



Perspectives on 'shell shock'

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One of the most vivid resources which the WW1C project has found is [this series of videos](#) from the Wellcome Collection depicting shell-shocked soldiers under treatment (also available on YouTube [here](#)).

These haunting films portray the profound psychological effects of trench warfare in a conflict in which 56% of troops would end up killed or wounded ([compared to a 4.5% military fatality rate in the Second World War](#)). The films depict individual cases of shell-shocked "other ranker" soldiers demonstrating their symptoms; occasionally the films cut to a shot of the soldier much improved after a course of treatment. The first video begins with Private Meek, a 23-year-old with "complete retrograde amnesia, hysterical paralysis, contractures, mutism and universal anaesthesia", but who makes a complete recovery after a sudden return of memory. For all that Meek's first state is truly debilitated, I find the footage of Private Preston which soon follows even more haunting: the intertitles tell us that he "has amnesia, word blindness and word deafness, except to the word 'bombs'", and the silent film demonstrates what happens when the doctor says that word -- Preston dives under a bed. There is no film of Preston's recovery, if there ever was one.

Preston, Meek and their cohort had more to deal with than their psychological troubles. British contemporaries, including senior Army officers, were unsure to what extent shell shock constituted a "real" injury, and a suspicion pervaded that a breakdown without obvious cause signalled cowardice or a lack of manliness. A 1915 British Army order demonstrates this uncertainty well:

Shell-shock and shell concussion cases should have the letter "W" prefixed to the report of the casualty, if it was due to the enemy; in that case the patient would be entitled to rank as "wounded" and to wear on his arm a "wound stripe". If, however, the man's breakdown did not follow a shell explosion, it was not thought to be "due to the enemy", and he was to [be] labelled "Shell-shock" or "S" (for sickness) and was not entitled to a wound stripe or a pension.

In other words, psychological trauma was not, in itself, an injury, but entirely dependent on the circumstances which brought it about: the scenario alone determined whether a soldier was deemed brave and worthy of a pension, or the reverse.

Further reading:

Professor Simon Wessely is Chair and Head of the Department of [Psychological Medicine at the Institute of Psychiatry](#), King's College London. He has made the following papers to us available under a CC-BY-NC-SA licence.

- Explore the symptoms, military context, hypotheses of causation, and issues of management of shell shock: [Jones E, Fear N, Wessely S. Shell Shock and Mild Traumatic Brain Injury: A Historical Review. *Am J Psychiatry* 2007; 164:1641-1645](#)
- Military and psychiatric perspectives and combat breakdown. [Wessely, S. Twentieth Century Perspectives on Combat Motivation and Breakdown. *J Contemporary History* 2006; 41: 269-286](#)
- The first psychiatric paper examining the death of Harry Farr, who was shot for cowardice during the First World War. The paper questions the Government's decision to pardon Private Farr and all others executed for military offences during the war. [Wessely S. The Life and Death of Private Harry Farr. *J Royal Soc Medicine* 2006; 99: 440-443](#)

[Wikipedia: Combat stress reaction \(World War One\)](#)

In [this MindHacks post](#) on the Wellcome films, Matt Webb explains some of the differences between "shell shock" and post-traumatic stress disorder (PTSD)

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