



The First World War: trauma and memory



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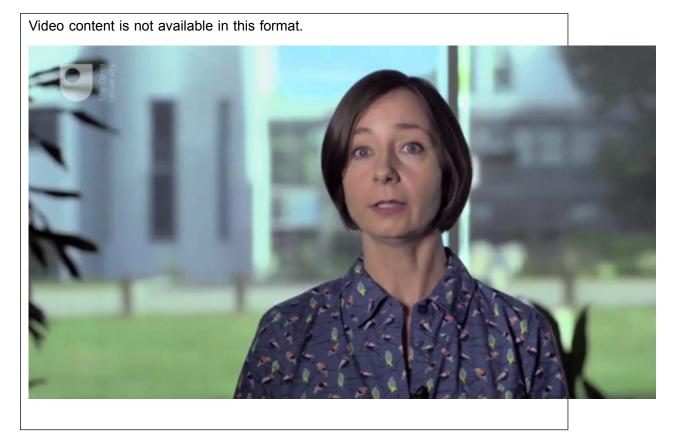
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Week 1: Physical and mental casualties

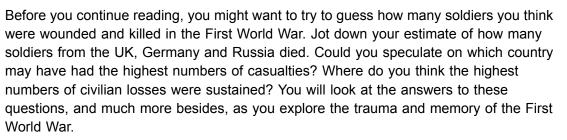
Introduction

Welcome to this free course, *First World War: trauma and memory*. To start, watch the following video in which Annika Mombauer of The Open University introduces this week.



After more than four years of fighting in the First World War, the enormous numbers of dead soldiers and civilians couldn't be counted accurately. It was even more difficult to account for the many millions of injured, maimed and disfigured soldiers.

During the war, armies and medical professionals were pushed to their limits by the sheer scale of suffering. The types of injuries were not necessarily new, but they occurred on an unprecedented scale. New medical treatments became necessary to deal with wounds to bodies and minds. We often tend to reflect much more on those who died than on those who survived the fighting, but the survivors often had to contend with terrible and long-lasting injuries that continued to haunt them long after the fighting had finally ceased in November 1918. For millions, the suffering did not end with the armistice.



The course is designed to run on desktops, tablets and mobile devices; however, some of the material is quite detailed and using a larger screen will enhance your experience. Materials are best viewed running the most up-to-date software available for your device and using the most recent version of the web browser.

Graphic content

Please be warned that this course contains graphic images of injuries sustained by victims of war.

1.1 Injuries of the First World War

Start by watching a short video in which a historian of the medical history of the war explains the kinds of injuries a soldier might have sustained and the treatments available at the time. As you watch, note if there's anything unexpected or surprising in what is being discussed.

Video content is not available in this format.





Discussion of the First World War often highlights the appalling death toll. But there were many casualties, often horribly disfigured. Many of them led very reduced lives after the war and plastic surgery to make them look presentable was a process that could take years.

Even once the treatment was finished, the outcome was far from perfect. It is easy to understand why so many facially disfigured soldiers never lived a full life in society again, preferring to hide away with other similarly injured men.

1.1.1 Physical injuries

Figure 1 is a powerful reminder of the terrible injuries that soldiers could sustain.

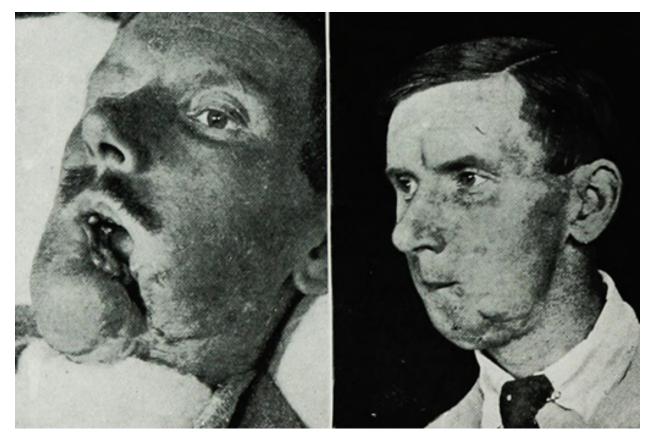


Figure 1 Before and after: facial reconstruction of a wounded soldier

Innovations such as the steel helmet, which one might consider a useful device for safeguarding soldiers, actually made such facial injuries more likely. As the war progressed, survival rates increased due to better protection, but at a terrible price. It is not surprising that at the peace negotiations in Paris in 1919, the French presented the German delegation with a small number of severely disfigured men, so-called *gueules cassées* (broken faces), to deliver the message that untold harm had been caused by those they considered responsible for starting the war.

Soldiers lost limbs from shell explosions and machine gun attacks in unprecedented numbers. In Germany, for example, around 67,000 men had lost limbs by the end of the war, and this put pressure on the medical establishment to improve the design and functionality of prostheses. If men could not be returned to the front, it was hoped that they could at least return to the workplace – doctors therefore developed a variety of artificial



limbs that would allow injured men to undertake various forms of industrial labour. These limbs, however, were often little more than specialised industrial tools, and they were in no way designed to hide a veteran's disability.



Figure 2 Gassed. 'In Arduis Fidelis', Gilbert Rogers (MBE)

Soldiers were also blinded and choked by a new and terrifying weapon: gas. This painting, *Gassed*, by the British artist Gilbert Rogers (Figure 2), depicts in gruesome detail the horrific wounds caused by this most modern of weapons. Soldiers would suffer for many years from the effects of gas, and many would die after the war from injuries sustained during gas attacks.

1.1.2 Finding and interrogating historical data

In the following video, Open University historians Annika Mombauer and Vincent Trott do some 'desk research'. Their task is to find out how many people died in the First World War.

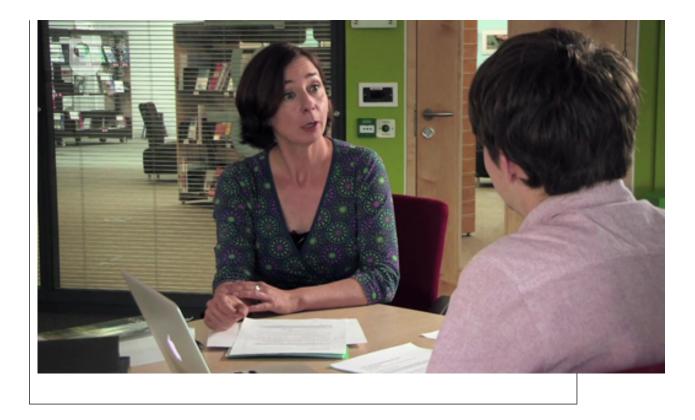
As you watch, you might want to make a note of some of the ways in which you can find out for yourself about casualty rates, and think about some of the problems that you might face when doing this research.

PDF copies of the casualty tables featured in the video are available here:

Casualty table from Brill's Encyclopedia of the First World War

Casualty table from The Cambridge History of the First World War

Video content is not available in this format.



Books consulted in the video:

Gerhard Hirschfeld, Gerd Krumeich and Irina Renz (eds) (2012) *Brill's Encyclopedia of the First World War*, volume 2, Leiden, Brill.

Jay Winter (ed.) (2014) *The Cambridge History of the First World War*, volume 3, Cambridge, Cambridge University Press.



1.1.3 Search for yourself



Figure 3 The Tyne Cot memorial to the missing and the cemetery of the dead of the First World War, Passchendaele, Flanders, Belgium.

As you've just seen, finding accurate casualty figures is no easy task. Estimates are that around ten million soldiers and up to six million civilians died as a result of the war. You have seen that it is impossible to get exact figures for the casualties of the First World War – many soldiers may have died in captivity or after being discharged from the army, and would not have been included in official estimates. We therefore need to be cautious when approaching statistics of this kind.

Now that you've seen historians carry out this research, you could try to do your own historical research, and learn how to find and interrogate historical data. You could do your own internet search for casualty rates of the First World War, using a search engine, just like Vincent did in the video. Most likely, your query will bring up Wikipedia as one of the first hits. As you have just seen, that's fine as a starting point, so make a note of the casualty rates for a number of other countries, including Germany, Russia, France and Serbia. Choose additional ones if you like. Which countries suffered the highest losses among civilians? Who lost the most soldiers in the war?

Now compare these numbers with some different sources, like the <u>History Learning site</u> or those featured in the previous section. An excellent resource is <u>1914–1918 Online</u>, an authorative online encyclopedia of the First World War. It includes a thoughtful article on war losses.



In Table 1 are the figures found for Germany, Russia, France and Serbia.

Country	Military Deaths	Percentage of Men Mobilised	Civilian Deaths
France	1,327,000	16%	40,000–600,00
German Empire	2,037,000	15%	426,000–700,000
Russia	1,997,500	11%	1,500,000–2,000,000
Serbia	278,000	33%	300,000–650,000

Table 1 Casualty rates for the First World War

The military casualty figures are the most recent estimates taken from Jay Winter, *The Cambridge History of the First World War*, volume 3.

The civilian casualty figures have been taken from <u>1914–1918 Online</u>. The estimates vary depending on whether you include victims of the Spanish flu or civilians dying of starvation after the war.

1.1.4 Casualties summary



Figure 4 Rows of bones gathered following the Battle of Chunuck Bair, Gallipoli.

In this first part of the course, you have considered some of the physical injuries suffered by soldiers of the First World War, and some of the treatments that were developed by the medical profession to deal with huge numbers of casualties.

You've also learned why casualty figures can vary greatly from source to source, and thought about how historians have been revising casualty figures over the last few years.



The true extent of the losses will never be fully known, but it is clear that casualties were even higher than was previously suspected. Statistically speaking, recent estimates suggest that around 6,000 soldiers died per day during the First World War. You will now move on to another aspect of considering casualties in the First World War: 'shell shock' and mental trauma.

1.2 Introducing shell shock

Watch the following video on shell shock.

Video content is not available in this format. Please note that there is no sound in this video.



The term 'shell shock' is particularly associated with the First World War. It was used in Britain to describe the various forms of psychological trauma suffered by men as a result of combat. A wide range of symptoms were associated with the condition, as the video above demonstrates. Mental trauma among combatants was nothing new, nor was it particular to British soldiers or the First World War, but the term was not used in other countries or in subsequent wars. In this sense, 'shell shock' remains culturally and historically specific.

The first psychological casualties of the war were identified in 1914, but the term shell shock first appeared in a medical context in early 1915, when the military doctor, Sir Charles Myers, used the term in the medical journal *The Lancet*. The choice of words is telling: nervous breakdown was at first seen to be a consequence of concussion caused by exploding shells, and reflected a general belief that shell shock had physical rather than psychological origins. This diagnosis was partly a consequence of a general stigma



attached to mental illnesses that had persisted since Victorian times. Nervous breakdowns were often dismissed as hysteria, and were associated with degeneracy, cowardice and a lack of fortitude in men. Such a condition was therefore entirely at odds with the ideals of masculine behaviour that soldiers were expected to exhibit, and mental breakdown was accordingly seen by many to be a shameful, unmanly condition. By maintaining that shell shock was ultimately a physical disorder, doctors therefore ensured that the illness retained a modicum of respectability.

The military authorities, however, were reluctant to recognise shell shock as a legitimate condition. Nervous disorders were frequently viewed from a disciplinary perspective, and men who broke down with fear were often accused of being cowards or malingerers. Nevertheless, by 1915 it was clear that mental breakdown was becoming a potential threat to military manpower, and a large treatment network was established in order to address this problem. This included military hospitals dedicated to mental disorders, such as Craiglockhart near Edinburgh, Maghull near Liverpool and Queen Square in London. In addition to these institutions, specialist wards were opened in other hospitals across the country. However, the doctors working in these hospitals were often torn between their duty to care for their patients and the need to pass men as fit so that they could return to the front as quickly as possible.

The way shell shock was understood and treated was also dependent on the class and rank of the patients. During the First World War, Britain remained a society deeply divided by class and these divisions were reflected in the structure of the army, with officers being primarily drawn from the upper-class elite at the beginning of the war. Men from these more 'respectable' backgrounds were therefore often treated more sympathetically. They were less likely to be associated with the degenerate characteristics that were sometimes attributed to soldiers from lower-class backgrounds. As upper-class men were seen to be from 'better stock', their condition was more likely to be treated as a genuine illness. The terminology used to classify the symptoms exhibited by soldiers from different backgrounds varied too: officers were more likely to be diagnosed with 'neurasthenia', while soldiers from lower-class backgrounds were frequently labelled as 'hysterical' – a term which was loaded with negative connotations.

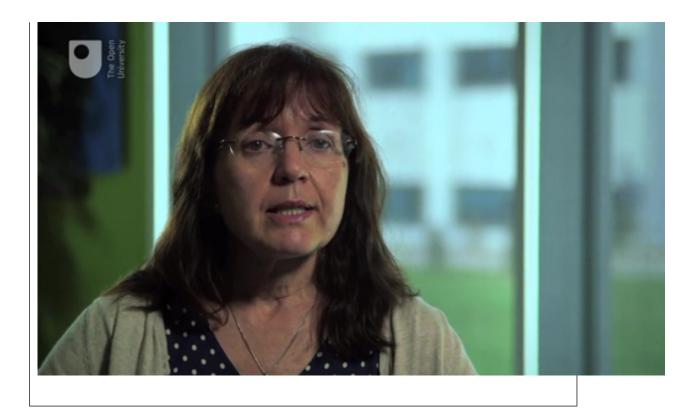
1.2.1 Interview with Dr Fiona Reid

In the following video, Dr Fiona Reid, an expert on shell shock, describes what shell shock was, how it was treated and how it was regarded by contemporaries. She also explores the specific British connotations of the term, and the way we associate it with the First World War in particular.

As you watch, you could make a note of how Fiona describes the condition and try to answer the following questions:

- What was shell shock?
- How was it treated?
- Why is the term imprecise?
- What is the importance of class and age for the condition?

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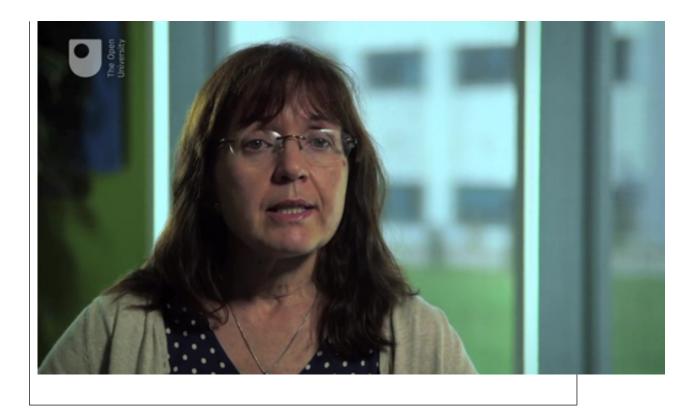
Later, you will explore how attitudes towards the condition changed after the fighting had finished.

1.2.2 Treatment of shell shock

Next, Fiona Reid discusses the various methods that were used to treat shell shock. These might include rest and distraction, or could entail more extreme treatments, such as electric shock therapy (faradism).

Modern forms of psychoanalysis were relatively rare at this stage, although some doctors, such as the famous W.H.R. Rivers, did encourage the 'talking cure'.

Video content is not available in this format.



1.2.3 Discussing shell shock







soldier in the lower left of the photo has a dazed, thousand-yard stare – a frequent symptom of shell-shock.

In the video in the previous section, Fiona Reid explained that 'shell shock' was an imprecise term used during the First World War to describe a variety of symptoms, ranging from stammering and tremors through to more serious forms of mental breakdown. Due to this imprecision, the medical authorities were keen to ban the term, but the phrase endured because it made sense to people.

Reid also noted how shell shock could be associated with a loss of masculinity – men were expected to keep control of their nerves – but this did not necessarily mean that they were treated unsympathetically, particularly if they had previously shown bravery in battle. Shell shock was also frequently associated with very young men, and public attitudes were often more understanding in these instances.

We have not really talked about women here, but you might want to reflect on how women might have been affected by shell shock? Certainly, caring for mentally damaged men was often the role that fell to women, and they would have had to learn how to deal with shell-shocked loved ones. But they may of course also have suffered similar illnesses, for example if exposed to bombing on the home front, after serving as nurses on the front, or after having suffered atrocities at the hands of soldiers.

1.3 Week 1 summary



Figure 6 Poppies falling from the top of the Menin Gate in Ypres, Belgium.



You've now encountered some of the physical and mental trauma suffered by those who fought in the First World War, and have also considered the overall casualty rates for some of the main combatant nations.

It is certainly worth remembering that while the numbers of dead are shocking and deplorable, and we rightly remember them even today, we should also remember the many more who were casualties of this war, but who survived the slaughter. Indeed, Dr Bamji's plea (in the first video you watched) to consider this suffering was very compelling. There were some 20 million wounded in the First World War and for many of them, the war was not over when the armistice was declared.

But of course, the war also affected non-combatants. In next week, you'll examine how the First World War affected civilians.

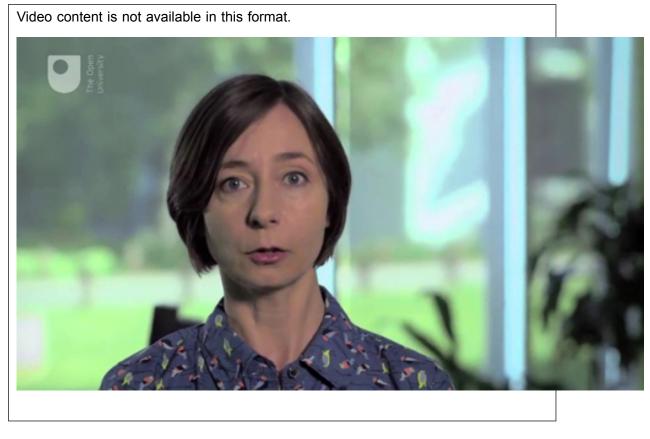




Week 2: Civilian war experiences

Introduction

First, watch this video in which Annika explains what you'll be studying this week.



Last week, you looked at some of the devastating physical and psychological effects of the First World War upon combatants. This week, you will reflect on the traumatic experiences of civilians in wartime.

First, you will examine some of the excesses of war committed by invading and occupying armies. Then you will focus on an experience common to most civilians during the war: hunger. This affected everyone on the home front, and one of the examples here focuses on the experience of children at war who were the innocent victims of this conflict.



2.1 Atrocities against civilians



Figure 1 Austria-Hungarian soldiers executing Serbian women, 1916.

Mistreatment of civilians was not an entirely new phenomenon in the First World War. Armies had always been bad news for civilians who encountered them. Early twentieth century examples of modern warfare had already given an insight into what was to come: the first aerial bombardments were executed in Italy's war against Libya in 1911, and the Second Balkan War of 1913 had seen atrocities committed against civilians, including the destruction of villages and the murders of their inhabitants.

However, these crimes seemed to be explicable to many onlookers with the ethnic tensions that existed in the Balkans. News of such atrocities aroused international condemnation, but also a sense that such acts would not be possible among the larger, 'civilised' nations. However, that civilised façade broke down almost as soon as war had broken out in August 1914.

From 1914 onwards, new military technology exposed civilians to greater risks than ever before. War at land, at sea and from the air turned civilians, including women and children, into targets. The blurring of distinctions was particularly apparent in smaller states like Belgium, which relied on a citizens' militia for its defence, making it harder for the invading German army to distinguish between soldiers, armed civilians and innocent bystanders. As you saw when you looked at casualty figures, this new type of warfare led to civilian deaths and injuries on an unprecedented scale.



2.1.1 The experience of invasion and occupation



Figure 2 The city of Reims after its destruction in 1914.

During the First World War, some traumatic acts of reprisal occurred against civilians in neutral and occupied countries on a scale which was shocking to contemporaries.

The atrocities committed by German soldiers in Belgium and France in 1914 provide some of the most prominent examples of the war's impact upon civilian populations, though atrocities were also committed by other armies and in other contexts. In the Belgian and French examples, such acts were partly motivated by the memory of previous wars. The so-called *franc-tireurs* of the Franco-Prussian war of 1870–71 had instilled a deep-rooted fear of partisans in German soldiers. A stray bullet, the news of an alleged poisoned well, or other acts of real or imagined resistance could be seen as evidence of such action and lead to the punishment of scores of suspected partisans and innocent civilians. Cultural differences, including antipathy towards the local Catholic population, also inspired the violence. What is clear, however, is that these atrocities were not part of a premeditated military strategy; rather, they developed as part of the frightening reality in which soldiers and civilians found themselves.



Figure 3 L'exécution des notables de Blégny 1914, by Evariste Carpentier, 1918.

In 1915, the Austrian psychologist Sigmund Freud commented that the violence against civilians

disregards all the restrictions known as International Law which in peacetime the states had bound themselves to observe; ignores the prerogatives of the wounded and the medical service [and] the distinction between the civil and military sections of the population ... The civilized nations know and understand one another so little that one can turn against the other with hate and loathing. Indeed, one of the great civilized nations is so universally unpopular that the attempt can actually be made to exclude it from the civilized community as 'barbaric'.

(cited in Horne, 2014, p. 565)

Such acts of barbarism were attributed to the German army by its enemies. Following the German invasion of Belgium in August 1914, the German army swept through towns and villages, with little regard for the local inhabitants. Having already killed 640 civilians in the area around Liège, the German army invaded the city of Louvain on 19 August. Over a period of five days, beginning on 23 August, the invaders attacked civilians and burnt down buildings. The university library, for example, which housed numerous ancient manuscripts, was burnt to the ground – this act of wanton violence would become a powerful symbol for the barbarism of the German army in Belgium. Pillaging was rife, and it is estimated that around 248 civilians were deliberately murdered in Louvain. Similar atrocities were committed elsewhere in Belgium and northern France.



2.1.2 The war from the air

At 11.30am on 17 June 1917, German aircraft carried out a daylight raid on London, dropping 72 bombs, which killed 162 civilians. One bomb hit Upper North Street School in Poplar in the East End, killing 18 children.

The use of zeppelins and aeroplanes turned civilians on the home front into targets of war, and the bombing of towns and cities claimed countless victims. German aircraft attacked southern English towns and cities, including London, causing casualties and, of course, instilling fear.

It is clear that the killing of innocent civilians had a profound impact on public attitudes in Britain. The bombing of the school in East London provided further evidence for many of Germany's barbaric aggression, as the following extract from *The Times* indicates:

A hard life has not hardened the dwellers in dockland. Behind the dingy and often squalid exterior of the East End there lies a rich fount of human emotion. Sometimes it wells up and makes one marvel at the great heart of the toilers in these mean crowded streets. Yesterday all Poplar and the neighbouring borough were charged with an overflowing sympathy for the mothers and fathers whose children have been slaughtered on the altar of German ruthlessness.

(The Times, 21 June 1917)

When reading this quotation, you might want to consider how this newspaper portrayed the character of the inhabitants of the local area, and how it represented the enemy? It's easy to see how newspaper articles like this might have impacted on public opinion.

2.1.3 The bombing of Hartlepool

Civilians were also bombed from ships at sea, a terrifying experience as there was little warning and no visible enemy. A famous example was the bombing of Hartlepool, Scarborough and Whitby on 16 December 1914. This surprise bombardment by German ships killed 137 people. Three German warships fired more than 1,000 shells during the bombardment. The coastal defence batteries inflicted some damage on the warship *Blücher*, but found themselves outgunned. The raids were used in recruitment drives by the British military. Posters were produced with the headings 'Remember Scarborough! Enlist now' and 'Men of Britain! Will you stand this?'





Figure 4 Austrian soldiers executing Serbs, 1917.

Of course, Germany did not have a monopoly on violence against civilians. In June 1915, for example, French planes killed 30 civilians and wounded 68 more in just one attack in the southern German town of Karlsruhe. In total, 740 civilians died in Germany from allied bomb attacks during the war, while 1900 were injured.

Both sides wished to undermine their enemy's morale by targeting civilians who had to get used to living with air raid sirens, blackouts and air raid shelters as the distinctions between combatants and non-combatants were removed. It is important to note that French and British armies never faced enemy civilians on enemy territory and thus we cannot compare their behaviour with that of Germany.

Where armies met civilians, acts of violence against them were commonplace. For example, atrocities were committed by the Austro-Hungarian army during its occupation of Serbian territory. In order to seek revenge for the murder of Archduke Franz Ferdinand, whose assassination at the hands of a Bosnian Serb had been the trigger for the events that led to war, reprisals against Serbs were widespread. It is estimated that as many as 650,000 Serbian civilians died in the war (though this figure also includes those who perished from diseases and malnutrition).



Figure 5 Belgian refugees arriving in Paris, 1914.

All occupied territories saw greater or lesser degrees of forced labour, deportation and internment of civilians, including some 70,000 Serbs by 1916, and some 100,000 French and Belgians between 1914 and 1918. Russia, one of the Allied Powers, did occupy enemy territory, and Russian troops also committed atrocities against civilians there. About 100,000 Germans were interned by Russia. Both sides used techniques of modern warfare against civilians, including aerial bombardments and naval warfare (which led to the sinking of passenger ships), thus transforming the civilian experience of war once and for all.

The war also allowed states to commit atrocities against minorities within their own borders. A tragic example of this is the fate of the Armenians in the Ottoman Empire, up to one million of whom are believed to have perished due to mistreatment and murder. You will find these figures reflected in the casualty statistics that you consulted last week. Russian troops mistreated civilians during their retreats from Galicia and Bukovina in 1915 and deported some three million inhabitants, while the German retreat of four armies in France in 1917 led to the evacuation of 160,000 civilians and the complete destruction of the territory they left behind.

2.1.5 Propaganda

Acts of brutality against civilians, both real and imagined, were a perfect vehicle for propaganda against the enemy. Allied propagandists, particularly in Britain, exploited stories of Germany's ruthless behaviour to provide a moral justification for the war effort. These posters are examples of this. All of these images and others can also be found at the Europeana collections website.



Figure 6 View on the Imperial War Museum website.

This recruitment poster was made in Brisbane, Australia (no date is given). Australia was a British dominion during the First World War, and Australian men – many of whom had been born in Britain – voluntarily enlisted in large numbers to fight on behalf of the British Empire. Recruitment posters like these highlighted German atrocities against civilians in Belgium and fostered moral outrage in order to promote enlistment. This poster uses a photograph of German soldiers rounding up Belgian civilians and allegedly leading them into captivity.





Figure 7 View on the Imperial War Museum website.

Many recruitment posters, like this one – made in Dublin, Ireland in 1915 – encouraged enlistment by alluding to the atrocities committed against women. It is implied here that by joining up to fight, men would not only come to the rescue of innocent female victims abroad, but would also be protecting their wives back home.



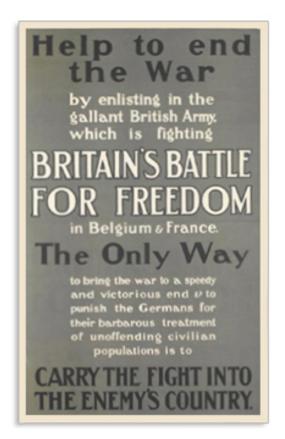


Figure 8 View on the Imperial War Museum website.

This English recruitment poster – made in Harrow, Middlesex in 1915 – makes specific reference to German atrocities, portraying the war as a moral crusade and an opportunity to 'punish' the Germans for their actions.

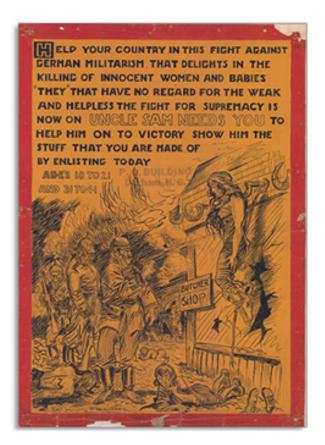


Figure 9 View on the North Carolina Digital Collections website.

Although the USA didn't join the war until 1917, American propagandists also highlighted German atrocities in order to encourage enlistment. This poster – made in Durham, North Carolina in 1918 – employs a particularly vivid sketch of a woman being shot while hanging from a meathook.

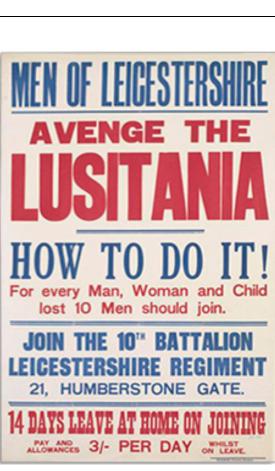


Figure 10 View on the Imperial War Museum website.

This English recruitment poster – made in Leicester in 1915 – draws attention to the German sinking of the *Lusitania* in May 1915, a passenger ship that was carrying numerous civilians between New York and Liverpool. The poster encourages men to avenge the sinking, while also highlighting the benefits of enlisting.



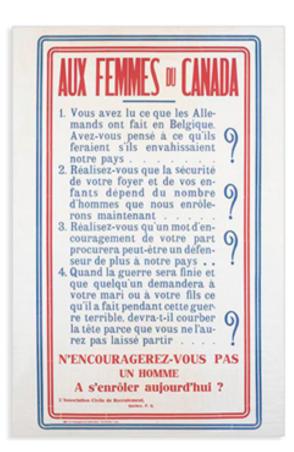


Figure 11 View on the Imperial War Museum website.

Like Australia, Canada was a British dominion during the war, and Canadian men were encouraged to enlist in large numbers. This poster, made in Quebec, appeals to French-Canadian women, urging them to encourage their menfolk to enlist. Again, a reference to German atrocities is used to inspire moral outrage. It reads as follows:

- 1 You've read about what the Germans did in Belgium. Have you thought about what they would do if they invaded our country ... ?
- 2 Do you realise that the safety of your home and your children depends on the number of men we enlist now ... ?
- 3 Do you realise that a word of encouragement from you will perhaps procure one more defender for our country ... ?
- 4 When the war is over and someone asks your husband or your son what he did during this terrible war, will he have to hang his head because you didn't let him go...?

Won't you encourage a man to enlist today?

2.2 Hunger

As the war dragged on, civilians increasingly began to be affected by shortages resulting from blockades and from the demands the war machine placed upon the combatants' economies.



Germans claimed after the war that 750,000 civilians had died as a result of the British blockade of Germany, which wartime chancellor, Theobald von Bethmann Hollweg, described as a 'barbaric way of waging war'.



Figure 12 Civilians carving up a horse carcass on the streets of Berlin, c.1917.

Hunger was an experience familiar to many during the four long years of war. Most of the estimated 700,000 or more civilian casualties in Germany died from the consequences of hunger during the war. This figure does not include all the victims of the Spanish influenza epidemic, which struck at the end of the war and claimed as many as 350,000 victims in Germany, many of whom had been weakened by malnourishment.

Astonishingly, these staggering figures have hardly been remembered in Germany, where the civilian losses of the Second World War have featured much more prominently in public memory. Estimates for these losses are also imprecise, but are thought to be between 500,000 and 600,000 civilians, many of them lost in Allied bombing raids on German cities. Not many Germans know that twice as many civilians were mourned as a result of the First World War.

Throughout the war, Britain used its naval superiority to enforce a blockade on Germany, inhibiting the supply of crucial raw materials and foodstuffs. This was a factor in creating food shortages in Germany, although historians now believe that the effect of the blockade has been exaggerated, and that shortages were also a result of mismanagement of resources and supplies. The fact remains, however, that during the First World War (and in the months that followed the Armistice, when the British blockade continued), many civilians went hungry and suffered from cold. For the German government, it was easy to blame the British blockade for the deprivation its people experienced, even though the reality was more complicated.



German agriculture was severely affected by shortages of grain, fodder and fertilisers, and this was further exacerbated by a poor potato and wheat harvest in 1916. As a consequence, turnips, which were neither appetising nor nutritious and had previously been mainly used as animal fodder, were widely used as a substitute foodstuff, resulting in the so-called 'Turnip Winter' of 1916/17.

Shortages also encouraged a flourishing black market, exorbitant food prices and tensions between communities when it was felt that food was not being distributed equitably. These factors all contributed to declining morale and increasing unrest on the German home front – both of which would severely undermine the German war effort and contribute to its ultimate demise. Before the German army was defeated, Germany had arguably already been defeated economically – starvation had made the population weary of war and unwilling to contemplate yet another winter at war.

2.2.1 Turnips



Figure 13 A German turnip cart. The turnips are infested with maggots of Gall Weevil.

During the winter of 1916/17, rations were reduced further, to 1000 calories per day, half of what was needed by an adult. A daily menu might have consisted of swede soup for breakfast, swede 'chops' for lunch, and swede cake for dinner. Even coffee was made of dried ground swedes or turnips.

A note on terminology – the German term for the root vegetable consumed in huge quantities is 'Steckrübe'. This is a yellow root vegetable and in the UK more commonly known as a swede, though confusingly in Scotland a 'neep', as in turnip, is the term used for a swede (or Swedish turnip). It is the term 'turnip winter' that is used as translation for the



German 'Steckrübenwinter', and whether turnip or swede, arguably neither would make for a very varied and healthy diet.

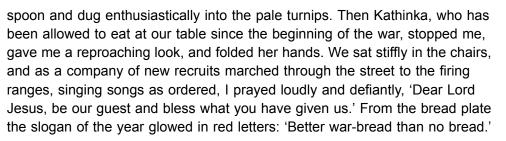
2.2.2 Hunger: a child's perspective



Figure 14 The struggle to survive.

Look at this account of the experience of hunger. Although it is a fictional account, it is likely to have been autobiographical to some extent. The author and his character share the same year of birth (1902), and would therefore have been too young to fight in the war, but old enough to experience and remember the deprivations on the home front.

'This is going to be a hard winter,' sighed my mother on one of those days, as Kathinka put the meal on the table. The meal consisted of a couple of slices of fat-free sausage, daintily cut-up turnips, which were held together by a thin sauce, and three potatoes per person. The bread could well have been used to make models of small men. It was like clay. We sat waiting, almost praying, in front of this meal. Perhaps, we thought, it would change miraculously to match our desires. While I was opening my napkin apathetically and lethargically – for we had been eating the same thing almost daily for months – my mother put her hand on the back of my neck, ran her hand almost fearfully through my hair and said softly and indistinctly: 'I can't do anything about it ... tomorrow perhaps I can get a couple of eggs and some meat ... don't be so sad ... perhaps I can also get some white flour ...' She wept. 'But mother,' I lied, 'this tastes very good, although of course the other things would be even better.' I picked up my



Then we bowed our heads quietly over the meal. Kathinka gave me her potatoes; my mother gave me two slices of sausage. Afterwards I had to lie down so the meal would settle. Kathinka, however, was asked to go next Sunday to her parents, who live on a farm in Upper Franconia, and to get some butter. My mother gave her one of her prettiest blouses and, for her old father who liked to read books, three volumes of Felix Dahn's *The Struggle for Rome*. 'Thank you,' said Kathinka and wiped her hands with joy on her apron, the pocket of which was embroidered with a small black, red and white flag. 'Ha, I'll bring butter rolls back – they won't catch me. . .!' She meant the military police, who for the last month have been posted at the train stations, checking every arriving passenger for forbidden foodstuffs. We trusted Kathinka, because we knew where she hid the butter rolls. In her woolen bloomers. The shamelessness of the war had not yet reached the point where the police were allowed to search there.

(Gläser, 1928, pp. 290-3)

Hunger, as well as the fear of enemy action, made for traumatic childhood experiences. We think of shell shock affecting soldiers, but even children could be affected by trauma. It is likely that we will never know the long-term effects of such suffering, and of course, for many it was only to be exacerbated by the even more horrific treatment of civilians and soldiers in the Second World War.



2.2.3 The global consequences of the war: the 'Spanish Flu'

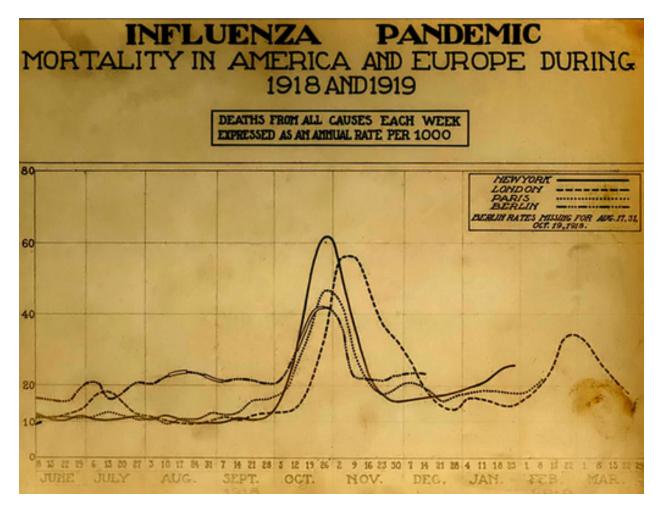


Figure 15 Chart showing mortality from the 1918 influenza pandemic in the US and Europe. Courtesy of the National Museum of Health and Medicine, Armed Forces Institute of Pathology, Washington, D.C., United States.

Food shortages, of course, were not peculiar to Germany. The reallocation of resources and manpower towards the war effort restricted the supply of food in all countries.

In Russia, on the eve of revolution, bread was the first demand voiced by demonstrating women. In Britain, rationing was introduced in 1918, though crucially never for bread (something that the Russian authorities might have been well advised to copy). Malnutrition, and an increased susceptibility to diseases such as scurvy and tuberculosis, became a serious problem as the war went on.

Similarly, the Spanish flu, which had touched almost every corner of the earth by the end of the war, would claim millions of victims among civilians and soldiers already weakened by hunger. Despite its name, the flu did not originate in Spain. A number of theories have been put forward, but evidence suggests that the disease may have originated in the American Midwest in early spring 1918, where it was spread between troops in military training camps. About half of the military deaths recorded by the US army were due to influenza.

By April 1918, the flu had been carried to various parts of Europe, including Spain, which initially led health authorities to believe that this was where it had originated. Three successive waves of the disease spread between spring 1918 and spring 1919, affecting nearly every inhabited area of the world. Highly contagious, the pandemic peaked towards the end of the war. It was easily transmitted by the movement of troops through densely packed areas of the front and major cities. Overall, it is estimated that around 2.5 to 5 per cent of the world's population – somewhere between 50 and 100 million people – died as a result of the disease.

2.3 Week 2 summary



Figure 16 British soldiers entering a village in France.

In this week's study, you have learned about the varying ways in which the war affected civilians, both mentally and physically, on the home fronts of Europe. Wars in the twentieth century no longer spared civilians. They were victims of atrocities, hunger and disease. Casualties among combatant populations reached unprecedented numbers as states mobilised every last resource in order to win this war.

In the final week of this course, you will be looking at representations of trauma and grief in art and literature, and you will also explore how trauma continues to affect combatants and non-combatants in conflicts in the twenty-first century.





Week 3: Trauma, grief and bereavement

Introduction

Watch the video in which Annika talks about the subject of this week.

<image>

In this final week of the course, you will be taking a closer look at grief and grieving during and after the war, and the different expressions that this could take – from private and public grief, to the way such emotions were explored by artists and authors in art and literature.

You will also find out how attitudes to shell shock developed after the war. You will study examples of how this topic was represented in art and literature, and you'll consider how the condition was treated and regarded at different times in the twentieth century.



3.1 Mourning the dead

The nature of death during the First World War severely disrupted traditional mourning practices.



Figure 1 The grave of sapper Ivor Beynon of the Canadian Engineers, near the front line in the Ypres salient, 1918.

Outside of wartime, mourning would usually take place at burial sites and focus on the body of the deceased, but during the war this was frequently impossible. The bodies of many soldiers who died at the front could not be identified due to the horrific injuries they had sustained. During periods of intense fighting it was not always possible for bodies to be gathered up and given a proper burial, and those soldiers who could be identified were usually buried in makeshift graves near where they had fallen. Many were never found. Bereaved relatives and loved ones on the home front were therefore often deprived of a body or a grave at which they could mourn, and, where graves existed, they were often too far away to visit. This hindered closure, and often intensified personal trauma.

As a result, new funerary customs and mourning practices developed. Some bereaved families would adopt other bodies as a focus of their mourning, following the funeral cortèges of soldiers unknown to them. This notion that one dead soldier could symbolise all those who had died gave rise to the Tombs of the Unknown Soldier in London and Paris, both of which were established in 1920. In London, the body of an unidentified soldier, who had initially been buried on the Western Front, was entombed at Westminster Abbey. In Paris, the same was done at the Arc de Triomphe.

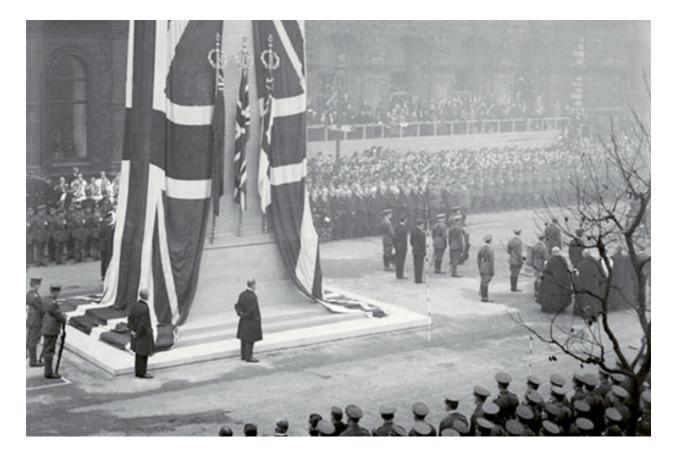


Figure 2 The unveiling of the cenotaph in Whitehall, 1920.

In London, a cenotaph – which literally means 'empty tomb' – was also established in 1919. This was initially a temporary structure, but due to its popularity a permanent tomb was built and unveiled in 1920. Symbolically significant sites such as these, along with countless war memorials across the belligerent countries, proved popular focal points for mourning and continue to serve as commemorative sites to this day.

Historians have produced detailed studies of the effect of the war on specific towns and cities. One example is Osnabrück in Germany, a town of around 80,000 inhabitants in 1914. Between August 1914 and the end of 1919, around 2,200 soldiers from the town lost their lives. Statistically, that amounted to news of a death being received every 16 hours. In this town, 15 to 20 per cent of families suffered the loss of one soldier, with some losing as many as four relatives in the war. Assuming a wider 'circle of mourning' which extended beyond immediate relatives, it can be estimated that between 25 and 75 per cent of the town's population were directly or indirectly affected by a war-related death.

3.1.1 Grief and mourning in literature and art

authen Por South youth _ Nation 17 What passing bells for these who die as cattle? - Ohly the monstrow anger of the guns. Ohly the stattening rights' rapid rattle Can patter out their hasty orisons. Can patter out their hasty orisons. No providences for them; from I prayers or bells, No procedures for them; from I prayers or bells, Nor any voice of mourning save the choirs, The shrill demotive choirs of wailing shells; And bugles calling sad across the shires. No (mockernes What candles may be held to speed them all? Not in the hands of boys, but in their eyes Shall shere the hely glimmers of goodbyes. And The pallor of girl's brows shall be then pale And The pallor of girl's brows shall be then pale Their flowers the tenderness of transformed mind. minds Louising down of blinds

Figure 3 Wilfred Owen, 1893–1918. The text is part of a draft of his famous poem 'Anthem for Doomed Youth'.

Given the scale of the casualities, the psychological damage of the war extended beyond the battlefields. On the home front, many families, friends and fiancés never saw their loved ones return. Sometimes there were considerable delays before families learnt of a death. On 4 November 1918 the now-famous poet Wilfred Owen died while crossing the Sambre-Oise Canal in northern France. This was a successful operation for the British and victory was in sight, but it was not until the armistice that Owen's mother discovered the news of her son's death. For every well-known casualty, like Owen, there are dozens of victims whose names we have now forgotten, but whose loss was equally mourned at the time.

The bereaved developed a variety of methods for coping with their grief. To console themselves they often sought to attribute meaning to the deaths of their loved-ones. The notion that the dead had died for a valid cause offered solace for many, but this could lead to conflicting emotions, as the example in the next section demonstrates.

Grief was a recurring theme in art and literature, both during and after the war. Like everyone else, artists and writers struggled to make sense of the losses around them, and in many cases they also mourned their own personal losses and dealt with their own grief in their work. Next, you will look at some case studies, starting with the example of Vera Brittain.



3.1.2 Vera Brittain



Figure 4 Vera Brittain, 1893–1970. This photograph was taken in 1918.

The British writer Vera Brittain served as a nurse during the war, and lost her fiancé, brother and two close friends in the war. She was appalled by the horrific injuries she witnessed, and through her multiple bereavements became increasingly disillusioned with the validity of the war. Yet, despite her developing disillusionment, Brittain's wartime letters and diaries reveal that she clung to many of the romantic and patriotic ideals that legitimised the conflict. By doing so, she reassured herself that those she loved had not died in vain. This ambivalent attitude was by no means uncommon. After the war, Brittain published her autobiography *Testament of Youth* (1933), which poignantly recalled her bereavements and vehemently denounced the war. Yet even in this text the ambivalence remains.



3.1.3 Awaiting a telegram



Figure 5 Vera Brittain, 38 years later in 1956

Read or listen to the following passage from *Testament of Youth*, read by an actress. In it, Vera Brittain describes her anxious wait to hear news of her brother Edward, before she finally receives a telegram announcing his death.

Audio content is not available in this format.

By the following Saturday we had still heard nothing of Edward. The interval usually allowed for news of casualties after a battle was seldom as long as this, and I began, with an artificial sense of lightness unaccompanied by real conviction, to think that there was perhaps, after all, no news to come. I had just announced to my father, as we sat over tea in the dining room, that I must really do up Edward's papers and take them to the post office before it closed for the weekend, when there came the sudden loud clattering at the front-door knocker that always meant a telegram.

For a moment I felt that my legs would not carry me, but they behaved quite normally as I got up and went to the door. I knew what was in the telegram -I had known for a week - but because the persistent hopefulness of the human heart refuses to allow intuitive certainty to persuade the reason of that which it knows, I opened and read it in a tearing anguish of suspense.

'Regret to inform you Captain E. H. Brittain M.C. killed in action Italy June 15'



""No answer', I told the boy mechanically, and handed the telegram to my father, who had followed me into the hall. As we went back into the dining room I saw, as though I had never seen them before, the bowl of blue delphiniums on the table; their intense colour, vivid, ethereal, seemed too radiant for earthly flowers. [...]

Long after the family had gone to bed and the world had grown silent, I crept into the dining-room to be alone with Edward's portrait. Carefully closing the door, I turned on the light and looked at the pale, pictured face, so dignified, so steadfast, so tragically mature. He had been through so much – far, far more than those beloved friends who had died at an earlier stage of the interminable War, leaving him alone to mourn their loss. Fate might have allowed him the sorry compensation of survival, the chance to make his lovely music in honour of their memory. It seemed indeed the last irony that he should have been killed by the countrymen of Fritz Keisler, the violinist whom of all others he had most greatly admired.

And suddenly, as I remembered all the dear afternoons and evenings when I had followed him on the piano as he played his violin, the sad searching eyes of the portrait were more than I could bear, and falling on my knees before it I began to cry 'Edward! Oh, Edward!' in dazed repetition, as though my persistent crying and calling would somehow bring him back.

(Brittain, 2004 [1933], pp. 437-9)

3.1.4 Reactions: trauma, grief and disgust in art

Grief was also a frequent motif for artists.

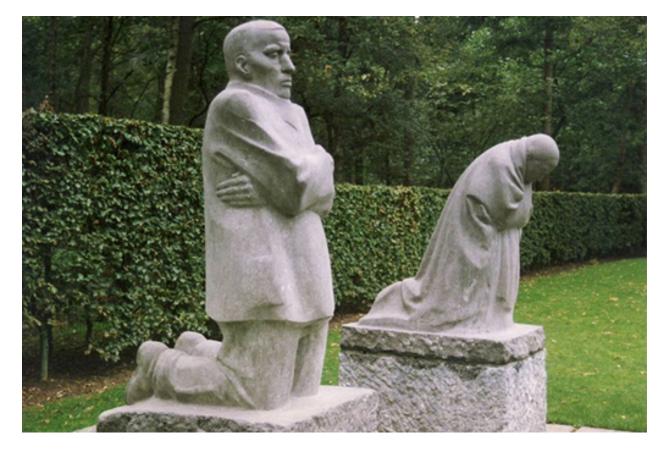


Figure 6 'The Grieving Parents', Käthe Kollwitz, 1932

The German artist Käthe Kollwitz lost her only son in 1917, and was subsumed by grief, which poured out in her sculptures, drawings and paintings. Her sculpture, 'The Grieving Parents', can be found in Vladslo German war cemetery in Belgium. Grief was a recurring theme in her artwork, and it expressed the suffering of millions of parents in Germany.





Figure 7 Nie wieder Krieg, Käthe Kollwitz, 1924

Kollwitz's strong anti-war message has had an enduring quality and it is not surprising that, in 2014, to commemorate the centenary of the outbreak of the war, the German post office commissioned just one stamp depicting a Käthe Kollwitz image, with the caption: 'Nie wieder Krieg' – never again war.

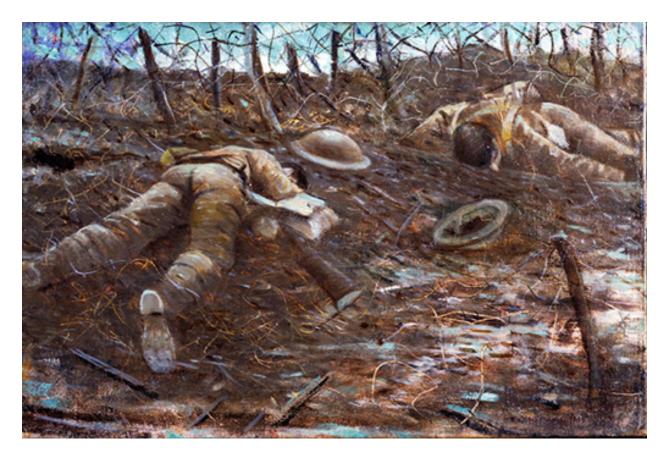


Figure 8 Paths of Glory, C. R. W. Nevinson, 1917

Other artists also took the trauma of war as their recurring motifs. The British painter, C. R. W. Nevinson, despite being commissioned as an official war artist, did not flinch from depicting the carnage of the battlefield.

Similarly, the German painter Otto Dix produced startling images detailing the horrors of war. He also dealt with the aftermath of the war, and his paintings featured physically and mentally damaged soldiers in stark, often ridiculous, poses and situations, as a critique of post-war attitudes towards the suffering of former soldiers. His painting *The Match Seller* (below), for example, illustrates the pitiful fate that many veterans were subjected to after the war.



Figure 9 The Match Seller, Otto Dix, 1920



Figure 10 Wounded Man (Autumn 1916, Bapaume), Otto Dix, 1924

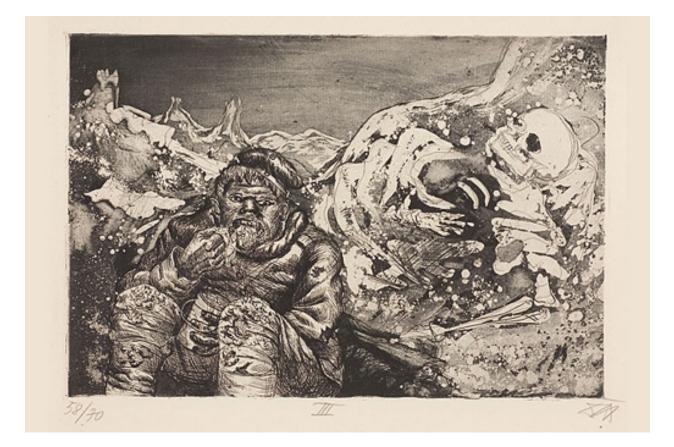


Figure 11 Mealtime in the Trench (Loretto Heights), Otto Dix, 1924



Figure 12 Flanders, Otto Dix, 1936



After the Nazi seizure of power in 1933, images such as these were considered unpatriotic and labelled 'degenerate art'.

3.1.5 Siegfried Sassoon and shell shock



Figure 13 Siegfried Sassoon, 1886–1967. This photograph was taken in 1915

In Britain, shell shock has an iconic cultural status as a symbol of the destructive potential of modern war, and serves almost as a shorthand for soldiers' suffering in the First World War. This is not least because shell shock has frequently been a subject for literature, with many of the canonical poets and writers of the First World War known to have been treated for the condition themselves.

Siegfried Sassoon, for example, is today one of the most celebrated poets and memoirists of the First World War in Britain. Initially a zealous and committed infantry officer, Sassoon fought with distinction in the Royal Welch Fusiliers on the Western Front. By 1917, appalled by the horrors he had witnessed, and alienated by what he saw as the fatuous jingoism of civilians on the home front, Sassoon became increasingly disillusioned with the war effort. Sassoon consequently wrote an official protest against the war, which he forwarded to his commanding officer and which was eventually read out in the Houses of Parliament by Hastings Lees-Smith, a sympathetic Liberal MP:

I am making this statement as an act of wilful defiance of military authority because I believe that the war is being deliberately prolonged by those who have the power to end it. I am a soldier, convinced that I am acting on behalf of soldiers. I believe that this war upon which I entered as a war of defence and liberation has now become a war of aggression [sic] and conquest. I believe



that the purposes for which I and my fellow soldiers entered upon this war should have been so clearly stated as to have made it impossible to change them and that had this been done the objects which actuated us would now be attainable by negotiation.

I have seen and endured the sufferings of the troops and I can no longer be a party to prolong these sufferings for ends which I believe to be evil and unjust. I am not protesting against the conduct of the war, but against the political errors and insincerities for which the fighting men are being sacrificed.

On behalf of those who are suffering now, I make this protest against the deception which is being practised upon them; also I believe it may help to destroy the callous complacency with which the majority of those at home regard the continuance of agonies which they do not share and which they have not enough imagination to realise.

Such an act of defiance placed Sassoon at risk of a court martial, but he was instead deemed as mentally unfit for military service, diagnosed with 'neurasthenia', and sent to Craiglockhart hospital. Whether or not Sassoon was actually suffering from shell shock has been debated, but it is interesting to see how this diagnosis could be used to explain away his uncomfortable critique. Regardless, his visit to the hospital was of great significance, as it was here that he met fellow patient and poet, Wilfred Owen. Both Sassoon and Owen would write poetry while in Craiglockhart, with Sassoon in particular offering advice and guidance to his younger friend. Some of this poetry was directly inspired by the mental trauma exhibited by other patients. Sassoon's poem 'Survivors' and Owen's poem 'Mental Cases', for example, were both written in Craiglockhart and hauntingly depict the debilitating mental strains of the war on the other patients they encountered.



3.1.6 Great War poets and shell shock



Figure 14 Siegfried Sassoon (Left) and Wilfred Owen (Right)

Below are two iconic poems by Siegfried Sassoon and Wilfred Owen on the subject of shell shock.

Sassoon: Survivors (1917)

No doubt they'll soon get well; the shock and strain Have caused their stammering, disconnected talk. Of course they're 'longing to go out again,'— These boys with old, scared faces, learning to walk They'll soon forget their haunted nights; their cowed Subjection to the ghosts of friends who died,— Their dreams that drip with murder; and they'll be proud Of glorious war that shatter'd all their pride... Men who went out to battle, grim and glad; Children, with eyes that hate you, broken and mad.

Wilfred Owen: Mental Cases (1917)

Who are these? Why sit they here in twilight? Wherefore rock they, purgatorial shadows, Drooping tongues from jaws that slob their relish, Baring teeth that leer like skulls' teeth wicked? Stroke on stroke of pain, — but what slow panic, Gouged these chasms round their fretted sockets? Ever from their hair and through their hand's palms Misery swelters. Surely we have perished Sleeping, and walk hell; but who these hellish?

These are men whose minds the Dead have ravished.
Memory fingers in their hair of murders,
Multitudinous murders they once witnessed.
Wading sloughs of flesh these helpless wander,
Treading blood from lungs that had loved laughter.
Always they must see these things and hear them,
Batter of guns and shatter of flying muscles,
Carnage incomparable and human squander
Rucked too thick for these men's extrication.

Therefore still their eyeballs shrink tormented Back into their brains, because on their sense Sunlight seems a bloodsmear; night comes blood-black; Dawn breaks open like a wound that bleeds afresh — Thus their heads wear this hilarious, hideous, Awful falseness of set-smiling corpses. — Thus their hands are plucking at each other; Picking at the rope-knouts of their scourging; Snatching after us who smote them, brother, Pawing us who dealt them war and madness.

Think about the following questions:

- In what ways do these two poems differ? Is there a difference in tone?
- Cast your mind back to some of the themes touched on in the discussion of shell shock in Week 1. What do these poems tell us about the impact of shell shock on ideas about masculinity?
- To whom do you think Sassoon and Owen might be directing these poems?

3.1.7 War poetry in the twentieth century

The futility of the First World War, and the waste and destruction it caused, hold an important place in British memory. These bleak and harrowing wartime portrayals of shell shock did not immediately reach large numbers of the public, however.

Although Owen is one of the best-known poets of the war in Britain today, his work was not widely known during the war and did not begin to achieve widespread acclaim until the 1930s. His work became part of the school national curriculum in the 1960s, and generations since have been raised on this poetry.



3.1.8 Shell shock in fiction: the example of Pat Barker

In more recent years, shell shock has continued to be a theme for literature.

Perhaps most famously, Pat Barker explored the issue in depth in her bestselling *Regeneration* trilogy (1991–94). The first novel in the trilogy was made into a film in 1997, and formed the basis of a stage adaptation, which premiered in Northampton in August 2014. In these novels, Barker depicted historical characters – including Sassoon, Owen, Graves and the physician W. H. R. Rivers – alongside a shell-shocked fictional protagonist, Billy Prior. Influenced by academic literature on war neurosis, Barker explored the links between masculinity, class and the treatment of shell shock, and further cemented the centrality of shell shock within the popular memory of the First World War in Britain.

3.2 Developing medical attitudes to shell

shock after the war



Figure 15 Craiglockhart hospital today, now part of the Edinburgh Napier University campus



As you have learned, during the First World War shell shock had developed from being a condition of questionable legitimacy to a recognised problem that had threatened severely to undermine the efficiency of the army. After the war, however, there was still no consensus within the medical profession regarding the causes, diagnosis and treatment of the illness. Shell shock remained a contentious issue. In Britain, many veterans continued to suffer from the debilitating effects of mental trauma, and the government was faced with the task of meting out disability pensions to those they deemed deserving. A government commission of enquiry into shell shock was established in 1920 and ran until 1922. One of the first decisions made by the committee was to discontinue the use of the term 'shell shock' in official language. Due to its imprecise and contentious nature, the commission felt that the term should be avoided. The Commission was also keen to ensure that shell-shocked men were not simply treated as lunatics and sent to asylums; nevertheless, certain preconceptions about the illness remained. Shell shock was still associated by many with hysteria and degeneracy, and it was still generally agreed that the condition tended to affect men with a weak constitution and predisposition to mental illness. Whilst some doctors saw the illness as a genuine psychological reaction to the potentially intolerable fear of combat, others still tended to see it as a form of cowardice or malingering. Despite this, the commission recognised that the condition had affected men who had otherwise fought with distinction and courage. It was these men who were deemed worthy of financial compensation. Others, who had exhibited signs of mental trauma but had demonstrated less willpower during active combat, were often treated less sympathetically. These men would often struggle to find work after the war, but had to survive without pensions or other forms of state support. The historian Jay Winter discusses these uncomfortable legacies of shell shock in more detail later this week.



3.2.1 Shell shock since the First World War



Figure 16 US marines recuperating after surviving the two-day fight for Engebi in Eniwetok Atoll, 19 February 1944.

By 1939, with the prospect of another war on the horizon, the issue of war trauma resurfaced. Again the payment of pensions was a major cause for concern, but the general attitude to nervous complaints had not changed hugely: the belief in the supposed links between shell shock and cowardice persisted. In 1939, Dr Francis Prideaux, the British Ministry of Pensions psychiatric expert, suggested that only those soldiers who had demonstrated bravery in battle and had been through genuinely disturbing events were deserving of pensions. It was believed that many men allowed themselves to break down because they felt it was the easy way out. The issue of predisposition also remained a source of contention.

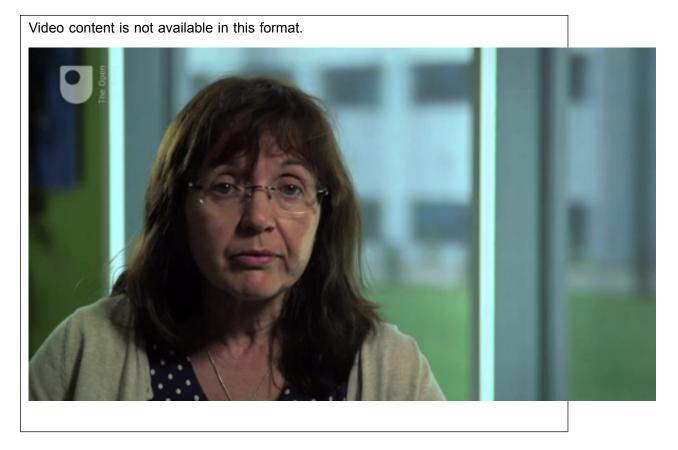
The Second World War ultimately did not bring about anywhere near as many psychiatric casualties in the British army as the First World War, partly due to improved medical practices. Soldiers were more effectively screened before they entered the army to ensure that those already suffering from psychological problems were not admitted. Cases of mental breakdown were addressed more swiftly, closer to the front line. Military training and leadership had also greatly improved since the First World War. Perhaps most significantly, however, the nature of combat during the Second World War may also have helped to reduce the frequency of psychological breakdowns. Whereas the First World War, with the static and degrading conditions of trench warfare, could engender a sense of powerlessness, the Second World War was largely a war of movement, during which soldiers felt they had more control over their own destiny.



Despite this, the Second World War did of course give rise to psychological casualties. For the US Army, for example, the Second World War was far more costly than the previous conflict (as you will remember from our enquiry into casualty figures in Week 1), and the psychological toll was a major cause for concern. The Americans, however, took a more sympathetic approach than the British, removing the stigma from war neurosis. Rather than associating the condition with cowardice, American military and medical experts suggested that in fact every man had his breaking point, and that even the bravest man would eventually break down if exposed to sufficiently traumatic incidents. Rather than the term 'shell shock', the terms 'combat exhaustion' or 'combat fatigue' were more frequently used.

3.2.2 Fiona Reid: shell shock

Watch this interview with the historian Fiona Reid, in which she talks about developing attitudes to shell shock after the war. As you watch, ask yourself – is there still a stigma attached to mental breakdown today?





3.2.3 War neurosis and post-traumatic stress disorder



Figure 17 A wounded Vietnam veteran

War neurosis continued to pose a problem for the US Army, particularly in the wake of the horrors of the Vietnam War.

The term 'post-Vietnam syndrome' was developed to describe the psychological aftermath of this conflict, during which many soldiers had witnessed exceptionally brutal combat conditions. Vietnam also helped give rise to modern medical understandings of traumatic neurosis. It was shortly after the conflict that the term 'post-traumatic stress disorder' (PTSD) was developed to describe the psychological disorders brought about by exceptionally traumatic events. Unlike labels such as shell shock, the term was not purely limited to trauma resulting from combat, and was applied in a wide variety of contexts.





Figure 18 Grief-stricken American soldiers during the Korean war

Today, the term continues to be used to diagnose psychological casualties of war, and despite vast improvements in psychiatry, post-traumatic stress remains a pressing issue in the wake of recent wars in Iraq and Afghanistan.



3.3 Summary



Figure 19 Blood Swept Lands and Seas of Red, created by ceramic artist Paul Cummins at the Tower of London in 2014.

This brings you to the end of this course on trauma and memory in the First World War. You have learned about:

- the various forms of physical and mental trauma suffered by those who fought in the First World War
- how to conduct your own research into First World War casualty statistics, and why these statistics continue to pose challenges for historians
- the traumatic experiences of civilians in wartime caused by enemy atrocities, aerial bombing, hunger and disease
- the expression of grief and trauma during and after the war through art and literature
- how attitudes to shell shock have developed after the war and how mental trauma has been treated at different times in the twentieth century.

With the centenary commemorations of the First World War coming to an end, and as we commemorate the end of the war, it is timely to study the conflict. Whatever your previous knowledge of the war, hopefully this course has developed your understanding of a period of history that continues to inspire debate among historians.



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References

Week 2

Horne, J. (2014) 'Atrocities and war crimes' in Winter, J. (ed.) *The Cambridge History of the First World War*, Cambridge, Cambridge University Press, pp. 561–84. Gläser, E. (1928) *Jahrgang 1902 [Born in 1902]*. Berlin, pp. 290–3. Week 3

Further reading

Week 1

1914–1918 Online

<u>BBC - iWonder - Does the peace that ended WW1 haunt us today?</u> Bridget Kendall explores how the First World War redrew the map of Europe. (Some of this content is only available in the UK.)

War Neuroses Version B Reel 2 For more footage of shell shock victims, visit British Pathé on YouTube.

<u>BBC - iWonder - Did shell shock make us take mental health seriously?</u> Sian Williams – herself a witness to traumatic news events – explores our understanding of trauma. (Some of this content is only available in the UK.)

Week 2

<u>BBC - Great War Interviews</u> Katie Morter, a civilian in Manchester, recalls a letter that broke her heart. (Some of this content is only available in the UK.)

<u>BBC - iWonder - Was World War One propaganda the birth of spin?</u> In the first total war, the British government had to learn to talk to the people in a new way. (Some of this content is only available in the UK.)

Week 3

<u>BBC - iWonder - Did the trauma of World War One lead to great creativity?</u> Vera Brittain's daughter, Baroness Shirley Williams, remembers her mother, and reflects on the trauma of the First World War. (Some of this content is only available in the UK.)

<u>BBC - Your Paintings - Christopher Nevinson</u> See more paintings by Christopher Nevinson, and explore the nation's art collection.



<u>BBC - iWonder - Has poetry distorted our view of mental health?</u> Poet Ian McMillan asks why only certain war poets tend to be remembered and taught. (Some of this content is only available in the UK.)

<u>Blackadder</u> Of course, the topic of shell shock has not escaped iconic treatment by comedians. In the 1980s BBC series *Blackadder Goes Forth*, the hero of the series, Captain Blackadder, hopes to get out of having to continue fighting by pretending to be suffering from shell shock. This is a fictional account that plays with our prior knowledge of the condition and revisits many of the common assumptions that we have about shell shock, and about the First World War from a British perspective.

<u>BBC - iWonder - Did Craiglockhart hospital revolutionise mental health?</u> Claudia Hammond explores the variety of treatments available at the famous First World War hospital. (Some of this content is only available in the UK.)

Acknowledgements

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This free course was written by Annika Mombauer and Vincent Trott. It was first published in October 2018.

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2.2.2: Extract from: Gläser, E. (1928) Jahrgang 1902, Berlin, pp. 290-3.

Week 3

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