Worlds in Collision: Music and the Trauma of War

Friday 28 June 2013, The Mansion House

TRANSCRIPT

Shell Shock: How it has been viewed historically - Ben Shephard

PROF JOHN COX: Colleagues and friends, it is an honour and a privilege for me to be asked to chair this afternoon session in this wonderful conference. I'm a trustee of The Musical Brain and for me, as an academic psychiatrist and a singer, holding these two things together has always been pretty central to one's view of both medicine and one's view of music and song. The session this morning I thought was really interesting, the thoughts going through my mind just very briefly were the role of popular song. It was the role of popular song in World War II and World War I, and themes of homesickness and attachment issues and the whole cultural element in this field. I'm listed as a speaker – I'm not a speaker – my main task is to introduce two very special people making formal presentations. Our first is Ben Shephard, a medical and military historian, to inform us about shell shock, which is very much linked to some of the key early years of psychiatry.

BEN SHEPHARD: Thank you, in the billing for this I rather injudiciously referred to drawing on the rich literature of shell shock; it is indeed extraordinarily rich but there isn't time to do more than cover the basics today.

Shell shock is a curious thing. If you had written about the First World War 30 years ago you wouldn't have mentioned shell shock at all. It has come back into consciousness because of several things: Vietnam, feminism, the invention of post-traumatic stress disorder in 1980, and it has particularly been associated with two wonderful books, Paul Fussell's book about the First World War and Pat Barker's *Restoration* trilogy.

What was shell shock? How does it relate to modern PTSD? The term "shell shock" was coined in February 1915 by the Cambridge psychiatrist, Charles Myers, who was then working at the Duchess of Westminster's rather loony hospital in the casino at Le Touquet in France. It was based on three soldiers he had seen who had all been under shellfire. Shell shock was a portmanteau term; it was an overall term that covered at least four different conditions. Firstly, soldiers who had been shelled, had no lesions yet were nonetheless shaken and needed time to recover. Secondly, men worn down by the strain of trench warfare, obviously more common later in the war. Thirdly, men traumatised by the horrors they had seen, men with their heads blown off etc, and fourthly, men immobilised by fear. Shell shock, when it first appeared, presented a sort of mystery to the medical establishment which is best expressed by what the Pope of Anglo-American medicine Sir William Osler said, in a postcard, July 1915, "I cannot imagine what has got into the central nervous system of the men. Hysterical dumbness, deafness, blindness, anaesthesias galore. I suppose it was the shock and the strain, but I wonder if it was ever thus in previous wars." Actually Simon Wessely and Edgar Jones have shown that in the Boer War comparatively similar cases were

reported, but people evacuated back after the disasters and this didn't pass back into the medical mainstream.

And so this argument began about shell shock. Firstly, was it physical? Was it caused by organic damage to the brain? There had been these extraordinary developments in artillery since the previous war in the 1870s, European wars. Artillery had begun to use high explosive, it was much more accurate, it was much more quickly repeated, it was impossible now to foresee, to hear coming, as it were. The physics of concussion, of what happens when shells explode around you, were unclear, and indeed they were still unclear in the Second World War when Solly Zuckerman was blowing up goats in quarries in Oxfordshire. And so there were arguments that this was something caused physically and there were parallels perhaps – Simon may explore this with what is now known as traumatic brain injury.

Shell shock affected people in different contexts. It affected the individual soldier but it also raised questions of military medicine and had implications for discipline and wastage of manpower. It also affected the doctors trying to understand it, and doctors trying to treat it. This presentation is roughly chronological and therefore, I'm afraid, it rather ducks and weaves between these different things. Thematically it is a mess.

The military context: bear in mind in the First World War there was no proper selection of personnel; even by the end of the war there wasn't proper selection of personnel. Loads of people were in the Army who shouldn't have been there. Why are there no war poets in the Second World War in quite the same way, because they are in RAF public relations!

Then we get to this very important question of the role of public opinion at home. Shell shock was taken up by the newspapers and in parliament, it was respectable. Officers got it; Lord Northcliffe's brother donated his house as a hospital for officers in early 1915. We get into this very tricky and difficult area that hasn't been researched which is the role of public opinion. All we have to go on here, are what doctors said after the war, and they said things like "two years of vigorous journalism in the home press had prepared the recruits to become cases of shell shock". They said things like "the term shell shock had becoming a generally recognised term as if it were a new disease". "Misguided public opinion had raised the psycho-neuroses to the dignity of a new war disease before which doctors seemed well nigh helpless." This view became rapidly widespread among the soldiers in France. There is a sort of feedback loop operating here, and one aspect of this was that the Army at home, the war office, bowed to civilian pressure and for the first time accepted there was this grey area between being wounded, being mad, being fine and being a coward who should be shot. They accepted the notion of commotional shell shock, shell shock wounded. But they didn't accept emotional shell shock because they were worried about the effects on discipline. One of the things we all know about, is that of the 332 soldiers executed during the war, some had shell shock, nobody knows quite how many. Nor do we know about the nine tenths who were let off. Shell shock, officially, in the cases that survived, wasn't accepted as a defense until 1918. Sir Douglas Haig famously said "how can we ever win the war if this plea is allowed" in a shell shock case.

Now I'm going back to the medical arguments. By 1916 it had become clear, evidence was emerging, that the wounded didn't get shell shock, prisoners of war didn't get shell shock, Simon Wessely doesn't agree, but he's a pedant! Some people got shell shock without actually leaving England. So, the argument went that by the end of 1916, people are saying ah, it is psychological. If it is psychological is it perhaps, they now said, a variant of the two nervous disorders recognised by medicine before the war, namely hysteria or neurasthenia, or nervous exhaustion. There was perceived to be a difference is symptoms, which put crudely, was that the men got hysteria and the officers got neurasthenia. The rationale of this is that the men escaped into their symptoms, they used and developed these symptoms to escape from this horrible situation they were in. For officers it was more complicated because of their sense of social responsibility and position, and their sense of obligation and duty to their men forced them to stay and therefore they had this mental conflict, which resolved itself in the symptoms of neurasthenia. Some modern scholars have poured scorn on this, I personally would rather believe Sir Henry Head, a rather distinguished neurologist of this epoch, than somebody at the Wellcome who is twenty-five, but I'll leave it to you.

Frontline treatment: after 1916, the British followed the example of the French, they stopped sending shell shocked people back to England and they introduced treatment near the frontline, based on principles which in the 1950s became known as PIE – proximity, immediacy and expectancy. Basically, if you treat people near the frontline you can still draw on loyalty to their comrades and you have a better chance of getting them back into the frontline. And by this stage they developed quite quick tricks for removing symptoms, deafness: you just bang two books together and people started up. The other favourite was to say, "in half an hour we will give you electricity" and it was observed that after 29 minutes people's symptoms had a habit of going away.

Also important in this context was reimposing military discipline. So did it work? Well, Simon Wessely and his collaborator Edgar Jones have argued that it didn't. This has made them very unpopular with the military establishment, because the whole rationale of military psychiatry is that it sends men back into battle. If it can't do that then what is the point of having military psychiatrists? At the time, the feeling was that it did work.

I can only talk very briefly about methods of treatment at home. The most important of these, that I'm going to mention, was a form of psychotherapy which drew on the writings of Pierre Janet, the French psychiatrist who was more important than Freud to this generation of British doctors. Janet had worked with simple serving girls who had traumatic experiences, using hypnosis. The rationale of this is that when you have a traumatic experience you consign it to, as it were, the attic of your mind, you hide it away. The rationale of this method of treatment was that you brought it back under hypnosis and then you reconciled it, this hidden memory was brought together with conscious working memory. Big arguments about this, forget the names, I can't go into them. But big arguments about whether it worked and if it did work why it worked. Essentially, one school of thought said it is an intellectual process whereby you reconcile these things in the mind. The second school of thought said, no, what you are doing here is bringing out the trapped emotion. It is about emotion, the affect, you are bringing that out, it is a cathartic process and that is what makes people better. In the Second World War, William Sergeant took this one stage further and said it

doesn’t even matter about the experience they actually had, if they get the emotion out they will be cured.

I am going to cut the next slide, because it is too complicated for this context. Another element here in the medical argument is – I said that we had a physical stage, a psychological stage, we now come to the physiological stage. Before the First World War, a Harvard physiologist called Walter Bradford Cannon had conducted these experiments of his own and reviewed an enormous literature to show what happens when animals are exposed to fear over long periods of time. This centred on the role of the endocrine system and this very much has been the focus of modern research on PTSD. The curious thing about this is it didn't really lead to new treatment and arguably it hasn't today – Simon will tell you more about that – but this was certainly, by the end of the First World War, the most prominent line in medical research because it was the line which seemed best to describe people who had been right the way through the war and then finally could take it no more.

The rationale here is that the body mobilises itself in these situations for fight or flight. If you are trapped in the trenches and you can neither fight nor flee, if you just sit there, supine, being bombarded, then your body is in a state of mobilisation but it never gets the chance to express itself, express all these trapped chemicals, and therefore, this is what produces the symptoms.

A few famous cases which you will know about. Siegfried Sassoon, did he have shell shock or did he have an antiwar complex? He went to Craiglockhart, he had chats with Rivers, his dreams were talked about, and he played golf and in the end he was sent back to the frontline by Rivers because Rivers felt that was the best thing to do. Now Wilfred Owen was also at Craiglockhart, and the interesting thing about Wilfred Owen was that he was not treated by Rivers, who was the big dream man, he was treated by a man called Brock who was into ergotherapy, the cure through work. A Scottish madman he was, but a very effective therapist, and this is why Owen wrote about his dreams in his poems and didn't talk about them to his therapist, which is what he would have done had Rivers been his therapist. Nigel Osborne knows far more than I about Ivor Gurney so I won't say anything about him.

Social support. I'm going to just remind you that they didn't necessarily see this in those days as we do now. Shell shock was perceived as a disorder of the will, as well as of function. And so you get people saying things like, "Nothing impedes recovery so much as flying visits of unthinking but kindly intentioned philanthropic lady visitors". That was Sir John Collie, expert on malingering. Harold Crichton-Miller founded the Tavistock clinic, hated rival of Simon's Maudsley, and he was the leading psychotherapist of the day and said: "Shell shock produces a condition which is essentially childish and infantile in its nature. Rest in bed and simple encouragement is not enough to educate a child. Progressive daily achievement is the only way whereby manhood and self-respect can be regained". Who breaks down, big argument here, who is actually breaking down, and at one end of the spectrum you have Elliott-Smith who said: the war has shown that anybody can break down if the environment is bad enough and therefore the pessimistic appeal to heredity which is the basis of asylum medicine at this time, you must move beyond that pessimistic appeal to heredity. On the other hand, Millais Culpin, a very nice sympathetic man, said: "It was soon realised by those who treated these patients that a large number had

suffered from symptoms before enlistment", he thought 57%, others thought more, and Culpin thought that 10% “drifted into hospital on the strength of their previous symptoms”, nothing to do with the war.

There were many postscripts to shell shock – one in 1922 – I’m going to talk briefly about one in 1939. They gathered all the doctors together because the Germans were going to come and bomb the civilian population of London and what on earth were they going to do about it? And a lot of the people like Rivers were dead but some of the psychiatrists and psychologists associated with him were there and curiously enough, everybody took the same line. It was decided that in the war to come, you should not give it a medical name, you should not call it shell shock, you should call it exhaustion, you should not medicalise it. Secondly, there should be no psychotherapy, a very distinguished psychotherapist called Ross went around urging nurses not to provide psychotherapy. And thirdly, there should be no pensions, and this was slightly changed later on, and I would like you to realise that this is how the British fought the Second World War, with some success, you can argue.

I'm going to conclude with my tuppence-worth on the subject of this conference, which is the relationship between music and war. And this is a short quotation from a story which appeared in Penguin New Writing in 1943, it was called the Crew of the Jackdaw and it is about two North Sea trawlers racing for port in wartime and as they are racing for port, one of these North Sea trawlers hits a mine, and blows up, and the Crew of the Jackdaw watch as through the air fly bits of ship and bits of man, and they have to stop and they fish around and retrieve what they can out of the water, and this is all sitting on the deck of the ship. And the narrator realises that this is upsetting the crew:

> "I saw the boys' faces standing there by the wheelhouse looking and I said, ‘you bastards had better sing’ and I began to sing “The Rose of Tralee” that I always like and Sticks came in with me and the little cook we call the Duke, because his name is Wellington, he joined in. After that, we had “Roll out the Barrel” and then the stoker pipes up with "I'm the man that makes the smoke come out of the lum choo choo", and we followed that with “they all get on to the fireman when the ship is very slow”, and we were singing fine, with never a hymn to make us sad, when we came in between the pier heads".

And when they came into port, this rather gruesome sight was all removed, and

> "After that we had our sheggy and that was well laced with rum, yes they must have drained the bloody jar to make it that way, I slept good after it".

Thank you.