George L. Mosse

Shell-shock as a Social Disease

Shell-shock was one of the most widespread battlefield injuries during the first world war: it seemed unlike any of the other wounds contracted in the war, an injury without any bodily signs, a mass outbreak of mental disorder. For the cultural historian, shell-shock provides an excellent example of the fusion of medical diagnosis and social prejudice which had taken place during the previous century and a half. Shell-shock, in reality, was not as vague a disease as it seemed at the time; rather, as we look upon the phenomenon from a historical perspective, it was an injury, which, while raising disturbing medical questions, was easily co-opted by traditional cultural prejudice which, so it was thought, could provide it with a readily understood context.

The manifestations of shell-shock seemed to fit already present social stereotypes, the 'unchanging representation of another', as Webster's Dictionary defined them. Such stereotypes could easily be used to explain so-called abnormal behaviour; they had, in fact, served for nearly a century to define the outsider as over and against society's norms. Ever since the beginning of the modern age, European society had represented itself through ideal types which had come to symbolize society's values — what society thought it wanted and needed — as well as through those types which represented the enemy who was thought to threaten these values, and who through its very existence helped society to define itself more clearly.

Since the beginning of the last century the image of manliness as an ideal had taken on firm contours — there was a consensus in western and central Europe about what it meant to be a 'true man' — and about the function which he fulfilled as exemplar and guardian of the society's values and coherence in an age of accelerated change. Such a true man was a man of action who controlled his passions, and who in his harmonious and well-proportioned bodily structure expressed his commitment to moderation and self-control. The unity of body and mind is important, for it focused the image of man and gave it cohesion. Indeed, the effectiveness of the stereotype was that it made the abstract concrete, and the clear distinction between the appearance of the normal and the so-called abnormal had already been part of the new eighteenth-century sciences, and it was to influence the diagnosis of shell-shock as well. A discussion of the impact and perception of shell-shock

This text was delivered by George Mosse as the opening address at the conference on 'The Comparative History of Shell-Shock', at the Historial de la grande guerre, Péronne, Somme, on 1 July 1998. Professor Mosse died before revising the text, which we present in its original form.

would indicate that it is of major importance that a firm image of manliness not only existed, but had become a symbol through which society confirmed its strength, cohesion and dynamic.

The stereotype of those who were thought to menace society's norms, those defined as 'outsiders', on the margins of established society, was in direct opposition to the ideal manhood, the foil to which such 'outsiders' represented in mind and body. Such men were nervous, ill-proportioned, and, above all, constantly in motion. All those placed outside the confines of established society tended to look alike: the Jews, the habitual criminals, the gypsies, homosexuals, and the insane with their 'moveable physiognomy'. The nerves of such outsiders were shattered and their will-power gone. The stereotype of such so-called abnormal men was a harbinger of social disintegration. This all pervasive stereotype can easily be verified by examining its popular image and caricatures from the second half of the nineteenth century onwards.

As the ideal of the true man established itself, several roads were thought to lead to manhood, which would transform boys into true men: from the beginning of the nineteenth century onwards, for example, gymnastics was one such way, and a proper moral education was another. We should not be astonished, for example, to be told that in 1917 the products of English public schools were less prone to shell-shock, for they had the benefit of an atmosphere where character and manliness were developed side by side with learning. At the same time, in much of Europe, war was regarded as a true test of manliness, and the military sought to make its influence felt in schools. The modern ideal of manliness, after all, had been formulated in the age of the French Revolution and the Napoleonic wars.

Thus, already in 1888 during the American Civil War, a report on soldiers' affections which was said to diminish their effectiveness in battle singled out those not able to adjust to the hardships of war as young men of feeble will and highly developed imaginative faculties. However, the nostalgia which in this report was said to afflict especially married men was no longer considered a serious impediment to the fighting spirit by the time of the first world war. However, the reference to enfeebled manhood points forward to the diagnosis of shell-shock and was indebted to Jean-Marie Charcot's earlier discovery that men and not just women could be subject to hysteria. However, Charcot made sure to safeguard the male ideal: in the 'hystérie virile' all the phenomena associated with hysteria in women were never complete; those stricken lacked all feminine traits and were to all appearances robust men. When the English physician Charles S. Meyers in 1914 first encountered shell-shock in France,

---

2 Sander L. Gilman, Seeing the Insane (New York 1982), 92.
5 Mosse, op. cit., 84–5.
he saw full well its connection to hysteria, but did not want to stigmatize British soldiers as hysterical. He suggested that the shock they received was due to the proximity of an exploding shell, an explanation which endured during the first world war.6

Charcot and Freud regarded all mental abnormality as largely an individual matter, but nervousness and lack of will-power had already become signs of outsiderdom, and so it was only a small step to associate such absence of true manhood with specific social groups, the more so as doctors during the war had to distinguish between the truly ill and malingerers, and in specific cases, such as homosexuality and habitual criminals, used bodily signs to establish their diagnosis.

Social prejudice helped to define illness. Just as the Jews had been accused of being especially prone to hysteria,7 so in the English army Irishmen and lowland Scots were thought especially prone to malingering, not up to manly combat, while the ‘Jew count’ in the German army meant to determine how many Jews were not shirkers but were actually at the front, is well-known.8 Hysteria and nervousness became racial characteristics and at times class characteristics as well;9 those who were well adjusted and solidly integrated into normal, established society were considered the best military material.

Shattered nerves and lack of will-power were the enemies of settled society and because men so afflicted were thought to be effeminate, they endangered the clear distinction between genders which was generally regarded as an essential cement of society. This was another aspect of social disintegration which haunted the shell-shocked. Much was expected of manly will-power in time of war, thus Colonel J.F.C. Fuller believed that ‘the sapping of morale by sudden or prolonged fear subordinates a man’s power of will to his instinct of self-preservation and ultimately reduces him to a state in which he cannot control his emotions’.10 The Times of London in 1922 equated the capacity to control one’s emotion with character and courage. This was not as has been claimed naive when seen in the proper context;11 instead the necessity for such control was taken for granted by respectable citizens, and not just in England.

German psychiatrists during the war equated ‘war neurosis’, that is shell-shock, with lack of will-power rather than reaction to the fighting. The shock of war could only cripple those who were of a weak disposition, fearful and, above all, weak of will.12 The emphasis on will-power, already important for the maintenance of respectability in peacetime, played an important role in

8 Joanna Bourke, Dismembering the Male (Chicago, IL 1996), 90–1.
9 Ibid., 112.
10 ‘Virginia Woolf’s Septimus Smith and Contemporary Perceptions of Shell-Shock’, English Language Notes, 25, 1 (September 1987), 52.
11 Ibid.
12 Peter Riedesser and Axel Verderber, ‘Maschinengewehre hinter der Front’: zur Geschichte der deutschen Militärpsychiatrie (Frankfurt a. Main 1996), 35.
both England and Germany in the discussion of war neurosis, though in Germany it all but dominated the debate. The emphasis upon the power of will in both nations was to counter the threat perceived by unbridled emotion which led to a hysteria of body and mind usually associated with women. The manly image already important in peacetime was thought all the more essential in time of war.

A soldier in full control of himself, of strong power of will, would be able to cope with the experience of battle and become accustomed to the terrible sights which surrounded him in the trenches, indifferent to death. Here, the well-established belief that psychogenetic disorders arise from a lack of adaptation to circumstances reinforced the belief that those who could not cope were somehow to be considered abnormal.\textsuperscript{13} War was the supreme test of manliness, and those who were the victims of shell-shock had failed this test. But, in as much as the manly ideal reflected the norms established society had set for itself, the shell-shocked soldier bore not only the burden of his sickness; he had also left the confines of normal society and taken on the image common to outsiders. And if such soldiers could be cured, made normal again and sent back to the front, as many physicians wished, then some of those traditionally considered society’s outsiders could also gain entrance to society through a supposed reform of their comportment, manners and morals.

The fears engendered by a presumed attack on the fundamental pillars of society — strong nerves, will-power and the clear separation of sexes — all relevant to the comprehension of shell-shock, were increased by the threat of degeneration which had haunted society and culture ever since the turn of the century. Degeneration for some spread outwards from the bearer of disoriented nerves.\textsuperscript{14} Men who seemed to suffer from nervous exhaustion were incomplete men.\textsuperscript{15} These late-nineteenth-century notions went into the construction of shell-shock, transforming it from a battlefield disease into a social indicator. Nervousness marked all outsiders, who represented the very opposite of normative manhood, in control over both body and mind. As a report to the World Health Organization put it as late as 1994, a soldier who feels in control during battle does not develop combat stress reaction, the mental condition which was the successor to the earlier shell-shock. Such loss of control could be prevented through education to manhood — the building of character typical of an upper-class education — but also through marriage as a barrier against so-called debilitating sexual perversions. But, above all, it was the unselfish service in the name of a higher ideal which helped put a man in control of himself.\textsuperscript{16} Such a commitment had been part of the definition of masculinity ever since this stereotype took root.

Here the nation enters, and if commitment to the nation was not necessarily

\textsuperscript{13} Chris Feudtner, ‘Minds the Dead have Ravished’, \textit{History of Science}, vol. 31, part 4 (1992), 401.


\textsuperscript{15} Ibid., 153.

regarded as a cure for nervousness by the medical establishment, the war changed such an attitude. Earlier German medical books, for example, had recommended religious commitment as a cure of nervousness, but lacked an overt appeal to nationalism,\textsuperscript{17} and even the euphoria of German unity of 1870/71 did not bring alienists to link national and personal regeneration.\textsuperscript{18} And yet, such firm connection could hardly be avoided in the long run, during an age of increasing nationalism, and it was for the most part the manly ideal which was used to symbolize the nation as the prime opponent of unrest and nervousness.

This ideal in its harmony and rigidly controlled power stood for national strength, dynamic and purpose, and not only in Germany. As such it contained all the attributes which, as we saw, the shell-shock lacked. The social ideal, which we have emphasized, was identical to the national ideal: the nation reflected and supported the stereotypes of normative society. And yet, the nation also fulfilled a separate function, encouraged during the war, as a firm belief-system, a secular religion in whose service modern man must place himself facing an ideal which existed outside himself. Here was a test of manliness and of the willingness to sacrifice.

Shell-shock betrayed this ideal. The context in which shell-shock was placed was closely related to the image of masculinity as we have tried to sketch it, and by way of this image it reflected not only the ideals and prejudices of normative society, but also those of the nation. Shell-shock was regarded in much of the literature as a mental state which mirrored a social disease and national degeneration.

Yet, as H.C. Marr, an experienced Scottish physician, wrote in 1919, under the pressure of battle even highly moral men can be subject to shell-shock.\textsuperscript{19} Some, like Lord Moran, a prominent physician, while at first being dismissive about the disease, became more sympathetic during the course of the war.\textsuperscript{20} Physicians writing about shell-shock increasingly attempted to base their diagnosis upon data rather than speculation. They debated whether a predisposition to nervousness was a necessary prerequisite for contracting shell-shock, and some questioned in general whether the disease fitted so comfortably into already-existing prejudices. A German physician went so far as to write that the manifestations of hysteria seen in times in war did not differ from those observed in peacetime; there will always be in a certain number of men a strong tendency to react in a pathological manner to affective experiences.\textsuperscript{21}

But perhaps the diagnosis made in 1926 by an American psychologist, Norman Fenton, was more typical of an increasing number of physicians. He

\textsuperscript{17} Joachim Radkau, \textit{Das Zeitalter der Nervosität} (München 1998), 366.
\textsuperscript{18} Ibid., 335.
\textsuperscript{19} H.C. Marr, \textit{Psychoses of the War} (London 1919), 48.
\textsuperscript{21} Edwald Stier, quoted in Fred W. Mott, \textit{Neuroses and Shell Shock} (London 1919), 111.
stated that it was indeed traditional to connect psychoneuroses with physical stigmata, thus confirming the importance of stereotypes in the diagnosis of shell-shock. Another physician, he continued, held that the ‘type known as degenerate’ indicated a predisposition to shell-shock, and this type could be recognized by his physical features. However, Norman Fenton disagreed with his colleague’s stereotype; in his base hospital, less than a half per cent of the patients possessed anomalies or stigmata such as marked facial asymmetry, female-type breasts and pubic hair. These are, of course, some of the traditional marks of unmanly men.

However, Fenton admitted that the pathological inclination of a patient to nervousness might come to light under the stress of war. Most men were said to have had no prior medical history which would have made them especially sensitive to this mental disease, though such a history would have made their succumbing to shell-shock more likely. Such caution was opposed to what he called the lay perception of shell-shock as a form of hereditary insanity.

While physicians like Norman Fenton attempted to demythologize shell-shock, others like Mott discussed in great detail the bodily changes, contortions, twitches and tremors supposedly associated with the disease. A soldier who used the excuse of shell-shock for malingering could be exposed through an examination of his face, for its shifty contours and furtive expression were said to reflect the construction of the mind and the power of will. Shades of Lavater in the diagnosis of a twentieth-century physician. And yet even Fenton, despite his criticism of those who resorted to stereotypes in order to understand a so-called abnormal mental state, could not renounce stereotypes altogether when it came to distinguishing the malingerer from a truly shell-shocked soldier.

Physicians like Fenton attempted to limit shell-shock as a social disease, but the linkage of hysteria, nervousness and masculinity which shell-shock represented always tended to lead back to the traditional perception of insiders and outsiders, the normal and the abnormal as exemplified in their stereotype. During and even after the war, it was difficult to get away from what one English Brigadier-General simply referred to as a ‘disgrace’.

The harsh treatment of those who suffered from shell-shock was meant to cure men of their weakness and send them back to the front. While in England a more humane treatment in which the shell-shocked were regarded as patients came to replace solitary confinement and painful electric shocks, Germany continued to treat such soldiers harshly. The unspoken rationale of German war psychiatrists had been described as believing that hysterical men had consciously fled from the war into their illness and therefore must be forced

22 Norman Fenton, *Shell Shock and its Aftermath* (St Louis 1926), 57.
23 Ibid., 53.
24 Ibid., 87.
25 Mott, op. cit., passim.
26 Mott, quoted in Fenton, op. cit., 217–18.
27 Cohen, op. cit., 43.
to escape their illness again. Hospital stays must be made as unpleasant as possible so that service at the front came to look attractive. The shell-shocked soldier must be treated like a stubborn child. Even the grudging admission that there were some who could not go back to war did not keep psychiatrists from treating most of the shell-shocked as if they were shirkers.

The German Emperor summed up the general feeling at the beginning of the war when he proclaimed that those people who had the strongest nerves would win. This was the same Emperor who had remarked earlier that the Russian defeat by the Japanese in 1905 was caused by alcohol and fornication. The context of real or putative social decay always provided (and still provides) one of the most congenial explanations for frightening and unwelcome social or personal developments. Here, shell-shock as a social disease could easily be used as proof of such decay.

Though at the end of the war there was widespread agreement, at least among the allied armies, that shell-shock should be classified as an illness, yet shell-shock as a metaphor for unmanly behaviour even here held well into the second world war, despite the great medical advances in the treatment of mental disorder. General George Patton’s behaviour in the second world war towards soldiers who seemed to be malingering, even though they suffered from battle neurosis, reflected the cruder attitudes toward shell-shock. He cursed them as cowards and even attacked them physically. And yet, General Eisenhower as commander-in-chief now expressed ‘disgust’ at such behaviour, and the subsequent outcry against Patton’s actions may have signalled a change in the public perception of shell-shock. But it was General Omar Bradley’s order of 1943 that breakdown in combat be regarded as exhaustion, which helped to put to rest the idea that only those men who were mentally weak, ‘the unmanly men’, collapsed under stress in combat.

However, as German psychiatrists acted with even more rather than less harshness as the 1914–1918 war came to a close, the same diagnosis which had been applied to the shell-shocked was now applied to those who led the revolutions after the lost war. They, in turn, were branded of weak will (somewhat astounding for revolutionaries), as well as of a hysterical disposition.

Here in Germany a line can be drawn from the wartime perception of shell-shock to the postwar defamation of left-wing and racial enemies. They also were suffering from the same unpatriotic social disease, except that if they were of an inferior race there was no cure.

Just as shell-shock was the consequence of a new kind of industrial warfare,

---

29 Ibid., 81ff.
30 Radkau, op. cit., 405.
34 Ibid.
35 Ibid., 81ff.
so it was thought to be a mental and bodily condition which transcended the war and its time. Public attitudes, and not just in Germany, changed slowly because a specific mental condition was perceived as a social disease. Moreover, stereotypes as lasting mental images are difficult to change, and the perception of shell-shock was based upon stereotypes of manliness, of outsider and insider, which were rooted in society long before the war, but which the conditions of modern warfare seemed to have confirmed and passed, strengthened, into the crises of the postwar world.