‘GLADDER TO BE GOING OUT THAN AFRAID’:

SHELLSHOCK AND HEROIC MASCULINITY IN BRITAIN, 1914-1919

BY

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In *The Image of Man*, George Mosse claims that modern masculinity emerged as ‘part of a general quest for symbols in order to make the abstract concrete within the bewildering changes of modernity.’[[1]](#footnote-1)Mosse argues that, in eighteenth- and nineteenth-century Britain and Germany, an unchanging stereotype of masculinity emerged that was used by the State to reinforce its legitimacy. This stereotype was defined by a number of elements, including physical fitness, male beauty, courage, self-control and duty. This paper examines how two elements associated with ideals of masculinity, self-control and duty, were, for British doctors and soldiers, challenged during the First World War by the psychological condition known as ‘shellshock’. In exploring how doctors specializing in the treatment of shellshock, and ordinary soldiers who both suffered from and observed the condition, described and discussed shellshock, this paper will show how the relative importance of self-control and duty to definitions of heroic masculinity was altered by the experience of total war. I will argue that self-control was undermined as an ideal by the condition. Duty, by comparison, was strengthened as an ideal through a shift in definition that emphasized the idea of comradeship. This idea was used, in its turn, by soldiers to classify those who suffered from shellshock as a group distinct from those who were deemed to be cowards.

In his definition of the masculine stereotype, Mosse argues that the image of the ideal man was unchanging from the eighteenth century onwards. Most other writers on British masculinity, however, have viewed ideals of masculinity as changing over time. Many have focused specifically on the ideals that arose during the nineteenth century, particularly those associated with the emergence of the idea of the imperial male hero. Such studies include John MacKenzie’s essays on missionaries and big game hunters*.*[[2]](#footnote-2) Another important symbolic figure of the imperial male that has received attention from historians is that of the soldier hero. Graham Dawson, for instance, has argued that

during the growth of popular imperialism in the mid-to-late nineteenth century, heroic masculinity became fused in an especially potent configuration with representations of British imperial identity. This linked together the new imperialist patriotism, the virtues of manhood, and war as its ultimate test and opportunity. A ‘real man’ would henceforth be defined and recognized as one who was prepared to fight (and, if necessary, to sacrifice his life) for Queen, Country and Empire.[[3]](#footnote-3)

This figure of the imperial soldier-hero received the most direct challenge from the experiences of total war. Among these challenges was the condition of shellshock.

Three main concepts have been identified by historians as being important to Victorian and Edwardian ideas of heroic masculinity. The first of these is physical health, which George Mosse argues became a symbol of masculine morality in Britain and Germany. Health expressed ‘in an obvious manner…the linkage of body and soul, of morality and bodily structure….Lavater was explicit about the kind of morality that makes men physically beautiful: love of work, moderation, and cleanliness were conducive to bodily health and clean-cut limbs.’[[4]](#footnote-4) Conversely, a ‘person’s disordered appearance signaled a mind that lacked control over the passions, where male honor had become cowardice, honesty was unknown, and lustfulness had taken the place of purity.’[[5]](#footnote-5) In Mosse’s argument, doctors became leading arbiters of masculinity and morality through their definitions of health and illness and their causes.

A second value associated with heroic masculinity that Mosse identifies is that of self-control. In particular, he discusses control of sexuality as an aspect of both respectability and civil control. This point is also made by Michael Adams in his discussion of ideals of masculinity in relation to war enthusiasm prior to the First World War. Both men, however, also identify a more general idea of emotional self-control as equally important to masculine ideals. As Adams points out, ‘To be masculine was to be unemotional, in control of one’s passions’,[[6]](#footnote-6) whether such passions were sexual or emotional in nature.

Stefan Collini also identifies self-restraint as a core quality of the ideal of ‘character’ as defined by Victorian intellectuals. He points out, however, that such qualities were ‘depend[ant] on a prior notion of duty.’[[7]](#footnote-7) Such duty could be, as Mosse and Dawson have argues, owed above all to the State. This was particularly true in the imaginings of the ideal soldier hero. Yet, as Jeffrey Richards has noted, the duties associated with male friendships in nineteenth-century Britain ‘involved notions of service and sacrifice, frequently death on behalf of the beloved.’[[8]](#footnote-8) Both national and individual forms of duty were, therefore, idealized as aspects of heroic masculinity in the years leading up to the First World War.

These ideals have, to some extent, been studies as they were perceived during and after the First World War, particularly by Joanna Bourke in Dismembering the Male. Bourke shows how, even in the face of the challenges presented by mutilation, doctors strove to maintain their authority over the definitions of masculinity. She also discusses the ways in which ideas of duty were challenged by the war. She argues that concepts of national duty were reinforced through the concept of malingering while ideals individual duty as embodied by comradeship failed to survive the war. She finds evidence for this in the relative unpopularity of ex-servicemen’s associations in the years after the war.[[9]](#footnote-9)

Although Bourke discusses shellshock, particularly in relation to physical treatment and its relationship to the idea of malingering, her focus on the physical challenges to masculinity posed by the war means that she never fully analyses how shellshock affected psychological aspects of definitions of masculinity. In this paper, I hope to show how shellshock challenged pre-war notions of self-control and duty. I will argue that doctors, in their diagnoses and treatment of the condition, used the ideal of self-control in their attempts to retain control over the definition of ideal masculinity. Soldiers who suffered from the disease, or witnessed it in others, on the other hand, emphasized the ideal of comradeship as a form of duty in an attempt to form a definition of courage that was not directly undermined by shellshock.

# Doctors’ Narratives

From the beginning of the First World War, the condition that came to be known to the wider public as ‘shellshock’ posed serious difficulties for the medical profession, particularly with regards to definition. In 1915, Dr. C.S. Myers classified various nervous symptoms being exhibited by soldier that had no obvious physical cause under the term ‘shellshock’. The term was intended to describe the effect of high-powered explosive on the nervous system, whether through direct burial or through ‘air concussion’ where the blast of high explosive was thought to cause invisible damage to the nerves through the pressure produced by the displacement of air. Such a definition was a physical explanation for the psychological symptoms that were appearing with increasing frequency among British troops on all fronts. By 1917, however, Myers admitted that physical shock was the cause of only a tiny number of the thousands of cases of psychological damage that were being diagnosed as shellshock.

Throughout the war, doctors used numerous other terms such as ‘hysteria’, ‘neurasthenia’, ‘Soldier’s Heart’ and ‘Not Yet Diagnosed, Nervous’ to describe a variety of symptoms, ranging from paralysis to uncontrollable shivering, mutism to nightmares, that they could not attribute to any known physical cause. It has been argued by Elaine Showalter that the use of terms such as ‘hysteria’ associated sufferers with a powerless femininity that was forced to act out psychological repressions through uncontrolled physical actions. Such a definition, she argues, served to stigmatize male shellshock sufferers as feminine hysterics.[[10]](#footnote-10) Yet hysteria was used as a diagnostic term comparatively infrequently, and then only to describe purely physical symptoms such as blindness or anesthesia. Neurasthenia, with its gender neutral implications, was by far the most common term of diagnosis, while the use of a term such as ‘Soldier’s Heart’ implied a disability more closely associated with the masculine pursuit of soldiering. The situation was complicated by the fact that doctors tended to apply diagnostic terms in highly individual and often mutually contradictory ways. For example, a man who felt the pain of a sprained back gradually spreading down his legs and a man with no memory of threatening his comrades with bayonet were diagnosed by different doctors as ‘neurasthenic’. Dr. G. Micklethwaite of York labeled many of his patients whose symptoms were described solely as ‘fits’ as neurasthenic.[[11]](#footnote-11)

Despite the confusion evident in diagnosis, most doctors seem to have agreed upon one thing. Whatever name was used and whatever symptoms were covered, war neuroses were the result of a loss of self-control. By 1919, Myers could write, ‘There is a general agreement that the war neuroses are to be regarded as the result of functional dissociation arising from the loss of the highest controlling mental functions.’[[12]](#footnote-12) Dr. W.H.R. Rivers, in his study *Instinct and the Unconscious*, argued that what he termed ‘emotional shock’ could be divided into two types: substitution neurosis, also called hysteria, and anxiety or repression neurosis also called neurasthenia. Substitution neuroses, according to Rivers, covered symptoms such as paralyses, contractures and anaesthesias, all symptoms involving loss of control of the body. Anxiety neuroses, on the other hand, were indicated by symptoms involving loss of control of the mind. The main symptom was ‘a state of general mental discomfort which may range from mere *malaise* to definite repression.’[[13]](#footnote-13) He listed other symptoms characteristic of anxiety neuroses as nightmares, hallucinations and insomnia, all situations in which the mind cannot be controlled.

At a time when most British doctors dismissed Freud as vulgar for placing too much emphasis on sex, Rivers, although not an avowed Freudian, was of a psychoanalytic school of thought and owed a theoretical debt to Freud. He acknowledged this in his use of the term ‘anxiety neurosis,’ an idea originally brought forward by Freud. Many doctors dismissed his work, however, being unconvinced that Freudian theories could or should be applied, even when separated from the sexual element. Even if they dismissed Rivers’ particular arguments, however, many of his contemporaries agreed with him in distinguishing between physical and mental control in diagnosing the war neuroses. G. Elliot Smith and T.H. Pears, for instance, distinguished between the ‘subjective’, or mental, symptoms of neurasthenia and the gross physical symptoms associated with hysteria. ‘Subjective’ symptoms included:

loss of memory, insomnia, terrifying dreams, pains, emotional instability, diminution of self-confidence and self-control, attacks of unconsciousness or of changed consciousness sometimes accompanied by convulsive movements resembling those characteristic of epileptic fits, incapacity to understand but the simplest matter, obsessive thoughts, usually of the most gloomy and painful kind, even in some cases hallucinations and incipient delusions.[[14]](#footnote-14)

With the exception of the changed levels of consciousness and convulsive movements, all these symptoms are associated with the mind and indicate the sufferers’ inability to control his. Nor were Smith and Pears dismissive of subjective symptoms. They realised that, as much as the physical symptoms which indicated lack of control over the body, ‘subjective’ symptoms ‘make life for some of their victims a veritable hell.’ The use of the active verb is significant. It is the symptoms that are in control, not the sufferer.

What can be seen, therefore, is that there was fairly general agreement among doctors that loss of control was an identifying characteristic of war neuroses. This control could be either physical or mental, depending on the symptoms that were evident. Disagreement arose, however, as to the *cause* of loss of control. Some viewed it as ‘inherited neuropathy’. Sir John Collie for one believed that shell shock sufferers were ‘a hypochondriacal class whose self-control has always been subnormal and unfits them by temperament to be soldiers.’[[15]](#footnote-15) The conditions of war and training for war brought out the inherent neuropathy in the victim’s temperament. This meant that such a recruit had never been suited to conditions that a soldier had to survive.

This explanation could not, however, account for the number of men who showed great bravery at moments of stress but later collapsed. In their cases, Dr. Frederick Mott argued that the strains of war had weakened their self-control to breaking point. ‘To live in trenches,’ he suggested:

or underground for days or weeks, exposed continually to wet, cold and often, owning to the shelling of the communication trenches to hunger, combined with fearful tension and apprehension, may so lower the vital resistance to the strongest nervous system that a shell bursting near, and without causing any visible injury, is sufficient to lead to a sudden loss of consciousness.[[16]](#footnote-16)

This argument agreed with one put forward by Rivers in *Instinct and the Unconscious*: ‘Both in peace and war the immediate factor in the production of neurosis is the weakening of control by shock, strain, or fatigue. The chief cause of the frequency of the neurosis in the war has been the excessive nature of the strain to which modern warfare exposes the soldier.’[[17]](#footnote-17) As in Collie’s argument, the conditions of warfare were seen as the cause of breakdown but Mott and Rivers acknowledge, as Collie does not, that the conditions that soldiers encountered during the First World War were extreme both in their intensity and duration, thus leading to breakdown in those who were not necessarily predisposed by their heritage towards mental breakdown. Shellshock, and its frequency of occurrence in particular, could be read, therefore, as evidence of the extremes of the conditions suffered by soldiers during the First World War in particular, rather than as evidence of the ability, or lack thereof, of sufferers to fulfill ideals of heroic masculinity such as self-control.

The debates that characterized the discourse of the doctors who diagnosed and treated shellshock during the war were not merely concerned with abstruse medical classifications. By focusing debates over definition and causation on the ideals of will-power and self-control, both mental and physical, doctors were able to make statements about the qualities they believed necessary in the healthy, functional man. Most believed that self-control was an absolute necessity as lack of self-control of either mind or body led to symptoms that did not allow men to fulfill their functions as soldiers, a function demanded of them by duty to their country. Debates about causation allowed doctors to define the quality of self-control, some arguing that it was inherent and inheritable, others that it was malleable, making all men susceptible to its erosion or loss. Through these debates, doctors reaffirmed the primacy of self-control in their definitions of the healthy heroic man, even as they questioned men’s ability to retain their self-control under the very conditions in which such a quality might be deemed most necessary.

# Soldiers’ Narratives

It was not only doctors who viewed shell-shock as an illness affecting the sufferer’s self-control. Soldiers also saw the condition this way. The language they used to discuss the condition, however, was different. While doctors talked of self-control and will, soldiers used words like ‘nerves’ and ‘fear’. H. Clegg, for instance, wrote of a night when ‘I completely lost my nerve;…I could not get past a certain point where shells were dropping every two minutes; I tried several time in half an hour, but something had failed.’[[18]](#footnote-18) H.L. Adams also used the language of ‘nerve’ to describe his experience of shell shock: ‘Owing to the recent strain my nerves had become somewhat hamstrung and I commenced running towards the enemy lines.’[[19]](#footnote-19) By contrast, L. Gameson spoke of his experience in terms of fear:

Quite suddenly and desperately privately, I was seized by a state of anxiety which came near to the pathological…. Its essence was crude, irrational physical fear.…when I infer that it dominated me, I mean in my private thoughts and not in behaviour; but, regarding behaviour, the margin was small….I began to put taboos on some [ordinary actions], for fear of hurtful and demonstrably unrelated consequences – as in the matter of using the entrances to H.Q’s dugout. There were two entrances from the trench above: one at the north end and one at the southern. Wholly irrationally, I forbad [*sic*] myself the use of the southern. Inevitably, I was compelled to enter by that way, or to disclose my morbid secret….I was able, still desperately in private, to shrug it off and thus to lift the ban from the dubious doorway, along with equally vain taboos. But the ghastly tension continued to hold me.[[20]](#footnote-20)

Clegg, Adams and Gameson are all describing moments when they lost either their physical or emotional control which, had any of them been diagnosed, would have undoubtedly been termed instances of shellshock or war neurosis. The words they chose to depict their experiences, however, are far more direct in their acknowledgement of what soldiers were *feeling* than those used by the doctors. Soldiers experienced fear and it was this, in the memories of the men who experienced total war, that caused them to lose control and thus exhibit the symptoms that became associated with shellshock.

The experience of fear or ‘nerves’ did not, however, lead automatically to a loss of self-control. As one officer told the War Office Commission on ‘Shell-Shock’, ‘I think every man, no matter how brave out at the front, has experienced fear.’[[21]](#footnote-21) Fear was ubiquitous, a fact emphasized by the references to feelings of fear in soldier’s diaries. Even those who were never diagnosed with shellshock wrote of the fear they felt. H.T. Clements, for instance, wrote in his diary how, one night, ‘Fritz began to send coal-boxes over, as each one explodes the ground shook & trembled. I felt rather windy! After hanging about we returned & found that the communication trench we had gone by had been blown in, they were shelling the part we had just left. It was altogether one of the worst experiences I have ever had.’[[22]](#footnote-22) T.P. Marks recalled feeling similar emotions in his memoir, written in 1936, of his experience as a private, although his language is rather more forceful than Clements: ‘Life at the Front destroys our nerves. There is danger about us, and below us, and above us. It is always present, and never at any time very far away from us. We know that we are not as steady as we used to be.’[[23]](#footnote-23) R.G. Dixon also acknowledged the ubiquity of fear in his memoir when he wrote, ‘Did things like that [a bombardment] scare us? Frankly, they scared me. I fancy most fellows were scared out of their wits a lot of the time. I was, I know! The thing was, to try not to show it, especially to one’s men.’[[24]](#footnote-24) After the war, the commonness of the experience of fear among soldiers was publicized in works such as R.C. Sherrif’s West End play, *Journey’s End* (1929), in which an officer, idolized as a hero by one of his subordinates, is shown turning to drink in order to hide his fear. This depiction clearly struck a chord with the viewing public which included many ex-servicemen as it became ‘the most successful war play ever produced in Britain.’[[25]](#footnote-25)

Even though most men admitted to themselves that they felt fear, as Dixon’s comment shows they remained, throughout the war, under enormous pressure not to show fear. ‘I was really scared, I could not show it, and I had to act as if it was an everyday job to go into no man’s land and cut a bit of wire,’[[26]](#footnote-26) J.W. Rowarth recalled. Men who did lose control due to fear attempted, like Gameson, to keep it private, or else went to extreme lengths to prove their self-control to both themselves and others. A patient of Dr. William McDougal, for instance, when ‘he began to suffer from shakiness under bombardment,…made great efforts to control himself, and would go and stand outside the dugout to prove that he was not afraid.’[[27]](#footnote-27) This need to prove self-control can also be seen in I.L. Meo’s defensive comment in his diary after he was diagnosed as shell shocked: ‘I did my duty fully….I personally visited 3 listening posts between 2 & 6 AM.’[[28]](#footnote-28) It is also evident in the desire of many men diagnosed with shellshock to return to the front, thus proving themselves healthy and in control of their fear. Examples range from Wilfred Owen who wrote to Siegfried Sassoon on his return to the front that he was ‘glad. That is I am much gladder to be going out than afraid.’[[29]](#footnote-29) to the comment on an anonymous medical case sheet that reads ‘Feels alright now. Would like to return to fight.’[[30]](#footnote-30)

Other than the desire to prove their control over their emotions, those who suffered from war neuroses desired to return to the front because they felt they were failing in their duty to their comrades. Such emotions can be seen in the memories of men who were forced to leave their unit because of physical wounds. John McCauley, for instance, recalled that:

as I lay wounded on the battlefield, no further use for fighting in my condition, and free to make my escape from the hell we were enduring, I felt genuine regret at the thought of parting from my chums. Fine, loyal comrades they had been. Tested and proved steadfast and true to one another. I began to appreciate what the splendid spirit of comradeship, born out of the horrors and hardships we had faced together meant to me….I had a feeling that I was imposing on these splendid fellows; leaving them just when my help was most needed. Two dead and one wounded in our little group meant that extra burdens would be thrown on my pals, and I thought that I would like to stay with them, wounded though I was, to prove that I was as loyal as they had been to me.[[31]](#footnote-31)

S.H. Raggett also felt this when he wrote that ‘even after I knew war, shorn of its glamour, knew it as it was, I wanted to be there, even when in England in safety. When I thought later of what the men in the trenches were doing and going through, when I realised that the men who *were* men were in the line fighting for their lives, when I saw those who were home, fit,…shirking, I wanted to go back and be with those who were doing so much.’[[32]](#footnote-32) R.G. Dixon similarly felt that, when he was wounded, he

was ‘letting the side down’, of being safe while one’s friends out there were sticking it out and one was not with them, sharing their life and toil, their hardships and dangers. One hated it, but wanted to be back in it, because it was shirking to be elsewhere. One was so much the less a man if one were not at the front; for us it was the one reality, and the old notorious names were a kind of home to us…the very sound of their names to me now is like faint but clear echoes of a vanished world whose permanent inhabitants were terror and pain and violent death, but where tremendous qualities such as courage and comradeship and selflessness shone like stars. I know for myself I have known no such comradeship as those old years gave us who fought on the old Western Front.[[33]](#footnote-33)

The extent and lyricism of such memories would seem to argue against Bourke’s assertion that male bonding failed in the years after the war. Rather, by choosing to remember the importance of comradeship to such an extent, memoirist indicate how important the memories of such bonding were to ex-servicemen’s definitions of themselves as men both during and after the war. These, of course, are the recollections of men who suffered physical, and therefore visible, wounds. For those whose wounds were psychological and exhibited more elliptically through lack of control over their minds or bodies, the anguish of admitting that one could not fulfil one’s duty ot one’s comrades must surely have been far worse.

Whatever the sufferers may have felt themselves, however, there was clearly considerable sympathy for shellshock sufferers on the part of other British soldiers. The very ubiquity of fear meant that these soldiers had often also experienced the emotions that caused loss of control, even if they had never themselves lost control. This sympathetic view is best expressed by Max Plowman who wrote of his friend Hardy, ‘There is no calmness about Hardy; he can be easily scared out of his wits,…; but where I admire him unfeignedly…is in the fact that being scared makes no difference to him. He is just as ready and full of pluck the next time.’ He continues, ‘I find one grows to love and hate men here according as one feels that in crucial moments they will be on the spot or absent. Whatever happens I know that Hardy will be there, and this last quality of comradeship is worshipful: it seems to be the very basic test of manhood.’[[34]](#footnote-34) It was not that lack of control was admired or even condoned. As G. Fisher pointed out, ‘at the time you either did your job or you didn’t. There was no halfway house.’[[35]](#footnote-35) What was admired, however, was an obvious attempt to control fear for the sake of the duty owed to one’s fellow soldiers, even if such an attempt ultimately failed.

The fact that such sympathy existed at all, however, shows how soldiers made an important distinction between the victim of shellshock and what Frederick Manning described as a ‘degradation of a man who was now only an abject outcast,’ namely the coward. In his autobiographical novel of the war, *Her Privates We*, Manning describes this distinction:

The interval between the actual cowardice of Miller, and the suppressed fear which even brave men felt before a battle, seemed rather a short one, at first sight; but after all, the others went into action; if they broke down under the test, at least they had tried, and one might have some sympathy for them; others broke momentarily and recovered again, like the two men whom Sergeant-Major Glasspool had brought to their senses….All these cases were in a different class, and might be considered with sympathy.[[36]](#footnote-36)

The distinction that Manning makes is extremely important. In his depiction of Miller, cowardice implies a conscious decision to betray comradeship. Courage, the polar opposite of cowardice and a heroic quality, by this standard, became, in the words of Plowman, ‘a social quality…[that] means caring for your pals more than yourself…[and that] has no meaning apart from some degree of friendship.’[[37]](#footnote-37) The social quality of comradeship, therefore, became vital to how men defined themselves as soldiers. Indeed, it can be argued that comradeship became for many British soldiers more important to the definition of heroic masculinity than self-control. The loss of self-control through fear, or at least the threat of such an occurrence, was too common to make it a useful signifier of courage. In addition, the threat of such a loss could be struggled against and the loss itself overcome. The willingness to do so, particularly for the sake of one’s comrades, became, therefore, an increasingly important element in the definition of courage for many British soldier who fought in the First World War.

By this definition, shellshock was defined by soldiers as lying somewhere between courage and cowardice in that it was a condition where consciousness had little relation to action. Instead it signified a failure to overcome a loss of self-control. The lines, however, remained blurry. Lack of self-control might lead to behavior that unconsciously betrayed comradeship but, in the shellshock victim, such a betrayal was unconscious. While soldiers who lost control of themselves betrayed an element of their masculinity, the ubiquity of fear made loss of self-control understandable to every soldier who came under shellfire. Shellshock, the condition defined by loss of self-control could, therefore, be viewed with sympathy by soldiers, whereas the conscious, controlled decision to abandon one’s comrades in arms and suffering could not.

*Conclusion*

What can be seen in the language used by doctors and soldiers to discuss shell shock is a change in the emphasis on which qualities were needed to make the ideal heroic man. This was less true of doctors treating shell shock who practiced behind the lines, primarily in Britain. Most did not know the conditions under which men fought which could strain self-control to breaking point. Their comments on shell shock as a condition characterized by lack of self-control tended to simpley brand the sufferer as inadequate soldiers at a time when soldiering was seen as an important test of manhood. Soldiers serving in the front line, however, were forced to be more sympathetic to the condition. The ubiquity of fear meant that most were put in positions where their own self-control was in doubt, even if they never allowed others to see this. For soldiers to brand all those who lost self-control as unmanly would have been to condemn the vast majority of fighting men, often themselves included. Their definition of masculinity, therefore, emphasized comradeship as the most important element and one that could be vital to the definition of more abstract virtues, such as courage. One could be a man if one remained loyal to one’s comrades, even in face of the subconscious betrayal of body or mind.

In the years following the war, the language of self-control reasserted itself as central to the definition of shell shock. In the hospitals and training programs of the Ministry of Pensions, shellshock victims were taught to regain control over their bodies and emotions. Yet for the men who had endured war, a definition of masculinity that did not depend so heavily on self-control had been presented by the experience of war. It was this definition, which privileged comradeship as the key ingredient of masculinity, that many veterans clung to. In this way, men who had known fear under the conditions of total warfare were able to define their military service not as an experience of emasculation, but rather as an episode which had made them men.

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1. Mosse (1996), p. 5. [↑](#footnote-ref-1)
2. MacKenzie (1990) and MacKenzie (1987). [↑](#footnote-ref-2)
3. Dawson (1994), p.1. [↑](#footnote-ref-3)
4. Mosse (1996), pp.25-7. [↑](#footnote-ref-4)
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6. Adams (1990), p.13. [↑](#footnote-ref-6)
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8. Richards (1987), p.93. [↑](#footnote-ref-8)
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11. Medical Case Sheets, n.d., MH/106/2101, Public Record Office (PRO), London. [↑](#footnote-ref-11)
12. Myers (1919), p.51. [↑](#footnote-ref-12)
13. Rivers (1922), p.123 and *passim.* [↑](#footnote-ref-13)
14. Smith and Pear (1917), pp.12-13. [↑](#footnote-ref-14)
15. Neurasthenia in Soldiers: Report of a Lecture by Sir John Collie (1917), p.962. [↑](#footnote-ref-15)
16. Mott (1916), p.331. [↑](#footnote-ref-16)
17. Rivers (1922), p.120. [↑](#footnote-ref-17)
18. Clegg (n.d.), p.50. [↑](#footnote-ref-18)
19. Adams (n.d.), pp.8-9. [↑](#footnote-ref-19)
20. Gameson (n.d.), p.334. [↑](#footnote-ref-20)
21. Evidence of Lt.-Colonel J.S.Y. Rogers, *Report of the War Office Committee of Enquiry into ‘Shell-Shock’* (1922), p.62. The War Office Committee of Enquiry in to ‘Shell-Shock’ was established in 1920 under the chairmanship of Lord Southborough. Its remit was: ‘To consider the different types of hysterica nd traumatic neurosis commonly called ‘shell-shock’, to collate the expert knowledge derived by the Service Medical Authorities and the medical profession from the experience of the war with a view to recording for future use the ascertained facts as to its origin, nature and remedial treatment, and to advise wheter, by military training or education, some scientific method of guarding against its occurrenc cannot be devised.’ (Press Release, War Office Publicity Departement, 1st September, 1920, WO 32/4747, The Public Record Office, London.) For a close analysis of the Committee and its eventual conclusions, see Bogacz (1989). [↑](#footnote-ref-21)
22. Clements (1915), 4th November. [↑](#footnote-ref-22)
23. Marks (1977), p.18. [↑](#footnote-ref-23)
24. Dixon (c.1970), p.72. [↑](#footnote-ref-24)
25. Bracco (1993), p. 145. For a detailed examination of the play’s popularity, see Bracco (1993). [↑](#footnote-ref-25)
26. Roworth (n.d.), p.19. [↑](#footnote-ref-26)
27. McDougall (1920-1921), p. 145. [↑](#footnote-ref-27)
28. Meo (1916), September 30. [↑](#footnote-ref-28)
29. Owen (1963), p.174. [↑](#footnote-ref-29)
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31. McCauley (n.d.), p.45. [↑](#footnote-ref-31)
32. Raggett (1920), p.7 [↑](#footnote-ref-32)
33. Dixon (c.1970), p.88. [↑](#footnote-ref-33)
34. Mark VII (1927), pp.100-101. [↑](#footnote-ref-34)
35. G. Fisher in Macdonald (1993), p.476. [↑](#footnote-ref-35)
36. Manning (1986), p.82. [↑](#footnote-ref-36)
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