited collection with Jason Crouthamel provides an up-to-date anthology of the latest research on First World War trauma and its legacies. It includes chapters on intergenerational trauma, different national contexts for the experience and treatment of trauma such as France, Germany and Yugoslavia, as well as a chapter on what it means to move into what Mark S. Micale calls, 'A Global History of Trauma'.⁴

Book excerpt:

"My argument is that shell shock defines for the first time, both qualitatively and quantitatively, a modern condition that becomes all too familiar through the twentieth century: mass trauma. Shell shock is modern because surrounding it are scientific and bureaucratic procedures designed to manage human emotions and behaviour and direct them towards mass, state-controlled activity, in this instance, making war. As I have tried to show, this parallels wider processes that took place in civilian society before and after the First World War. Within these totalizing procedures, however, I want to stress the role of agency by concentrating on personal experience: the ways in which both patients and doctors made shell shock after their own image, sometimes negotiating common meanings, sometimes resisting the soldierly and disciplinary medical roles they were expected to play." (p. 4)

Suzie Grogan

Shell Shocked Britain: The First World War's Legacy for Britain's Mental Health



Suzie Grogan's contemporary discussion of the Great War focuses on the long-term mental health impact of atrocities endured by soldiers, their families and their communities at large.

This book was inspired by Grogan's tragic story of her great-uncle, Alfred Hardiman, who was found to have murdered his ex-girlfriend and then committed suicide, whilst of 'unsound mind' in 1922. From this Grogan thought about the concept of 'transgenerational trauma' especially when she went on to discover significant mental health problems in close relatives of Hardiman (including two of his sisters who had committed suicide in psychiatric hospitals).

Grogan attempts to explore the continuing effects of war on both military as well as civilian populations using several case studies, drawn largely from original sources and archival research. She challenges several commonly held assertions about the war and specifically, shell shock, which she posits was a cultural, and not a medical construct. She goes on to discuss the construct as it is used today, to trace how far we have come in our understanding of it while treating ex-servicemen.

The key focus of Grogan's book is to shed light on the experiences of the 'Home Front' in addition to the 'Front Line'. She expertly navigates conversations about post-war adjustment to civilian life,

³ Peter Leese, *Shell Shock: Traumatic Neurosis and the British Soldiers of the First World War* (Basingstoke; New York: Palgrave Macmillan, 2002).

⁴ Peter Leese and Jason Crouthamel (eds.), *Psychological Trauma and the Legacies of the First World War* (Basingstoke; New York: Palgrave Macmillan, 2017).

compounded by complications due to class and gender divides, which resulted in a tragic legacy that affected generations to come.⁵

To listen to Suzie Grogan talking about her book, follow this link to a **National Archives** media player recording:

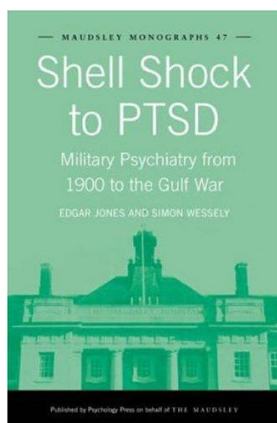
<https://media.nationalarchives.gov.uk/index.php/shell-shocked-britain-understanding-lasting-trauma-first-world-war/> (Accessed: 5 February 2019)

Podcast excerpt talking about 'transgenerational trauma':

"At the beginning of the war there was this 'we must all pull together' feeling. But quickly, by 1917, as people were feeling the full impact of the war, suicides gradually went up. In 1928, it's just shot up in a decade. When you look at the demographics of the people who were losing their lives, they were not all like my great-uncle, they were not all young men coming back with their service revolvers and killing themselves... because they couldn't cope with civilian life, and they had felt that they simply couldn't go on, there was nothing left for them. But a lot these were women and men, in their 40s and their 50s, who had lost all their sons, all their children in the war. There are some tragic stories in the newspapers about people who has simply been unable to go on, without the next generation. They felt that their lives were no longer worth living."

Edgar Jones and Simon Wessely

Shell Shock to PTSD: Military Psychiatry from 1900 to the Gulf War



A compilation of articles aimed at investigating the history of British military psychiatry and its treatment of the psychological and emotional impact of war on personnel. It serves as a juxtaposition between the two facets of war and how military psychiatry has historically responded to it, i.e., notions of heroism and valour alongside humane treatment of those emotionally and psychologically scarred by their role in it.

The authors have drawn from a wide range of sources ranging from archival research to interviews with veterans and psychiatrists to trace the evolution of military psychiatry from 1900 to its contemporary practice. The result is a clear, well-researched body of work which serves as a comprehensive analysis of military psychiatry and the impact of war trauma on the human mind.⁶

Book excerpt:

"It is often stated that shell shock is the cultural predecessor of PTSD; in essence, the same disorder masquerading under a different name (Joseph et al., 1997; Trimble, 1985). By contrast, our findings suggest that shell shock is but one example of a variety of functional somatic disorders that include effort syndrome, irritable heart, the effects of Agent Orange and Gulf War Syndrome. In depth, cultural

⁵ Suzie Grogan, *Shell Shocked Britain: The First World War's Legacy for Britain's Mental Health* (Barnsley: Pen and Sword, 2014).

⁶ Edgar Jones and Simon Wessely, *Shell Shock to PTSD: Military Psychology from 1900 to the Gulf War* (Hove, New York: Psychology Press, 2005).

histories of these illnesses have yet to be written, although an attempt was recently made to re-interpret Gulf War Syndrome as a modern form of soldier's heart (Wheelright, 2001). In understanding the true nature of war syndromes, it is important not only to acknowledge the debt to shell shock and the legacy of trauma but also examine their expression as reflections of contemporary accounts of health and illness beyond the field of PTSD." (p. 179)

II. Further Reading

The books and articles listed below are highly specialised historical and cultural studies on the First World War and trauma. The primary focus of these works is shell shock, particularly in relation to male combatants. However, other areas of psychological disturbance are also explored. **Christine E. Hallett** presents the findings of her research on the trauma testimonies of nurses and volunteers, while **Panikos Panayi's** essay on the diagnosis of 'barbed wire disease' is included as reference to the experience of internees and prisoners-of-war on British soil. For as **Edgar Jones** and **Simon Wesseley's** journal article suggests 'Barbed wire disease' was not initially recognised as a form of war neurosis. However, since the First World War it has been seen as sharing symptoms with PTSD.

Joanna Bourke, *Dismembering the Male: Men's Bodies, Britain and the Great War* (London: Reaktion Press and Chicago: Chicago University Press, 1996).

Christine E. Hallett, 'Portrayals of Suffering: Perceptions of Trauma in the Writings of First World War Nurses and Volunteers', *Canadian Bulletin of Medical History*, Vol. 27, No. 1 (2010): 65-84.

Edgar Jones and **Simon Wesseley**, 'British Prisoners-of-War: From Resilience to Psychological Vulnerability: Reality to Perception', *Twentieth Century British History*, Vol. 21, No. 2 (2010): 163-183.

Eric J. Leed, *No Man's Land: Combat and Identity in World War One* (Cambridge; New York: Cambridge University Press, 1979).

Stefanie Linden, *They Called It Shell Shock: Combat Stress in the First World War* (Solihull: Helion and Company, 2016).

Tracey Loughran, *Shell Shock and Medical Culture in First World War Britain* (Cambridge; New York: Cambridge University Press, 2016).

Panikos Panayi, "'Barbed Wire Disease or Prison Camp Society' or a 'Prison Camp Society': The Everyday Lives of German Internees on the Isle of Man, 1914-1919'. In Panikos Panayi (ed), *Germans as Minorities during the First World War: A Global Comparative Perspective* (Farnham; Burlington: Ashgate, 2014), 99-122.

Denise Poynter, "'The Report on her transfer was shell shock": A Study of the Psychological Disorders of Nurses and Female Voluntary Aid Detachments who served alongside the British and Allied Expeditionary Forces during the First World War'. PhD Thesis, The University of Northampton, 2008, <http://nectar.northampton.ac.uk/2682/1/Poynter20082682.pdf> (Accessed: 5 February 2019).

Fiona Reid, *Broken Men: Shell Shock, Treatment and Recovery in Britain, 1914-1930* (London; New York: Continuum, 2010).

Michael Roper, *The Secret Battle: Emotional Survival in the Great War* (Manchester: Manchester University Press, 2009).

Ian R. Whitehead, *Doctors in the Great War* (Barnsley: Pen and Sword, 2013).

Jay Winter, 'Shell-shock and the Cultural History of the Great War', *Journal of Contemporary History*, Vol. 35, No. 1. Special issue on Shell Shock (2000): 7-11.

III. Family History, the First World War and Trauma

Many government and military records in relation to the First World War are available through subscription websites such as Ancestry and Findmypast. For a full list of the types of First World War records available through these websites, please visit the following pages:

Ancestry

<https://www.ancestry.co.uk/cs/world-war-1> (Accessed 10 March 2019).

Findmypast

<https://www.findmypast.co.uk/articles/world-records/search-all-uk-records/military-armed-forces-and-conflict--records/first-world-war> (Accessed 10 March 2019).

In addition, a number of fantastic free guides and introductions to doing **First World War family history** in the archives have been published. Most of these guides are quite general, but '**Trench Traumas and Medical Miracles**' is particularly useful for the subject area of trauma and shell shock.

'Trench Traumas and Medical Miracles'. Free guide published by Forces War Records, 2014

<https://www.forces-war-records.co.uk/documents/2463/trench-traumas-and-medical-miracles?se=af&aff=999> (Accessed: 5 February 2019).

A 16-page guide with infographic about medical care provided to soldiers. The guide also mentions the significance of First World War medical records in genealogy and offers tips on researching family genealogy on this website.

'Find your First World War Army Ancestors'. Free guide published by Who Do You Think You Are? Magazine, 2016

<http://www.whodoyouthinkyouaremagazine.com/news/free-first-world-war-family-history-guide> (Accessed: 5 February 2019).

This is an excellent guide on how to search for your ancestors who fought in World War One. It was first released in 2014, and comes fully updated. This guide has really nice graphics and is easy to follow.

‘10 World War One Ancestry Websites That Will Make Your Life Easier’. David A. Fryxell for *Family Tree*, 2014

<https://www.familytreemagazine.com/premium/ww1-genealogy-websites/> (Accessed: 5 February 2019).

This article lists 10 websites, to help you search for your military ancestry, mostly focusing on American records. It also highlights places to look for British, Irish, French, German and other soldiers.

Other routes to finding individuals in the archives

The National Archives houses the key collection for finding information about injured combatants during the First World War. **‘War Office: First World War Representative Medical Records of Servicemen’** is catalogued under code **MH 106**:

<http://discovery.nationalarchives.gov.uk/details/r/C10949> (Accessed: 5 February 2019).

This collection was originally compiled by the Medical Research Committee and the British Museum to statistically assess the diseases contracted and types of treatment received by British combatants in various theatres of war. The collection was subsequently used by the Ministry of Pensions and its successive departments to check the validity of claimants.

It includes details of medical cards relating to individuals and the admissions and discharge lists for field ambulances, casualty clearing stations and hospitals, among others. However, the collection is highly problematic in that **much of it is missing, presumed destroyed** before the Second World War.

Another key collection for finding out about the medical history of First World War combatants both during and after the conflict is also contained in the National Archives under code **PIN 15**. The name of this collection is **‘Ministry of Pensions and Successors: War Pensions and Registered Files’**
<http://discovery.nationalarchives.gov.uk/details/r/C11528> (Accessed: 5 February 2019).

All veterans who wanted to claim a pension had to complete the required Ministry of Pensions paperwork. Typically these files detail the claimant’s age, residence, occupation, height and weight and information about their medical and pension record. Mirroring the Ministry of Pensions focus on physical wounds as the major qualifying criteria for state benefits, the vast majority of these files relate to physical as opposed to mental disability. For the subject area of trauma and the First World War, it is useful to search under the term, ‘neurasthenia’.

Some of the British Army’s pension records for between 1914 and 1930 are available via Ancestry:
https://search.ancestry.co.uk/search/db.aspx?dbid=1114&o_iid=60894&o_lid=60894&o_sch=Web+Property (Accessed: 10 March 2019).

National Hospital for Neurology and Neurosurgery case notes for the period 1863-1946:
<https://www.queenssquare.org.uk/archives/about/archives> (Accessed: 5 February 2019).

Rare sets of detailed First World War doctor’s notes chronicling the symptoms and treatment of patients who suffered with war neuroses are housed at the Queen’s Square Archives in London.

NOTE: Local records offices across the country can also be consulted to see if records survive in relation to admissions and discharge lists from regional hospitals and asylums.

IV. War Diaries, Hospital Newspapers, Memoirs and Oral history

The Unit Diaries of the British army during the First World War are held in collection **WO 95** at the National Archives:

France and Flanders (WO 95/1-3154, WO 95/3911-4193 and WO 95/5500).

Mesopotamia, Iraq and North Persia (WO 95/4965-5288).

East Africa, Cameroon and West Africa (WO 95/5289-5388).

Unit diaries are also available for **Gallipoli and the Dardanelles from Ancestry (WO 95/4263-4359)**; the **Australian and New Zealand Expeditionary Force from the Australian War Memorial and Archway (WO 95/3155-3657)** and the **Canadian Expeditionary Force from the Library and Archives Canada (WO 95/3715-3910).**

If sent home to the UK, the voices of traumatised combatants are sometimes articulated in hospital newspapers. The most famous example is *The Hydra. The Magazine of the Craiglockhart War Hospital (April 1917 - June 1918)*. Original copies of *The Hydra* can be viewed as part of the **Oxford English Faculty Library Wilfred Owen Collection**. Owen edited twelve issues of *The Hydra* while attending Craiglockhart for shell shock treatment.

The Craigeleith Hospital Chronicle (1914 - 1919) and the Springfield War Hospital Gazette (1916 - 1917) can also be accessed at the **British Library's Reading Rooms**.

Personal diaries and testimonies of shell shocked combatants are also available from the archives of the Imperial War Museums. Samples include:

Private Papers of B.W. Downes

<https://www.iwm.org.uk/collections/item/object/1030004879> (Accessed: 5 February 2019).

Imperial War Museums have edited together a '**Voices of the War**' podcast on shell shock which is available here: <https://www.iwm.org.uk/history/voices-of-the-first-world-war-shell-shock> (Accessed: 5 February 2019).

NOTE: It is also worth checking **local archives** to see if there are any relevant personal memoirs or diaries available.

V. Courts-martial and Death Sentences

One of the most difficult and troubling legacies of the First World War is that the military court-martialled soldiers for cowardice and desertion. Hundreds of servicemen were executed. Retrospectively, many of these men have been recognised as suffering with some form of traumatic response such as shell shock. The Ministry of Defence granted posthumous pardons to these men in August 2006. 309 individuals are commemorated by Andy De Comyn's memorial, 'Shot at Dawn' at the National Memorial Arboretum in Staffordshire.

For a list of British military death sentences by date and surname see:

Gerald Oram and Julian Putkowski (eds), *Death Sentences Passed by the Military Courts of the British Army, 1914 -1924* (London: Francis Boutle, 2005).

NOTE: The reference number for each entry is particularly important. This is because if you put **WO** in front of the number, you will get the National Archives reference number for the court-martial record. Most of these documents are in the collections **WO 213**, **WO 92** and **WO 90**.

VI. Newspaper Archives

Newspapers are key in tracing public debates and campaigns in relation to traumatic conditions such as shell shock. They are also useful in reporting on traumatic events on the home front such as the aftermaths of bombing raids and the Spanish flu outbreak.

The British Newspaper Archive provides online access to thousands of newspaper articles from the local and national press relating to the First World War and its legacies. Run by the British Library and Findmypast, its catalogue is free to search but to **view articles requires payment**: <https://www.britishnewspaperarchive.co.uk/help/about> (Accessed: 5 February 2019).

The British Library has also created its own online resources in relation to the history of the First World War which are well worth investigating: <https://www.bl.uk/world-war-one> (Accessed: 5 February 2019).

VII. Official Government Reports

One of the key public reports into shell shock was published by the British government in June 1922. It was entitled, *The War Office Committee of Enquiry into 'Shell Shock'*. The report was conservative in its attitudes towards diagnosis and treatment and continued to maintain the British army's approach to the subject. For example, psychoneurosis was not an automatic reason for evacuation from the front line to Britain and neither was it an honourable way of avoiding the battlefield. The report argued that increases in numbers of shell shocked combatants could only be discouraged through high morale and a direct and tough approach to cases of war neuroses in the field. While the report advocated simple forms of psychotherapy such as explanation and persuasion, and physical treatments such as massage, baths and electricity, rest and recuperation was still seen as the primary cure.

A digitised copy of the War Office Report is free to access from the website of the Wellcome Library, London:

<https://wellcomelibrary.org/item/b18295496#c=0&m=0&s=0&cv=0&z=-0.304%2C0.1032%2C1.522%2C0.9561> (Accessed: 5 February 2019).

VIII. First World War Medical Books and Journal Articles

Listed here are some of the most important contributions in First World War medical journals to debates surrounding the diagnosis and treatment of shell shock. In 1914-1915, neurologist **Frederick W. Mott** analysed and categorised the first cases of shell shock. He was sceptical of psychoanalytic approaches and is best known for his work, *War Neuroses and Shell Shock*, which was published in 1920. English physician and psychologist, Charles Myers is a foundational figure and published the first article on shell shock in *The Lancet* in 1915.

Canadian medic, **Lewis Yealland** was the leading exponent in Britain of the now controversial 'disciplinary' method of treating shell shock which included the administering of electric shocks, shouted commands and periods of isolation. English psychiatrist **William Rivers** was immortalised by the author **Pat Barker** in the *Regeneration* trilogy. His work at Maghull hospital and Craiglockart advanced the revised psychoanalytic approach to treating war neuroses. Meanwhile, Swiss physician **Adolf Vischer** was a pioneer of observing 'barbed wire disease' in internees and prisoners-of-war, while **Tom Pear** and **Grafton Elliott-Smith** wrote one of the most widely read studies of shell shock that emerged from the First World War.

Scottish medic and public servant, **John Collie**, an expert in 'malingerer', saw shell shock as the result of personal inadequacy and he advocated hard work as a cure. Unsympathetic to shell shocked veterans, by the end of the First World War he had become a key figure at the Ministry of Pensions.

J. Collie, *Malingering and Feigning Sickness* (London: E. Arnold, 1917).

Link to this book:

<https://digitalcommons.hsc.unt.edu/cgi/viewcontent.cgi?article=1013&context=forensics>
(Accessed: 5 February 2019).

C.S. Myers, 'A Contribution to the Study of Shell Shock (I), Being an Account of 3 Cases of Memory, Vision, Smell and Taste, Admitted to the Duchess of Westminster War Hospital, Le Toquet', *The Lancet* (13 February 1915): 317-320.

Link to this article: <https://jmvh.org/wp-content/uploads/2012/12/A-Contribution-to-the-Study-of-Shellshock.pdf> (Accessed: 5 February 2019).

C.S. Myers, 'Contribution to the Study of Shell Shock (II), Being an Account of Certain Cases Treated by Hypnosis', *The Lancet* (8 January 1916): 642-55.

Link to this article: <https://www.sciencedirect.com/science/article/pii/S014067360110560X>
(Accessed: 5 February 2019).

C.S. Myers, 'Contribution to the Study of Shell Shock (III), Being an Account of Certain Disorders of Cutaneous Sensibility', *The Lancet* (18 March 1916): 782-97.

Link to this article: <http://www.onnovdhart.nl/articles/myersstudyofshellshock1919.pdf>
(Accessed: 5 February 2019).

F.W. Mott, *War Neuroses and Shell Shock* (London: Hodder and Stoughton, 1919).

Link to this book: <https://archive.org/details/warneurosesshell00mottuoft/page/n6> (Accessed: 5 February 2019).

T.H Pear and E. Smith, *Shell Shock and its Lessons* (London: Longmans Green, 1917).

W.H.R. Rivers, 'The Repression of War Experience', *The Lancet*, I (1918): 173-177.

Link to the article: <https://journals.sagepub.com/doi/pdf/10.1177/003591571801101501>
(Accessed: 5 February 2019).

W.H.R. Rivers, *Instinct and the Unconscious* (Cambridge: Cambridge University Press, 1920).

W.H.R. Rivers, *Psychology and Politics* (London: Kegan Paul, Trench and Trubner, 1923).

A.L. Vischer, *Barbed Wire Disease: A Psychological Study of the Prisoner of War* (London: 1919).

A.L. Vischer and R. Bing, 'Some remarks on the psychology of internment, based on the observations of prisoners of war in Switzerland', *Lancet*, I (1919): 696-697.

L.R. Yealland, *Hysterical Disorders of Warfare* (London: Macmillan, 1918).

Link: <https://archive.org/details/hystericaldisord00yealuoft/page/n5> (Accessed: 5 February 2019).

IX. The Experience of Nurses and VADS

The war experiences of nurses and Voluntary Aid Detachments of the Red Cross (known as VADS) is an important cornerstone of trauma literature of the Great War.

Military nurses were mainly part of the Queen Alexandra's Imperial Military Nursing Service (QAIMNS) and the VADS were made up of men and women who assumed a range of voluntary positions including nursing, transport duties, and the organisation of rest stations, working parties and auxiliary hospitals. These individuals carried out exhausting, and often dangerous work and were first-hand witnesses of the many atrocities of war. Their experiences are believed to be shrouded in myth. Below are some publications that subvert the notion that war trauma was restricted to soldiers as they give a voice to the experience of this sometimes marginalised group in narratives of First World War trauma.

Christine E Hallett

'Portrayals of Suffering: Perceptions of Trauma in the Writings of First World War Nurses and Volunteers', *Canadian Bulletin of Medical History*, Vol. 27, No. 1 (2010): 65-84.

An important piece which highlights nursing perspectives (including VADS) as an element of the Great War. Trauma experienced by nursing staff as result of exposure to wartime work, and their understanding of the experiences of war (the meaning or meaninglessness of suffering) is presented through a discussion of several important women's writings which were essentially rediscovered in the late twentieth century.

Christine E. Hallett

***Containing Trauma: Nursing Work in the First World War* (Manchester: Manchester University Press, 2009).**

A collection of highly personal writings including letters and diaries recounting the work of nurses from Britain, Australia, New Zealand, Canada, South Africa and the USA and their work from the Western and Eastern Fronts to India and Mesopotamia. Apart from discussing what the nurses did towards 'containing the trauma' among their patients (first, physical and secondly, psychological), it also focuses on a retelling of the nurses' efforts at containing their own emotional integrity.

Vera Brittain

***Testament of Youth* (London: Virago, 2018).**

Journeying across Malta, London and France, Brittain's memoir of the war first published in 1933 contains moving descriptions of battle scenes and psychological trauma during her years as a VAD nurse. She speaks of her own trauma, as well as the difficulties of dealing with family members of wounded soldiers in this poignant piece of work. A discussion of the aftermath of the war and her voyage to the brink of madness provide an intimate account of nursing trauma during the Great War.

Vera Brittain's work has also been adapted for the screen in a 2014 film called *The Testament of Youth*: <https://www.imdb.com/title/tt1441953/> (Accessed: 6 February 2019).

Mary Borden

***The Forbidden Zone: A Nurse's Impressions of the First World War* (London: Hesperus, 2008).**

Authored by an extraordinary Anglo-American woman, this remarkable testimony of a war nurse's battlefield experience of running military field hospitals was blocked from publication by military censors until 1929. Considered more prose than a memoir, this piece of work is unlike any other war literature, full of rhythm and repetition, reminiscent of poetry. Her fragmented structure is seen as both unchronological and incoherent by critics, but the use of explicit imagery in her work and the intimacy with which she writes is also hailed as the greatest strength of her style. The focus of her work is shellshock and dehumanization of soldiers, which is a departure from the images of masculinity represented in war propaganda of the time.

Anne Summers

***Angels and Citizens, British Women as Military Nurses, 1854 – 1914* (London: Threshold Press, 2000).**

This is a history of the nursing profession, its feminisation, militarisation and mobilisation in the period preceding the Great War.

Tracey Loughran

'A Crisis of Masculinity? Re-writing the History of Shell-shock and Gender in First World War Britain', *History Compass*, Vol. 11, No. 9 (September 2013): 727–738.

A call for the evolution of more inclusive and more precise definitions of war trauma by historians, due to the fact that historically, shell-shock was defined as a masculine illness, thereby ignoring the possibility of female war trauma and military nursing. This essay largely discusses the works of Michael Roper, whose work, argues Loughran, did not start out as gender-related, but emerged as an expose of the gendered assumptions of emotional survival during the Great War governing other historians' work.

Loughran also discusses recent literary scholarship which has dealt with gender and war trauma, their shortcomings and the need to subvert the blatant exclusion of their sufferings from the histories of shell-shock.

Santanu Das

“‘The impotence of sympathy”: Touch and trauma in the memoirs of the First World War nurses’, *Textual Practice*, Vol. 19, No. 2 (2005): 239-262.

Re-imagining trauma from the perspective of the ‘marginalised’ nurse through a close reading of three operating scenes, this article uses archival research and published writings to recover the experience of First World War nurses.

X. Diversity of Trauma Experience

Britain went to war in 1914 with all of the might of the British Empire, which consisted of troops from India, Australia, Canada, New Zealand, South Africa, West Indies and several other British colonies. Additionally, Britain also had at its disposal troops from Ireland, even though this area was entering into struggles over Home Rule, the Easter Rising and the Irish War of Independence (1919 -1921). Below are a few resources which form a starting point for exploring these groups’ unique perspectives on war suffering and coping.

Irish Troops

Brendan D. Kelly

***“He Lost Himself Completely”: Shell Shock and Its Treatment at Dublin’s Richmond War Hospital, 1916-19* (Dublin: The Liffey Press, 2014).**

Drawn from the medical case histories obtained from previously unseen archives of the Richmond War Hospital, this book chronicles the shell shock and war trauma experiences of the 200,000 Irish soldiers who fought in World War One. Mostly in the form of stories, there are narratives of both the pain suffered during the war by these men, as well as themes of hope and recovery in the face of trauma.

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*, Vol. 35, No. 1 (2000): 57-69.

This article deals with prejudice about ethnicity in the context of mental illness during the war with special focus on Irish soldiers and the notion that they were ‘pre-disposed’ to insanity.

Indian Troops

David Omissi (ed.)

***Indian Voices of the Great War: Soldiers Letters, 1914-1918* (Basingstoke; New York: Palgrave Macmillan, 1999).**

An edited collection of letters written by Indian soldiers who served in France during the First World War.

Hilary Buxton

‘Imperial Amnesia: Race, Trauma and Indian Troops in the First World War’, *Past & Present*, Vol. 241, No. 1 (2018): 221–258.

Mental-health disorders of non-white servicemen were at times routinely ignored during the Great War, during which time ideas about race, pain and the body were heavily contested among soldiers. This article traces the history of South Asian war trauma and shell shock among Indian soldiers. The start is a discussion of a paper delivered by Major J. E. Dhunjibhoy of the Indian Medical Service (IMS) who claimed to find 'very little insanity' in the Indian Army which is contradicted by statistics later discovered alluding to the 'wilful amnesia about colonial soldiers' mental illness' post-war. It argues that multicultural psychiatry has its origins in the treatment of war trauma among ethnic minorities in the First World War, impacting psychiatric and theoretical conceptualisations of war trauma for the remainder of the twentieth century.

The British Library

World War One - Race, empire and colonial troops

Link: <https://www.bl.uk/world-war-one/themes/race-empire-and-colonial-troops> (Accessed: 6 February 2019).

A group of articles by various authors (Santanu Das, Julie Anderson) who collectively present the experiences of colonial troops during World War I.

Santanu Das

***Race, Empire and First World War Writing* (Cambridge; New York: Cambridge University Press, 2014).**

Santanu Das touches upon the emotional world of 'sepoys' during the First World War through a discussion of their censored mail, which remains the most substantial source of information about the experiences of colonial troops.

Indian Hospital (Brighton Royal Pavilion)

Brighton became the centre stage of Indian troops' recovery. Effort was taken to provide personalised care to these men and their cultural needs, such as Indian style food and burial rights. However, many Indian troops were also highly critical of the restrictions placed on their freedom of movement.

The Indian Military Hospital display was opened in the Pavilion in 2010, which houses the sometimes overlooked story of these Indian soldiers. For more information see:

<https://dams-brightonmuseums.org.uk/assetbank-pavilion/action/browseItems?categoryId=1374&categoryTypeId=1&allCats=0> (Accessed: 1 March 2019).

Other Nationalities

To obtain information about the stories and experiences of troops of other nationalities who fought in The Great War, please consider contacting the appropriate Embassy in London or the Commonwealth War Graves Commission for information about country specific archives.

XI. Literary Representations of First World War Trauma by Combatants and Veterans

Cultural historian of the First World War and its aftermath, Jay Winter has said that the term shell shock, particularly in Britain, "informed a language which contemporaries used to frame...the war's

scale, its character and its haunting legacy.”⁷ Vital in bringing home the mechanised horror of the First World War and its traumatic effects such as shell shock was the poetry and literature produced at the time and after the conflict by serving and former combatants. Some of these authors are well known (Siegfried Sassoon, Wilfred Owen), others less so (Herbert Read, A.P. Herbert). However, all are compelling in terms of the representations of trauma that they portray through poetry or prose.

Henri Barbusse, *Under Fire: The Story of a Squad, and Light* (1916). One of the first novels depicting the First World War. It is a fiction with autobiographical elements.

Ernest Hemingway, *A Farewell to Arms* (London: Vintage, 2005). Hemingway volunteered with the American Red Cross to serve in Italy as an ambulance driver during the First World War. This novel, with autobiographical elements was first published in 1929.

A.P. Herbert, *The Secret Battle* (New York: Knopf, 1920).

Herbert Read, *Naked Warriors* (London: Arts and Letters, 1919).

Erich Maria Remarque, *All Quiet on the Western Front* (London: Putnam, 1929). This book depicts physical and mental stress of soldiers. Readers can also observe the detachment some soldiers felt towards their civilian life.

Ford Madox Ford, *Parade's End* (London: Penguin, 2019). A series of modernist novels published between 1924 and 1928 about the pre-war, wartime and post-war life of fictional wealthy landowner, Christopher Tietjens.

Blaise Cendrars, *Lice* (London: Peter Owen Publishers, 1973).

War Poetry (Combatants)

Robert Laurence. ‘For the Fallen’ (1914).

<http://www.greatwar.co.uk/poems/laurence-binyon-for-the-fallen.htm> (Accessed: 5 February 2019)

A poem about the losses of soldiers. The Royal British Legion has adopted part of this poem to commemorate the fallen during remembrance ceremonies.

Rupert Brooke, ‘The Soldier’ (1915).

<https://www.bartleby.com/103/149.html> (Accessed: 5 February 2019).

Brooke among other poets did not live to see the end of the First World War. Winston Churchill wrote his obituary for a paper.

Julian Grenfell, ‘Into Battle’ (1915).

<http://www.arlingtoncemetery.net/grenfel.htm> (Accessed: 5 February 2019).

Grenfell had an optimistic outlook on war, thus gaining the nickname “happy warrior”. Sadly, he was killed during the second Battle of Ypres.

⁷ Jay Winter, ‘Shell-shock and the Cultural History of the Great War’, *Journal of Contemporary History*, Vol. 35, No. 1. Special issue on Shell Shock (2000): 7-11.

Wilfred Owen, *Poets of the Great War: Wilfred Owen* (London: Faber and Faber, 2014). To read examples of Wilfred Owen's poetry, visit the Poetry Foundation website: <https://www.poetryfoundation.org/poets/wilfred-owen> (Accessed: 5 February 2019).

Siegfried Sassoon, *Poets of the Great War: Siegfried Sassoon* (London: Faber and Faber, 2014). To read examples of Siegfried Sassoon's poetry, visit the Poetry Foundation website: <https://www.poetryfoundation.org/poets/siegfried-sassoon> (Accessed: 5 February 2019).

For a sampling of First World War poetry across the world see this collection on the Poetry Foundation's website: <https://www.poetryfoundation.org/collections/101720/world-war-i-poets> (Accessed: 5 February 2019).

XII. Visual and Literary Representations of First World War Trauma by Non-Combatants

The awareness of First World War trauma, specifically shell shock led to a number of important attempts by novelists and playwrights to represent the experience, treatment and often social stigmatisation that accompanied symptoms of war neuroses. Famous literary representations of the experience of shell shock have included: **Rebecca West's** 'Carl Baldry', **Virginia Woolf's** 'Septimus Smith' and **Pat Barker's** evocation of the treatment at Craiglockhart of the First World War poets, Siegfried Sassoon and Wilfred Owen.

All of these representations attest to the extent to which by the centenary the literary figure of the troubled shell shocked soldier had become a key reference point in British cultural memory of the First World War.

Derek Robinson, *Goshawk Squadron* (London: Heinemann, 1971).

Rebecca West, *The Return of the Soldier* (London: Virago, 2018). First published: 1918.

Virginia Woolf, *Mrs Dalloway* (London; New York: Penguin, 2000). First published: 1925.

Pat Barker, *The Regeneration Trilogy* (London; New York: Penguin, 2014). This compilation contains three novels:

- *Regeneration* (1991),
- *The Eye in the Door* (1993) and,
- *The Ghost Road* (1995).

Sebastian Faulks, *Birdsong* (London: Vintage, 1993). Novel and family saga about two protagonists during different times: the front line experiences of a soldier and his granddaughter uncovering his experiences during war.

Thomas Keneally, *The Daughters of Mars* (London: Sceptre, 2012). Based on research using diaries of nurses from the Great War, this novel which oscillates between fact and fiction is from the perspective of two sisters who were wartime nurses.

War Poetry (Non-Combatants)

T.S. Eliot, 'The Hollow Men' (1925).

<https://www.shmoop.com/hollow-men/poem-text.html> (Accessed: 5 February 2019).

One of the greatest poets of this period. Eliot was heavily influenced by the First World War, even though he himself never served.

Thomas Hardy, 'In Time of "The Breaking Nations"' (1916).

<https://www.bartleby.com/103/1.html> (Accessed: 5 February 2019).

Hardy never served in the First World War, owing to his age (he was 74 in 1914). This is a war poem that he was asked to write for a magazine. A central theme of the poem is life continuing after war ends.

Alice Meynell, 'Summer in England, 1914'.

<http://www.english.emory.edu/LostPoets/Meynell.html> (Accessed: 5 February 2019).

This is a poem about an English summer intertwined with the tragedy of war.

Film and television First World War literary adaptations

- *All Quiet on the Western Front* (1930, USA, Universal; 1979, CBS). Based on the novel by Erich Maria Remarque
- *Mrs Dalloway* (1997, UK/USA/Netherlands, First Look International).
- *Regeneration* (aka Behind the Lines, 1997, UK/Canada, Artificial Eye).
- *The Return of the Soldier* (1982, UK, Twentieth Century Fox).
- *A Farewell to Arms* (1957, USA).
- *A Farewell to Arms* (1932, USA).
- *Parade's End* (2012, BBC/HBO/VRT) A mini TV-series depicting the end of WW1. Based on the novel by Ford Madox Ford.
- *King and Country* (1964, UK).

XIII. Archive Film and Photography

P. Allegaert, *War and Trauma* (Veurne: Hannibal, 2013). Catalogue accompanying an exhibition by the In Flanders Fields Museum, Ypres and Dr Guislain Museum, Ghent. Contains a wealth of photographic images. International specialists from various fields involved in 'war' and 'trauma' have written short, accessible essays on these subjects.

Andrew Davidson, *A Doctor in The Great War: Unseen Photographs of Life in the Trenches* (Riverside: Simon & Schuster, 2014). As a twenty-five-year-old medical officer and one of the first doctors to win the Military Cross, Fred Davidson took countless photographs while he served in the trenches from 1914-1915. Though he took them illegally, more than 250 of the photographs shot by Davidson and his fellow officers survived and are now shared for the first time in this harrowing, eye-catching and poignant narrative of the Great War.

The George Hackney Collection: The First World War in Photographs.

<https://www.nmni.com/collections/highlight-tours/the-george-hackney-collection-the-first-world-war-in-photographs> (Accessed: 23 April 2019).

George Hackney, from Belfast was one of the Young Citizen Volunteers who was incorporated into the 14th Battalion of the Royal Irish Rifles. He survived the Battle of the Somme but developed neurasthenia while completing trench repair work. He eventually recovered at Wharnccliffe Military Hospital in Sheffield. Three diaries and an extensive photograph collection, now held at the Ulster Museum, document his war experiences between 1915 and 1917.

Hospital films provide footage of traumatised individuals and the process of their recovery, which can be **dramatic, disturbing** but also **misleading**. The footage may have been edited to show the effectiveness of a method of treatment. The reality is we may have little or no information about the long-term effectiveness of these treatments for the patients represented. Neither do we know how many patients did not show any improvement.

Shell shock treatment footage entitled '**War Neuroses Version A Reel 1, 1917-1918**' is archived at British Pathé:

<https://www.britishpathe.com/video/war-neuroses-version-a-reel-1/query/war+neuroses> (Accessed: 6 February 2019).

For hospital footage during the First World War follow this link to **British Pathé's** archive film collection '**Wounded Soldiers of the Great War**':

<https://www.britishpathe.com/workspaces/df699ffd537d4e0c74710ad015dfd64d/ww1-wounded-soldiers> (Accessed: 6 February 2019).

A copy of '**War Neuroses, Netley Hospital, 1917**' can be found at the Wellcome Trust's website. It is available to view at <http://catalogue.wellcomelibrary.org/record=b1667864%257ES3> (Accessed: 6 February 2019).

Although a short film entitled '**Wonderful Shell Shock Recovery**' comes from the British Pathé archive, this was not screened in any Pathé News feature. This footage was either taken at **Netley Hospital** (1917) and/or **Seale Hayne Military Hospital** (1918) in Devon. It is available to view at: <https://www.britishpathe.com/video/wonderful-shell-shock-recovery> (Accessed: 6 February 2019).

The British Film Institute has also made available this footage of **Devonshire Hospital, Buxton (1916)**: <https://www.youtube.com/watch?v=sTfDUcDOtns> (Accessed: 6 February 2019).

XIV. Trauma and the First World War Centenary

A number of projects in relation to trauma and the First World War have been commissioned as part of various museums, libraries, archives and community groups' efforts to mark the centenary of the

1914-18 conflict. These have created a range of resources that may be useful to assist or inspire community researchers in this area.

Basketry as a Therapeutic Activity

<https://everydaylivesinwar.herts.ac.uk/films/> (Accessed: 5 February 2019).

This film was commissioned as part of the *Basketry: Then and Now* project run by the First World War Engagement Centre, Everyday Lives in War. 'Basketry as Therapy' explores the role of basket-making as a form of rehabilitation for shell shocked soldiers. This form of therapy was particularly pioneered by Sir Arthur Hurst at Seale-Hayne Military Hospital.

The BBC and the British Council: Britain and the Psychology of War

<https://www.bbc.co.uk/programmes/p023ff7g> (Accessed: 5 February 2019).

Listen back to this round-table discussion held at the Imperial War Museum, London (4 August 2014) on trauma and the First World War. It was chaired by Professor Amanda Vickery (Queen Mary, University of London) and featured First World War historians Dr Dan Todman (Queen Mary, University of London), Professor Michael Roper (The University of Essex) as well as Director of the Birkbeck Trauma Project, Professor Joanna Bourke (Birkbeck, University of London).

The First World War at the National Hospital

<https://queensquare.org.uk/archives/collection/13?page=1> (Accessed: 5 February 2019).

Find out more about the treatment of shell shock at the National Hospital in London with this online version of an exhibition held at Queen Square Archives and Museum in autumn 2014.

14-18 Now – WWI Centenary Commissions

<https://www.1418now.org.uk/> (Accessed: 5 February 2019).

As part of their arts commissions, 14-18 Now have supported a number of projects that have explored issues related to trauma and shell shock. These include works which address trauma, cowardice, desertion and the death penalty (The National Theatre of Scotland's play, 'The 306: Dawn' and Chloe Dewe Matthews photography project, 'Shot at Dawn') and commissions which seek to represent the experience of trauma articulated in letters home by Indian army personnel (RAQS Media Collective, 'Not Yet at Ease').

Nurse Mellors Autograph Books App

<https://www.nms.ac.uk/national-international/sharing-collections/touring-and-lending/next-of-kin/resources/> (Accessed: 5 February 2019).

This **free app** was created as part of National Museums Scotland's 'Next of Kin' touring project. The app allows you to view 86 pages of Nurse Mellor's three autograph books which she kept during her time at Craiglockhart and Fife hospitals in the First World War. They include pictures, messages and verse by patients in her care.

Meeting in 'No Man's Land'

<http://www.age-exchange.org.uk/what-we-do/arts-projects/current-projects/meeting-in-no-mans-land/> (Accessed: 5 February 2019).

A collaboration between UK charity Age Exchange, Caritas in Rosenheim, Germany, the Heritage Lottery Fund, Everyday Lives in War and Professor Michael Roper. 'Meeting in No Man's Land' brought together British and German descendants to discuss their family histories of war and the impact of this traumatic event across generations.

Shropshire Remembers

<http://www.shropshireremembers.org.uk/> (Accessed: 5 February 2019).

Wilfred Owen was born in Oswestry, Shropshire and as part of the centenary the town and county commemorated his life with various projects and events.

Siegfried Sassoon's War Diaries

<https://cudl.lib.cam.ac.uk/collections/sassoon/1> (Accessed: 5 February 2019).

In 2014, Cambridge University's Digital Library made Siegfried Sassoon's war journals freely accessible online. If you are interested in Sassoon, this is a fantastic resource.

'Wounded: Conflict, Casualties and Care', The Science Museum

<https://www.sciencemuseum.org.uk/what-was-on/wounded-conflict-casualties-and-care>

(Accessed: 5 February 2019).

See a short video and photographs of objects from the 'Wounded' exhibition which was held at the Science Museum (26 June 2016 – 3 June 2018).

Drawing parallels with the experience of PTSD by veterans in the present, 'Wounded' featured a display by six veterans of the Afghanistan war. To find out more, see this blog post by Combat Stress CEO, Sue Freeth: <https://blog.sciencemuseum.org.uk/wounded-from-shell-shock-to-ptsd/> (Accessed: 5 February 2019).



Shot at Dawn at the National Memorial Arboretum by Andy De Comyn, 2001 (Photograph: Larissa Allwork).

Glossary

Below is a brief, non-exhaustive glossary of terms used commonly in the resources provided in this booklet. You may come across these terms while you research this topic in greater depth.

Our understanding of the psychological manifestations of war has consistently evolved during the twentieth century and continues to do so. This has resulted in some terms falling out of use, evolving in their meaning or being replaced by more recently developed concepts.

Amnesia	Refers to a loss of memory due usually to brain injury, shock, fatigue, repression, or illness. When it occurs as a result of a severely stressful event, it may be termed as 'psychogenic amnesia', defined later.
Asylum	A now dated term for an institution for the care of people who are mentally ill. The places were called 'lunatic asylums' and later 'mental hospitals'. Their growth started in the 1700s with the rise of private hospitals.
Case study	A process or record of research into the development of a particular person, group, or situation over a period of time.
Casualty Clearing Station (CCS)	Usually several miles from the front line, mostly near railheads for transportation, these collections of tents contained most things needed for very sick or severely wounded troops during the First World War: operating theatres, mobile X-ray units, medical and surgical wards, stores, kitchens, toilet blocks and accommodation for staff.
Convalescent Homes	Facilities providing short-term care and recovery for soldiers after a period of hospitalisation. During the First World War, they were used for the final stages of recovery.
Cope (Coping)	Coping mechanisms are the strategies people often use in the face of stress and/or trauma to help manage painful or difficult emotions. Coping mechanisms can help people adjust to stressful events while helping them maintain their emotional well-being.
Court-martial	A military trial for offences including desertion (by far the most common capital crime), cowardice, murder, espionage, mutiny and striking a superior officer. In roughly 90% of cases possibly relating to trauma, the sentence was commuted from death penalty to hard labour or penal servitude.
Hyperaesthesia	A condition that involves an abnormal increase in the sensitivity to stimuli of the sense, such as sight, sound, touch, and smell. It is common among traumatised soldiers, often relating to the smell of combat zones.
Lesion	Injury, damage or abnormal change in the tissue of an organism, usually caused by disease or physical trauma.
Lunacy /Lunatic	A dated term referring to a person who is considered mentally ill, dangerous, foolish, unpredictable, or crazy. This condition was once linked to the phases of the Moon, or lunar phases. Once commonly used, the term was removed from most UK laws in the 1930s.

Malingering	Malingering is the fabricating of symptoms of mental or physical disorders for a variety of reasons such as financial compensation (often tied to fraud, including insurance and pension claims).
Mental deficiency	A dated term for Intellectual disability (ID), which is characterised by below-average intelligence or mental ability and a lack of skills necessary for day-to-day living.
Mental disorder	Also called mental illness, it refers to a wide range of mental health conditions — disorders that affect one's mood, thinking and behavior. Examples of mental illness include mood and anxiety disorders, personality disorders, psychotic disorders and substance abuse-disorders.
Neurasthenia	A term that was first used at least as early as 1829 to label a mechanical weakness of the nerves, it was redefined in 1869 as a disease of the nervous system, without organic lesion, which may attack any or all parts of the system, and characterised by enfeeblement of the nervous force, which may have all degrees of severity.
Neurosis	A relatively mild mental illness or personality characteristic that is not caused by organic disease, involving symptoms of stress (depression, anxiety, obsessive behaviour, hypochondria) but not a radical loss of touch with reality.
PIE	Acronym - P roximity to the battle, I mediacy of treatment and E xpectancy of recovery, including return to duty.
Post-traumatic Stress Disorder (PTSD)	A mental health condition that's triggered by a terrifying event — either experiencing it or witnessing it. Symptoms may include flashbacks, nightmares and severe anxiety, as well as uncontrollable thoughts about the event. Introduced in 1980.
Psychoanalysis	Founded by Sigmund Freud in the early 1890s. It is a set of theories and therapeutic techniques related to the study of the unconscious mind, which together form a treatment method for mental-health disorders.
Psychogenic Amnesia	Psychogenic amnesia, also known as functional amnesia or dissociative amnesia, is a disorder characterised by abnormal memory functioning in the absence of structural brain damage or a known neurobiological cause. It results from the effects of severe stress or psychological trauma on the brain, rather than from any physical or physiological cause.
Psychological stress	Psychological stress refers to the emotional and physiological reactions experienced when an individual confronts a situation in which demands may go beyond their coping resources.
Psychosis	Mental health problem that causes people to perceive or interpret things differently from those around them. Two types of symptoms include (a) hallucinations, which are sensory impairments; and (b) delusions which are distorted beliefs.
Queen Mary's Army Auxiliary Corps (QMAAC)	The United Kingdom's Women's Army Auxiliary Corps (February 1917– 27 September 1921), later named the Queen Mary's Army Auxiliary Corps (9 April 1918), was the women's unit of the British Army during and immediately after the First World War.
Repression	In psychoanalytic theory, the exclusion of distressing memories, thoughts, or feelings from the conscious mind. Often involving sexual or aggressive urges or painful childhood memories, these unwanted mental contents are pushed into the unconscious mind.

Royal Army Medical Corps (RAMC)	The Royal Army Medical Corps (RAMC) is a specialist corps in the British Army which provides medical services to all Army personnel and their families, in war and in peace.
Shell-shock/Shell shock	In the early years of World War One, shell-shock was believed to be the result of a physical injury to the nerves and being exposed to heavy bombardment often without visible injury. Shell shock victims often couldn't eat or sleep, whilst others continued to suffer physical symptoms.
Somatisation	The manifestation of psychological distress by the presentation of physical symptoms.
Trauma	A direct personal experience of an event that involves actual or threatened death or serious injury; threat to one's physical integrity, witnessing an event that involves the above experience, learning about unexpected or violent death, serious harm, or threat of death, or injury experienced by a family member or close associate.
Traumatic Brain Injury (TBI)	Traumatic Brain Injury (TBI) is an injury to the brain caused by a trauma to the head (head injury). There are many possible causes, including road traffic accidents, assaults, falls and accidents at home or at work.
VADs	Voluntary Aid Detachments: A voluntary unit of civilians providing nursing care for military personnel in the United Kingdom and various other countries in the British Empire. The VAD nurses worked in both field hospitals, i.e., close to the battlefield, and longer-term places of recuperation back in Britain.
War neuroses	A collective term used to denote the complex of nervous and mental disorders arising from the experience of war and conflict.

Shell Shock Stories and Beyond: Trauma and the First World War

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If you would like to get in touch with us for advice in relation to your family or community history project in relation to trauma and the First World War, please contact the project team at: Nigel.Hunt@nottingham.ac.uk and L.Allwork@derby.ac.uk

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‘World War I Therapeutic Basketry.’ Black and white photograph of therapeutic basketry at the 5th Northern General Hospital, Leicester, during World War I.
Leicester Mercury Archive at the University of Leicester.



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