

## **Masculinity, Shell Shock, and Emotional Survival in the First World War**

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### **Introduction: trauma, modernity, and the First World War**

The First World War has shaped British imaginings of war for nearly 100 years now. The content of these imaginings has undoubtedly changed over the decades, as a recent flurry of scholarship on the myth and memory of the war has argued, but from the Armistice right up to the present moment, the events of 1914–18 have been a crucial reference point for those seeking to understand not only war, but the world

around them. Few would now agree with the sweeping claim in Paul Fussell's influential *The Great War and Modern Memory* (1) that the First World War represented an absolute, unbridgeable break with the past; yet few would deny the truth in his assertion that it was the crucible in which the modern world was forged. If nothing else, the fact that the war is still debated in terms of its status as the originating moment of modernity tells us much about its place in the contemporary imagination, and by extension the contemporary cultural and historical landscape; paradoxically, this is proof of the extent to which the world we know now is shaped by that war.

The key verb here is 'imagine'. In 1990, the literary scholar Samuel Hynes argued that the First World War was an imaginative as well as a military and political event. It fundamentally altered the way men and women thought about the world, and as an imaginative event, it changed reality. In *A War Imagined: the First World War and English Culture* Hynes explored this transformation through the prism of literature and literary culture. In the later stages of the book, almost in passing, he suggested that one such fundamental shift was in the stock 'cast of characters' in imagined wars. The martial hero no longer took centre stage unchallenged. Instead, he was superseded by, or at least jostled for space with, the coward, the frightened boy, and the shell shock victim.(2) This is not to suggest that the First World War killed off the soldier hero: as Michael Paris has shown, the 'pleasure culture' of war continued to exert a powerful hold long after 1918.(3) It is rather that after the First World War, trauma was an ever-present possible outcome of war, even if it was not present in every imagining. After 1918, the warrior hero acquired a shadow self; the broken mental patient in a military hospital, or the silent and haunted veteran, would always be waiting in the wings.

This shadow self has emerged into the light. Indeed, some would argue that it has been over-exposed. Today, the shell shocked soldier holds a central place in British imaginings of the First World War. In the factual reporting of newspapers and history books no less than the fictional recreations of novels and films, traumatised victims of the war claim their place alongside its heroes. The psychological effects of the war were of course widely discussed even while it raged, and forcefully represented in fiction, drama, and autobiography during and after the conflict. Yet the scale of the recent incorporation of shell shocked veterans into narratives of the First World War is new. This is evident from even a brief glance at a chronological record of historical publications on shell shock. We are now so accustomed to viewing shell shock as an integral part of the history of the First World War that it is surprising to realise that it was only in 2002, with Peter Leese's *Shell Shock: Traumatic Neurosis and the British Soldiers of the First World War* (4), that the first full-length English language historical monograph on trauma in this conflict was published.

Since the mid-1990s, the volume of discussion on the topic in journals, edited collections, and sole-authored monographs on overlapping areas had mushroomed. Leese's book confirmed the status of shell shock as a hot new historical topic, but did not mark the culmination of a trend. Its publication coincided with that of Ben Shephard's *War of Nerves*, which fitted the story of shell shock into a coherent, over-arching narrative, and became an indispensable reference work for every student of the subject. Successive monographs followed over the next few years: Paul Lerner's *Hysterical Men* (2003), Peter Barham's *Forgotten Lunatics of the Great War* (2004), Edgar Jones and Simon Wessely's *Shell Shock to PTSD* (2005), and most recently Fiona Reid's *Broken Men: shell shock, treatment and recovery in Britain, 1914-1930* (2010).(5) As some of these titles suggest, the recent surge of interest in shell shock is undoubtedly related to a wider interest in the 'genealogy' or historical construction of trauma, which has spawned an enormous body of boundary-crossing research.(6) In turn, many factors have no doubt contributed to the popularity of histories of trauma, including anxieties about the ongoing and long-lasting effects of war past and present, the perceived growth of 'therapy culture', and the maturation of the history of psychiatry as a discipline. The result, however, is a renewed attention to shell shock, quite often in the context of a search for the origins of the distinctively modern concept and experience of trauma. In many of these writings, as elsewhere, the First World War is the defining event which spawned modern ways of being.

A quest for the origins of traumatic modernity has provided one impetus to scholarly research on shell shock in the First World War. Another spur was the emergence of gender as a category of analysis from the late 1980s, and the subsequent realization that perceptions and experiences of masculinity, like femininity, were

not monolithic, self-evident, or historically constant. An early analysis of shell shock as a gendered diagnosis was made by Elaine Showalter in her *The Female Malady: Women, Madness and English Culture, 1830-1980*. The chapter on shell shock in this book, which Showalter expanded on in several other articles and essays, has been so influential that the extent to which she was a lone pioneer is easily forgotten.<sup>(7)</sup> Showalter was frequently cited in the years following publication of *The Female Malady*; indeed, along with Eric Leed and Martin Stone, she was part of a holy triumvirate which more or less defined historical writing on shell shock for at least a decade. Her work demonstrated that shell shock was fertile ground for historical explorations of gender, but until 1996, when Joanna Bourke's *Dismembering the Male: Men's Bodies, Britain and the Great War* <sup>(8)</sup> was published, it remained the most in-depth consideration of the topic.

In the meantime, historical studies of masculinity moved on. In 1985, Showalter could write about the Victorian masculine ideal with justified confidence that readers would know what she meant and share her definition: an ideal based on the stiff upper lip, self-control, self-restraint, and will-power.<sup>(9)</sup> This ideal has not been written out of existence, but it is no longer self-evident. It sometimes seems as though the history of masculinity is written as a series of questions: not only 'What should historians do with masculinity?' but 'what should historians do with heroes?', and, more demanding, 'what *have* historians done with masculinity?'<sup>(10)</sup> These echoes of John Tosh's agenda-setting 1994 essay on masculinity testify to its influence, and to a new sense of maturity within a relatively young discipline. The cumulative tendency of recent scholarship has been to emphasise that in the years leading up to 1900 and beyond Victorian models of masculinity were subject to internal and external redefinitions, generated powerful anxieties regarding male identity, and did not permeate the value structure of large swathes of the working classes.<sup>(11)</sup> Moreover, studies of gender, war, and identity have uncovered the extent to which women were able to adopt, adapt, and exploit apparently 'masculine' ideals of service and patriotic duty in pursuit of personal fulfilment or collective goals.<sup>(12)</sup> As the certainties surrounding the historical construction of gender have crumbled, and as trauma studies have blossomed, the appeal of shell shock as a window into the effects of war on masculine ideals and male subjectivities has widened.

The four books under review are all manifestations of these historical trends. Mark Micale's *Hysterical Men: the Hidden History of Male Nervous Illness* (2008) is a panoramic survey of the history of male hysteria, stretching from c.1900 BC to c.1900 AD. The very existence of this book demonstrates how far histories of psychiatry and masculinity have come in only a few short years. In 1995, when Micale's magisterial historiographical survey of writings on hysteria, *Approaching Hysteria: Disease and its Interpretations* was published, only a handful of pages could be devoted to male hysteria because so little had been written on the topic. Much of the short discussion centred on Micale's own research and Showalter's essays on shell shock, although Micale could also point to recent research on literary male nervousness and was sanguine that future scholarship would be fruitful.<sup>(13)</sup> In the intervening years, awareness of the extent to which the construction of mental illness is a gendered process has grown, yet hysteria has continued to be identified as a female malady. *Hysterical Men* therefore fills a noticeable gap in the literature, and although it stops short of 1914, it is a history with important consequences for understandings of shell shock.

Between writing *Approaching Hysteria* and *Hysterical Men*, Micale co-edited one of the most important collections of historical essays on trauma in recent years, *Traumatic Pasts: History, Psychiatry and Trauma in the Modern Age, 1870-1930*.<sup>(14)</sup> The other editor of this essential collection, Paul Lerner, is also an expert on male hysteria, although to date the chronological and geographical scope of his studies has been somewhat narrower. Lerner's *Hysterical Men: War, Psychiatry, and the Politics of Trauma in Germany, 1890-1930*, first published in 2003, has recently been reprinted in paperback form. It therefore formed part of the wave of works on shell shock in the early 2000s, and the reprint attests to the continued appeal of the topic. In the more affordable format this excellent book, still the only English language monograph on shell shock in Germany, will hopefully reach the wider audience it deserves.<sup>(15)</sup>

The studies of Micale and Lerner both begin with, and largely focus on, hysteria as a formal medical diagnosis. Each author demonstrates that medical concepts of hysteria were not objective scientific descriptions of natural phenomena, but were rather shaped by prevailing social and cultural mores, and in

some times and places, driven by powerful political and economic imperatives. Both also show that medicine has never been able to contain hysteria; it has always also existed as metaphor and cultural trope. This is medical history in its most generous dimensions, firmly embedding notions of physical and psychological health and illness in the broader historical context, and therefore encompassing not only the relations of doctors to the state or to their patients, but also such diverse topics as the formation of class and gender identities and the interplay of medicine, literature, and art.

The next two books under review consider male psychological subjectivity rather than medicine and male mental illness. Michael Roper and Jessica Meyer take very different approaches to this topic, but both books reflect the emphasis on fluidity and adaptability in recent scholarship on the making of modern masculinities. Meyer's *Men of War: Masculinity and the First World War in Britain* (2009) examines a range of 'personal narratives' – letters home from the front, wartime diaries, letters of condolence, letters from disabled servicemen to the Ministry of Pensions, and post-war memoirs – to explore 'how British servicemen who fought in the First World War used their experience to define themselves as men, both in relation to other men and to women' (p. 2). She argues that two identities emerge most clearly as masculine ideals in these texts, the domestic and the heroic, and that these identities were central to social definitions of appropriate masculinity during and after the war although they were also fraught with tension for individual men. Her focus is therefore on the construction of male identities in different narrative forms, including the different ways in which the expression of these identities was affected by the audience being addressed.

Although Meyer only makes a few explicit comments on his work, Michael Roper is one of the historians who have done most to establish and invigorate the modern history of masculinities in Britain. The volume of essays he co-edited in 1991 with John Tosh, *Manful Assertions: masculinities in Britain since 1800* was an important text in confirming within the mainstream of historical thought the notion of masculinity as historically and culturally constructed. Now Roper is once again at the forefront of his field in moving beyond cultural construction. Since the beginning of the decade, he has published a series of articles on the First World War and memory, masculinity, and subjectivity which have explored the immediate and lasting emotional and psychological repercussions of the war for individuals and their families.<sup>(16)</sup> *The Secret Battle: emotional survival in the Great War* (2009) extends and deepens this research.

Using many of the same types of source as Meyer, with a particular reliance on letters, diaries, and memoirs, Roper shows that although some soldiers may have felt alienated from the civilian world during wartime, home and front were 'structurally connected and inter-dependent' (p. 6). Soldiers relied on families for bodily comforts and for emotional sustenance, and these needs ensured a constant physical and psychological traffic between home and front. Like Meyer then, Roper stresses both martial and domestic aspects of soldiers' subjectivities, although he avoids any hint of the bifurcation she suggests: indeed, the whole force of his argument is directed towards showing that the domestic and the soldierly were mutually dependent aspects of identity. In contrast to Meyer's emphasis on the textual construction of male identity, Roper is concerned with emotional subjectivity and psychological survival, and particularly how family relationships influenced men's experiences of the Western Front.

Neither of these books is 'about' trauma, but it would not be possible to write a full history of the emotional experiences of soldiers, or the effects of war upon masculine identities, without touching upon the subject. Roper and Meyer therefore both tackle shell shock in the course of their books, but are concerned with the experiences of servicemen more generally rather than those of soldier-patients in particular. This is an important distinction: in academic studies as well as in the popular imagination, the coward, frightened boy, and shell shock victim invoked by Hynes as new characters in the cast of war are often conflated or compressed into a single historical actor. Yet there were clearly differences in the experiences of those men so incapacitated that they were removed from active military service, and those who managed to cope sufficiently well to remain with their units. As Roper notes, studies of shell shock often have little to say about 'the majority who continued to carry out their military duties with at least a minimum of competence, but who suffered from periodic or even chronic emotional disturbances' (p. 247). These are not the same men who feature in the archives of shell shock, which record the experiences of those formally diagnosed



and processed by the medico-military bureaucratic complex. Yet the shell shocked and the 'merely' suffering existed on the same experiential, and therefore emotional, spectrum. To understand how the war was experienced by serving soldiers, we must move beyond trauma; to understand trauma, we need to understand how the war was experienced by serving soldiers. The four books under review suggest the many different ways in which such understanding might be achieved.

## **Hysterical Men**

Hysteria is at the heart of historiographical interpretations of gender and shell shock. This is in no small part due to the influence of Elaine Showalter's work, which is imprinted on virtually every discussion of the war neuroses which makes reference to gender.<sup>(17)</sup> Showalter's reading of shell shock was driven by contemporary feminist scholarship on hysteria as 'the daughter's disease'.<sup>(18)</sup> Within this tradition, hysteria was viewed as both the product of female oppression, and a physical and mental rebellion against this repression. Hysteria encapsulated the history of female suffering, protest, and stigmatisation. Showalter's description of shell shock as 'an epidemic of male hysteria' therefore carried heavy ideological freight. In her view, shell shock was both perceived *and* experienced as emasculating *and* effeminising its subjects. Shell shocked soldiers felt themselves to be less than men; they were also viewed by others as displaying feminine characteristics. In fact, 'shell shock' was a popular term because it provided 'a masculine-sounding substitute for the effeminate associations of 'hysteria''. Shell shock was, moreover, a 'disguised male protest' against both the war and the Victorian masculine ideal. The influence of this model of manliness was also evident in the differential application of diagnostic labels and treatments applied to ranking men and officers. The hysterical soldier was, like the hysterical woman, perceived as 'simple, emotional, unthinking, passive, suggestible, dependent, and weak', and was treated with harsh disciplinary therapies. The 'complex and overworked neurasthenic officer was much closer to an acceptable, even heroic male ideal', and so was treated with analytic therapies which stressed self-knowledge.<sup>(19)</sup>

Historians of shell shock have tended to accept Showalter's account of the relationship between hysteria and shell shock even where they have rejected the finer details of her argument or the validity of her general approach. The standard view, then, is that doctors saw hysteria as a female disorder, and therefore perceived shell shock as a type of feminine behaviour in male subjects; this led to the belief that traumatised soldiers were effeminate or unmanly. Showalter's interpretation of the war neuroses, which has become the dominant historiographical reading of shell shock as a gendered diagnosis, rests on the identification of hysteria as the quintessential female malady. If hysteria was not historically a female disorder, this version of the relations between medicine, shell shock and gender is much less convincing.

Although Mark Micale's *Hysterical Men* constitutes a major revisionist reading of the history of history, it only partially challenges the view that hysteria has been constructed predominantly as a female malady. Micale's central argument is that at several moments in hysteria's long history, doctors have borne witness to the existence of the disorder in men. These glimpses of recognition, however, have been repeatedly suppressed from the official discourses of science and medicine. The history of male hysteria is a history of medical 'anxiety, ambivalence, and selective amnesia' (p. 7). The book, which is organised chronologically, traces the history of the male hysteria concept from the late Renaissance (when the gynaecological model of the disease favoured by the ancients was first disputed) up to fin-de-siècle Vienna and the work of Freud. In the first century of its existence, between the 17th and 18th centuries, male nervousness flourished in a culture which recognised no hard-and-fast divisions between science, psychology, and literature. Between the late 18th and the mid 19th centuries, however, all this changed. As gender dichotomies were constructed and strengthened within science and culture, female hysteria flourished in medical discourse while male hysteria was submerged. As scientific and artistic commentaries on mind and body gradually diverged, male nervousness disappeared from medical texts and became the preserve of artists and writers.

Micale argues that male physicians had a range of reasons and a number of strategies for distancing themselves from hysteria. The weakness and emotionality hysteria appeared to reveal could not be countenanced by male physicians because it undermined the image of strength and authority they needed to

project, and threatened their self-image as rational men of science. Male hysteria did not disappear, but it was feminized, sexualized, pathologized, and portrayed as a moral deviation. It was flatly denied, re-diagnosed, or qualified to the point of non-existence; when acknowledged, the male hysteric was portrayed as effeminate and barely a man at all. Even such an important champion of male hysteria as the French neurologist Jean-Martin Charcot (1825–1893), who consciously sought to subvert the stereotypes attached to the disorder, produced a model of the illness that was subtly and complexly gendered. Perhaps most importantly, one group never appeared in Charcot's work on male hysteria, even though he treated it in private practice, and belonged to it himself: wealthy bourgeois men.

The heightened cultural anxiety of fin de siècle Europe, which provided the backdrop to Charcot's work on male hysteria, encouraged radical explorations of masculinity in a range of new biomedical discourses, including evolutionary biology, eugenics, criminal anthropology, endocrinology, and sexology. Yet although in France discourses of male hysteria flourished, there was still a strong current of resistance to the subject within medicine. Even Freud, who diagnosed himself as hysterical and encountered male hysteria at several crucial points in his early career, chose not to publish case studies of male hysterics. For Micale, this proves 'how difficult it would be for any male scientist of this era to transcend the inherited categories of masculinity and femininity and to break out of the historical "prison of gender"' (p. 275).

This is a valuable book which, as the subtitle promises, exposes 'the hidden history of male nervous illness'. Micale has amassed an impressive quantity of material on male hysteria, and it will be difficult for future scholars to ignore the historical existence of the disorder. There is an impressive tradition of feminist scholarship of hysteria, and the role of feminine 'nerves' in cultural constructions of womanhood has long been appreciated by historians of women. *Hysterical Men* provides an important parallel history of male nervousness and its role in structuring visions of ideal masculinity. In arguing that male physicians ignored hysteria in their own sex, Micale does not challenge the historical association of hysteria with femininity, but he does add a new layer to our understanding of the construction and operation of this association, and shows how it affected men as well as women. This is often achieved through a re-reading of apparently familiar episodes in the history of history, gender, or sexuality: as, for example, when he highlights the importance of male hysteria in Charcot's work, or when he points out the radical de-stabilisation of 'male' and 'female' in the work of sexologist Otto Weininger, whose anti-Semitic and misogynist writings are more usually portrayed as upholding gender conservatism. The intersections of the medical, cultural, and political are thoughtfully explored, and he has a gift for placing particular texts or thinkers within the broader sweep of history without over-simplification.

As with any synoptic history, some chapters are stronger than others. The middle part of the book, which deals with the Victorian 'eclipse' of male hysteria, the work of Charcot, and fin de siècle explorations of the disorder, show Micale at his most assured. By contrast the opening chapter, which ranges from the first mention of a wondering womb in an Egyptian papyrus dating from c.1900 BC up to Samuel Johnson's *Rasselas* in 1759, inevitably seems sketchy in places. There are numerous scholars of early modern Europe who would dispute his throwaway assertion, in the course of arguing that demonological theories conceptualised hysteria as archetypally female, that 'There were no male witches' (p. 10).

The final chapter, on Freud and the origins of psychoanalysis, poses certain challenges. Micale convincingly argues that male hysteria played an important part in formulating Freud's thought at critical junctures in the early history of psychoanalysis, but at times seems eager to excuse Freud for imagined 'flaws' in his attitudes towards male hysteria, gender, and sexuality. He suggests, for example, that if the more conservative Breuer had not co-written *Studies in Hysteria*, it may have included case studies of male hysterics. This is presented honestly as pure speculation, but it is unnecessary and unconvincing speculation: if Breuer was one of the forces preventing Freud from making his heartfelt commitment to a gender-neutral theory of hysteria public, why did he not publish any studies of male hysterics after his short-lived association with Breuer ended? This type of special pleading undermines an otherwise thought-provoking addition to the volume of scholarship on Freud, gender, and hysteria.

The decision to end the book with Freud is interesting. As the master historiographer of hysteria, Micale was surely aware that in this respect his book echoes the structure of Ilza Veith's classic *Hysteria: the History of a Disease*, first published in 1965 (20), and it is difficult to believe that this was not a deliberate decision. Veith has been criticised for a teleological reading the history of hysteria, combing medical texts for traces of pre-Freudian thought and presenting the birth of psychoanalysis as the end point of the history of hysteria. Micale may have left himself open to a similar set of charges. There is, however, a good case for arguing that twentieth-century hysteria was a different type of beast, not least because from a few decades in the Freudian viewpoint became so pervasive, and that this is a logical end point for the book.

A more important question is whether Micale's central argument stands up: producing a great mass of medical writing on male hysteria makes the argument that the concept has been rigorously suppressed for most of its history problematic. He convincingly argues that when forced to acknowledge male hysteria, physicians have employed a range of strategies which served to minimise its importance; but if these doctors had been completely unable to countenance the psychological frailty male hysteria threatened, then they would have left no record of it at all, and this history could not have been written. It may just be that the suppression was partial because of the supreme self-confidence of white, heterosexual, middle-class male physicians, and that they were able to successfully 'other' male hysterics. This is a possibility denied by Micale in his conclusion because male hysteria was, apparently, 'a discourse of the self' rather than 'a construction of [...] collective others'. Yet surely it is only with psychodynamic psychology that hysteria did become a discourse of the self, rather than a collection of symptoms or a sign or hereditary taint? Ultimately, however, although not every reader will agree with Micale's conclusions, all should appreciate the range of questions he has asked – and, more than this, should find it surprising that these questions have not been asked before. This is not only a fine book, but an essential one.

Although it stops short of 1914, Micale's work should be of interest to historians of shell shock and gender because it shows that, contrary to assumption, the existence of hysteria in men did not necessarily surprise wartime physicians. Yet although hysteria was not an exclusively female malady, it was a highly feminised and stigmatised disorder, and, if Micale's central argument is accepted, one which doctors preferred to ignore or evade. To this extent, his research mounts only a limited challenge to conventional views of shell shock as a gendered diagnosis, and even confirms a modified version of the Showalter thesis. Paul Lerner's *Hysterical Men: war, psychiatry, and the politics of trauma in Germany, 1890–1930* is potentially far more disruptive for this argument, although its full implications do not appear to have been realised since its original publication in 2003.

Lerner argues that in late 19th-century Germany, male hysteria was not denied or suppressed. On the contrary, for some ambitious medical men, it became the diagnosis of choice. This is explained by the peculiar history of the male hysteria concept in Germany, where it emerged hand-in-hand with debates on the traumatic neuroses. In the 1880s, as a result of rapid industrialization and coinciding with both Bismarck's social insurance legislation and Wilhelmine concern with collective health, industrial and railways accidents multiplied. As more and more men involved in these accidents presented hysteria-like symptoms, medical debates raged over the origins of these disorders. The neurologist Hermann Oppenheim argued that the traumatic neuroses originated in material damage to the nervous system, but his critics countered that they were nothing more than hysteria. The question had important political implications: if the symptoms were caused by the pathological mental processes of the hysterical individual, then the state or employers were not liable to pay compensation to the victims of accidents. The association of hysteria with work therefore displaced its traditional gender identity, and made it a preferable diagnosis for employers and the state. When the war broke out and soldiers began to break down, these debates were replicated and reached the same conclusion. German military doctors decided that soldiers were hysterical rather than suffering from traumatic neurosis; this was seen as a patriotic diagnosis which not only minimised the cost to the state, but prevented the individual from developing a crippling 'pension neurosis' in pursuit of compensation.

In this thoughtful and comprehensive book, Lerner traces the origins and consequences of the trauma concept from the 1890s into the post-war years. The recurrent theme is how 'the surrounding political, economic, and social context influence[s] diagnostic change in the history of psychiatry and how scientific ideas can resonate with broader cultural patterns' (p. 62). He never denies individual suffering, but always shows how it is 'constructed by larger social and medical forces' (p. 10). In 1914, German neurologists and psychiatrists greeted the outbreak of hostilities with patriotic fervour, portraying war as a health-giving agent which would cleanse the nation. This encouraged them to see mentally ill soldiers as a threat to national unity, and themselves as loyal servants of the nation performing an essential duty by combating male hysteria. The stigmatization of war hysteria had one benefit for soldiers. Men who had broken down once were perceived as liable to crack under pressure if returned to active service, where they risked spreading hysteria among their units (it was widely perceived as contagious) and putting the lives of healthy German soldiers in danger. This meant that psychiatrists defined cure as the ability to work rather than the return to fighting fitness, and unlike in other combatant nations German war neurotics were not returned to the front. 'In such a way, health, morality, and productivity were blended into a normative concept of appropriate masculine behaviour' (p. 127).

Their loyalty to the state also meant that German military doctors were willing to experiment with a range of therapies in the interests of turning broken soldiers into productive workers. These ranged from the relatively benign, such as the suggestive therapies most strikingly illustrated by the neurologist Max Nonne's theatrical displays of hypnosis, or the programme of work therapy and rehabilitation developed at special neurosis stations, to the wholly unexpected, such as the alliance between the leaders of the psychoanalytic movement and the political and the military authorities of the Central Powers (lured by the promise of deeper cures which could return men to the field) which, had the war lasted longer, would have resulted in the creation of special psychoanalytic clinics for the treatment of war neurosis. The dark side to this experimentation was the acceptance of methods which relied on pain and humiliation to succeed, such as the notorious Kaufmann cure (*Überrumpelingsbehandlung*), which involved the application of strong electrical currents accompanied by relentless verbal suggestion. This proved popular because it was seen to produce rapid cures and to be an easy method to learn even for inexperienced physicians. There were a number of objections to the method – it was inhumane, painful, and there were documented cases in which it produced injury and even death – but use of the Kaufmann technique was still not restricted until the final weeks of the war, when it met with patient protest and popular resistance. The collectivist ethos of medical men meant that the ends were seen to justify the means. In the post-war years, when their wartime activities were heavily criticised, psychiatrists even argued that such unjustified attacks made them the real victims of the war; and in their attempts to deny veterans compensation and thereby to avoid crippling the state with an enormous pensions bill, they portrayed Weimar welfare provision, rather than war, as the true threat to mental health and national efficiency.

It is possible that specialist historians of imperial or Weimar Germany might criticise some of Lerner's assertions; certainly he is not shy of challenging historiographical constructs such as the notion of the special path (*Sonderweg*) of German history, or the Weimar 'culture of trauma'. This historian of shell shock, however, finds it difficult to discover flaws in the book. One of the major achievements of Lerner's *Hysterical Men* is its deep 'historicization of World War I – era psychiatry into its multiple early-twentieth-century contexts' (p. 4). This means not only a lively and continual awareness of the social and economic dimensions of the male hysteria diagnosis, but a keen appreciation of the motivations of psychiatrists and neurologists, including the jostle for scientific and professional supremacy between the two groups, the social context of psychiatric practice, and the ways in which practice shaped theory and vice versa. He argues, for example, that Hermann Oppenheim's championing of the traumatic neurosis concept was rooted in nineteenth century liberal traditions, in which patient complaints were taken seriously and patients themselves were minutely examined. The new, younger generation of doctors did not work in private practice with individual patients, and were likely to take a collectivist approach to social problems in which the individual patients was submerged. The prevalence of anti-Semitism meant that it was easy to depict the Jewish Oppenheim as alien and unpatriotic when his ideas seemed to threaten the full-blooded pursuit of the



war. The victory of the male hysteria diagnosis is therefore presented as the concatenation of a series of forces: political and economic imperatives, racial/religious prejudice, generational conflict, and trends within medical culture.

The other major achievement of Lerner's research is to provide the fullest and most nuanced national history of masculinity and trauma in the First World War. Here, gender is not relegated to a separate chapter or its operation as a historical construct assumed; rather, the importance of gender in shaping medical attitudes and expectations, and consequently patient experiences, permeates every page. Lerner acknowledges his debt to the work of Elaine Showalter, and explains that there has been little written on gender and trauma in the German context. He argues that, in contrast to Showalter's analysis of shell shock as a gendered diagnosis in Britain, there is an absence of explicit feminization of traumatised patients in German medical writings. The operative opposition here is not between masculinity and femininity, but between healthy masculinity and the pathological lack of male behaviour such as working, fighting, and patriotism. Lerner sees this as evidence of the particular national context of the debates on hysteria, work, and war which he discusses, but it could also be argued that it demonstrates the necessity for more in-depth attention to how male hysteria was constructed, and the concept deployed, in all combatant nations.

Micale's work shows that male hysteria has a surprisingly long history, and that it has shifted shape in response to political and social developments as well as changes in the doctor-patient relationship; Lerner confirms that the meanings of male hysteria were determined by the perceived needs of the nation, and the complex of relations between state, medicine, and soldier-worker-patients, and that this combination of circumstances was enough to overthrow the traditionally feminine associations of hysteria. Together, these books suggest that more detailed research on the specific contexts (historical, national, and chronological) in which the diagnosis of male hysteria has been deployed may yet alter our understandings of its operation in wartime. If doctors were familiar with male hysteria, or if in one country they believed it was the most appropriate diagnosis for soldiers who had broken down, surely it is time to reconsider how the label is used in histories of masculinity, shell shock and trauma?

### **Masculinity and Emotional Survival**

A number of labels, old and new, were applied to men who were processed by the medico-military bureaucratic complex between 1914 and 1918: not only hysteria, neurasthenia, traumatic neurosis, and shell shock, but also manifold hybrid diagnoses and permutations on the same theme. The precise choice of appellation reflected the symptoms displayed by the patient and the aetiological explanation favoured by the doctor. From the point of view of the medical historian, the differences in these labels, the nuances of opinion they reveal and conceal, are fascinating and integral to understanding the construction of trauma as a diagnosis. For others, the differences in diagnostic terminology are meaningless, and what is important is that these labels have the same subject: men in pain as a result of their exposure to war. Yet of course, these labels do not cover the full spectrum of suffering, or the range of ways in which men could be affected by war. In all combatant nations, the number of men diagnosed and treated for shell shock during the war formed only a small proportion of all those who fought. The trauma suffered by many soldiers was doubtless ignored or misdiagnosed, but the fact remains: although the First World War pushed men to the limits of their endurance, most *did* endure. Yet stating the fact does not explain it. The questions of how such endurance was achieved, and what the war ultimately cost even those who seemed to emerge relatively unscathed, continue to exert a grim fascination.

'Endurance' seems a particularly apt word to describe the qualities required of soldiers in the trenches. Jessica Meyer argues that the notion of endurance as a masculine ideal was actually a product of the war. Victorian and Edwardian models of masculinity had emphasised self-control, but endurance was something a little different. 'Men who endured were those who controlled their emotions not only in the moment of fear and stress but also when confronted with the on-going horrors of warfare' (p. 142). As this example suggests, the very terms in which we think about soldiering are a result of the redefinition of masculinity caused by the First World War. Meyer's work uses a range of personal narratives to examine the complex

processes by which masculine identities were constructed and reconstructed during and after the war, and emphasises the fluidity and complexity of male identities in wartime. Civilian and domestic identities were crucial in shaping perceptions of martial masculinity among volunteers and conscripts, and the version of soldiering they presented to their families and friends. The civilian persisted within the soldier. Similarly, the ideal of the soldier hero persisted long after the experience of the trenches had shown most men the difficulty of ever attaining this ideal, although it was also modified (as through the new emphasis on endurance) and had to sit alongside new 'culturally powerful identities' such as that of the male victim (p. 5).

The decision to focus on personal narratives is one of the strengths of this book. Meyer shows that although there are potential problems with using such narratives, such as the extent to which any narrative can be held as representative of a mythical unified 'war experience', common threads of understanding nevertheless emerge from these sources which enable a greater understanding of the effects of war on representations of male identity. The chapters in *Men of War* focus on different textual sources and proceed chronologically, allowing Meyer to reflect on the role of memory in shaping narratives of war. The first two chapters deal with wartime material (letters from the front and wartime diaries); a chapter on letters of condolence bridges the wartime and post-war worlds; and the final two chapters on letters from disabled ex-servicemen to the Ministry of Pensions and war memoirs deal with soldiers' attempts to negotiate the world after the war. There are occasional problems with this structure: soldiers appear to have recorded many of the same concerns in diaries and in memoirs, and although there is clearly a point in comparing the subtle differences in these narratives, the material on horror (for example) seems repetitious in places. For the most part however, the structure highlights both the particularity of different types of sources and the diverse arenas in which martial masculinities were acted out. It has the benefit of showing not only how soldiers constructed their own masculine identities, but how these varied with intended audience, and how others (mothers, military superiors, pension officials) contested or supported these constructions.

The book's other great asset is the wealth of original source material, generously quoted, which Meyer has unearthed. Letters of condolence, and letters to the Ministry of Pensions, are excellent and under-explored resources for the social history of the First World War. Although soldiers' letters, diaries, and memoirs are commonly used by historians of the First World War, it is rarer to find attention given to these as texts governed by particular rules and narrative forms, as well as shaped by intended audience – and, of course, the stories told by these men are thoroughly absorbing. The case study of a particular soldier which ends each chapter illustrates general themes and provides an in-depth analysis of an individual's construction of his own identity as a soldier or veteran in a particular narrative form, but is particularly welcome as an opportunity for greater engagement with these life stories.

*Men of War* is therefore undoubtedly an interesting book, but it is also flawed in certain respects. In the introduction, Meyer emphasises that 'not all men experienced the same war in the same way'; differences in social class, regional background, and the particularity of individual experiences of the war militate against the assumption of one shared war experience (p. 10). Yet throughout the book, all too often she does not provide relevant information about individuals. Their pre-war lives remain a blank. In part, this may be a result of the types of source material – surely few individuals began their letters home by listing all the information a census-taker might require – but any type of personal narrative usually produces some clues as to the writer's social status or pre-war occupation. The failure to comment on these aspects of identity undermines the analysis in places. For example, the opening sentence of an in-depth analysis of one individual states, 'One man who was undoubtedly changed by the war was Lt C. S. Rawlins' (p. 40). The next sentence summarises his war experience from enlistment until the Battle of Loos. As far as the reader is concerned, Rawlins had no life before 1914; it is therefore difficult for Meyer to show, or the reader to judge, how Rawlins was changed by the war.

Meyer's use of Rawlins also illustrates an occasional tendency to strain too hard to make the evidence fit the thesis. Consider the following quotation from one of Rawlins' letters:

Our best and fittest men are daily being killed & wounded: all our best blood is going to waste, & our race is bound to suffer terrible depreciation in consequence & we ought to do all in our power to lessen this for the sake of our country's future ... every single man will have to marry 'after the war'.

According to Meyer, this 'casting of the problem of manpower in terms of marriage and fatherhood exposes the extent to which the domestic and the military were merged in his view of the world' (p. 45). Yet surely the extract quoted does not display a concern with military manpower, but rather with racial decline as a result of war? It does not discuss marriage and fatherhood as part of a traditionally domestic identity, but rather as *public* duties which must be performed for racial regeneration. If these comments prove anything, it is not Rawlins' negotiation of domestic and martial identities, but the prevalence of discourses of degeneration and eugenics in wartime Britain (it might also be added, that they suggest some clue as to the class identity of C. S. Rawlins, never mentioned in Meyer's discussion of his letters).

As the focus on different types of text suggests, *Men of War* is concerned with the construction of male identities rather than psychological subjectivity. The emphasis on construction often results in the lack of a sense of identities as inhabited, as lived realities. Men did not simply construct martial and domestic identities: they lived as soldiers, with all the bodily deprivations and psychological turmoil that entailed, and they were fathers, brothers, and sons. To speak of constructing an identity implies a degree of agency and awareness in regard to subjectivity which may be proper to self-representation, but does not cover the inevitable blind spots in self-knowledge. Of course, to a certain extent, all historians deal with retrospective constructions rather than unmediated experience. The text stands between scholar and subject. Some would argue that, properly speaking, the text *is* the subject and there is no unmediated experience – even the oral historian has to wrestle with the manifold problems of memory. Yet there is nevertheless a gap between experience and representation which is never fully explored or acknowledged in Meyer's book, and in this she is representative. It is a gap which few historians attempt to negotiate, either because they do not subscribe to social and cultural constructivism, or because they believe it is impossible to find a way round (or through) the text without a retreat to essentialism. Michael Roper may not escape charges of essentialism, but in *The Secret Battle: Emotional Survival in the Great War* he has produced a work which is resolutely about experience rather than representation, which is methodologically innovative and empirically flawless, and which is theoretically sophisticated yet should appeal to a wide reading public, not only professional historians.

Roper seeks to explain how young British civilian soldiers survived the First World War. He argues that family relationships were 'a source of practical survival skills and support, and played a crucial role in sustaining the morale of this largely young, amateur army'. During the war these relationships were largely conducted through the long-distance means of letters and parcels, 'but drew their strength from a much longer history, whose legacy could be seen not only in the soldier's domestic skills and memories of home, but in his deepest states of mind' (p. 1). The book is divided into three sections: 'Mothers and sons', which examines the psychological and physical interchange between home and trenches in the form of letters and parcels; 'Mothering men', which considers the relations between maternal care and domestic survival; and 'Falling apart', which explores the emotional experience of trench warfare and its aftermath: grief, terror, horror, dread, anger, alienation, revulsion and love. Throughout, Roper shows that home and the Western front were not separate spheres, and men's identities were not split into aspects of the soldier and the civilian. The two fronts were organically blurred, not only through physical and emotional traffic between the man and his family, but in the person of the soldier who might sometimes feel alienated from good old Blighty and all in it, but who nevertheless carried home with him wherever he went.

The men Roper writes about are not martial heroes, or even simply officers or sergeants, but fathers, brothers, nephews, and above all sons. The emphasis throughout the book is on maternal relationships. One explanation for this is the inspiration Roper derives from psychoanalytic ideas, which he explains helped

him to understand the impact of trench warfare on the mind as well as how to interpret letters, diaries and memoirs. Another, however, is that the mother-son relationship did govern the emotional lives of most young men in the early 20th century, albeit in ways dependent on the social class and particular circumstances of different individuals. One page into the book, Roper presents us with examples of men crying out for their mothers as they died; he spends the rest of it attempting to explain why this was, and what it tells us about the emotional lives of soldiers. An interest in psychoanalysis might explain the decision to highlight these stories, but it does not explain why the dying word of so many men, of so many different nationalities, was 'Mother' (or, for the more cynically-minded, it does not explain where such stories originated or why they were so often repeated). Psychoanalytic theory informs and enriches this history rather than dictates its content, although it is nevertheless integral to the history that Roper has produced. To put it another way; it would be possible to remove most of the explicit references to psychoanalysis in this book without altering the interpretations and conclusions that are arrived at through its use, and still satisfy the most anti-psychoanalytic and empirically-minded historian.

The book gathers force through the accumulation of flashes of revelation which appear to the reader as moments of recognition. Most of these examples involve linking up men's pre-war and domestic experience with their experiences as soldiers, and they usually demonstrate a keen awareness of the importance of social class in structuring both emotional and bodily experience. In many of these cases, Roper is not unveiling new evidence but placing information in a different context which exposes new dimensions or significance to it. Often, they reveal the extent to which assumptions about gender have governed the questions previous historians have asked and the histories they have written as a result. For example, he not only reminds us of the well-known fact of overcrowding among poor families, but illustrates this with reference to a particular case and suggests how social background differentiated experiences of war:

When Charles Taylor, a tunnel construction worker, signed up in April 1915, fourteen people were living in his mother's six-roomed house in South London, and he slept on the couch in the front room. Officers sometimes wondered how the men managed to get to sleep in primitive billets or bunk holes, but many had never enjoyed the privacy of a separate bedroom. While the clerk might have found it bewildering at first to have to sleep twelve to a bell tent in the Army, the semi-skilled working man Charles Taylor probably did not; and he was used to putting away his bedding by day (p. 181).

Elsewhere, he shows that although historians have started to investigate the influence of civilian resources on wartime survival, they have usually focused on the public sphere. For working-class men, the neighbourhood, workplace, and mutual associations have been discussed at great length, but the home has been underplayed. For the officer class, historians have assumed that the experience of looking after boarders at public schools determined the nature of relations with rankers, rather than exploring the influence of relationships with domestic servants. Yet given the youth of British Army recruits, the home rather than the public sphere was the most immediate source of knowledge and point of reference for most. Not only this, but the army itself was also a domestic institution, which fed, clothed and sheltered its recruits. Therefore

[when] the soldier took out his sewing kit or 'housewife' to mend his tunic, heated up his rations of a Tommy cooker, or tried to rid himself of the ubiquitous louse, he performed a domestic task, sometimes with help or advice from his mother. How things had been done at home influenced how, in this largely non-professional Army, things would be done at war (pp. 161–2).

It might be speculated that historians have downplayed the influence of the private sphere, or failed to look at the home, because they are so used to conceptualising masculine identities as formed in the public world. Certainly, only rather rigid preconceptions about sex and gender roles can explain why historians have often described the caring roles performed by subalterns as 'paternal'. Yet as Roper points out, the practical tasks performed by officers (ensuring that men were fed, watered, sheltered and generally kept in the greatest physical comfort possible) were those most usually performed by mothers, not fathers, while the emotional

qualities they were required to demonstrate (keeping order and regulating minor punishments, while all the time remaining sympathetic and alive to their charges' needs) were again maternal rather than paternal. Perhaps most tellingly, subalterns often compared themselves to mothers, not to fathers; yet historians have transmuted these direct comparisons into evidence of 'paternal' feeling simply because the tasks were performed by men (pp. 165–6). This is a perfect illustration of Roper's ability to make the reader see familiar material with fresh eyes, and in doing so to turn old assumptions about gender, masculinity and war upside down while providing an enriched and deepened understanding.

These examples also demonstrate how the book fulfils its overarching aim of moving experience to centre stage. This involves a more thoughtful approach to memory than is often taken in such histories. Roper attacks (elegantly, but nonetheless fatally) the orthodoxy that retrospective accounts are 'tainted by memory' and that contemporary sources are somehow closer to the 'truth' of the event. He points out that proximity to events could sometimes prevent understanding. 'What these men experienced was sometimes too disturbing to take in; the very ability to think was under attack', meaning that experiences 'were not wholly constituted in language' (pp. 20–1). In practical terms, this means reading sources such as letters and diaries in a different manner. Roper quotes from a letter written by Captain Herbert Leland: 'Oh! Such a crump has just fallen. Mud, dust, splinters of wood all over me, but I am hanging on to this piece of paper'. It is easy to imagine another historian using this as evidence of the ability of soldiers to mediate the horror of war through humour, a stance which often falls into arguing that horror was not as extreme as it might first seem to us, because it was not felt as such by those who experienced it. Roper reads the letter quite differently:

'the jokey tone scarcely conceals his terror of being rent apart, which was less evoked than performed in the very writing [...] Only a scrap of paper, his one connection to home, kept Leland sane amidst the shellfire, and if he lost his grip on it, he might not hold together' (p. 21).

Elsewhere he points out the significance of certain slips of the pencil. Words written by accident and then crossed out show memory running ahead of the ability to put experiences into words (p. 66). The counterpart of this sensitivity to the potential readings of contemporary records is an awareness of the value of reflection in retrospective accounts. These may not tell us exactly how someone believed they felt at the time, but they tell us something of equal value; how someone felt afterwards, when they had a chance to mediate the experience and to reflect on where it fitted into the broader outlines of a war and a life.

*The Secret Battle* marries the best of social history, psychohistory, and histories of emotion. It is a strident counter to the recent trend within First World War studies to argue that the horror of the war is largely a product of myth, memory, and anti-war sentiment. The fact that not every man who served died does not mitigate the bleakness of the casualty lists. The fact that not all men saw active service, or that even for those who did, 'going over the top' was an exceptional rather than daily occurrence, does not make the killing, dying, and dismemberment which did occur somehow less terrible. The ability of human beings to cope in the face of pain and terror does not justify the events which caused these emotions. Of course it is important to realise that the meanings attributed to the war by subsequent generations have often been shaped by the contemporary political and cultural landscape, or that many prominent representations of the war can be read differently, or read alongside other accounts which emphasised different aspects of war experience. But in pursuing these research agendas, the lived experience of this war – its daily discomforts as well as its outermost limits of horror – has sometimes been lost. The attempt to understand the emotional experience of the war beyond coping or breaking down, meanwhile, has been attempted only very rarely, and the continuities between pre-war and wartime emotional experience never shown in such a rounded and nuanced fashion. This is a book in a class of its own, which should be read not only by scholars of the First World War, or historians of gender, but anyone interested in the human mind and human society, past or present.

## **Conclusion**

Our understandings of modern wars are formed within and against the shadow of the First World War. In



turn, our perceptions of this originating conflict are shaped by what we have learnt or imagine we now know about the costs of war. This does not mean the 'real' meaning of the war has been lost, but that new dimensions of the experience, significance, and lasting influence of the events of 1914–18 are continually being uncovered. The rash of interest in shell shock over the past twenty years certainly tells us something about attitudes to war, trauma and psychiatry in contemporary culture, but as the four books under review amply demonstrate, it also means that we are continually gaining new perspectives on the past. Although all of these books are concerned with the emotional and psychological suffering of men, they are very different to each other. The range of approaches employed, areas addressed, and conclusions reached suggest that there is plenty of mileage yet in the overlapping subjects of male hysteria, shell shock, and the emotional experiences of men at war.

The first two books under review, those by Micale and Lerner, prove that medical history still has much to offer. In recent years historians of shell shock have self-consciously moved away from a reliance on the published medical literature, pleading that to understand the war neuroses, a variety of sources and perspectives must be consulted.<sup>(21)</sup> Shell shock studies have been dominated by cultural historians over the last decade. The tendency has been to move away from an analysis of the formal contents of diagnostic categories used by doctors and the intellectual framework within which shell shock was constructed. While this has resulted in a secondary literature which is immensely rich, as well as dynamic, the rejection of medical history raises certain problems. Most obviously, it is impossible to write a history of a category such as shell shock, which originated as a medical label applied by doctors to patients (a category therefore enmeshed in the network of medical relations at the most basic level), without including some reference to medical ideas and practices. The books by Micale and Lerner are both concerned with the diagnosis of pathological masculinity and the motivations of doctors in formulating such diagnoses, but also show how medicine reflects and refracts wider socio-economic, political, and cultural aims and assumptions. Their work is clearly of relevance to scholars in a number of fields beyond medical history.

The books by Roper and Meyer, on the other hand, show that histories of trauma are perhaps most productive, and tackle their subject most properly, when they extend beyond the medical. The term shell shock long ago escaped from medical journals into the vernacular; we might speculate that it has survived there because it seems so peculiarly apt as a way of describing not only on those individuals who have undergone medical diagnosis and treatment, but others who experienced traumatic events without being subject to such interventions, or even the effects of war on whole societies. Indeed, Susan Kingsley Kent's recent *Aftershocks: politics and trauma in Britain, 1918-1931* <sup>(22)</sup> even argues that political events in the immediately post-war years are best explained as a result of collective shell shock among Britons. This might be too extreme for some tastes, but both Roper and Meyer show that the war had lasting psychological and emotional repercussions on those who fought it. Not all men were traumatized, but many had borne witness to traumatic events, and the wartime and post-war histories of these men also need to be written.

The history of trauma beyond the purely medical, or of wartime emotional experience beyond trauma, can fruitfully interact with medical histories: what was the difference between a traumatized soldier and a shell shock patient, or between those who were diagnosed and those who were not? What determined the translation of an emotional state into a formal medical diagnosis? Or, just as importantly what made some men break down while others coped, however well or badly? The last question foxed doctors during the First World War, and we still have no convincing answer to it today. Although this is depressing to acknowledge, it does suggest one reason why shell shock continues to hold us in its thrall; these are live mysteries about the possibilities and limitations of the human mind. In many respects, these are not historical questions, and if they can be answered, it will not be through history. Yet as these books show, albeit in their very different ways, it is important as historians that we keep asking these questions, not only to learn about humans in the past but because the act of asking continually throws up new questions and new ways of seeing.

## Notes

1. Paul Fussell, *The Great War and Modern Memory* (London, 1975). [Back to \(1\)](#)

2. S. Hynes, *A War Imagined: the First World War and English Culture* (New York, 1991), pp. 214–5. [Back to \(2\)](#)
3. M. Paris, *Warrior Nation: Images of War in British Popular Culture 1850–2000* (London, 2000). [Back to \(3\)](#)
4. Peter Leese, *Shell Shock: Traumatic Neurosis and the British Soldiers of the First World War* (Basingstoke, 2002). [Back to \(4\)](#)
5. Paul Lerner, *Hysterical Men* (Ithaca, NY, 2003); Peter Barham *Forgotten Lunatics of the Great War* (New Haven, CT, 2004); Edgar Jones and Simon Wessely, *Shell Shock to PTSD: Military Psychiatry from 1900 to the Gulf War* (Hove, 2005); and Fiona Reid, *Broken Men: Shell shock, Treatment and Recovery in Britain, 1914–1930* (London, 2010). [Back to \(5\)](#)
6. See for example *Tense Past: Cultural Essays in Trauma and Memory*, ed. P. Antze and M. Lambek (New York, NY, 1996); and *Traumatic Pasts: History, Psychiatry, and Trauma in the Modern Age, 1870–1930*, ed. M. Micale and P. Lerner (Cambridge, 2001); R. Leys, *Trauma: a genealogy* (Chicago: University of Chicago Press, 2000); A. Young, *The Harmony of Illusions: Inventing Post-Traumatic Stress Disorder* (Princeton, NJ, 1995). [Back to \(6\)](#)
7. E. Showalter, *The Female Malady: Women, Madness and English Culture, 1830–1980* (London, 1987), pp. 194–7. This analysis was expanded in several other works by Showalter: E. Showalter, ‘Rivers and Sassoon: the inscription of male gender anxieties’, in *Behind the Lines: Gender and the Two World Wars*, ed. M. Higgonet *et al.* (New Haven, CT, 1987), pp. 61–9; E. Showalter, ‘Hysteria, feminism and gender’, in *Hysteria beyond Freud*, ed. S. Gilman *et al.* (Berkeley, CA, 1993), pp. 286–344; E. Showalter, *Hystories: Hysterical Epidemics and Modern Culture* (London and Basingstoke, 1997), pp. 30–112. [Back to \(7\)](#)
8. J. Bourke, *Dismembering the Male: Men’s Bodies, Britain and the Great War* (London, 1996). [Back to \(8\)](#)
9. The now classic statement of this ‘masculine stereotype’ is provided by G. Mosse, *The Image of Man: the Creation of Modern Masculinity* (New York and Oxford, 1996). [Back to \(9\)](#)
10. J. Tosh, ‘What should historians do with masculinity? Reflections on nineteenth-century Britain’, *History Workshop Journal* 38, 1 (1994), 179–202; M. Jones, ‘What should historians do with heroes? Reflections on nineteenth- and twentieth-century Britain’, *History Compass* 5, 2 (2007), 439–54; K. Harvey and A. Shephard, ‘What have historians done with masculinity? Reflections in five centuries of British history, c. 1500–1950’, *Journal of British Studies*, 44, 2 (2005), 274–80. [Back to \(10\)](#)
11. *Manliness and Morality: Middle-Class Masculinity in Britain and America, 1800–1940*, ed. J. A. Mangan and J. Walvin (Manchester, 1987); *Manful Assertions: Masculinities in Britain since 1800*, ed. M. Roper and J. Tosh (London, 1991); L. A. Hall, *Hidden Anxieties: Male Sexuality, 1900–1950* (Cambridge, 1991); A. Smith, *Victorian Demons: Medicine, Masculinity and the Gothic at the Fin-de-Siècle* (Manchester, 2004); J. Tosh, ‘Masculinities in an industrializing society: Britain, 1800–1914’, *Journal of British Studies*, 44 (2005), 330–42. [Back to \(11\)](#)
12. See Nicoletta Gullace, *‘The Blood of our Sons’: Men, Women, and the Renegotiation of British Citizenship during the Great War* (Basingstoke, 2002), and *Fighting Different Wars: Experience, Memory and the First World War in Britain* (Cambridge, 2004). [Back to \(12\)](#)
13. M. Micale, *Approaching Hysteria: Disease and Its Interpretations* (Princeton, N.J., 1995), pp. 164–8, pp. 249–53, and p. 260. [Back to \(13\)](#)
14. see footnote 6. [Back to \(14\)](#)
15. Andreas Killen’s *Berlin Electropolis: Shock, Nerves, and German Modernity* (Berkeley, CA, 2005) covers a similar chronological period but war and trauma is not the explicit focus of the work, although students interested in the subject will find it well worth reading. [Back to \(15\)](#)
16. *Manful Assertions: Masculinities in Britain since 1800*, ed. M. Roper and J. Tosh (London, 1991); M. Roper, ‘Re-remembering the soldier hero: the composure and re-composure of masculinity in memories of the Great War’, *History Workshop Journal*, 50 (2000), 181–205; M. Roper, ‘Maternal relations: moral manliness and emotional survival in letters home during the First World War’, in *Masculinity in Politics and War: Rewritings of Modern History*, ed. S. Dudink, K. Hagermann and J. Tosh (Manchester, 2004), pp. 295–315; M. Roper, ‘Between manliness and masculinity: the ‘war generation’ and the psychology of fear in Britain, 1914–1970’, *Journal of British Studies*, 44, 2

- (2005), 343–63, 345; M. Roper, 'Between the psyche and the social: masculinity, subjectivity and the First World War veteran', *Journal of Men's Studies* [5], 15, 3 (2007).[Back to \(16\)](#)
17. Compare Showalter's reading with that given by J. Bourke, *Dismembering the Male*, p. 112, or J. Busfield, 'Class and gender in twentieth-century British psychiatry: shell shock and psychopathic disorder', in *Sex and Seclusion, Class and Custody: Perspectives on Gender and Class in the History of British and Irish Psychiatry*, ed. J. Andrews and A. Digby (Amsterdam and New York, 2004), pp. 295–322. For briefer discussions displaying Showalter's influence, see B. Shephard, *A War of Nerves: Soldiers and Psychiatrists, 1914–1994* (London, 2002), p. 148; P. Barham, *Forgotten Lunatics of the Great War* (New Haven, CT, 2004), pp. 116–7 and pp. 161–4; E. Jones and S. Wessely, *Shell Shock to PTSD*, p. 49; J. Rutherford, *Forever England: Reflections on Race, Masculinity and Empire* (London, 1997), pp. 72–3.[Back to \(17\)](#)
  18. Nancy Tomes provides a useful critical review of the place of hysteria within feminist histories of psychiatry, including Showalter's approach to the disorder. N. Tomes, 'Feminist histories of psychiatry' in *Discovering the History of Psychiatry*, ed. M. Micale and R. Porter (Oxford and New York, 1994), pp. 348–83. See also M. Micale, *Approaching Hysteria: Disease and its Interpretations* (Princeton, NJ, 1995), pp. 161–8.[Back to \(18\)](#)
  19. Showalter, *The female malady*, pp. 167–94.[Back to \(19\)](#)
  20. Ilza Veith, *Hysteria: the History of a Disease* (Chicago, 1965).[Back to \(20\)](#)
  21. Shephard, *A War of Nerves*, p. xxi; P. Leese, *Shell Shock: Traumatic Neurosis and the British Soldiers of the First World War*, p. 73.[Back to \(21\)](#)
  22. Susan Kingsley Kent, *Aftershocks: Politics and Trauma in Britain, 1918–1931*, (London, 2008).[Back to \(22\)](#)

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