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Tucker, Matthew A.

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by

Matthew Tucker
Dalhousie University

Abstract

Although *Post-Traumatic Stress Disorder* (PTSD) is recognized today as a legitimate psychiatric disorder, prior to the 1980s the illness was not well understood. PTSD-like conditions have been observed since ancient times but became infamous during the First World War as thousands of soldiers returned home afflicted with "shell shock."

By the end of the war, reams had been written about the etiology and treatment of shell shock and, while some of this was more or less accurate by today's standards, a good deal of it was egregiously misguided. Prevailing views of the day – that mental illness was "shameful" and a sign of inherent "deficiency" – reigned even among physicians, leading many of them to propose therapies for shell shock that were wholly inappropriate.

Yet shell shock also played a role in the destigmatization of mental illness, as the families of shell-shocked men began clamouring for justice towards their loved ones. Furthermore, the First World War coincided with the rise of Freudian-style psychoanalysis and, consequently, early psychiatry received a major boost in credibility by demonstrating its efficacy in healing shell shock victims.

Introduction

The Great War, fought between 1914 and 1918, ushered industrial age technology onto the battlefield in an unanticipated manner. The war also bred a new class of casualty – the "mentally wounded" – as literally tens of thousands of men returned from the front lines afflicted with a seemingly bizarre malady popularly called "shell shock". Physicians were quick to show interest in the new illness and by the end of the war, volumes had been written on the topic, yet by today's standards the information in these books was often dubious. Shell shock would ultimately help transform Western views of mental illness as society was forced to cope with the sudden influx of vast numbers of shell-shocked men.

Although it appeared new and baffling at the time, contemporary descriptions of shell shock often resemble modern accounts of post-traumatic stress disorder. A 1918 British Army Medical Manual entitled *The Psychoneuroses of War* describes various symptoms of shell shock, some occurring during the early stages of the illness, some later. Earlier symptoms included convulsive attacks or "epileptiform fits", sudden flight to the rear lines during an attack, failure to recognize comrades, inability to answer questions, refusal to advance against the enemy even under coaxing or orders, and lying prone, "trembling and cowering". Later symptoms included memory trouble, disorientation in time and space, headache, hallucinations, lethargy, stupefaction and tremors. While most of the

above were transient, shell shock casualties often also suffered from more enduring problems like headaches that were "intractable and unrelieved by analgesic drugs", changes in character, persistent memory dysfunction, excess of emotion, and "various forms of terror and fear".

What's the Etiology, Doc?

Early 20th-century doctors generally subscribed to a "physicalist" school of thought which held that mental illness was caused by physical deterioration of the nervous system, even if no lesions were apparent on examination. Consequently, the mysterious new ailment appearing among soldiers was said to result from actual trauma to nervous tissue caused by the explosion of artillery shells, bombs, grenades, or other explosives – hence the name "shell shock". This theory prevailed across Europe; the German term, for instance, was "*Granatschock*" ("grenade shock"). *The Psychoneuroses of War* explains thusly:

> The explosion of a projectile close at hand plays, as we have seen, an important role in the etiology of all the neuropathic disorders we have reviewed. In the vast majority of cases it is the origin of the disorder and is quite the most important etiological and pathogenic factor. Therefore … the most diverse nervous or psychical manifestations are linked together by a common bond and can be classed together in a common group under the name of concussion disorders or the "concussion syndrome".

But How Do We *Cure* It? Contemporary Remedies

Enterprising physicians proposed a myriad of treatments for the new malady. Some of these appeared successful, some less so. Opinion was rarely based on empirical study in the modern sense and there was frequent disagreement among experts on which methods were most effective. Sometimes physicians' primary aim was to serve the war effort at the expense of patients' wellbeing, leading to grisly "therapies".

A typical therapeutic approach to shell shock is described in *The Psychoneuroses of War*. Called the "psycho-electric and re-educative method", it consisted of four stages:

Stage One: Persuasive Conversations

During this stage,

> one tries to explain to the patient the nature of the disorder from which he is suffering … to show him how it has arisen, to reassure him as to its gravity, and lastly to promise him a cure … During the course of this first talk with the patient use is made of methodical suggestion … this is all the easier to carry out when one has to deal with patients on the lower intellectual levels… At the end of the conversation one should endeavour to get the patient to say that he really wants to get well.

One might contrast this with modern medical ethics, which not only discourages such paternalism, but would certainly frown upon "promising" a patient a cure that cannot be guaranteed!

Stage Two: Isolation

During this stage, patients

> are put "in a separate room and kept in bed on a strict milk-diet. Save for rare exceptions, isolation is a valuable or even indispensable air to psychotherapy … several objects are achieved … the effects of suggestion are reinforced … the patient is left alone with his thoughts and has an opportunity of thinking over the promises he has made; it often happens that he will eventually beg for the electrical treatment which he at first refused … there are two degrees: *comfortable isolation* in a separate room … and *rigorous isolation* in a cell with milk or bread and water diet … Often during this second stage of treatment spontaneous recovery takes place.

Again, one might compare this with the modern view of post-traumatic stress disorder which encourages patients to share their feelings rather than brood alone.

Stage Three: Faradization

This was the aforementioned "electrical treatment":

> The patient lies absolutely naked on the bed, where he is first treated in the recumbent position … Afterwards he is treated sitting down, then standing, walking, running, etc. … The current is at first feeble and then gradually increased; the poles are first applied to the affected parts and then, if necessary, to especially sensitive parts of the skin surface (ears, neck, lips, sole of the foot, perineum, scrotum). Care must be taken to proceed gently at first … if needs be, the strength of the current is increased and more energetic measures used. This is the rapid method, indicated in the vast majority of cases, especially at the front. Lest this method be confused with electroconvulsive therapy (ECT), a modern psychiatric treatment that is both benign and efficacious, one should note that "faradization" involved currents intense enough to cause extreme pain and unconsciousness. At least twenty German soldiers were killed by electric shock while undergoing the "electrical treatment".

Stage Four: Physical and Psychical Rehabilitation

During this final stage, patients were re-taught physical and emotional life skills that they might have lost during their illness, since it was felt that "[m]ost neuropaths … need re-education by systematic exercises directed towards the re-establishment of the lost functions."

While variations on this four-stage approach were employed across Europe during the war, their effectiveness was questionable, leading some clinicians toward more radical solutions. A young Austrian doctor related his experience in a war hospital in Vienna:

> I despised those physicians who… forced half-recovered soldiers to go back to the trenches… Convalescents, still in pain, their wounds unhealed, were marched off to their regiments. In many hospitals they were tortured with a faradic brush, *so that they preferred the terrors of war to the terrors of the hospital* (emphasis mine).

Other "treatments" for shell shock at the Vienna General Hospital were likewise intended simply to coerce the patient into preferring life in the trenches to life in the hospital. These included isolation cells, cold showers, strait-jackets, public humiliation through naked exposure, and the extinguishing of burning cigarettes on patients' bodies.

Why did some "healers" resort to such barbarism? For one thing, many medical officers and even civilian doctors were swept up in a wave of war patriotism, feeling tremendous pressure to serve their countries' interests by getting wounded soldiers back into battle as quickly as possible. The welfare of the patient became secondary to the needs of the nation. Yet most physicians, whatever duty they may have felt to support the war effort, were not cruel. Seeking a cure for shell shock, many turned to an avenue of therapy that in 1914 was still novel: the budding field of psychiatry.

Speaking-out for the Soldiers: Modernizing Mental Healthcare

Shell shock would shape the modern view of mental illness in at least two significant ways. Firstly, it helped socially de-stigmatize mental illness and was a catalyst for the creation of a healthcare system wherein mental patients were treated as humanely and appropriately as any other patients. Secondly, shell shock played a key role in legitimizing psychiatry and psychotherapy as valid forms of medicine.

Prior to the war, the mentally ill were regarded with trepidation and mistrust by society at large. Viewed as "hopeless cases", they were commonly locked up in asylums and – intentionally – forgotten about. This approach was ubiquitous:

> The early twentieth-century British lunatic asylum may not have been exclusively a storehouse of incurables, but it was widely perceived as such, and this was no mere popular fancy, for that is just how it was depicted by authoritative voices in parliament as much as in psychiatry.

Despite good intentions, families were often at a loss to know how to care for their troubled loved ones. As a pre-war primer on "nervous disorders" explained:

> To add to the misfortune, nervous patients are often misunderstood. They keep up an appearance of good health for a long time; they show very great variations in their dispositions, to-day suffering martyrdom and to-morrow able to take up their work with certain briskness.
>
> Their relatives, even the most loving and best meaning, do not know what to think of these fitful changes. They get into the habit of reproaching the patients for their laziness, their caprices, and their lack of energy. Their encouragements are taken in the wrong spirit and only serve to increase the irritability, the sullenness, and the sadness of these poor nervous people.

Shell-shocked soldiers were initially viewed in much the same way. At some facilities, they received dubious care even from medical staff, "as though the institution was bent upon putting over the message that the treatment they were being given was not what they deserved but a concession, an expression of weakness reluctantly conceded by the authorities." One historian suspects it is not entirely accidental that surviving photographs of shell shock facilities are scarce; pointing out that few patients or families would want a reminder of such a "shameful" past. He notes that "one cannot fail to be struck by this contrast between the knowledge of the vast shipments of disturbed men, these crowds of suffering soldiers, and the image that the authorities contrived to present of a quiet country house with just a few residents at any one time."

Yet the war was to progressively alter these attitudes. Mental illness was forced out of the shadows and into the public eye by the sheer number of shell-shocked men coming home from the trenches. Clinging to old myths regarding the mentally ill became increasingly impossible; no longer, for example, could shell shock victims be dismissed as mere "fakers".

> At a very early stage, even before there had been a significant inflow of mental casualties from the theatres of war overseas, the military authorities discovered … that they were going to have to overhaul their customary procedures for dealing with soldiers who were suspected of insanity. *In the prevailing military culture, a soldier with nervous problems was either a lunatic destined for the madhouse or a malingerer* (emphasis mine).

By 1917, however, clinicians were asserting in print that "there is no justification … for calling every instance of [shell shock] a case of malingering or simulation." They further argued against the concept that mental patients – and shell shock victims in particular – were somehow "weak", "defective" or "shameful":

> One of the most dangerous and misleading terms in our language is the word "neuropathic" … on the return from the front of patients afflicted with 'shock' one heard the opinion at first that the cases were those of "neuropathic" men; that the soldiers who became affected by shock were weaklings or were descended from mentally afflicted or nervous parents … it would be a gross misrepresentation of the facts to label all the soldiers who suffer from mental troubles as weaklings. The strongest man when exposed to sufficiently intense and frequent stimuli may become subject to mental derangement. It is quite common to find among the patients suffering from shock senior non-commissioned officers who have been in the army fifteen or twenty years … Such men can hardly be called weaklings or "neuropathic".

These authors conclude that "The war has shown us one indisputable fact, that a psychoneurosis may be produced in almost anyone if only his environment be made 'difficult' enough for him."

A third notion thrown into question by the war was that the mentally ill were somehow less legitimately injured, less deserving of proper medical care, than other patients. As tens of thousands of shell-shocked men returned home, ordinary families gained first-hand familiarity with mental illness on a scale never before experienced by Western society, and these family members began to insist that their brothers, their sons, their fathers, uncles and cousins be treated decently. Even those without a shell-shocked friend or relative expressed their gratitude for the troops' service by "demanding that

soldiers who had been mentally incapacitated by the war be provided appropriate facilities." It would henceforth be considered inappropriate to treat shell shock victims as second-class citizens. In time, this view would extend to mental patients of all sorts.

Finally, shell-shocked soldiers helped bring psychiatry into the mainstream. Though still a very new discipline at the outbreak of war – indeed, Vienna neurologist Sigmund Freud (1856-1939) had published his first book on psychological illnesses twenty years earlier – psychiatry received a major boost in credibility as physicians looked to psychotherapy for a solution to shell shock. Some doctors tried even more radical approaches, but

> violent means of coercion, designed to force neurotic soldiers back into duty, remained inefficient. Drawing from an alternative body of knowledge, army physicians influenced by Freud's writings, or trained in psychoanalysis, applied cathartic methods to treat the Central Powers' soldiers. Their approach was not only more humane, but also proved to be therapeutically more efficient.

Hence, physicians who turned to psychoanalysis for an answer to shell shock often saw better results than their colleagues did; so much so, in fact, that military officials from Germany and Austria-Hungary, desperate for a shell shock cure, attended – and indeed helped finance – the *Fifth Psychoanalytic Congress* in Budapest in 1918. Addressing the Congress, Hungarian psychoanalyst Sándor Ferenczi (1873-1933) began to explain: "You see, ladies and gentlemen: the experience with war neurotics led finally even further than just for the discovery of the soul – it led the neurologists almost to the discovery of psychoanalysis …" The success of psychotherapy also meant that strictly "physicalist" interpretations of shell shock – that it always resulted from actual trauma to the nervous system – diminished in popularity, paving the route for more modern interpretations of a wide range of mental afflictions. In a very real way, psychiatry had arrived.

Shell shock, therefore, brought meaningful change to Western conceptions of mental disease and mental healthcare. The general public began to clamour for fair treatment of the tens of thousands of men suffering from the dreadful affliction. Physicians in turn, initially proposed a variety of unlikely cures but became increasingly interested in psychotherapy as a possible solution. This helped propel psychiatry into the mainstream. Although it would take years for these new attitudes to fully permeate society (indeed, the Central Powers' military psychoanalysis program, for example, was effectively canceled with the onset of peace since the army no longer saw any practical need for it), shell shock nevertheless represented a turning point for Western views of mental health.

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