Shell Shock, Trauma, and the First World War: The Making of a Diagnosis and Its Histories

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ABSTRACT. During the First World War, thousands of soldiers were treated for “shell shock,” a condition which encompassed a range of physical and psychological symptoms. Shell shock has most often been located within a “genealogy of trauma,” and identified as an important marker in the gradual recognition of the psychological afflictions caused by combat. In recent years, shell shock has increasingly been viewed as a powerful emblem of the suffering of war. This article, which focuses on Britain, extends scholarly analyses which question characterizations of shell shock as an early form of post-traumatic stress disorder. It also considers some of the methodological problems raised by recasting shell shock as a wartime medical construction rather than an essentially timeless manifestation of trauma. It argues that shell shock must be analyzed as a diagnosis shaped by a specific set of contemporary concerns, knowledges, and practices. Such an analysis challenges accepted understandings of what shell shock “meant” in the First World War, and also offers new perspectives on the role of shell shock in shaping the emergence of psychology and psychiatry in the early part of the twentieth century. The article also considers what relation, if any, might exist between intellectual and other histories, literary approaches, and perceptions of trauma as timeless and unchanging. KEYWORDS: shell shock, trauma, First World War, post-traumatic stress disorder, psychology, psychiatry.
In November 2009, the Guardian newspaper published “An Equal Voice,” a poem written by the former Poet Laureate Andrew Motion for Remembrance Day. Motion described this as a “found” poem, produced by “stitching together... the voices of shellshocked people” from the First World War to the present. He claimed the poem was “by” the shell shocked soldiers and only “orchestrated” by himself. These conjoined voices, explained Motion, gave “a sense of moving through time to establish what is horribly recurrent about this affliction.” The poem was prefaced by a quotation from the historian Ben Shephard’s book on military psychiatry, A War of Nerves: “We hear more from doctors than from patients. However hard he tries, the historian cannot even the account, cannot give the patients an equal voice, because most of them chose not to recount their experiences.” Motion aimed to redress this imbalance, arguing that “the people who suffered from [shell shock] have often been too ill to speak. They have been left out of the record. I wanted to hear from them.”

This apparently uncontroversial intention sparked a public kerfuffle when Ben Shephard complained that there was “nothing new or original” in Motion’s treatment of shell shock. He protested that all but 16 of the 152 lines in “An Equal Voice” were taken directly from A War of Nerves: “There is a word for this. It begins with ‘p’ and it isn’t ‘poetry.’” The charge of plagiarism appears misjudged, but the question of what was “new or original” in Motion’s intervention is still worth asking. Motion was not, as he claimed, giving voice to the voiceless: Shephard had already used the testimony of these soldiers, and Motion’s own citations of A War of Nerves suggest that the book was effective in imparting an understanding of shell shock. Motion’s achievement was rather to enable a new audience to hear these voices, but in presenting the poem as “giving voice” he apparently dismissed the ability of the discipline of history to

record, reflect upon, and convey to an audience the effects of war. The implicit assumption in his original justification is that literature can communicate certain aspects of war experience more effectively than history, and in defending the poem against Shephard’s charge, Motion fell back upon its status as “art” rather than history. This claim is complicated, however, by the poet’s explicit appeal to the superior value of witness testimony/historical evidence. Why is a literary representation of shell shock, by a poet with no first-hand experience of war, which consists of the rearrangement of first-hand accounts already in the public domain, necessary? In other words, what can or does literature do that history can’t or doesn’t?

Answers to this question, whether fully articulated or held as inchoate but nevertheless deep belief, split scholars of the First World War. The public spat between Motion and Shephard is a microcosm of these debates, and it is telling that shell shock is at the heart of this argument. Although both scholars put forward an interpretation of shell shock based on, and supported by, historical evidence (or an interpretation which invokes the authority of witness testimony), there were nonetheless differences in their aims and methods. The most obvious difference between Shephard’s history and Motion’s poem is that the former is primarily motivated by the conventionally historical desire to find out what happened and why, while the latter aspires to capture and convey the emotional tenor of an experience. The emotional experience of shell shock is, for Motion, the “truth” of the war, and it is a timeless (“horribly recurrent”) truth. The tension between Motion’s “truth,” and the competing versions offered by historians and other commentators can be resolved into different visions of the purpose, and ideal modes, of writing about war and “trauma.” In turn, this inevitably involves broader questions concerning historical method and the nature of historical “truth” itself: the relevance of these questions is not limited to debates on trauma or the First World War. Indeed, this illustrative case also shows that these difficulties are both current and exist outside the academy; they are urgent precisely because they affect how we think about “real” issues in the “real” world.

In Britain, the First World War has been remembered perhaps above all through the literary endeavors of eloquent participants. It was a war fought by literate soldiers, individuals who were readers and often writers. Nowadays, it is arguable that public perceptions of the war still owe more to the writings of Wilfred Owen, Siegfried Sassoon, Robert Graves, Vera Brittain, and their ilk, than to historians. These are writings in which mental fragility and breakdown, and the pain and grief caused by the war, are prominent. In the opinion of some scholars, most influentially the literary critic Paul Fussell, this literature embodies an essential and timeless truth about the nature of not just this war, but the destructiveness, futility, and waste of all modern wars. Shell shock has become the emblematic disorder of the First World War. It has been included in imaginings of the war ever since the armistice, but there is also a thoroughly modern fascination with trauma which informs recent historical fiction such as Pat Barker’s Regeneration trilogy (1991–1995) or Sebastian Faulks’ Birdsong (1993). Since 1918, narratives of psychological pain as a timeless truth of combat experience have assumed an ever-more important place in our accounts of the war, whether literary, historical, or journalistic. In a parallel and related movement, this suffering (usually described as “trauma”) is now often portrayed as an inevitable concomitant of any experience of war (all wars are necessarily “traumatic”), and the experience of shell shock in the First World War has become the model for all subsequent wars.

The centrality of shell shock in imaginings of the First World War is, therefore, highly important because of the place of this conflict in the modern (particularly British) cultural landscape. Paul Fussell argued that the Great War formed the crucible of “modern memory” because it created a mode of understanding which irreversibly sundered the generations before and after. According to

Samuel Hynes, the war “added a new scale of violence and destruction to what was possible—it changed reality.” In recent years, one school of historical thought has increasingly kicked against this vision of the war. This school laments the influence of literary representations, arguing that a select band of disenchanted writers have come to dominate popular conceptions of the experience of 1914–1918 at the expense of neutral or more positive depictions of the war which portrayed majority opinion during and immediately after the conflict more accurately. Despite these complaints, a portrayal of the war which emphasizes trauma and tragedy continues to shape and define popular understandings of 1914–1918. This version of the First World War has become the touchstone against which the costs of war, and the legitimacy of the demands it makes of soldiers and citizens, are measured.

The different visions of the First World War invoke debates about historical method, but also involve different conceptions of the purpose of history and the nature of historical truth. The “myth and memory” revisionists argue for a type of historical accuracy that can be quantified: the beliefs, attitudes, and experiences of the majority are most important, because they are “typical.” It is only possible to generalize from and about majority experience. This “truth” can be obtained by consulting the widest possible range of documents, representing the widest possible range of people. Others, often those with sympathies toward literary or psychological perspectives, argue instead for the qualitative importance of an event or emotion: what matters is not whether mud, blood, and horror formed the everyday experience of the majority of soldiers to fight in the war, but that the war did produce these extremes of death and suffering. The meaning of the war is constituted by and through the outermost limits of the pain it generated: this is the “truth” of the war. These perspectives on the war appear irreconcilable, yet it is not possible to discount either

12. Ibid., xiv.
entirely, and one aim of this article is to explore how some middle ground might be negotiated. The trained historian balks at Paul Fussell’s assertion that although a popular anecdote he produces to illustrate the “ironic narrative” of the war is almost certainly mythi-
cal, it nevertheless stands because it is “true in spirit.” 14 It is also, however, difficult to avoid flinching at the statement that “although so many Britons were killed that everyone knew a man who had died, only for the minority of Britons was that man an immediate relative or friend”: something quite fundamental about the scale of suffering has been lost in this attempt to put the death rates “in perspective.” 15

The “historical” and “literary” approaches outlined above form the critical or historiographical context in which histories of shell shock are currently written and read. In many ways, the divide between these approaches is more apparent than real. There are many fine literary studies of the First World War which display heightened and sensitive historical understanding, just as there are several histories which draw on literary texts and approaches to wonderful effect. 16 Yet some influential scholars of the First World War do believe there is a schism between literary and historical approaches, and make claims about the ultimate value or “truth” of the aims and methods of each. 17 In this way, the apparent divide becomes real, even if not all scholars accept its existence as necessary. This seems to be a peculiarity of the First World War studies in Britain, and is most likely the result of the particular way in which scholarship on the war has evolved in this setting. As I hope will become clearer toward the end of this article, I do not think a rigid division between literature and history, or “literary” and “historical” approaches, is sustainable or desirable. The best work from each discipline can, and in practice usually does, inform the other. The distinction is often overplayed; as my discussion of “psychological” versus “historical” understandings of shell shock in the next section

16. For an historically informed literary study, see Santanu Das, Touch and Intimacy in First World War Literature (Cambridge: Cambridge University Press, 2006); for a history which fruitfully explores literary (among other) approaches, see Roper, The Secret Battle.
17. See Bond, The Unquiet Western Front; Todman, The Great War; and Sheffield, Forgotten Victory.
suggests, the “timeless truth” perspective which until now I have described as associated with literature is also found in many histories of shell shock. The “middle ground” which I will work out during this article destabilizes the notion of “timeless truth” while ensuring that the qualitative aspects of past experience, which literary and other scholars often emphasize and draw wider meaning from, are still integrated into our histories. This is an attempt to dissolve the perceived differences between “historical” and other approaches or, if other scholars find this impossible, to suggest that different approaches can co-exist alongside each other, not only catering to different audiences but providing the same audiences with different tools of interpretation or routes to understanding.

This position can only be maintained if it is taken for granted that there is no one “truth” about shell shock, or indeed any other historical subject: rather, there are many different perspectives on the past, and the historian’s task is to analyze how, why, and to what extent these perspectives offer an understanding of the past. Although this is a lot to take for granted, the remainder of my argument will only make sense if this is accepted or disbelief is temporarily suspended. It follows that when I write about shell shock, I am not writing about a type of suffering which exists in nature independently of being named. Rather, my subject is the historical creation of the diagnostic category of shell shock: to put it bluntly, I am writing about a collection of ideas about illness rather than about an illness. Other illness categories, such as trauma or post-traumatic stress disorder (PTSD), are treated in the same way. This is not a denial of the “reality” of these illnesses to those diagnosed with them, or a denial of the suffering which exists under these names. All diagnostic categories are historical constructions, whatever else they might be; and in this article, I am investigating shell shock and related diagnoses at the level of historical construction.


only. Phrases such as the “PTSD construct” are intended to demonstrate that I am referring to the construction of the diagnostic category of PTSD, not to imply that the symptoms or behaviors described under this label exist only at the level of social construction. My aim is to demonstrate how and why wartime doctors perceived certain behaviors grouped under the label “shell shock” in particular ways, to suggest that the range of these contemporary understandings has not perhaps been fully appreciated, and to explore the potentialities this approach opens up for future histories of shell shock. I make no claims about the essential “nature” of shell shock as a physical or psychological illness, and nor do I judge the validity of wartime interpretations. Indeed, it is central to my approach and my argument about the potential histories of shell shock which remain to be explored that these types of truth claims are put aside.

Shell shock is integral to our ideas of the First World War, and because this conflict has been so crucial in forming our understandings of war in general, that means that histories of shell shock have a vital part to play in determining how we, as moderns, orient ourselves toward war, how in turn these orientations shape the stories we tell ourselves about past and future wars, and what war itself means. Its histories are therefore messy. The concept of trauma contains, and generates, knotty ethical and political problems. These are issues which must be faced, even though they cannot be fully and finally solved by any of its biographers, and are often only gradually and incompletely realized over the course of research and reflection. This article does not claim to resolve these issues; rather, it is an attempt to work out some of the problems involved in writing the history of shell shock, to consider its relation to the much wider category of trauma, and to explore some of the meanings inscribed on this diagnosis.

It might be best to start with an apparently simple question: what was shell shock? To contemporaries, it described a range of afflictions. It was one name for the sufferings of a “nervous” soldier who developed depression and a tremor after an intense four-hour bombardment was followed by a shell-burst right behind his dug-out. Over the following days, his symptoms escalated from crying and “an inability to walk or do anything” to acute mania.
He was admitted to a field ambulance, where chloroform and morphine were administered, and woke up the next morning “apparently well,” but then suddenly died. On postmortem, his brain was described as in a similar condition to that of another soldier who had died of extreme exhaustion. The private who found himself mute and deaf when he regained consciousness five days after a shell explosion, and was cured six months later by the apparition of a praying woman near his bedside, might also have been described as shell shocked. The label could also be attached to the sergeant in the Twentieth Hussars whose legs were temporarily paralyzed by a shell explosion, and only gradually regained power and sensation over the following fortnight. Finally, shell shock might also be blamed for the sweating, stammer, and tormented nightmares of the soldier who had accidentally shot and killed a wounded comrade one night while on outpost duty. The experiences and symptoms of these men were bewilderingly diverse, and so were the explanations put forward for the disorder; in these case studies alone a range of physical, physiological, and psychological factors were invoked by the doctors charged with their treatment. Yet during the war, all these cases were perceived as manifestations of shell shock.

They would not all be seen by physicians nowadays as symptoms of PTSD, a current diagnostic category which originated in political agitation by veterans of the Vietnam war and which is often erroneously perceived as simply shell shock by another name. The most recent incarnation of the American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders lists the diagnostic features of PTSD as the development of characteristic symptoms following exposure to an “extreme traumatic stressor” such as personal experience of risk of death or injury or witnessing the death

or injury of another person. The person’s response to the event must involve intense fear, helplessness, or horror. The characteristic symptoms include persistent re-experiencing of the traumatic event, persistent avoidance of stimuli associated with the trauma, numbing of general responsiveness, and persistent symptoms of increased arousal (such as difficulty sleeping, irritability, anger, difficulty concentrating, hypervigilance, or an exaggerated startle response). The full symptom picture must be present for more than one month, and the disturbance must cause “clinically significant” distress or impairment in functioning.\(^{25}\) Undoubtedly, many recorded cases of shell shock from the First World War would meet the criteria for a diagnosis of PTSD, including the example given above of the soldier who accidentally killed his wounded comrade, yet many more would not. By this comparison of symptoms and diagnostic criteria, the two syndromes do not match up: shell shock is not PTSD or, more correctly, the historical construct of shell shock does not correspond to the historical construct of PTSD.

This statement challenges the belief in a pure and essentially timeless core of traumatic experience, summed up by Andrew Motion’s statement that his “found poem” portrays “what is horribly recurrent” about war trauma. For Motion and others, this is an unchanging note of pain. Yet without denying the suffering which can result from combat experience, it is clear that across the decades and the centuries, such suffering has manifested itself differently in different individuals and in different conflicts. In many times and places, it has been ignored or acknowledged only informally or in passing. Elsewhere, and above all during the twentieth century, it has been “diagnosed” and therefore “treated” in different ways, and consequently experienced differently. Different societies, cultures, and classes have evaluated manifestations of pain or “symptoms” differently and empathized with them to vastly different degrees. At the levels of both individual experience and social meaning, divergence has been as evident as recurrence in the history/ies of “war trauma.” The anthropologist Allan Young has convincingly argued that the “traumatic memory” at the heart of the PTSD construct—which is

retrospectively identified as the most important element of shell shock when the two disorders are viewed as synonymous—is not an ahistorical, timeless manifestation of “trauma.” Rather, it is a “historical product” which is “glued together by the practices, technologies, and narratives with which it is diagnosed, studied, treated, and represented, and by the various interests, institutions, and moral arguments that mobilized these efforts and resources.”

The sufferings of those diagnosed with PTSD are all too real, but those sufferings are transformed from an amorphous set of symptoms without “intrinsic unity” into PTSD by psychiatric science and psychiatric practice; this is what makes PTSD itself “real.”

On this view we might say that pain exists in nature, without being named, but “shell shock” and “PTSD” are discrete and bounded (if still amorphous) entities which exist only in history and culture.

There are therefore at least two “ways of seeing” the wartime case studies of shell shock cited earlier, and by extension the disorder itself. One is to argue that no matter what contemporaries believed, shell shock is, in reality, only one name for a universal human psychological reaction to warfare which modern psychiatry has accurately identified. Narratives of this kind make implicit or explicit claims about both the essential nature of shell shock, and the achievements of modern psychiatry. If shell shock is defined this way, it means discounting many cases described under this banner during the First World War as “really” something else and/or assuming that doctors perceived, reported, emphasized, or interpreted symptoms wrongly. “We” now know better. This has much in common with the “timeless truth” approach earlier identified with certain literary scholars, and is often found in works of history. For the purposes of this article, however, this approach will be named “the psychological definition” of shell shock. This is to distinguish it from the alternative historical approach I wish to propose in which wartime understandings of “shell shock” are foregrounded, and the term itself is viewed primarily as a diagnostic label used to describe a variety of reactions to the First World War. “Shell shock” would therefore be defined as the totality of its wartime meanings. This conception will be referred to here as the “wartime” or “historical”

27. Ibid., 10.
definition of shell shock, and is consonant with the approaches to intellectual history taken elsewhere in this special issue.

It might be argued that this distinction is pointless sophistry, which misguided focuses on the label applied to traumatized soldiers rather than the suffering this describes. But names matter. The first recorded use of the term “shell shock” was in an article published in the *Lancet* in February 1915 by the academic psychologist Charles Myers (1873–1946), then attached to a volunteer medical unit in France.28 This was not the first account of nervous and mental breakdown in soldiers published in the war, but “shell shock” was something new: previous reports had described symptoms under a variety of different headings (including simply “shock,” a familiar category in prewar medicine).29 “Shell shock” was not Myers’ neologism, although he later commented that he must have been “one of the first” to employ it.30 It may have originated among the fighting troops, but its exact provenance will never be known. It was Myers, however, who gave shell shock official existence in medical discourse, from whence it rapidly escaped into public ownership. Once a set of symptoms began to be described as shell shock, they not only assumed a new importance, but attained a quasi-autonomous existence. The act of naming was significant, not least because “shell shock” posited a shell explosion as the central etiological event in these disorders. Myers was vague as to the details of the relationship between shock and shells, describing the symptoms as “functional” and noting their similarity to hysteria, but declining to offer conclusions as to whether the symptoms originated in physical damage to the nervous system or a psychological reaction to the incident.31 In this use, the term “shell shock” connected certain symptoms found in soldiers with the effects of the destructive technologies of modern warfare, but did not provide the “how” or “why” of this relation.

This ambiguity had disturbingly concrete consequences. Late in 1915, the Army Council commanded that men presenting nervous or mental symptoms should be labeled “shell shock W” and classified as wounded if the symptoms resulted from “enemy action,” but “shell shock S” (for “sick”) if they did not. The former class were defined as battle casualties, and entitled to military pensions, while those designated “shell shock S” were not.\(^{32}\) This scheme caused widespread confusion. It seems likely that many cases were incorrectly labeled, and that the distinctions between wounded and sick were not made consistently either within or across different sectors.\(^{33}\) The reorganization of forward psychiatry (psychiatric treatment at the front) in June 1917 included a new classification procedure, in which men were initially labeled “NYDN” (Not Yet Diagnosed Nervous) for transfer to rapid treatment centers, and only later classified as shell shock “S” or “W” once inquiries had been made to their units. This procedure was later deemed “unfair and unworkable in practice,” and the classification process was overhauled again in September 1918. Under this system, “shell shock W” applied only to the most serious cases transferred to England, and a special neurological board in the UK decided whether the man should be classified as a battle casualty or not.\(^{34}\) Although over the course of the war, the military eventually developed more effective procedures for managing the influx of shell shock cases at both home and abroad, it never satisfactorily dealt with the classificatory and definitional problems posed by shell shock. This failure had immediate consequences for the individual soldier, who might face years of wrangling with the Ministry of Pensions because of the label he had been given.

In the First World War then, the name attached to a soldier’s suffering determined where a soldier was sent, the medical treatment he received, and his chances of being awarded a decent pension. This was in part a consequence of the etiological ambiguity contained in the term “shell shock.” This etiological ambiguity also justifies, for the practical purposes of the historian, the suggested

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\(^{32}\) Myers, *Shell Shock in France*, 93–95.

\(^{33}\) Ibid., 94; Edgar Jones and Simon Wessely, *Shell Shock to PTSD: Military Psychiatry from 1900 to the Gulf War* (East Sussex: Psychology Press, 2005), 30.

“historical” definition of shell shock as the sum of its wartime meanings. In most histories of shell shock and of military psychiatry, sensitivity to the ways in which historical context actively shapes psychiatric categories co-exists with the positioning of these categories as actual psychological disorders. A claim is made about the essential nature of shell shock: in spite of all the confusion surrounding it and the various ways in which it was constructed in contemporary medical accounts, it was a psychological disturbance caused by the experiences of war.\textsuperscript{35} The subject of these histories is therefore constituted as the varying responses and experiences to psychological disorder, and any attempt to outline its wartime construction as a category of diagnosis proceeds on the assumption that the actual nature of shell shock is now known. This is a valid approach to the history of the concept of trauma, but it is only one way in which the history of shell shock can be written.

If we define shell shock as everything constituted by wartime understandings of the term, we propose to write a history of something which is not, or is not just, psychological “trauma.” This shell shock is related to “war trauma,” and it is one manifestation of it, but the two are not synonymous. Viewing shell shock simply as one name for a universal psychological reaction to warfare leaves out too much. During the war, shell shock was understood in many different ways: as a psychological reaction to war, as a type of concussion, or as a physiological response to prolonged fear. These ways of understanding shell shock often co-existed in the work of a single author. Writing the history of shell shock as the story of its gradual recognition as a psychological disorder means that these different understandings of shell shock are discarded as false starts or wrong leads. This matters because it affects how shell shock is fitted into other historical narratives, including the histories of twentieth-century war, medicine, psychiatry, and psychology. These are crucial parts of the stories we tell ourselves about ourselves, about who we are, who we have been, and who we should be. It is important to be as accurate as possible. The “historical” definition

of shell shock, on the other hand, takes the etiological ambiguity of the disorder as its defining feature, and follows through all the consequences of this change in subject matter. This opens up manifold possibilities for different histories of shell shock, but also has implications for how we write the history of war and suffering, and our own understandings of these events.

III

We do not simply name war trauma because it is there; we make choices about how to view the suffering which can result from combat experience and the history of this suffering.36 Defining shell shock as a psychological reaction to war means discarding certain aspects of its historical meaning, and with these its alternative future histories; it means cutting shell shock off from the totality of its gestations, fusions, and evolutions. Reframing shell shock as a historical disease is necessary not only to understand what it meant in the past, but also where it fits into other historical narratives, and why so much is invested in a particular conception of “war trauma” as a psychological reaction to combat today. This reconstruction does not resolve the problems of writing the history of shell shock, but it does redefine the parameters within which this history is written—and therefore the questions we ask of the past, and how we are oriented toward the present and the future. This section will examine nonpsychological wartime understandings of shell shock, and consider the potentialities of this reframing of shell shock.

The transition from physical to psychological understandings of shell shock is one of the enduring narrative staples of its histories. According to this narrative, conventional organicist psychiatry initially ascribed the nervous and mental symptoms of soldiers to the mysterious physical effects of shell explosions on the central nervous system. It was only gradually realized that these were psychological

disorders, curable through psychotherapy.\textsuperscript{37} This statement of a transition from physical to psychological understandings of the war neuroses is used to support interpretations of shell shock as an event which ushered in a new, psychodynamic era for British psychological medicine.\textsuperscript{38} As I have argued elsewhere, there are several problems with this narrative. It does not allow for the range of psychological explanations put forward in the earliest months of the war, for the relatively late development and long survival of elaborate theories of physical causation, or for the interplay of the physical and psychological in the theories of most physicians. It also tends to underestimate the spread of psychodynamic theories before 1914 and to overestimate their acceptance during and immediately after the war.\textsuperscript{39} From this perspective, shell shock did not constitute a fundamental rupture in the dominant paradigms of early twentieth-century psychological medicine, but was part of a longer process of gradual and uneven shifts in thought and practice.

This argument does not, however, tackle the assumption that physical theories of shell shock were fundamentally mistaken, and that the “true” nature of the disorder was always psychological. In recent years, mild traumatic brain injury (MTBI) caused by high-velocity explosions has been identified as one of the “signature injuries” of U.S. and UK troops returning from Iraq and Afghanistan. The condition, which can lead to memory loss, depression, and anxiety, has much in common with wartime descriptions of shell shock. At least one American neurologist has suggested that MTBI is so prevalent because “this is the first war since the First World War where the major cause of injuries is blasts.”\textsuperscript{40} The purpose of


introducing MTBI to this discussion is not to suggest that another retrospective diagnosis should be incorporated into histories of shell shock.\textsuperscript{41} Even if this were desirable, it would be highly problematic: there are a large number of definitional problems attached to MTBI, there are no standard diagnostic criteria for the disorder, and the relation of MTBI to PTSD is also debated.\textsuperscript{42} It is not possible to state that shell shock was “really” MTBI any more than that it was “actually” PTSD—the historical construct of shell shock is not equivalent to the equally historically constructed category of MTBI. I do not wish to suggest, either, that academics trained in a humanities or social sciences tradition should defer to those with medical training and a wider awareness of current diagnostic categories, practices, and controversies, although it does seem likely that the psychoanalytic alliance with the liberal arts has decisively influenced critical thought on the history of shell shock.\textsuperscript{43} Rather, I wish to give a concrete example of the possible histories which are closed off through jettisoning certain aspects of historical understandings of shell shock. I would argue instead that if one story arc begins with shell shock in the First World War and leads to PTSD (for now), then there is another which leads to MTBI. Both exist alongside and crisscross with several other story arcs, but these can only be plotted if shell shock is allowed to remain as amorphous and ambiguous as its wartime incarnations.

Another example of the possibilities generated by reframing shell shock as a historical disease can be seen if we consider physiological theories of the war neuroses.\textsuperscript{44} In the later years of the war, physiological theories were extremely widespread, and were employed in

\textsuperscript{41} Edgar Jones, Nicola T. Fear, and Simon Wessely, “Shell Shock and Mild Traumatic Brain Injury: A Historical Review,” \textit{Am. J. Psychiatr.}, 2007, 164, 1641–45, also suggests this is a dangerous strategy.


\textsuperscript{43} See also the comments on psychoanalysis and the history of psychology in Rick Rylance, \textit{Victorian Psychology and British Culture, 1850–1880} (Oxford and New York: Oxford University Press, 2000), 5, 8.

\textsuperscript{44} On physiological theories, see also Ben Shephard, “‘The Early Treatment of Mental Disorders’: R.G. Rows and Maghull 1914–1918,” in \textit{150 Years of British Psychiatry},
a range of different ways and contexts. In these theories, shell shock was interpreted as a physiological malfunction caused by prolonged emotion and best treated through measures such as rest, isolation, and medicinal remedies. The physiology of emotion could be invoked to support a view of the war neuroses as a physical disorder, or to argue that an originally psychological disturbance could spill into the somatic realm and produce structural damage, because within physiology emotion was viewed as both a biological and a psychological event. These theories therefore underlined the manifold effects of fear and shock on the entire human organism.

This is perhaps why doctors from every point on the spectrum of opinion, from thoroughgoing neurologists to dynamic psychologists, were able to incorporate physiological insights into their theories of the war neuroses.

Another important reason for the flexibility of these theories, however, is the shared evolutionary framework of understanding within which physiology, neurology, psychology, and psychiatry operated. The physiology of emotion as outlined by influential figures such as the Harvard physiologist Walter B. Cannon (1871–1945) was explicitly evolutionary. It fitted perfectly with the model of mind prevalent in prewar psychological medicine, in which emotion was perceived as an animal attribute which must be tamed by the higher, more human acquirements of will and intellect. Cannon’s portrayal of intense emotion as a primitive, animal response to danger which worked through the body to overwhelm every other function provided a physiological analogue to existing models of psychological organization and struggle. All theories of

48. Ibid., 2–7.
the war neuroses were formulated within this evolutionary model of mind, with emotion usually invoked as one of the crucial primary etiological factors in shell shock. The emotion most frequently singled out was fear—fear of threat to life and limb, fear of failing in duty, or even fear of being afraid. Because emotion could only gain the upper hand at the expense of the “higher” faculties, the war neuroses were overwhelmingly constructed as a condition in which “emotions have taken the place of a forceful will-power.”

The evolutionary paradigm shared by British physicians, psychologists, and psychiatrists therefore enabled physiological elements to be incorporated into a range of theories and bridged apparently divergent explanations of shell shock. This reframing again suggests that there was no straightforward transition to a psychological understanding of the war neuroses: psychology, physiology, and biology were all inseparably blended in many theories. Acknowledging the prevalence of physiological theories during the war adds to one of the possible stories of shell shock: the presence of physiological symptoms in the clinical picture of shell shock provides a counterpart to the symptoms of autonomic nervous arousal in PTSD, although of course one developmental narrative should not simply be replaced with another.

The attempt to explain the appeal of physiological theories of emotion also, however, leads us to look backwards as well as forwards—to the prevalent theories of mind in prewar psychological medicine. It seems odd to us that contemporary physicians could reconcile physical and psychological approaches; physiological theories, with their emphasis on mind–body interaction, bridged this gap, but were convincing because they were formulated within an evolutionary framework of understanding. This in turn underlines the extent to which evolutionary frameworks underpinned all


approaches to mind, nerves, and brain in this period, from neurology to psychoanalysis. The inclusiveness of evolutionary paradigms and their ability to embrace and generate psychodynamic theories as well as concepts of degeneration is a vital aspect of the intellectual history of prewar psychological medicine, yet is still insufficiently realized.⁵¹

Reframing shell shock as a historical disease alters our understandings of its wartime meanings; it alters the stories we tell about the origins of shell shock, and therefore its future histories. The effects of creating alternative definitions and histories of shell shock will also undoubtedly resound in histories of the “psy” disciplines, where shell shock has been portrayed as such a pivotal episode.⁵²

Part of my aim here has been to suggest the expanse of uncharted territory which is opened up by the reframing of shell shock; it is impossible to say exactly how these narratives will shift and adjust. It is likely, however, that stories of rupture will be replaced with tales of gradual evolution, that a more complex understanding of historical conceptualizations of mind–body relations will need to be employed, and that the interplay and overlap between the self-ascribed subject matter and the approaches of medicine, psychology, psychiatry, and related disciplines in the early twentieth century will become more evident. Moreover, the impact of new histories of shell shock should not be limited to the histories of medicine, psychiatry, and psychology. The emerging influence of Nikolas Rose’s work on psychology and governance (which attributes a significant role to shell-shock) on cultural and social histories of modern Britain suggests that this reframing might also have reverberations within the mainstream of modern British history.⁵³ Other possibilities remain to be imagined and researched.

⁵¹ For an exception, see Mathew Thomson, “‘Savage Civilisation’: Race, Culture and Mind in Britain, 1898–1939,” in Race, Science and Medicine, 1700–1960, ed. Waltraud Ernst and Bernard Harris (London and New York: Routledge, 1999), 235–58.


Defining shell shock differently means framing the disorder differently: following a new set of research leads, and generating an alternative range of histories. The reasons for this reframing have been established insofar as the discipline of history is concerned. What difference does this make, however, outside this discipline, or outside academic discussions of trauma at all? Here we return to the debates with which this paper began on the status of literature, history, and popular understandings of war and “trauma,” or the problems of negotiating between facts, “truth,” authenticity, and meaning. Outside the narrow confines of the academic discipline of history, why should the reframing of shell shock proposed here matter? If it is accepted that war can cause suffering, and that psychological pain is one constant in this experience of suffering, then why does it matter what we call the pain, or what other symptoms it involved or reactions it provoked?

The simplest answer is, of course, that it is important to know not only that war caused suffering, but what form this suffering took, how it was understood, and what its consequences were. It is impossible to approximate any kind of understanding about the experience or “meaning” of the suffering without this knowledge. It is also important because historical narratives formulated within academe can have very real consequences in the outside world. For example, in 2003 the UK Ministry of Defence (MoD) defended a major class action brought to the Royal Courts of Justice by psychiatrically injured ex-soldiers. One of the claims made by the soldiers was that the MoD had failed to “learn the lessons of Vietnam.” To defend itself against this claim, the MoD drew on a submission to the court coauthored by the psychiatrist and historian Simon Wessely and the historian Edgar Jones, who have researched and published extensively on combat afflictions in different historical conflicts. The detail of historical accuracy does matter outside

54. Simon Wessely and Edgar Jones, “Psychiatry and the ‘Lessons of Vietnam’: What Were They, and Are They Still Relevant?” War Soc., 2004, 22, 89–103. Jones and Wessely argued that “the psychological consequences of the Vietnam conflict are specific to that conflict, and [...] attempts to apply the ‘lessons of Vietnam,’ whatever one may think they were, to other conflicts involving other nations at other times, is a dangerous and possibly misleading enterprise,” 103.
the ivory tower. But where does this leave the literary criticism, historical fiction, popular and academic histories that, according to the vision of shell shock and its histories set out here, have got it wrong? I would suggest that although the bare bones of the history in these works might sometimes be none too sturdy, it does not automatically follow that they are “wrong.” To explain this position, which I find difficult to articulate as a historian trained in a quite rigidly empiricist tradition, I will need to change registers at this point and present a personal anecdote.

As part of my research on shell shock, a few years ago I spent some time in the archives of King’s College Hospital Medical School researching medical education before and after the First World War. A doctor called Harold Wiltshire, who had served in France during the war, repeatedly appeared in the records. Although he produced only one article on the subject, Wiltshire has been accorded a pivotal role in histories of shell shock. It has been argued that his publication of a survey of cases in mid-1916, which contended that physical damage to the nervous system had no influence on symptoms, was the final nail in the coffin of physical theories of causation.⁵⁵ My earlier research had shown that Wiltshire’s article had no measurable impact on contemporary medical opinion: it was rarely cited during the war, and those doctors who referred to it did not usually agree with all its conclusions.⁵⁶ This fitted into my broader thesis that shell shock did not fundamentally challenge the existing explanatory paradigms of British psychological medicine. As the scattered references to Wiltshire in the King’s archives built up, I hoped to find more evidence to add to the somewhat sketchy biography of this physician.

I was therefore pleased when, reaching the end of one volume of the minute books of the Listerian Society (a student medical association), I read that in March 1914 Harold Wiltshire had been elected

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its president. Turning with anticipation to the next volume, I found some brief notes on the elected officers for 1914–15 on the first page. The following page was blank. The subsequent entry was headed “Officers of the Society 1918–1919,” and contained the minutes of a meeting held on 11 December 1918, preceded by a short statement: “The President waived the reading of the minutes of the last meeting since there was no one present who could confirm them.”

These words brought me up short. Of course, not everyone present at the last prewar meeting of the Listerian Society had died in the interim. But there was a long gap in the associational life and the administrative records of the Listerian Society, and this corresponded to a break in the lives and memories of its officers and members. I had been so deeply immersed in the petty details which cumulatively paint the life of an institution that this suddenly brought home the enormity of the rupture of the war. I had thought that I knew about the disruption of war to everyday life, but I had never really felt it before.

This episode did not change my empirical practice as a historian, but it left me with a renewed awareness that the accumulation of facts does not, in itself, constitute meaning. My response to the minute book was emotional rather than intellectual, and this may even have been why it was a salutary experience. Arguing at the level of ideas, as I had been, I had not fully imagined the context of these ideas and their translation into practice—a war which prevented medical students and their teachers attending meetings of the Listerian Society, which provided them with far more work than they could ever have wanted, and in which grief shadowed the lives it did not choke for more than four years. Although this emotional reaction did not make me revise my historical arguments about shell shock, it did force a deeper and more reflective attitude to the subject and its historical (or possibly ahistorical) dimensions. For the professional historian, this kind of empathetic imagining of a subject is not a replacement for empirical practice, but it is a prerequisite for asking questions with a human meaning, which

57. Minutes of the meetings of the King's College Hospital Medical Society, Committee Meeting, 25 March 1914, KHU/C1/M8, King's College Hospital and Medical School Archive, 1896–1914, London.
58. Minutes of the meetings of the KCH Medical Society (1914) 1918–1923, KHU/C1/M9, in ibid.
ultimately make the practice of history worthwhile. It should not determine the way we research, or the answers we come up with, but it should be continually present with us as we define our projects and comb the archives. The questions we ask determine the answers we will find and the different perspectives on the past which can be uncovered and/or generated. This is where the “literary,” “psychological,” and “historical” approaches to shell shock converge: we use the historical method (finding out what happened and why through gathering and interpreting evidence) to test our hypotheses about the past, but those hypotheses are the fruits of ideas, experiences, and emotions which belong to us as individual people and/or citizens, not just as professional historians. The hypotheses are always contained in our histories, even if they are not readily traceable even to ourselves, and therefore our histories are always the product of more than just the historical method. This approach is nevertheless distinct from that of the “myth and memory” revisionists discussed earlier; although both challenge the notion of “timeless truth,” the method outlined in this article retains a vital place for the belief in values and meaning which is integral to the “literary” and “psychological” approaches. It acknowledges that our histories are always imbued with these values, and that even were it possible to expunge them entirely in the name of some mythical “objectivity” this would not be desirable.

As an addendum to this, it should also be remembered that not all producers or consumers of history are professional historians, and what the public wants from history often differs from what might be considered “good” history within the professional discipline. One of the things the public looks for is a way of plugging gaps in the imagination, of making sense of the past in a way that dry historiographical debates do not tend to provide. History can be an effective stimulant to empathic reconstruction, as Andrew Motion’s indebtedness/tribute to Ben Shephard’s *A War of Nerves* proves. For other readers, literature—whether contemporary writing or historical fiction—proves a more effective way into this imagining. These readers are also often keener to search for, and more open about their desire for, “meaning” from these histories. The search for meaning, with the attendant overtones of truth and values, is a mission with which professional history is often uncomfortable and for which it does not really have an adequate vocabulary.
This distinction between different producers and consumers of history can enable another kind of accommodation between empiricism and “truth,” or the differing (if somewhat overdrawn here) perspectives of history, literature, and psychology. Historians do not have a monopoly on the past; we have a limited role as guides to historical method (modes of gathering evidence and ways of interpreting it). History needs “the general public” as well as other disciplines—such as literature, psychology, politics, sociology, philosophy, and so on—to ask questions it can investigate. It is also the responsibility of history to ensure that as many questions as possible are being asked within the discipline, and that these are interrogated as fully as possible. Yet historians are not the sole generators of these questions, nor the final arbiters of which questions “deserve” to be answered.

What does this mean for shell shock? As historians, it is important that we capture contemporary understandings of shell shock, not least so that we are able to explore the possibilities of all its different histories as fully as possible. The kinds of intellectual history explored in this issue of the journal demonstrate the potentialities of this historical approach. As citizens, it is crucial that we find ways to make sense of what is happening around us, and to make the right decisions about events such as war or how to treat people in pain. There are many different kinds of knowledge—political, moral, religious—which contribute to determining these orientations. Historical knowledge is only one, and alone it is not the most important. For many people, the knowledge that war can cause unbearable psychological suffering is the most important lesson to be gained from studying past and present conflicts, and this apparently ahistorical note of pain is more important than the bounded historical entity of shell shock. This does not mean that historians should ignore the imperatives of accurate definition and detail. How the histories of “shell shock” and “trauma” are told, or the stories of origin framed, helps determine the orientations of ourselves and others toward war and suffering. This is why understanding the “making” of shell shock, and the problems that writing its history generates, is essential. I have not resolved these problems here, and if I have achieved what I have set out to do, hopefully I have created some more by undermining certain assumptions and perceived divisions. This would fit with my argument that as
historians and/or citizens, the best we can do is to keep asking questions, generating new histories, and trying to work out new ways of understanding the past and ourselves.

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