

Emasculated Men:
The Perception and Treatment of Shell-Shocked Soldiers During World War I

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Abstract

World War I differed from wars of the past in a variety of ways. Thus, it created a host of modern medical and psychological problems for soldiers, military leaders, and physicians to overcome such as shell shock. Since shell shock was a relatively new phenomenon in warfare, the medical and military communities were uncertain about how to interpret its appearance and decrease its occurrence in their armed forces. As a result, shell shock fell victim to several social constructs of the time. One of the main societal factors that fueled the negative stigmatization of shell-shocked soldiers during the war was militarized masculinity. Using a variety of primary sources including military recruitment posters, medical journals, and other military and medical records, this paper aims to contribute to the current historiographical literature on the period by focusing exclusively on how societal perceptions of masculinity ultimately influenced the American and British military's attitudes towards shell-shocked soldiers and determined the types of treatments used by medical practitioners to relieve soldiers of their debilitating and "effeminate" symptoms.

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Introduction

The U.S. government and military's track record in treating mental health issues has been anything but stellar. Since World War II, the number of mental health related casualties in the military has exceeded the combined total of those either killed or wounded in action.² And yet, according to Mark C. Russel, Shawn R. Schaubel, and Charles R. Figley in their series of articles published this year on the U.S. military's mental health dilemma, any intentional advances by the armed forces to solve their own mental health crisis have been either short or unsatisfactory at best.³ From a historical perspective, this should not come as a surprise. The military's first forays into the field of psychiatry during World War I were haphazard and, at times, misguided due in part to the societal prejudices and stigmas of the period.

World War I pushed a reluctant and unprepared world into modern times. The staggering human cost of impersonal, technological warfare combined with a bloody war of attrition showed the horrors of the new modern age on a terrifying scale. Because this conflict was different from the wars of the past century in its use of trench, projectile, and gas warfare, in many ways it brought with it new and puzzling difficulties for medical

¹Courtney Kramer began the research and writing process for her honors thesis in HIST 490 – The United States and World War I in the spring 2018 semester.

² Mark C. Russell, Shawn R. Schaubel, and Charles R. Figley, "The Darker Side of Military Mental Healthcare Part One: Understanding the Military's Mental Health Dilemma," *Psychological Injury and Law* 11, no. 1 (March 2018): 22.

³ *Ibid.*, 23.

and military communities to overcome. One of the most significant difficulties that arose as a result of the brutal conditions of industrialized warfare during World War I was shell shock.⁴

Shell shock became a major medical concern for the Allies on the Western Front because it not only removed many troops from active service, but also weakened troop morale.⁵ Since the United States did not keep official records of the casualties it suffered from shell shock, it is difficult to pinpoint an exact number of cases treated during the war, although most estimate it was between 15,000 and 76,000.⁶ Others have even argued that more U.S. troops returned home as psychological casualties of World War I than actually died on the front lines in France.⁷ This statistic only begins to hint at the national legacy these mentally and emotionally wounded soldiers would leave on an unsuspecting and unprepared nation.

Shell shock took a similarly devastating toll on the British forces as well. According to Sir John Collie, President of the Special Pension Board on Neurasthenics of Great Britain at the time, one in every five British soldiers was discharged because of shell shock.⁸ By more recent estimates, shell shock was responsible for around one-third

⁴ Annessa C. Stagner, "Healing the Soldier, Restoring the Nation: Representations of Shell Shock in the USA During and After the First World War," *Journal of Contemporary History* 49, no. 2 (2014): 258.

⁵ John T. MacCurdy, *War Neuroses* (Cambridge: Cambridge University Press, 1918), 9.

⁶ Stagner, "Healing the Soldier," 257.

⁷ Russell, Schaubel, and Figley, "The Darker Side," 22.

⁸ L. C. Frost, "Treatment in Relation to the Mechanism of Shell-Shock," in *The Military Surgeon*, ed. James Robb Church (Washington D.C.: The Association of Military Surgeons of the United States, 1919), 350.

of all British discharges and accounted for about forty percent of all British casualties at the front.⁹

Shell shock was deeply troubling to the medical community because its causes were unknown, it appeared to be “an injury without any bodily signs,” and it seemed to signal “a mass outbreak of mental disorder.”¹⁰ However, its unknown cause was not the only aspect of shell shock that concerned the Allies. Its propensity to suddenly incapacitate affected soldiers threatened the very foundations of their militaries by undermining the masculine virtues of proficiency, fortitude, and character upon which these institutions were built.

Because shell shock posed a threat to military establishments by attacking the culturally constructed and militarized ideal of masculinity, Great Britain and the United States quickly, but haphazardly reacted to it. Ultimately, the Anglo-American definition of manhood, coupled with the unpredictable and rapid outbreak of shell shock cases, negatively influenced how shell-shocked soldiers were perceived and treated by their military and medical communities during the war. It is important to note that the methods used by the U.S. military and medical communities to address shell shock must be seen in relation to Great Britain’s response to the disorder. After all, Great Britain had fought in the trenches and coped with the effects of shell shock for almost three years before the United States even entered the war; as a result, America’s understanding,

⁹ Joanna Bourke, *Dismembering the Male: Men’s Bodies, Britain and the Great War* (Chicago: University of Chicago Press, 1996), 109.

¹⁰ George L. Mosse, “Shell-Shock as a Social Disease,” *Journal of Contemporary History* 35, no. 1 (January 2000): 101.

presuppositions, and treatment of shell shock were inexorably linked to the previous work of Britain's medical and military communities.¹¹

Anglo-American Masculinity

During the previous century, a picture of ideal masculinity had cemented itself in Anglo-American society, creating a "consensus" on the definition of real manhood.¹² Historian Paul R. Deslandes provides an excellent definition of the essence of masculinity at the turn of the century when he writes that masculinity was built "on notions of proficiency, competence, intellectual and psychological as well as physical fortitude, and unimpeachable character."¹³ Deslandes' definition captures the complexities of masculinity as a cultural construct by highlighting its foundational emphasis on proficiency, fortitude, and character; therefore, I will use his definition as the framework through which to view the rise of militarized masculinity in Great Britain and the United States.

¹¹ The U.S. government sent Dr. Thomas William Salmon to Europe, and he reported the British assessment of shell shock. See Thomas William Salmon, *The Care and Treatment of Mental Disease and War Neuroses ("Shell Shock") in the British Army* (New York: War Work Committee, 1917).

¹² Ibid.

¹³ Paul R. Deslandes, *Oxbridge Men: British Masculinity and the Undergraduate Experience, 1850-1920* (Bloomington, Indiana: Indiana University Press, 2005), 124-125. While Deslandes provides a useful description of the main facets of the Anglo-American construct of masculinity, different demographic groups emphasized certain aspects of this definition more than others and added additional dimensions to the construct as well. For more information on the complexities of masculinity, refer to Anthony Rotundo, *American Manhood: Transformations in Masculinity from the Revolution to the Modern Era* (New York: Basic Books, 1993); Gail Bederman, *Manliness and Civilization: A Cultural History of Gender and Race in the United States, 1880-1917* (Chicago: University of Chicago Press, 1995); Michael Kimmel, *Manhood in America: A Cultural History* (New York: Free Press, 1996); and Craig Friend, *Southern Masculinity: Perspectives on Manhood in the South since Reconstruction* (Athens: University of Georgia Press, 2009).

Interestingly, the combination of these three aspects of masculinity was a relatively new cultural phenomenon in America and Great Britain. For generations, masculinity had been based primarily on a man's superior role in either the economic or spiritual realm, and therefore described masculinity as merely occupational proficiency or religious character.¹⁴ However, with the turn of the century, an emphasis on the "disciplined and fortified male body" was combined with these two traditional definitions of manhood, holistically incorporating proficiency, character, and fortitude a new cultural construct of masculinity.¹⁵ This was due, in no small measure, to the Anglo-American movement of Muscular Christianity and to the growing popularity of the cultural narrative of the 'self-made man.'¹⁶

That being said, Deslandes is correct in arguing that masculinity was not completely explained or delineated by the Muscular Christianity movement.¹⁷ However, it is important to note its role in reinforcing and popularizing masculinity through the lenses of proficiency, fortitude, and character as it was taking root in Anglo-American society. At its core, Muscular Christianity was a movement initiated by British and American protestant ministers that promoted a "Christian commitment to health and manliness."¹⁸ Since the protestant church was unable to fulfill its commitment to robust

¹⁴ Eric J. Segal, "Norman Rockwell and the Fashioning of American Masculinity," *The Art Bulletin* 78, no. 4 (1996): 689.

¹⁵ Ibid.

¹⁶ Seth Dowland, "War, Sports, and the Construction of Masculinity in American Christianity," *Religion Compass* 5, no. 7 (July 2011): 356.

¹⁷ Deslandes, *Oxbridge Men*, 124.

¹⁸ Clifford Putney, *Muscular Christianity: Manhood and Sports in Protestant America, 1880-1920* (Cambridge, Massachusetts: Harvard University Press, 2001), 11.

manhood on its own, this movement birthed a host of new organizations such as the Young Men's Christian Association (YMCA) and the Boy Scouting movement which sanctioned and eagerly developed this idealized and culturally defined view of masculinity within the young men of both nations.¹⁹

For example, Luther Halsey Gulick, who created the YMCA's philosophy on physical work and aided the founding of the Boy Scouts in the United States, clearly articulated the goal of every young man who was a part of the YMCA. In his address at the International Convention of the YMCA in Kansas City in 1891, Gulick argued that "[e]very worker should set before himself the ideal of the perfect man and work toward it, body, mind, and spirit."²⁰ The development of the body, mind, and spirit, the three aspects which Gulick believed represented a man as a whole, became the three main concerns of the organization, as exemplified in the emblem of the YMCA., the Red Triangle.²¹ In the end, Gulick's symmetrical description of man and the YMCA.'s plan to aid in his growth and development closely complemented and supported Anglo-American

¹⁹ Like the YMCA, the Boy Scouting Movement was determined to help boys, threatened by the female-controlled and growing cult of domesticity, to grow into responsible men through the careful instruction in "probity, rectitude, and robust physical health." Segal, "Normal Rockwell," 638. In fact, the Boy Scout movement served the dual purpose of hardening boys into real men and keeping them from the emasculating influences of the cult of domesticity. For more information on how the Boy Scouts of America helped to reinforce American masculinity, see Benjamin René Jordan, *Modern Manhood and the Boy Scouts of America: "Citizenship, Race, and the Environment, 1910-1930"* (University of North Carolina Press, 2016).

²⁰ Quoted in Charles Howard Hopkins, *History of the Y.M.C.A. in North America* (New York: Association Press, 1951), 253-255; and Jonathan Weier, "The Building of Boys for War: The Militarization of Boy's Work in the Canadian and American YMCAs," in *Children's Literature and Culture of the First World War*, ed. Lissa Paul, Rosemary R. Johnston, and Emma Short (New York: Routledge, 2015), 166.

²¹ Hopkins, *History of the YMCA*, 256; and Arthur K. Yapp, *The Romance of the Red Triangle: The Story of the Coming of the Red Triangle and the Service Rendered by the Y.M.C.A. to the Sailors and Soldiers of the British Empire* (London: Hodder and Stoughton, 1918), 18-19.

masculinity which emphasized mental, physical, and psychological fortitude, vocational and intellectual proficiency, and uprightness of character.

In the end, Deslandes' definition of masculinity is perhaps best exemplified in Theodore Roosevelt's life and in his numerous speeches and writings on the subject.²² In a speech entitled *Strenuous Life*, Theodore Roosevelt succinctly identifies all three foundational aspects of masculinity. For example, Roosevelt emphasized the idealized man as one who was determined to do his "duty well and manfully," to "uphold righteousness by deed and by word," to "be both honest and brave," to "serve high ideals, yet use practical methods," and who refused to shrink from moral or physical hardship.²³ In this description, Roosevelt captures how a real man exemplifies proficiency in performing his duty, psychological and physical fortitude when faced with adversity, and an untouchable moral character. Roosevelt's speech and implicit call to a high view of masculinity typified discussions of national manliness at the time since its goal was to provoke society to raise men who believed that there was only one true masculine response to a "life of strife."²⁴

Militarized Masculinity

As the multifaceted construct of Anglo-American masculinity continued to seep into the cracks of society, the American and British militaries began to exploit the

²² Theodore Roosevelt was in many ways the ideal model of this new brand of masculinity he helped to promote. He "overcame" the cult of domesticity in which he was raised to become a formidable boxer, courageous rough rider, proven hunter, and world adventurer as is seen in Arnaldo Testi, "The Gender of Reform Politics: Theodore Roosevelt and the Culture of Masculinity," *The Journal of American History* 81, no. 4 (1995): 1515.

²³ Theodore Roosevelt, "'Strenuous Life, 1899,' Speech Text," *Voices of Democracy*, n.d., accessed July 2, 2018, <http://voicesofdemocracy.umd.edu/roosevelt-strenuous-life-1899-speech-text/>.

²⁴ Ibid.

phenomenon. Great Britain and the United States effectively militarized the construct of masculinity by harnessing it to nationalism and militarism through the power of military training, recreation programs, and various forms of propaganda.²⁵ In the end, the manufactured connection between masculinity and the military was created so successfully that by the time the United States entered the war, many American men believed that “the true male character ... could only be released in war.”²⁶ This sentiment was so prevalent that it was even reinforced from protestant pulpits in both Great Britain and the United States as many ministers preached that war would purge men of their effeminate characteristics.²⁷

Another way the U.S. military harnessed militarism to masculinity was by carefully crafting what historian Jennifer Keene refers to as a “cult of aggressiveness” in both the training and recreation it provided for its troops.²⁸ This aggressive, masculine attitude was manufactured by the War Department’s Commission on Training Camp Activities which was specifically tasked with creating recreation programs that would reinforce this aggressive brand of militarized masculinity in U.S. conscripts.²⁹ The most popular recreational program that reinforced an aggressive, manly attitude was boxing.³⁰

²⁵ Lauren Wilcox, “Gendering the Cult of the Offensive,” *Security Studies* 18 (2009): 232.

²⁶ David M. Kennedy, *Over Here: The First World War and American Society* (Oxford: Oxford University Press, 2004), 217.

²⁷ Putney, *Muscular Christianity*, 163.

²⁸ Jennifer D. Keene, *Doughboys, the Great War, and the Remaking of America* (Baltimore: John Hopkins University Press, 2001), 36.

²⁹ *Ibid.*, 40-1.

³⁰ *Ibid.*, 41.

It not only increased a soldier's physical fortitude and enhanced his military proficiency since many of the movements used in this form of hand to hand combat were similar to those used in a bayonet charge, but it also conditioned a soldier's character by reinforcing courage and perseverance in spite of physical pain or personal anxiety. Therefore, boxing helped conscripts to more fully embrace and practice "the masculine ideal" of proficiency, character, and fortitude that the army intentionally and aggressively promoting.³¹

In addition to military recreational programs, both nations visibly utilized militarized masculinity in their propaganda which sought to boost patriotism and zeal in the war effort by using words and images to link military service with the ideal representation of masculinity. One of the most memorable posters of the era that explicitly taps into the concept of militarized masculinity is a poster entitled "The United States Army Builds Men. Apply Nearest Recruiting Office."³² In the foreground of this poster, stands a broad shouldered, confident soldier gazing at an illuminated globe focused on the continent of Europe.³³ Behind the soldier stand three robust, male figures who represent the three pillars of masculinity: proficiency, character and fortitude.

The first figure on the left, identified as "crafts," is dressed in a workman's smock and holds a complicated tool.³⁴ He ultimately represents the proficiency side of

³¹ Ibid., 41.

³² Herbert Andrew Paus, "The United States Army Builds Men. Apply Nearest Recruiting Office" (poster), 1919, *Library of Congress Prints and Photographs Division*, accessed September 23, 2018, <http://www.loc.gov/pictures/item/94514699/>.

³³ Ibid.

³⁴ Ibid.

masculinity in a man's ability to do his job and perform his "duty well and manfully."³⁵

The next figure, located in the middle and rising above the other two, is adorned in a crusader's chainmail and holding a white flag with a red cross, and is labeled "character," representing religious zeal and integrity as essential parts of militarized masculinity.³⁶

The final figure, designated "physique," is depicted as a flexing man with a chiseled chest and ultimately represents the militarized picture of physical masculine health and fortitude.³⁷ From this poster, it is clear that the U.S. military was adept at using propaganda to appeal to the Anglo-American construct of masculinity in order to persuade young men to join the army to both develop and protect their manhood.³⁸

Another gendered form of military propaganda portrayed the enemies of militarism as possessing a subordinate, or lesser form of masculinity. Subordinate masculinity, according to Lauren Wilcox, contains two categories of undesirable men: those who are "weak and inferior" and those who are "hypermasculine—beast-like in brutality and sexuality" and aggression.³⁹ For example, conscientious objectors fell into

³⁵ Theodore Roosevelt, "'Strenuous Life Speech.'"

³⁶ Paus, "The United States Army Builds Men."

³⁷ Ibid.

³⁸ For examples of masculine propaganda by the British, see "Rally Round the Flag. Every Fit Man Wanted" (poster), *Parliamentary Recruiting Committee*, 1914, in *Library of Congress Prints and Photographs Division*, accessed September 23, 2018, <http://www.loc.gov/pictures/item/2003662927/>; and "There is still a place in the line for you. Will you fill it?" (poster), *Parliamentary Recruiting Committee*, 1915, in *Library of Congress Prints and Photographs Division*, accessed September 23, 2018, <http://www.loc.gov/pictures/item/2003662901/>.

³⁹ Wilcox, "Gendering the Offensive," 231.

weak and effeminate category of subordinate masculinity since they were against the war and fighting in any capacity.

One British cartoon juxtaposing conscientious objectors with a formidable German charge shows three scrawny men, weak at the knees, with large, scared eyes holding sheet music and a sign that reads “you made me love you.”⁴⁰ Under their feet are the words to the song they are singing to their approaching German foes which reads “the gentleman with consciences require, no swords or guns – they’re going to win the war by singing love songs to the Huns!”⁴¹ The slight frames, fear, and reference to love and song in this cartoon all referenced the deplorable effeminacy of this anti-militarism group, further reinforcing masculinity’s connection to the military in a powerful way.

On the other hand, propaganda in both America and Great Britain typically painted the Germans as hypermasculine by depicting them as either “the [H]uns,” the nomadic invaders who terrorized and conquered parts of Europe during the Middle Ages, or as aggressive beasts who needed to be checked by the morally and manfully superior allied forces.⁴² For example, Harry R. Hopps’ famous army recruitment poster, “Destroy This Mad Brute: Enlist,” depicts a massive, snarling gorilla wearing a German Pickelhelm labeled “militarism.”⁴³ The gorilla’s large hands, covered with blood, clutch a

⁴⁰ “Cartoon Conscientious Objectors 2,” *Conscientious Objection & the Great War: 1914-1920*, accessed September 23, 2018, <http://cosandgreatwar.swarthmore.edu/items/show/1145>.

⁴¹ Ibid.

⁴² Wilcox, “Gendering the Offensive,” 230.

⁴³ Harry R. Hopps, “Destroy this Mad Brute Enlist - U.S. Army” (poster), 1918, *Library of Congress Prints and Photographs Division*, accessed September 22, 2018, <http://www.loc.gov/pictures/item/2010652057/>.

damsel in distress while wielding a massive blood-stained bat as he steps onto the American continent.⁴⁴ This poster perfectly captures the propaganda's portrayal of Germany as a bestial, aggressive, hypermasculine enemy while at the same time successfully militarizing masculinity in its implicit call to the nation's bravest men to take on the noble task of defeating such a reprehensible monster.⁴⁵

Although militarized masculinity was useful in promoting military service, support for the war, and abhorrence for the enemy, it negatively influenced the British and American perception of shell-shocked soldiers who seemed to lack the proficiency, character, and fortitude that their militaries rigidly required. Since militarized masculinity cultivated set "expectations for male behavior" that shell-shocked victims were unable to meet, it was easy for the military to judge shell-shocked soldiers as men who had failed the ultimate test of their manhood and whose very existence threatened both the morale and efficacy of troops on the battlefield.⁴⁶ For these reasons, the historical interpretation of shell shock as "a crisis of masculinity" has proven, as scholar Tracy Loughran has recently written, "remarkably resilient."⁴⁷ In the end, the military's concept of

⁴⁴ Ibid.

⁴⁵ Another way that the United States purposefully perpetuated the military's connection with masculinity was by symbolically connecting the imagery of "wartime France" with the "American West." This clever combination allowed the army to capitalize on sentimental pictures from the nation's idyllic past, rekindling the masculine, American dream of times where adventure, rugged male companionship, and violence reigned supreme. Kennedy, *Over Here*, 217.

⁴⁶ Tracey Loughran, "A Crisis of Masculinity? Re-writing the History of Shell-shock and Gender in First World War Britain," *History Compass* 11, no. 9 (September 2013): 728; and MacCurdy, *War Neuroses*, 9.

⁴⁷ Loughran, "Crisis of Masculinity," 728.

masculinity and the medical community's diagnosis of shell shock worked together to stigmatize the disorder.

Diagnosis and Stereotypes

The term "shell shock," first used by British psychologist Charles S. Myers in early 1915, attempted to describe the new type of injury which was negatively impacting the proficiency of every military force involved in the worldwide conflict.⁴⁸ American physician Thomas W. Salmon, who was sent to France by the US government to study how the British were treating this new medical condition, explained shell shock as the loss of any essential "function that either is necessary to continued military service or prevents ... successful adaption to war."⁴⁹ Symptoms of shell-shocked varied and grew to include "delirium, confusion, amnesia, hallucinations, terrifying battle dreams, anxiety states ... low blood pressure, vomiting and diarrhea, enuresis, retention or polyuria, dyspnoea [sic], sweating ... paralyses, tics, tremors, gait disturbances, contractures and convulsive movements" as well as "mutism, deafness, hyperacusis, blindness and disorders of speech."⁵⁰ From the very beginning, the British military and medical communities used the term shell shock to haphazardly describe a host of debilitating

⁴⁸ Stagner, "Healing the Soldier," 256.

⁴⁹ Salmon, *Care and Treatment*, 31.

⁵⁰ *Ibid.*, 31-2. Over the course of the war, shell shock became a blanket diagnosis for virtually any unexplained mental condition that did not have an obvious physical cause. In order to more appropriately label the different expressions of shell shock, the medical community began to refer to "shell shock" as hysteria, neurasthenia, or war neurosis. However, for the purpose of this paper, the original term of "shell shock" will be predominantly used as it is the term most frequently referenced by historians studying this condition today.

symptoms that were not adequately understood, giving the disorder the potential of being easily stigmatized as an “emasculating condition.”⁵¹

At first, medical practitioners like Myers believed the shell shock phenomenon resulted from a physical injury produced by a physical cause.⁵² They hypothesized that these aberrant behaviors of shell shock were the result of tiny brain lesions and were thus similar to the symptoms experience by concussed soldiers from nearby shell blasts.⁵³ However, problems arose with this medical hypothesis when more men contracted shell shock-like symptoms without being anywhere near the battlefield or an exploding shell.⁵⁴ In fact, shell shock was just as likely to appear in troops struggling with their own loss of control and their own feelings of powerlessness as in troops suffering from a concussion or other physical, head-related trauma.⁵⁵

As a result, doctors quickly began to form new theories surrounding shell shock.⁵⁶ While many symptoms of shell shock were similar to the psychological disorder of hysteria, military medics were prejudiced against linking shell shock to hysteria since it was widely considered a feminine condition; therefore, many doctors continued searching

⁵¹ Fiona Reid, *Broken Men: Shell Shock, Treatment and Recovery in Britain 1914-1930* (London: Continuum Books, 2010), 151.

⁵² Abram Kardiner, *The Traumatic Neuroses of War* (Washington, DC: National Research Council, 1941), 4.

⁵³ *Ibid.*

⁵⁴ Edgar Jones and Simon Wessely, *Shell Shock to PTSD: Military Psychiatry from 1900 to the Gulf War* (New York: Psychology Press, 2005), 19.

⁵⁵ Kennedy, *Over Here*, 211.

⁵⁶ “A Discussion on Shell Shock,” *The Lancet* 187, no. 4823, (February 5, 1916): 306–307. In this discussion of shell shock, doctors posited possible causes ranging from exposure to poisonous gas to a prolonged period of stress without the respite of sleep to a soldier’s previous epileptic condition.

for a physical cause of shell shock that would provide a manly explanation for its effeminate symptoms.⁵⁷ Eventually, medical practitioners had to come to terms with the fact that in many cases, a physical wound and explanation simply did not exist. Realizing the error of his initial diagnosis, Myers helped to shift the medical community away from a purely physical explanation for the disorder, advocating that “fear, horror, or other emotional or fatiguing conditions” alone were capable of causing shell shock symptoms in soldiers.⁵⁸ Unfortunately, this new explanation of the cause of shell shock did little to shift the medical and military perceptions of this disorder, and thus, both nations were quick to stigmatize those who succumbed to it as malingering, abnormal, and emasculated men.⁵⁹

During World War I, malingering was a gendered term which was broadly regarded as a man’s deliberate decision to evade his duty to his country and fellow man.⁶⁰ In general, both the U.S. and British militaries stigmatized malingerers as cowards who were devoid of the essential manly traits needed to fulfill their masculine duties at the front. One way that malingerers often escaped fulfilling their duties to society was by feigning medical conditions to delay their involvement at the front or to secure a

⁵⁷ Jerry Lembcke, “‘Shell Shock’ In the American Imagination: World War I’s Most Enduring Legacy,” *Journal of Peace Research* 41, no. 1 (January 2016): 80.

⁵⁸ Charles S. Myers, “A Final Contribution to the Study of Shell Shock: Being a Consideration of Unsettled Points Needing Investigation.” *The Lancet* 193, no. 4976 (11 January 1919): 51; Bourke, *Dismembering*, 115; and Stagner, “Healing the Soldier,” 256.

⁵⁹ While militarized masculinity was one of the main factors that contributed to the stigmatization of shell shock, other factors like racism, social Darwinism, classism, and eugenics played important roles as well. This can be seen in the characterizations of shell-shocked victims as intellectual morons, weak children, and as ethnically, socially, or evolutionarily inferior beings.

⁶⁰ Bourke, *Dismembering*, 78.

discharge from the army.⁶¹ As a result, British medical officers were understandably suspicious of the sudden appearance and rise in shell shock cases; throughout the war, British doctors often “believed that men suffering from nervous shock were feigning it.”⁶² In fact, Salmon reported that shell-shocked British soldiers were often treated as if they were malingerers.⁶³

British and American doctors helped to perpetuate the stigmas of cowardice and malingering since they were ultimately responsible for weeding out the truly shell-shocked casualties from those who were consciously faking the disorder.⁶⁴ Unfortunately, distinguishing between a true sufferer of shell shock and an artful malingerer or panicked coward was difficult to do; therefore, doctors sometimes made fatal mistakes, especially during the early stages of the conflict.⁶⁵ As Salmon later reported, before the “war neuroses among soldiers had become familiar facts, not a few soldiers suffering from these disorders were executed by firing squads as malingerers.”⁶⁶ Salmon also noted that these tragic and unnecessary deaths were “especially likely to occur when the patients

⁶¹ *Ibid.*, 81.

⁶² *Ibid.*, 109. This pervasive and shameful link between shell shock and malingering is even evident in one of Myer’s final articles on shell shock, published in January of 1919. In the article, this expert in shell shock diagnosis and treatment unconsciously revealed the medical community’s remaining skepticism of common manifestations of shell shock like “functional disturbances” since these symptoms “can as well be produced by malingering.” Myers, “A Final Contribution,” 51. Sadly, this excerpt illustrates the unfortunate reality that even when shell shock and its myriad of unusual symptoms were universally acknowledged as a legitimate medical condition, the stigma of malingering remained.

⁶³ Salmon, *Care and Treatment*, 50.

⁶⁴ Bourke, *Dismembering*, 111; and Charles S. Myers, “Contributions to the Study of Shell Shock, Being an Account of Certain Disorders of Speech, with Special Reference to Their Causation and Relation to Malingering,” *The Lancet* 188, no. 4854 (September 9, 1916): 461–468.

⁶⁵ Frost, “Mechanism of Shell Shock,” 350; and “‘Shell Shock’ and ‘Cowardice,’” *The Lancet* 200, no. 5164 (August 19, 1922): 399.

⁶⁶ Salmon, *Care and Treatment*, 42-3.

have not been actually exposed to shell fire on account of the idea so firmly fixed in the minds of most line officers and some medical men that the war neuroses are always due to mechanical shock.”⁶⁷

Even when a soldier was determined to be legitimately suffering from shell shock, he was still negatively associated with the unmanly, societal shame of cowardice.⁶⁸ Not only were military authorities convinced that hysterical fits of shell shock were “likely to conceal cowardice,” but the medical community also came to believe the only thing separating a neurotic, traumatized soldier from “the malingerer was intention.”⁶⁹ While acknowledging that cases of “pure” malingering were relatively rare, Myers noted that many shell shock cases were usually the result “of conscious or unconscious suggestion, or from a voluntary or involuntary surrender by the soldier of his control over his emotions.”⁷⁰ Because prominent medical men like Myers continued to perpetuate the idea that shell-shocked soldiers were, in the end, subconscious malingerers who had subliminally inflicted themselves with psychological wounds, the connection between malingering and shell shock became deeply rooted in the medical and military

⁶⁷ Ibid., 43-4. To prevent this from happening within the American Expeditionary Force (AEF), Salmon proposed that all shell shock victims suspected of malingering be medically examined by expert neurologists or psychiatrists before an irrevocable sentence was carried out.

⁶⁸ “‘Shock’ and ‘Cowardice,’” 399–400.

⁶⁹ Bourke, *Dismembering*, 110 and 112.

⁷⁰ Charles S. Myers, *Shell Shock in France 1914-18: Based on a War Diary* (Cambridge: Cambridge University Press, 1940), 40-1; and Bourke, *Dismembering*, 111. Myers was not the only physician who perpetuated the stereotyping of shell shocked troops as conscious or subconscious malingerers. In a letter to the editor of the *Lancet*, physician Thomas Lumsden reported on his belief that shell shock stemmed from several different civilian disorders including, “(1) neurasthenia, due to lack of ‘ergogen’ in the brain cells; (2) hysteria, or subconscious malingering following on emotional shock; (3) malingering of a purely conscious nature; and, lastly, (4) various combinations of the above.” Thomas Lumsden, “Shell Shock,” *The Lancet* 189, no. 4871 (January 6, 1917): 34.

communities of the time and further emasculated shell shock victims by stripping them of the masculine ideals of proficiency, character, and fortitude.⁷¹

Although British and American medical practitioners eventually agreed that shell shock was a legitimate medical condition, the American military intentionally emasculated this medical condition by refusing to recognize shell shock victims as truly wounded in the line of duty. In a letter to an AEF general, AEF Chief Surgeon M. W. Ireland staunchly wrote that “the so-called ‘shell-shock’ patients are no more entitled to a ‘wound’ chevron than are soldiers who are seized with an acute medical complaint due to exposure in battle, to the elements or to bad water or indigestible food.”⁷² While it is difficult to know the extent to which the U.S. military was swayed by Ireland’s opinion, the fact remains that “shell-shocked men did not receive wound chevrons to mark them as suffering from a legitimate war injury.”⁷³ From the contempt expressed in Ireland’s biting remark and the army’s decision not to issue wound chevrons to traumatized victims, it is clear that they were not even considered legitimately wounded by the American military.⁷⁴ Rather than being recognized for their previous heroism on the front lines,

⁷¹ Myers, *Shell Shock in France*, 40-1; and Bourke, *Dismembering*, 111-2.

⁷² Chief Surgeon M.W. Ireland to adj. Gen., AEF, Oct. 1, 1918, file # 12622-A18; 6/120, NA, quoted in Keene, *Doughboys*, 51.

⁷³ Keene, *Doughboys*, 51.

⁷⁴ For example, in *My Experience in the World War*, General John J. Pershing never mentions shell shock or war neurosis which is very surprising considering its debilitating presence in the AEF. And, whenever Pershing does mention the wounded in his memoirs, it always in the context of a soldier with a physical manifestation of injury such as a missing limb. At least in his memoirs, Pershing never visited or recognized soldiers with “wounds” that were not physical in nature, perhaps pointing to the fact that the commander of the AEF preferred to ignore the issue of shell shock because of its ability to decrease morale and the idealized valor and bravery of the American troops. John J. Pershing, *My Experiences in the World War*, Volumes 1-2 (New York: Frederick A. Stokes, 1931). It is also worth mentioning that shell shock was only mentioned once in all of the general orders given by the AEF during the war. This single reference was used in the context of separating shell-shocked troops from the other casualties of war which included

shell shock men were more often than not stigmatized for succumbing to their own “weakness of will..., intellect, hypersuggestibility [sic], and negativism” which was believed to have both caused and lengthened their psychological breakdown.⁷⁵

In addition to being stereotyped for their subconscious malingering, cowardice, weakness of will, and hyper-suggestibility, shell-shocked soldiers were also stereotyped as abnormal and unmanly men.⁷⁶ Although exemplifying proficiency, character, and fortitude in the face of adversity was the key component of militarized masculinity, these traits were “conspicuously lacking in cases of shell shock.”⁷⁷ Instead of acknowledging that the horrors of trench warfare were capable of undermining these character traits in even their bravest soldiers, Britain and the United States tried to explain away this concerning tendency in their troops by classifying the victims of the disorder as abnormal men because they were unable to meet the masculine standards of proficiency, character, and fortitude.⁷⁸

Classified within the effeminate and weak subordinate masculinity category, shell shocked soldiers were commonly presumed to be victims of a pre-existing un-masculine disposition by the medical community. For example, when referring to one case of shell

the killed, wounded, and gassed as seen in *United States Army in the World War, 1917-1919, General Orders, GHQ, AEF, Volume 16* (Washington, D.C.: Center of Military History, 1948), 529.

⁷⁵ E.D. Adrian and Lewis R. Yealland, “The Treatment of Some Common War Neuroses,” *The Lancet* 189, no. 4893 (9 June 1917): 868.

⁷⁶ Joanna Bourke, “Effeminacy, Ethnicity and the End of Trauma: The Sufferings of ‘Shell-Shocked’ Men in Great Britain and Ireland, 1914-39,” *Journal of Contemporary History* 35, no. 1 (January 2000): 59.

⁷⁷ Ibid.

⁷⁸ Loughran, “Crisis of Masculinity,” 730.

shock, psychiatrist John T. MacCurdy, a co-founder of the American Psychoanalytic Association who treated shell-shocked soldiers in the AEF, carefully explained how his patient had “a tendency to abnormality in his make-up.”⁷⁹ This “tendency” included his patient’s “tender-hearted” nature and his dislike of seeing animals killed.⁸⁰ Other abnormal attributes that MacCurdy noted in his extended case study on shell-shocked victims were a hatred of witnessing people fight, a “horrified [reaction] at the sight of blood,” a heightened sensitivity to pain, overly sympathetic tendencies, “shyness with the opposite sex,” and a history of being teased during childhood as being girlish or effeminate.⁸¹ Later in his book, MacCurdy asserted that “poor adaptation in the sex sphere” made men more likely to lose their “efficiency in the unparalleled strain of modern war” and therefore explains their “inability to meet the demands of war.”⁸² Ultimately, any “abhorrence of violence” or the representation of any similar “form of effeminacy,” was firmly believed an important “factor that increased an individual's susceptibility to psychiatric break down.”⁸³

In the end, all three foundational aspects of the militarized view of masculinity were undermined in a soldier who fell prey to the symptoms of shell shock. First of all, a shell-shocked soldier clearly lacked proficiency since he was incapable of performing his

⁷⁹ MacCurdy, *War Neuroses*, 7.

⁸⁰ *Ibid.*

⁸¹ *Ibid.*, 101, 107, 109, and 117; These characteristics, as outlined by MacCurdy, would have been considered extremely abnormal and deviant at the time since, as historian Joanna Bourke helpfully points out, regular, robustly masculine men were commonly agreed to be tough, extroverted, easily able to kill, and enthusiastically heterosexual. Joanna Bourke, “Effeminacy,” 59.

⁸² MacCurdy, *War Neuroses*, 16.

⁸³ Bourke, “Effeminacy,” 60.

masculine duty on the front. Second, an affected soldier's fortitude was also directly attacked by his condition since any one of its symptoms reduced his physical, psychological, and intellectual fortitude. Finally, a victim's character was irreparably damaged since he was perceived to be either a coward, subconscious malingerer, abnormal and effeminate male, or some unnatural combination of the three. Clearly, these stereotypes which resulted from the militarization of masculinity helped to emasculate shell-shocked troops in the eyes of their medical and military communities.

Medical Treatments

Not only did militarized masculinity play a large a role in shaping the diagnosis and perception of shell shock, but it also played a significant role in determining how this condition would be medically treated. In both the United States and Great Britain, the end goal of each treatment method was to help a soldier regain his proficiency as a soldier by helping him overcome failures of fortitude and character.⁸⁴ From the very beginning of the treatment of shell shock, restoring the masculine virtue of proficiency was of the utmost importance since from the military's standpoint, "[s]hort-term force readiness was a more immediate concern than soldiers' long-term mental health."⁸⁵

Unsurprisingly, the emphasis on short-term force readiness over an individual soldier's well-being caused problems for medical professionals. True, some doctors and psychiatrists did not need to be persuaded to quickly send men who were partially or temporarily cured of shell shock back to the front as soon as possible because they

⁸⁴ Ray Victor, "Coming Home to Friendly Fire," *Contexts* 12, no. 3 (Summer 2013): 33.

⁸⁵ *Ibid.*

believed that “returning to face combat once again [was] a rational and sane decision for these men to make.”⁸⁶ However, others had reservations.⁸⁷ Some doctors felt guilty for providing “effective therapeutic intervention” that would in all probability, put their patients in an environment that would trigger a relapse or lead to their patient’s death.⁸⁸ Fortunately for these psychiatrists, the majority of shell shock cases they treated returned to combat voluntarily after a few days treatment and rest at a hospital.⁸⁹ However, there are also records that suggest that some of these men “voluntarily” returned to the front only after doctors and other military personnel aggressively appealed “to their honor, masculinity, duty, and ambition.”⁹⁰

In addition to convincing reluctant and recovering troops to return to the front lines, medical personnel appear to have consciously or subconsciously used the cultural definition of masculinity as a foundational basis for a variety of treatment methods which sought to restore “these men to 'normality'” and reconnect them to “their aggressive urges.”⁹¹ While sharing a common goal, each medical practitioner seemed to have his own idea on how this restoration could be accomplished.⁹² While some medical practitioners promoted psychological intervention in the forms of hypnosis, autognosis, and psychotherapy, others promoted physical treatments in the forms of electrical shock

⁸⁶ Keene, *Doughboys*, 51.

⁸⁷ *Ibid.*

⁸⁸ Jones and Wessely, *Shell Shock to PTSD*, 17.

⁸⁹ Keene, *Doughboys*, 50.

⁹⁰ *Ibid.*, 51.

⁹¹ Bourke, “Effeminacy,” 60.

⁹² “A Discussion,” 307.

therapy, re-education, rest, exercise, recreation, or the administration of narcotics or chloroform.⁹³ The haphazard and highly diversified approach to treating shell shock was most likely due in part to the relative recent advent of the field of psychology and psychiatry in addition to the fact that the symptoms of shell shock varied from case to case.⁹⁴ However, a common thread throughout these methods was the ultimate goal of restoring these soldier as quickly as possible to real manhood so they could return to the front.

Myers was one of the key physicians that advocated psychological intervention as the best treatment method for shell shock. Reasoning that physical symptoms of shell shock were the “unconscious expression of a repressed traumatic neurosis,” Myers believed the patient needed to regain his control over these traumatic memories in order to be healed.⁹⁵ Myers advocated the use of hypnosis as a means to pull these traumatic events from the patient’s subconscious and avidly believed that hypnosis “was the first step towards the permanent restoration of full physical functioning.”⁹⁶ Despite Myers’ enthusiasm for this treatment, it was not foolproof since patients treated with this method frequently relapsed.⁹⁷

Another advocate of the psychological treatment of shell shock, British Captain William Brown agreed with Myers that a psychological intervention was “necessary to

⁹³ Ibid; and Myers, “Contributions to the Study of Shell Shock,” 463.

⁹⁴ “A Discussion,” 307.

⁹⁵ Jones and Wessely, *Shell Shock to PTSD*, 19.

⁹⁶ Ibid., 19-20.

⁹⁷ Ibid.

persuade the soldier to recollect the frightening event so that it could be mastered and incorporated within his experience.”⁹⁸ Boasting an impressive 70% shell-shocked troop return rate to the front after two weeks of treatment and rest at his hospital, Brown believed that hypnosis was useful in helping a shell shocked soldier work through his “repressed emotion” and cites Sigmund Freud’s similar and successful use of abreaction.⁹⁹ Physicians like Brown and Myers found hypnosis and other forms of psychotherapy particularly useful because it helped shell-shocked men regain their psychological and emotional fortitude and character in spite of the trauma they had experienced.

In opposition to the psychiatric approach to shell shock, many other physicians believed that an atmosphere of rest, coupled with the steady diet of food and encouragement, was all that was necessary for a successful recovery from shell shock and that “psychological interventions had little impact on outcomes.”¹⁰⁰ One of these physicians was Major Dudley Carmalt Jones who was in charge of the British shell shock wing of No. 4 Stationary Hospital at Arques.¹⁰¹ His treatment method consisted of a

⁹⁸ Ibid., 24.

⁹⁹ William Brown, “The Treatment of Cases of Shell Shock in an Advanced Neurological Centre,” *The Lancet* 192, no. 4955 (August 17, 1918): 198.

¹⁰⁰ Jones and Wessely, *Shell Shock to PTSD*, 23; Physical forms of treatment can be directly linked to the work of American physician Silas Weir Mitchell who believed that psychological illnesses could be cured by a physician’s moral influence over the patient, combined with total isolation, bed rest, massages, and over-feeding. Although Mitchell died before WWI began, his approach, known as “the Weir Mitchell treatment,” undoubtedly influenced many physicians tasked with finding a cure for shell shock during the war. Tracey Loughran, *Shell-Shock and Medical Culture in First World War Britain* (Cambridge, UK: Cambridge University Press, 2017), 58-59.

¹⁰¹ Jones and Wessely, *Shell Shock to PTSD*, 24.

medical examination, a short period of medicated rest, and a “programme of graduated exercise, ending with route marches.”¹⁰² This form of treatment was consistent with contemporary medical wisdom since other mental health disorders like the peace-time condition of neurasthenia, was specifically treated in boys by prescribing “outdoor physical exercise.”¹⁰³

Another subscriber to the more physical, manly forms of treatment, British Captain William Johnson “did not believe that psychotherapy was either needed or beneficial” and thus “relied on rest, an atmosphere of cure and words of reassurance, sometimes supported by vigorous massage to restore his patients to duty.”¹⁰⁴ American Base Hospital NO. 117, which was specifically designed to treat shell shocked patients, modeled this physical approach since it “was equipped with occupational therapy workshops” where patients were “actively encouraged to undertake physical tasks” which included farming, wood cutting, and constructing roads.¹⁰⁵ From these treatment programs, it is apparent that many doctors believed that reviving a shell-shocked soldier’s strength by nurturing and hardening his physical capacities was essential to promote mental and emotional healing.

Fusing the psychiatric approach with the physical, Lewis Yealland, another British physician, was convinced that hysterical, shell-shocked soldiers “suffered from a

¹⁰² Ibid., 23.

¹⁰³ Segal, “Norman Rockwell,” 638.

¹⁰⁴ Jones and Wessely, *Shell Shock to PTSD*, 23;

¹⁰⁵ Ibid., 27; and “Shell-Shock and Its Aftermath,” *The Lancet* 209, no. 5417, (June 25, 1927): 1356.

weakness of will, which required rigorous methods to begin the process of re-education.”¹⁰⁶ He promoted faradism, or the use of electric shock, as a highly useful form of re-education therapy. During the re-education process, the patient was “[s]trapped in a chair for twenty minutes at a time while strong electricity was applied to his neck and throat.”¹⁰⁷ For obvious reasons, Yealland also reported that faradism was by the far the best at integrating a “disciplinary element” into the treatment of shell shock since there is no disciplinary action “as effective as a little plain speaking accompanied by a strong faradic current.”¹⁰⁸

Incorporating a “disciplinary element” into the treatment of shell shock was far from unusual at the time. This was due, in part, to the fact that the military and medical communities had not yet fully excluded the idea that shell shocked soldiers were at level to blame for their mental collapse.¹⁰⁹ As the American military surgeon L.C. Frost wrote, “treatment was usually tinctured with, or even replaced by, punishment.”¹¹⁰ Even Myers was known to combine “strong verbal suggestion” with “face-slapping [and] skinpinching.”¹¹¹ This medical trend again points to the extremely negative perception of shell shock victims held by both medical practitioners and the military.

¹⁰⁶ Ibid., 33-4.

¹⁰⁷ Lewis R. Yealland, *Hysterical Disorders of Warfare* (London: Macmillan, 1918), 7-15.

¹⁰⁸ Adrian and Yealland, “Treatment,” 869.

¹⁰⁹ Frost, “Mechanism of Shell Shock,” 350.

¹¹⁰ Ibid.

¹¹¹ Myers, “Contributions to the Study of Shell Shock,” 463.

Although modern sensibilities justifiably squirm at the disciplinary element of faradism, it is important to note that Yealland's method boasted an unusually high success rate in the treatment of shell shock at this time. Granted, Yealland's "high success rate" was undoubtedly inflated and "driven by fear" since patients were often warned that they "could not leave the room until cured."¹¹² Nevertheless, the use of faradism quickly captured the attention of American psychologists. Lt. Col. Colin Russell, in an address at the convention of the American Neurological Association, reported that shell shock was finally mastered since the application "of a light electric current" could bring "about cures in a few minutes."¹¹³ While Yealland miraculously claimed that "four hours of electric shocks removed all symptoms" of shell shock and thereby restored the masculinity of his patients, others physicians like Myers were fairly convinced this treatment method was more harmful to the patients than helpful.¹¹⁴

Although Great Britain and the United States dabbled in a variety of treatment methods that they hoped would fix both the psychological and physical symptoms of shell shock, their goal remained the same: to restore essential masculine virtues to shell-shocked victims so that they could once again fight and act like men. It is also important to note that the goal of treatment often sacrificed the well-being of individual soldiers on behalf of the manpower needs on the front lines. Unfortunately, the British and U.S.

¹¹² Jones and Wessely, *Shell Shock to PTSD*, 33-4.

¹¹³ "Shell Shock Mastered, Physician Reports: Tells Neurological Association that Surgeons at the Fighting Front No Longer Dread It," *New York Times*, May 10, 1918, Special to the New York Times, 6.

¹¹⁴ Jones and Wessely, *Shell Shock to PTSD*, 34.

emphasis on a soldier's short-term readiness over his long-term health posed problems both on the front and in the future that militarized masculinity was unable to solve.

Conclusion

In the end, the concept of masculinity proved detrimental to the well-being of shell-shocked soldiers during World War I since it preemptively prejudiced both the British and American medical and military communities against them. Although the militarization of masculinity helped to encourage military service, support for the war, and hatred for the enemy, it created an aggressive and strong prejudice against all expressions of unmanliness by venerating an ideal picture of manhood. Likewise, the debilitating symptoms of shell shock undermined a soldier's claim to manhood by negatively attacking the victim's proficiency, character, and fortitude in the eyes of his medical and military superiors. Therefore, an unprepared medical community was forced to haphazardly develop several treatment methods with the goal of restoring these foundational aspects of masculinity in affected troops so that they could return to the front lines as soon as possible. Unfortunately for shell-shocked soldiers, their traumatized condition and inability to display proficiency, character and fortitude effectively robbed them of their "complete masculinity" by their medical and military communities and made them susceptible to stigmatization as emasculated men.¹¹⁵

In the current historiographical literature, only a few historians like Tracey Loughran, Joanna Bourke, and Fiona Reid have touched on how masculinity influenced the British perception and treatment of shell shock during and after the war; however,

¹¹⁵ Reid, *Broken Men*, 150.

virtually no scholarship exists on the relationship between masculinity and shell shock from the American perspective. This is unsatisfactorily explained by the fact that few secondary sources discuss the American experience of shell shock during World War I at any great length, with the obvious exception being Annessa C. Stagner, and to some extent, Jennifer Keene. As a result, more scholarship needs to be done on this chapter in American history, and on the impact that individual military medical practitioners had on both the military's evaluation of shell-shocked troops and society's understanding of the psychological casualties who returned home. Further historical research on this topic is warranted because it has the potential to provide context for current discussions on the mental health crisis in the U.S. military. Hopefully, future scholarship on this topic will begin to explain how societal stigmas against soldiers struggling with psychological trauma first developed in the United States and give insight into why many of these stereotypes have survived to this day.

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