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“Everyone is Suffering”: The Redefinition of Shell Shock from Curious National Concern to Conventionalized National Baggage in Post-World War I Britain

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Introduction

As World War I officially came to a close in the fall of 1918, Britain emerged triumphant but exhausted, and now having to face an entirely new set of challenges as it readjusted to a post-war world. In terms of its foreign policy, Britain was attempting to steer a host of peace agreements with former allies and belligerents while also witnessing the rise of anti-colonial movements and the loss of its imperial hegemony. Domestically, Britain not only faced a mountain of war debt, but was also confronted with the rise of organized labor across its most essential industries, potentially threatening to choke a post-war economic transition. Amidst these and other challenges was the question of how to absorb the over-three million men returning home, many of whom had been profoundly transformed both physically and psychologically by their experiences in war. Among them, approximately 65,000 had been officially recognized by the War Office as suffering from shell shock,¹ an emergent psychosomatic trauma that had by war's end already received a continually evolving variety of responses. The medical community, for example, largely approached it with eager fascination, as many sought to determine its causes, symptoms, and possible treatments. The popular press, meanwhile, tended to convey shell shock as a tragic outcome of a nightmare war that had irreparably transfigured the lives of what would otherwise have been young men in the springtime of their youth. Newspapers in particular tended to portray sufferers of shell shock with great sympathy, even (rather, especially) when they made headlines for having committed crimes. This, combined with the fact that so many in Britain felt a personal connection to the war through concern for a friend or relative going to fight in it, and the broader public also tended to harbor a sympathetic view. Among government

¹ While it is impossible to know exactly how many cases of shell shock there were among the British population as a result of World War I, historian Tracey Loughran has estimated that it was as high as 325,000 due to misdiagnosis and undetected cases of relapse. See Tracey Loughran, *Shell-Shock and Medical Culture in First World War Britain* (Cambridge, Cambridge University Press, 2017): Kindle Location 433. Loughran also usefully clarifies that shell shock and post-traumatic stress disorder (PTSD) should not be conflated, as they each convey contextual implications of different time periods. With that in mind, PTSD will be intentionally excluded from this essay.

ministers, however, the response was markedly different. Despite an early period of concern as shell shock was first being recognized as a debilitating condition among soldiers, ministerial and bureaucratic agents alike soon exhibited skepticism and even contempt.

The reasons for this turn have been debated among historians. M. Susan Lindee attributes it to cultural expectations of manhood that were dissonant with the infirmity that psychological injury suggested. Moreover, masculinity had become intensified by the war, emphasizing heightened notions of duty, courage, and righteousness that did not immediately fade after the war. Both wartime and peacetime cultural norms converged in the early post-war years, and although the public may have expressed sympathy for the suffering of afflicted soldiers, “[s]hell shock, battle fatigue, war stress, and other [similar] diagnoses ... were often seen as forms of male weakness,” that the British government would not readily endorse.² Alternatively, Ted Bogacz has emphasized the fiscal limitations of the post-war government as precipitating, if not an outright denial of shell shock as a valid illness, the discrediting of it as something requiring state-funded veteran care, as the stresses of the “financial burden of providing pensions and medical care for veterans, some of whom might never get well” were in contrast to the budget-tightening realities of the day.³ Peter Leese, meanwhile, attributes the government’s distancing from shell shock as a concerted shift to demobilize the national mindset. Given that the war had so heightened feelings of tension, uncertainty, and martial patriotism, even the term “shell shock” would be consciously replaced with “neurasthenia,” which “signified an attempt to downgrade wartime traumatic neurosis and its post-combat consequences.”⁴

² M. Susan Lindee, *Rational Fog: Science and Technology in Modern War* (Cambridge, MA: Harvard University Press, 2020), 76.

³ Ted Bogacz, “War Neurosis and Cultural Change in England, 1914-22: The Work of the War Office Committee of Enquiry into ‘Shell-Shock,’” *Journal of Contemporary History* 24, no. 2 (April 1989): 251.

⁴ Peter Leese, *Shell Shock: Traumatic Neurosis and the British Soldiers of the First World War* (New York: Palgrave Macmillan, 2002), 123.

While historians largely agree that there was a decided shift in how the British government defined its obligations toward those suffering from shell shock, the literature is incomplete in explaining how this was managed in a rhetorical sense. Contrary to Leese's interpretation, this essay argues that, rather than being deactivated in the public discourse through avoidance, shell shock was redefined as applying to everyone who suffered as a result of the war. By doing so, the broader public would feel recognized for their domestic wartime sacrifices, thereby ensuring their complicity. Meanwhile, anyone not contributing to the post-war transition was intentionally associated with weakness, indolence, and a lack of patriotism. For British men, such implications would make for a disgraceful lack of manliness and patriotism, associations that for most former soldiers would have been unbearable, especially those who had sacrificed part of themselves on the battlefield. As such, many would seek to avoid being labeled as suffering from shell shock. Coupled with the fact that any lack of state-provided care to people actually suffering from shell shock would then not appear out of place, and the problem of shell shock would seem to go away for the post-war British government.

Manhood

Without understanding how masculinity was defined and the profound influence that wanting to be recognized as a man had upon British males in the late nineteenth and early twentieth centuries, it would be difficult to appreciate the significance of the change in definitions of shell shock. Primary source material from the time period provides explicit instruction for what it meant to be a man: how to behave, how to look, what to believe, and what qualities others should see in you. Such instruction came in a variety of forms, from newspapers to periodicals and even books explicitly written as how-to guides for boys and adolescents. Popular authors

romanticized heroes of past eras as exemplars of the more adventurous side of masculinity, while Anglican ministers offered didactic instruction on the virtues of self-restraint and probity.

In examining cultural definitions of masculinity, it would be insufficient to limit this study to the handful of years overlapping World War I. The young men who went into battle did not only carry with them the norms and expectations of a country in the midst of mobilization and the invariable patriotic zeal that accompanies such exceptional circumstances. To be sure, they had decades of cultural influence upon them. They were raised according to a set of expectations of what they were supposed to one day be as men. As such, we must consider their formative experiences, and how their parents understood manhood. “A genuine man,” wrote Rev. Henry Allon in a popular 1888 essay, is:

a man of truth and righteousness, of generosity and chivalry; who scorns a lie and the faintest semblance of deceit; who is incapable of what is selfish or mean ... who has gracious human sympathies, and puts a generous interpretation upon his brother's doings; who thinks no evil because himself [*sic*] incapable of it—how marked a man he is, how distinct in our thoughts, how separated from his fellows in our feeling!⁵

In other words, to be a man is not simply a designation that comes with age, but a distinction to be earned, to be striven for. To be a *true* man, then, is a mark of stature to be realized by some, but not all, and those who attain it do so by virtue of their moral and spiritual strength, rather than their physical prowess, aggressiveness, or inclination to dominate. Quite the contrary:

Many a man, full of physical courage who could dare any peril and go into battle without a quickened pulse, is an utter moral coward, who would shrink from the defence of truth, and purity, and goodness, and religion. And many a man, physically weak and nervous, who starts at the slamming of a door, would, like Paul, be full of moral fidelity and strength, enduring all things, even death itself, for the sake of truth and right.⁶

⁵ Henry Allon, “True Manhood,” *Quiver* 1 (1888), 909.

⁶ *Ibid.*

Virtuous manhood, then, was something that could be separated entirely from physical power, as “physical courage” could be rendered meaningless in the estimation of manhood if it could not be sustained with moral purity. Author and clergyman William J. Dawson elaborated further by clearly differentiating the “carnal man” and the “man of character,” the latter of whom had cultivated the “spiritual civilization” of cherishing “the lovely, the just, the pure, the true thing.”⁷ Admire all of the beautiful things in life, especially virtue, and make them a habit of thinking: “master your thoughts and fix them on purity,” he urged.⁸

In a less overtly religious paean to manhood, author William Henry Davenport offered the swashbucklers of the Elizabethan Age as models to be studied and emulated. Although embodying less morally perfect characteristics than Dawson or Allon may have preferred, Davenport’s portrayal of figures like Sir Walter Raleigh, Francis Drake, and others captured more exciting versions of manliness for young boys to strive for. Despite their admitted flaws, however (Raleigh had a “yearning [for] fame,” while Thomas Cavendish “plunged into dangers for the very lust of excitement”⁹), they were not deceitful or wicked; simply ambitious and adventure-bound. Boyish zeal aside, they were nevertheless overwhelmingly portrayed as possessing a consistent set of virtuous though perhaps more secular qualities of manhood than Allon and Dawson: intellect, wit, a love of poetry and art, unblemished character, eloquence, perseverance, physical grace, to name a few. Although athleticism is emphasized, physical power and domination are not.

For young men entering the front lines of battle in 1914, then, such ideals would likely have been ingrained in them. As the path to manhood in the latter years of the nineteenth

⁷ William J. Dawson, *The Making of Manhood* (London: Hodder and Stoughton, 1894), 4.

⁸ Dawson, 13.

⁹ William Henry Davenport, *English Heroes In the Reign of Elizabeth* (Edinburgh: W.P. Nimmo, Hay, & Mitchell, 1902), 181.

century were paved with adherence to Christian ideals, self-restraint, generosity, honesty, and moral courage, so too would the young soldiers have expected them of themselves and their countrymen. Yet as these qualities were universalized in British culture (that is, there were not distinct variations depending on one's class), they created a basis of peer pressure. As Robert Nye argues, "much as he might love and identify with his country, the citizen-soldier fought for and under the scrutiny of his comrades in arms, out of the need to defend his personal honor and that of the fatherland, or—which amounts to the same thing—avoid shame."¹⁰ The desire to avoid shame would ensure in the years that followed that war veterans would be disinclined to be labeled as suffering from shell shock as it became associated with deficiencies in patriotism and manliness.

Shell Shock

Although "shell shock" had become part of the public discourse by around the middle of 1916, already a couple of years into the war, it was not an altogether novel concept. How shell shock was framed in its earliest conceptions was largely based upon previous understandings of "hysteria" and other so-called "nervous maladies." As Mark Micale (1993) notes, the general clinical use of the term "hysteria" and "hysterical disorders of war" saw a "temporary surge in during the years of the war, and then shrank to "a trickle" in the following decades.¹¹ This quasi-medical-psychological condition had experienced a rise of popular recognition and clinical interest throughout the second half of the nineteenth century, yet was applied as a kind of pan-diagnosis toward a wide variety of nervous and mental maladies. With the inchoate

¹⁰ Robert A. Nye, "Western Masculinities in War and Peace," *The American Historical Review* 112, no. 2 (2007): 421-422.

¹¹ Micale, Mark S. "On the 'Disappearance' of Hysteria: A Study in the Clinical Deconstruction of a Diagnosis," *Isis* 84, no. 3 (1993): 501.

formalization of psychology at the time, there was both enthusiasm and ignorance that were still ongoing by the time World War I had broken out. Drawing on medical records on psychoanalysis from a variety of countries at this time, Micale discovered that in fact men suffering from psychological traumas may have been misdiagnosed or ignored altogether during the war era. So while shell shock had become increasingly used to diagnose a more specific version of hysteria, either one may have been used to diagnose the same condition. Furthermore, because of its relative novelty, shell shock would likely have been diagnosed with less-than-optimal confidence. Still, Micale also notes that hysteria became less frequently used as shell shock gained greater favor. Yet regarding the relative disappearance of hysteria as a diagnosis, Micale argues that, rather than demonstrating a lack of acknowledgement of psychological ills, hysteria was reinterpreted to include a “social construction of diagnostic categories” that had not previously existed.¹² In other words, veterans of World War I were starting to be understood psychologically with greater nuance than simple “nervousness.”

By 1916, it was apparent through observation alone that soldiers were suffering from something seemingly new, though not unfamiliar. Medical professionals already had a vocabulary with which to discuss shell shock, and treated it with the clinical seriousness of a combined physical and psychological condition, occupying that combined middle space of nervous malady. One reason why we see “shell shock” in particular gaining greater definition and public attention during the war years was that doctors who served on the front lines brought their experiences - and their credibility - into the public discourse. One such example was Maj. Fred W. Mott, who delivered a series of lectures on shell shock based on his personal observations which were then transcribed into *The Lancet*. In them, he describes shell shock with considerable comprehensiveness, from its symptoms to its variations to chances for

¹² Micale, 502.

recovery and preconditions that may exacerbate its severity. As Mott describes it: “The varying groups of signs and symptoms indicative of loss of functions or disorder of functions of the central nervous system arising from exposure to forces generated by the detonation of high explosives are classified under the term ‘shell shock.’”¹³ Mott’s definition at first glance reads with remarkable familiarity to what we would likely consider post-traumatic stress disorder today. The fact that army doctors were those first bringing shell shock to the attention of the public is significant. Because they could tie it to previously established conditions, and because they themselves had credibility in their profession and on the battlefield, shell shock itself assumed an early legitimacy. Furthermore, a medical analysis of shell shock in its early days afforded an appropriately clinical, and thus less judgmental, version than it might otherwise have had. To be sure, judgmentalism and its resultant social stigmatization did come, but the concept had already asserted itself with a degree of cultural validity.

By 1917, shell shock had become a kind of symbol for the horrors of war. English painter Christopher Richard Wynne Nevinson was among the first to dramatize the vacant neurological exhaustion of shell shock as a critique of the war’s deep human cost. Curiously, just a few years prior, at almost the exact moment that the July Crisis of 1914 was erupting, he co-authored a manifesto titled “Vital English Art,” in which he appealed for “a strong, virile, and anti-sentimental English Art, strengthened by physical and moral courage, a fearless desire of adventure, [and] a worship of strength.”¹⁴ This very same painter, clearly influenced by erstwhile English notions of manhood, soon saw those ideals being undone by the war.

Nevinson, to be sure, was somewhat out of step with his English countrymen in denouncing the

¹³ Fred W. Mott, “The Effects of High Explosives Upon the Central Nervous System” (March 6, 1916) in *The Lancet*, March 11, 1916, 545.

¹⁴ Christopher Richard Wynne Nevinson and Paul G. Konody, *Modern War: Paintings* (London: G. Richards, 1917), 17.

war at a time when patriotic fervor was the order of the day, but his sympathy to emasculating psychological horror of war soon gained currency. Perhaps most stirring was his painting, *In the Observation Ward* (c.1914), which, as art critic Paul Konody observed at the time, “is like a page from a medical book describing the symptoms of an illness. The disturbed features; the frightened, half-imbecile look; the saliva dribbling from the opened lips—everything spells: shell shock.”¹⁵ Although artistic movements tend to precede popular sentiment, they often capture the zeitgeist even when it is not obvious. Nevinson’s portrayal of modern warfare’s psychologically castrating effects, and the resultant disgust and pity of the public at large would become part of the public discourse within the succeeding five years.

By the spring of 1916, the War Office had already designated shell shock as a definite injury.¹⁶ But in the years that followed, it had an evolving attitude toward shell shock, seeing it with greater skepticism and less compassion than it had just a few years prior. In 1920, it called for the formation of a Special Committee to investigate the nature of shell shock in greater detail. Lord Southborough, who was designated to chair the committee, remarked at the time that “there was now a fairly general consensus ... that shell shock cases were examples of varying types of hysteria and traumatic neurosis, common and well known in civil life.”¹⁷ What exactly it meant that shell shock was “well known” to conditions in “civil life” would be further clarified the following year. By the summer of 1921, the committee reported that it was indeed “regrettable” and “unfortunate” that the term “shell shock” was ever used, as “in many instances the bursting of a shell has nothing to do with the shock the man receives.” Moreover, it found that the conditions associated with shell shock were in fact “nervous diseases in all respects similar to

¹⁵ Nevinson and Konody, 26.

¹⁶ Mott, 545; Anthony Babington, *Shell-Shock: A History of the Changing Attitudes to War Neurosis* (Barnsley, UK: Leo Cooper, 1997).

¹⁷ “Parliament. New Treasury Bonds. The Excess Profits Tax. House of Lords.” *Times*, April 29, 1920, 8.

those ... in civil life.”¹⁸ In other words, shell shock had nothing to do with the experiences of war, and everything to do with the preexisting psychological weakness of the man experiencing it.

Ironically, the medical community had noted that very same sentiment just a few years earlier, but likely with a very different intention. In 1917, Dr. Grafton Elliot Smith of Manchester University noted that “[t]he problems of shell-shock are the every-day problems of ‘nervous breakdown.’ ... [S]hell-shock involves no new symptoms or disorders. Every one was known beforehand in civil life.”¹⁹ Rather than trivialize it, Smith was demonstrating that shell shock was a familiar enough illness that medical professionals were equipped to treat it. Moreover, just as nervous breakdowns were serious and even incapacitating events, so too was shell shock worthy of serious consideration. Thus, for the sake of the sufferer, both on and off of the battlefield, it would be negligent to deny him treatment: “The civilian should be offered the facilities for cure which have proved such a blessing to the war-stricken soldier.” Furthermore, Smith argued, despite the fact that shell shock was like conditions already familiar to the medical community such as hysteria and neurasthenia, it could not be taken for granted as merely synonymous with them. Indeed, shell shock needed a new vocabulary and a deliberate approach to treatment: “Slavish adherence by the physician to one of the classical names or labels used in diagnosis usually spells failure,” he advised. “The patient must be approached without [the] prejudice” of applying old notions to new realities.²⁰

Yet for as distinguished and respected a figure that Smith was in both medicine and academia, his views were not universally shared, even among the medical community. Fiona

¹⁸ “‘Shell-Shock’ A Misnomer.” *Times*, June 9, 1921, 7. See also *Report of the War Office Committee of Enquiry into ‘Shell-Shock’*, Cmd. 1734 (London, 1922), 189

¹⁹ Grafton Elliot Smith and Tom Hatherly Pear, *Shell Shock and its Lessons* (Manchester, UK: Manchester University Press, 1917), Introduction, Chapter 1.

²⁰ Smith and Pear, Chapter 1.

Reid, for example, has found that shell shock was far from being well understood by 1920. Indeed, as a concept it was fraught with ambiguity. Shell shock was a “confusing term” to medical and military observers alike, who were unable to distinguish men who were suffering from genuine mental breakdown versus those who were simply mentally exhausted, or those who were feigning illness. Reid thus suggests that with a poorly defined term of such potentially grave importance, those who suffered from severe psychological wartime trauma could, depending on the observer, be grouped with lesser affected men, and perhaps worse still, receive unsuitable treatment or perhaps no treatment at all.²¹ As such, the cultural baggage of desertion, failure, weakness, and unmanliness was always close by, not just among medical and military officials, but in the public imagination as well. Complicating such perceptions further, Nye has noted that, among Western societies at this time, “military masculinity” and the personal characteristics of manliness associated with it have tended to be valued more highly than the masculinity historically associated with civic virtues. Such qualities of wartime masculinity, which he argues have changed little over the course of the modern era, include “personal courage, the willingness to sacrifice for comrades, the fear of shame or dishonor,” indeed echoing the very ideals of virtuous manhood that were instructed in the popular literature of late-nineteenth and early-twentieth-century Britain. Yet, as Nye points out, the indicators of fulfilling those virtues were not just in moral actions, but also “physical appearance, gestures, and speech.”²² It was expected, then, that virtuous manhood would be exhibited by an attractive, mannered, dignified, and graceful man, quite unlike the drooling, vacant, and unshaven man suffering from shell shock in Nevinson’s *In the Observation Ward*.

²¹ Fiona Ried, *Broken Men: Shell Shock, Treatment and Recovery in Britain 1914-30* (New York: Continuum, 2010), 163-164.

²² Nye, 417.

Implications of Reoriented Cultural Associations

The inability of many shell shock victims to demonstrate expected signals of manliness was even further distressed by Britain's post-war economic turbulence. With government orders for wartime production dropping off, the national budget getting tightened, and millions of men simultaneously returning home and flooding the job market, "many men, including ex-soldiers, [were] unable to fulfill their roles as providers," notes Ginger Frost.²³ It was not uncommon, then, for men suffering from shell shock to be branded as failures twice over: unable to protect the nation, and now unable to protect their families. An impression of these men as pathetic and brutalized castoffs of war engendered sympathy among the press and the wider public at the time, who saw them as unfortunate victims sent off in the prime of their youth to defend their country and came back broken. Indeed, as their circumstances led them to commit crimes of theft, beggary, vagrancy, fraud, and worse, they tended to receive sympathetic publicity when their misdeeds made it to print, with headlines such as "Homeless Ex-Soldier" and "Starving Ex-Soldier."²⁴

Among police officers and civil servants within the Home Office, however, there was a more sober view of returning soldiers who strayed from the path. "The HO and police continued to see men as independent and rational, able to control their actions," Frost notes, "despite the experience of a war in which soldiers were notably impotent and a post-war economy with high unemployment levels."²⁵ Whether this was in accordance with direct instructions by upper levels of the government, in concert with their designs, or simply coincidental to them requires further investigation, it nevertheless would have been a powerful reinforcement of efforts to decouple

²³ Ginger S. Frost, "'Such a Poor Finish': Illegitimacy, Murder, and War Veterans in England, 1918-1923," *Historical Reflections / Réflexions Historiques* 42, no. 3 (2016): 92.

²⁴ Frost, 106.

²⁵ Frost, 107.

shell shock from associations of wounded victimhood. Some have attributed this recommitment to law and order in post-war Britain as a reaction to fears of an unraveling of society due to the effects of war on the national character. Jon Lawrence observes that many of these concerns are attributable to “mere froth in rhetoric about the dangers of ‘brutalization’ or the collapse of ‘civilization.’” Still, he argues, “the traumas of 1918–21 were profound” and led to “a dramatic shift in perceptions of what constituted legitimate ... public life.”²⁶ Those traumas should be understood not as discrete instances of war injury or criminal behavior, or even at the macro level of navigating the uncertainty of shifting cultural norms, sovereign debt, labor unrest, or unemployment, but the sense of instability created by all of them occurring simultaneously. What seemingly precious few opportunities Britons had to reinvigorate a sense of agency over their situation were eagerly pursued. Confronting the economic challenges of the day were perhaps the most attractive on that list, being measurable and with an array of strategies at the government’s disposal.

The economic stresses that made readjusting to civilian life difficult for many returning soldiers also provided much of the basis for the government’s lack of sympathy toward them. In a 1919 national address, Prime Minister David Lloyd George acknowledged the suffering not of returning soldiers but of society as a whole, observing that “[e]verybody is suffering from the terrible strain of the War... There is no surer sign of ruffled nerves than the general disposition to grumble and grouse about everything and everybody. Everybody is complaining of everybody else.”²⁷ And by implication, if “everybody is suffering,” then no one would be deserving of special accommodations, including those afflicted by the trauma of shell shock. Their plight was,

²⁶ Jon Lawrence, “Forging a Peaceable Kingdom: War, Violence, and Fear of Brutalization in Post–First World War Britain,” *The Journal of Modern History* 75, no. 3 (September 2003): 560–561.

²⁷ David Lloyd George, “Peace And Retrenchment: The Prime Minister's Call to the Nation” (speech, August 18, 1919) (London: Harrison and Sons, 1919), 9.

after all, according to the British government simply “common and well known in civil life,” in the words of Lord Southborough’s Special Committee report. Indeed, almost with surprising pointedness to conventionalize the psychological cost of the war, Lloyd George stated, “The world is suffering from shell-shock on a great scale.”²⁸

Conclusion

To Lloyd George and other government ministers, shell shock had thus become a symbol of parasitic laziness that was holding the country back. Britain was facing not only a tremendously difficult transition from a wartime command economy to a market-based one, but also a national debt equal to 128 percent of GDP and militant labor activism that was calling for increased wages and shorter working hours. As many soldiers returning from war were also members of the working class, any excuse for not working was a tempting target of public admonition, since men from the governing, professional, and other upper-middle classes enlisted in disproportionately high numbers relative to their populations.²⁹ As such, after the war there was little patience by national leaders regarding anyone who appeared to be shirking their duty to king and country, including those claiming incapacitation due to psychological hardship. Shell shock, after all, was, according to Lloyd George, simply “war-weariness and ... exhaustion” that could “only be cured by the effort of the people themselves of all classes. There is no recovery without conscious effort on the part of the patient himself,” he explained, “It is a matter of will and goodwill.”³⁰ And in case there was any doubt about the government’s intentions, in a 1919 exchange in the House of Lords, James Stanhope asked the Under-Secretary of State for War William Peel “[w]hether idleness or occupational work is considered to have the better curative

²⁸ Lloyd George, 9.

²⁹ J. M. Winter, “Britain’s ‘Lost Generation’ of the First World War,” *Population Studies* 31, no. 3 (1977): 452-453.

³⁰ Lloyd George, 11.

effect on patients in hospital suffering from neurasthenia and shell-shock,” to which the latter replied:

There are two methods of dealing with neurasthenia... One is called the Vienna method, by which a man is made to think about and to dwell on the actual cause which affected his mind. It is of course, obviously a very cruel method, and it is one which I understand is not now in favour with the majority of medical men... The method far more generally accepted is that you should endeavour to occupy the man's mind, and the man's hands ... and in many cases when that has been done ... recovery has been quick and complete.³¹

Not only does the undersecretary all but dismiss the potential benefits of psychotherapy, it explicitly encourages patients to simply avoid the condition. The solution, he advises, is work. Work as a means to self-improvement is an expression of the “will and goodwill” that Lloyd George emphasized. Indeed, his invocation of these acts—that is, the ability to master oneself and a generous heart for others—directly hearkens back to notions of masculinity that had been taught to British boys since the prime minister was one himself. The government’s discrediting of shell shock as a serious illness necessitating treatment thus had multiple motivations behind it. Not only would the government’s costs in providing state care be minimized for victims of shell shock (to the almost absurdly small number of approximately 65,000), but the rising labor movement among coal and railway workers would be somewhat neutralized. Any demands for shorter working hours would not only run contrary to the priorities of maximum productivity, but be seen as unpatriotic as well. Most significant of all, with the conventionalization of shell shock, any man who lacked the “will” to overcome his own personal hardships could be questioned on the grounds of manhood, patriotism, or both. If those suffering from shell shock were not afforded exemption, what grounds did those of sound body and mind have to challenge the national will?

³¹ “Neurasthenia and Shell Shock,” HL Deb (15 April 1919) vol 34 cc337-43.