

Subjectivity and Emotions (Great Britain and Ireland)

By [Jessica Meyer](#)

This article assesses the place of shell shock in the subjective experience of British servicemen in the First World War. It looks at the role of morale in recruiting and organising the British armed forces, the challenges that trench warfare posed to ideals of soldierly masculinity and the physical and emotional responses of men to these challenges. It examines the diagnosis, treatment and long term effects of the condition known as shell shock. Finally it explores the extent to which emotional resilience characterised British responses to the challenges posed to masculine identity by the war.

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Introduction: Masculinity Challenged

Since the publication in 1975 of Paul Fussell's seminal study of the literature of the war, *The Great War and Modern Memory*, there have been a number of major studies of the subjective experience of the British soldier in the First World War. Fussell's work, like those of Eric Leed and Denis Winter which followed it, invoke the psychological condition popularly known as shell shock as a symbol of the effects of trench warfare on all combatants.^[1] These works argue that the troglodyte, mechanized and impersonal violence of trench warfare alienated men from their civilian identities, destroying their psychic defenses in the process. Feminist analyses, such as those of Sandra Gilbert and Elaine Showalter, have gone further, arguing that the static nature of trench warfare had "confined men as closely as any Victorian woman had been confined,"^[2] forcing men to express their conflicted emotions through their bodies in a form of "male hysteria."

More recent analysis has pointed out that not all British service personnel suffered from shell shock. Historians of subjectivity such as Joanna Bourke and Michael Roper have instead explored men's psychic resilience in the face of wartime conditions of dirt, danger, exhaustion and boredom.^[3] They have argued that strong links with domestic identities as sons, husbands and fathers and on-going communication with those at home enabled British servicemen to maintain their morale and avoid both mass nervous breakdown and the mutinies that afflicted other armies during the war. This emphasis on resilience and endurance has been reinforced by the work of historians of combat on the [Western Front](#) such as [Alexander Watson](#) and [Edward Madigan](#).^[4]

This article will assess the place of shell shock in the subjective experience of the First World War for British servicemen, looking first at the role of morale in the recruitment and organisation of the British armed forces before examining the ways in which the experience of war challenged the masculine ideals of British servicemen and discussing the development of the diagnosis and treatment of shell shock. Finally, it will explore the extent to which emotional resilience characterised British responses to the challenges posed by shell shock to men's subjective identities.

Morale

From the beginning of the war, morale played an important role in the recruitment and organisation of the British armed forces. The regimental structure was identified by military planners as a key factor in the construction and maintenance of unit cohesion and preparedness. The structure of service kinships, which provided both support and discipline for men in the armed forces, created an important nexus for the formation of individual military identities which could be subsumed within a larger communal identity.^[5] The regional nature of the regimental system was deemed of great importance and informed policy for recruiting for [Horatio Herbert Kitchener's \(1850-1916\) New Army](#) from September 1914 on. This was most obvious in the formation of the Pals' Battalions which used spheres of [masculine](#) association, including civic identity and the workplace, as a method for encouraging mass recruitment. While initially highly successful, this form of recruitment had disadvantages, exposed most memorably by the decimation of units such as the Accrington Pals'

and the Leeds Pals' during the [Battle of the Somme](#) in 1916. The deaths of large numbers of men from a single community had a serious negative impact not only on the military units but, almost more significantly, on the communities at home.

The extent of this impact, still evident in the mythic place that the experiences of the Accrington Pals' have in British popular cultural memory of the war, highlights the ways in which connections with the civilian community remained central to servicemen's wartime morale. These connections were encouraged by the military authorities through the provision of an efficient postal system which, over the course of the war, handled 12.5 million [letters](#) a week. The military also emphasised a paternalistic style of leadership at unit level, with combatant officers and chaplains engaging with men's anxieties about their families at home and providing support in the event of illness or marital breakdown. While not always consistent, and limited by the exigencies of warfare, such paternalism was strongly encouraged, an acknowledgement that the mass of the British armed forces, who had been recruited from civilian backgrounds, continued to identify as strongly with their civilian characteristics throughout the war as with their newly acquired military identities.

Officer paternalism was not the only means through which morale was fostered. Entertainment, both dramatic and sporting, was organised and encouraged. So too were humourous publications such as trench journals which, through their semi-sanctioned subversion, provided an important outlet for men's discontent, thereby heading off the potential for mutiny. Men's physical well-being was, where possible, looked after. The Royal Army Medical Corps (RAMC) provided baths which enabled men to rid themselves from time to time of the dirt that played a role in eroding their sense of identity as civilised men. As with unit sporting events, such attention to men's physical well-being had the ulterior motive of keeping men healthy enough to fight, thereby avoiding an element of manpower wastage. Nonetheless, it also had an important role in maintaining men's psychological fitness and sense of self, something that soldiers themselves acknowledged when writing about bathing in their letters and diaries.

Challenges

Despite efforts, both official and unofficial, to maintain morale, the experience of war was, for most of the soldiers who fought, often, but not always, an unpleasant one. Danger, in the form of high explosives and bullets, was a universal, if not necessarily a continuous experience, exposing men to fear on a level that few if any had encountered before. Nor were the horrors of war limited to threats to physical safety. The nature of [artillery](#) fire and its effect on both the body and landscape meant that men in trenches found themselves living alongside the bodies and body parts of the dead who had been buried and exhumed by shellfire. There were also relentless discomforts, including dirt, rats, lice infestations, illness, the exhaustion of trench life, the effects of the weather, particularly rain and cold, and the problems of hunger and thirst associated with the logistics of transporting supplies through war zones. The combined stench of cordite, lime and putrefaction also made life in certain parts of the line particularly unpleasant. All these elements played a part in undermining

servicemen's subjective sense of self as civilised human beings participating in a purposeful activity. Instead, men often experienced trench warfare as a subhuman existence punctuated by fear which had the power to erode their masculine identity. In their letters and diaries men wrote of feeling like children, animals, cogs in a machine, very different from the independent mature man that was the common cultural construct of ideal masculinity, particularly for the figure of the soldier.^[6]

Men reacted to the physical and emotional challenges of trench warfare in a number of ways. Some burst into tears or ducked in fear at the sound of an explosion. [Charles Carrington \(1897-1990\)](#) wrote of developing obsessive behaviours in response to shellfire: "A strong inward feeling compels you to sit in a certain position, to touch a particular object, to whistle so many bars of a tune silently between your teeth. If you complete the charm in time you are safe – until the next one."^[7] Many such expressions of emotional upset remained hidden, even from comrades, known only to the men who suffered the reaction. Such reactions further served to challenge definitions of appropriate masculinity founded on the primacy of endurance. The battle that many British servicemen found themselves waging was not only with the acknowledged enemy, but also with themselves.

Responses: Shell Shock

For the majority of men, the struggle to retain psychic balance was private and successful, a tribute to the psychic resilience of British servicemen and their emotional support systems. At its most extreme, however, this struggle could result in a more public "flight into illness," a term which carried with it associations with cowardice.^[8] It was used to describe cases in which physical and emotional responses to danger, discomfort and fear found expression in the symptoms which became associated with the condition known as shell shock. Such responses could be physical, including mutism, hysterical blindness and paralysis, or emotional, including nightmares and regression into childish behaviour.

Causations

While physical and emotional responses to the dangers and discomforts of trench warfare, particularly the less dramatic ones, were extremely common, enough behaviours, inexplicable by any obvious physical cause, were displayed by British servicemen to cause considerable concern among both military and medical authorities. These concerns peaked in 1916 when the number of those suffering from symptoms with no apparent direct causation by either arms or disease reached epidemic levels. In the last six months of the year some 16,000 men were diagnosed as "shell shock sick."^[9]

Prior to this, the condition of shell shock had been known about within the British military but was deemed a marginal medical problem. The term itself had been coined by the Cambridge psychologist Dr. [Charles Myers \(1873-1946\)](#) who had been granted a commission in the Army Medical Service in 1914. In a 1915 article for *The Lancet*, Myers discussed three cases of men

whose symptoms had appeared following close proximity to shell explosions. The argument supported the “commotional” theory of causation, put forward by Myers’ neurologist colleague [Gordon Holmes \(1876-1965\)](#), which held that the percussive force of an explosion cause microscopic damage to the brain and nervous system. By 1916, however, Myers had disavowed his own term in favour of ideas which emphasised the psychological nature of the disorder as a psychic response to danger, discomfort and, above all, fear. He began advocating strongly for the rapid treatment of those suffering from the symptoms, stressing that these men were not mad or cowards, but rather temporarily unnerved and capable of recovery through a period of rest and psychological treatment.

By this time, the military authorities were both increasingly concerned about the implications for wastage of manpower that an epidemic of incurable nervous responses threatened and convinced that the weakness it appeared to expose was contagious, with one shell-shocked soldier within a unit causing others to suffer, or pretend to suffer, from the condition as well. In response, they forbade the use of the term shell shock as a diagnosis in favour of the less vibrant phrase “Not Yet Diagnosed (Nervous).” In fact, individual doctors, both in the front line and in Base and Home hospitals, continued to use a number of terms to cover the wide variety of nervous symptoms that men continued to present with, including hysteria (most often used to refer to functional responses), neurasthenia (most often used with reference to emotional responses) and general terms such as “war neurosis.” In the meantime, the term shell shock had entered wider public consciousness, appearing articles in *The Times*, and elsewhere, where it was used as a useful and seemingly comprehensible label for an otherwise frightening and inexplicable manifestation of the effects of war on the human mind.

Treatments

The range of treatments for the nervous disorders of war were as variable as the range of terms used to describe it. While initially the majority of sufferers had been sent back to hospitals in Britain, where separation from the support of both civilian family and military unit meant their condition often worsened and became entrenched, the flood of casualties in 1916 encouraged the military authorities to give Myers the opportunity to develop specialist treatment units near the front line. Here men were allowed to rest and were treated with a very basic form of psychological therapy based heavily on suggestion. This development coincided with an increased specialisation across the Army Medical Service (AMS), which included the development of specialist units for orthopedics and abdominal surgery, among others. By 1917 this was taken a step further, with Regimental Medical Officers (RMOs) ordered to keep a man with his unit rather than sending him down the line to a Casualty Clearing Station (CCS) and specialist unit if they believed him to be only temporarily shaken. Treatment within the unit varied depending on the RMO involved, with some prescribing rest, sleep and paternalistic chats, while others used the invocation of peer pressure and the fear of losing face in front of comrades to force men back into appropriately soldierly behaviour.

For men who were evacuated to Base or to Britain, the range of treatments was even broader. At

one extreme was the Queen's Square method, named after the hospital where it was employed by [Lewis Yealland \(1884-1954\)](#), who used the application of electric shocks both to stimulate paralysed muscles and to reinforce the medical and military authority of the doctor who was ordering his patient back to health. A superficially gentler method was the variation on [Sigmund Freud's \(1856-1939\)](#) talking cure employed by [William Halse Rivers \(W.H.R.\) Rivers \(1864-1922\)](#) at Craiglockhart War Hospital in Scotland, most famously on the poet [Siegfried Sassoon \(1886-1967\)](#), although the levels of potentially coercive suggestion employed even in this method were high. Certainly Sassoon recalled sensing a degree of moral pressure to conform and support his military comrades in his account of his treatment in his fictionalised memoir, *Sherston's Progress*.^[10] Other treatments included straightforward hypnotic suggestion, "ergotherapy," a form of work therapy advocated by the poet [Wilfred Owen's \(1893-1918\)](#) doctor, [Arthur John \(A.J.\) Brock \(1879-1947\)](#), and the Weir-Mitchell treatment, which involved bed rest and complete isolation for the patient.

Long-term Effects

The results of such treatments were mixed. Sassoon and Owen were among those who returned to the armed forces, Owen to be killed in the last week of the war. Significantly, Owen was awarded the Military Cross for leadership and gallantry under fire during an action that took place just days before his death. Many, however, would never become serving soldiers again and some, like the poet [Ivor Gurney \(1890-1937\)](#), were to suffer from the long-term effects of war neuroses for the rest of their lives. Nor was it only those who were diagnosed during the conflict who suffered from the after-effects of psychological damage. By 1929, 71,466 awards for nervous diseases had been made by the Ministry of Pensions, of which 6,095 were first awards, that is awards officially recognising a diagnosis for the first time between 1920 and 1929. The psychological damage that war caused continued to be evident throughout British society, particularly for individuals.

For sufferers and their families, post-war life with long-term psychological disability was often extremely problematic. Pensions were available to men suffering from psychological disabilities but were often limited in scope and highly contested by a state eager to make economies. Problems with accessing pensions were compounded by the fact that men found it difficult to get and retain work, particularly in the fragile post-war economy. With unemployment levels peaking at 22 percent in 1932, work was hard to come by for the healthy and able-bodied, let alone those receiving a pension for a disability unconnected to a physical wound. Men in receipt of a pension, and therefore a diagnosis, often suffered from prevalent stigmas that associated any form of psychological disorder with madness.

These difficulties with employment in turn posed a direct challenge to men's subjective civilian identities as independent wage earners and self-sufficient heads of household, challenges which, for some, exacerbated their psychological disability. Other challenges that men faced included the prospect that, when undergoing any treatment provided by the Ministry of Pensions, they might find themselves separated from their families in distant hospitals and sometimes forbidden from seeing

them altogether. Many marriages broke down. In other families, wives and elderly parents found themselves assuming emotional and financial responsibility for the care of men who were unable to care for themselves.

There were also profound cultural impacts arising from the long-term effects of psychological disability. Many individuals from the interwar period had vividly recalled encounters with shell-shocked men, including the author [Roald Dahl \(1916-1990\)](#), who wrote of one of his schoolmasters who

was never still. His orange head twitched and jerked perpetually from side to side in the most alarming fashion, and each twitch was accompanied by a little grunt that came out of the nostrils ... Rumour had it that the constant twitching and jerking and snorting was caused by something called shell-shock, but we were not quite sure what that was. We took it to mean that an explosive object had gone off very close to him with such an enormous bang that it had made him jump high in the air and he hadn't stopped jumping since.^[11]

By 1940, [Robert Graves \(1895-1985\)](#) and [Alan Hodge \(1915-1979\)](#) could assert that “everyone who had been under two or three rolling barrages, was an invalid.”^[12] The term shell shock remained part of the cultural language in Britain throughout the 20th century and, with the revival of interest in the First World War following the fiftieth anniversary of the conflict, it came to represent the symbolic wound of the war, emblematic of the suffering of all soldiers who had fought. Literary depictions, such as Pat Barker's *Regeneration* trilogy, and political campaigns, such as the Shot at Dawn campaign for the pardoning of 306 soldiers shot for cowardice or desertion, on the grounds that they all suffered from shell shock, whether diagnosed or not, have cemented the condition's status in British culture as universal and emblematic.

Conclusion: Resilience

Cases of profound breakdown, both medical and social, were, in reality, a minority experience for British First World War servicemen. Many went through the war, and the rest of their lives, without suffering from significant psychological disability. For those who did suffer some form of mental collapse, many found it to be a temporary condition, or at least one which they could incorporate into their life experience with limited damage. Dahl's schoolmaster, for instance, although he appears to have been visibly suffering from the trauma of his wartime experiences, was ostensibly functioning in civilian life and maintaining a civilian profession. This is not to say that British servicemen were, as a rule, unresponsive to the stresses and horrors of the war. Most were extremely sensitive to them. But the stresses and horrors were not constant throughout any individual's experience of the war and men's psychological strength to deal with them was equally variable. In addition to their individual psychological resilience deriving from personality and background, men's subjectivities at any given moment were contingent upon variables including proximity to danger, the weather, what sort of news they had received from home, access to food and drink and whether or not they were clean and well rested.

In the end, the predominant subjective experience of the war for British men was one defined by endurance and emotional resilience. This was fostered, both directly and indirectly, through continued contact with the home front which allowed an army of civilians to maintain a strong domestic identity and through a strong sense of unit cohesion based on paternalistic structures of authority and an emphasis on comradeship in arms. This resilience would continue into the war's aftermath, despite the continuing challenges posed by a weak economy and, for a number of men, poor health. The initial sense of dislocation notwithstanding, most ex-servicemen succeeded in reasserting an "appropriate" civilian masculine identity, even as many continued to foster the memory of their military identity through the nurturing of old ties of comradeship. The war was not, could not, be forgotten, but it was recalled as a terrible and seminal event in individual lives that, while it helped define their identity, had, for most, failed to destroy it. In the words of R.G. Dixon:

I am certainly not superior to other men because of what the war has helped to make me ... It is simply that I exist on a different plane from that on which they live, and from that plane I receive a different view of life from that which they see. It is therefore a question of difference.^[13]

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Notes

1. ↑ Fussell, Paul: *The Great War and Modern Memory*, Oxford 1975; Leed, Eric: *No Man's Land. Combat and Identity in World War I*, Cambridge 1979; Winter, Denis: *Death's Men. Soldiers of the Great War*, London 1978.
2. ↑ Gilbert, Sandra: *Soldier's Heart: Literary men, literary women and the Great War*, in: Higonnet, Margaret et. al (eds.): *Behind the Lines: Gender and the Two World Wars*, New Haven 1987, quoted in Showalter, Elaine: *The Female Malady: Women, Madness and English Culture, 1830-1980*, London 1987, p. 174.
3. ↑ Bourke, Joanna: *Dismembering the Male: Men's Bodies, Britain and the Great War*, London 1996; Roper, Michael: *The Secret Battle: Emotional survival in the Great War*, Manchester 2009.
4. ↑ Watson, Alexander: *Enduring the Great War: Combat, Morale and Collapse in the German and British Armies, 1914 – 1918*, Cambridge, 2008; Madigan, Edward: 'Sticking to a Hateful Task', *Resilience, Humour and British Understandings of Combatant Courage, 1914 -1918*, *War in History* 20/1 (2013), pp. 76-98.
5. ↑ Sheffield, Gary D.: *Leadership in the Trenches: Officer-Man Relations, Morale and Discipline in the British Army in the Era of the First World War*, Basingstoke et. al. 2000.
6. ↑ Dawson, Graham: *Soldier Heroes: British Adventure, Empire and the Imagining of Masculinity*, London 1994.
7. ↑ Edmonds, Charles [Charles Carrington]: *A Subaltern's War*, London 1929, pp. 161-162.

8. † The idea was first described by Sigmund Freud in *The Interpretation of Dreams* (1900) to describe an type of symptom formation in response to psychological conflict where the symptom expresses both unconscious wish-fulfilment and the reaction against that wish.
9. † Shephard, Ben: *A War of Nerves: Soldiers and Psychiatrists 1914-1994*, London 2002.
10. † Sassoon, Siegfried: *Sherston's Progress*, London 1937.
11. † Dahl, Roald: *Boy*, London 1984, pp. 108-118.
12. † Graves, Robert / Hodge, Alan: *The Long Week-end: A Social History of Great Britain 1918-1939*, New York 1940, p. 16.
13. † Dixon, R.G. : 'The Wheels of Darkness', Imperial War Museum, London, 92/36/1, c.1972, p. 5.

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Great Britain, on the other hand, comprises only England, Scotland and Wales. It is the largest island of the British Isles. Northern Ireland and the Irish Republic form the second largest island. The Isle of Man and the Channel Islands are not part of the United Kingdom. They are largely self-governing with their own legislative assemblies and systems of law. The British Government is, however, responsible for their defence and international relations. In this site the term "Britain"™ is used informally to mean the United Kingdom of Great Britain and Northern Ireland. TOP. 2 What is the population of Britain and its major cities? Britain ranks 18th in the world in terms of population size. The indigenous British are believed to be descendants of the various ethnic groups that settled in the Great Britain before the 11th Century including the Romans, Norse, Anglo-Saxon, and Celts. The largest ethnic groups in the United Kingdom are looked at below. White Europeans. White Europeans, or the White British people, are a racial classification for the people belonging to various ethnic European ancestries. The white European population included the population in the Northern Ireland. The majority of the white European (64%) in the United Kingdom is between the age of 16 and 64. White European (65%) are predominantly Christians, mostly Anglican while 25% have no religion. The unemployment rate among the White European is lower than the other ethnic group. Ireland and Britain have a very good relationship based on how similar we actually are. 53. 22. Related Questions. More Answers Below. Ireland and the UK do a lot of trade, share a language and very similar cultures, and have regular migration of people back and forth (from Ireland to the UK especially). The two states are well connected; there are a lot of bilateral agreements between the UK and Ireland beyond their (current) mutual EU membership, legal systems are very similar indeed, and citizens of either country are effectively semi-citizens of the other on a lot of administrative issues. The conflict in Northern Ireland affected both the Republic and the wider UK, and both nations worked closely together on addressing the issues, culminating in the Good Friday Agreement. 10.