The Female Malady

WOMEN, MADNESS, AND ENGLISH CULTURE, 1830–1980

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MALE HYSTERIA

W. H. R. Rivers and the Lessons of Shell Shock

In November 1914, Dr. Charles S. Myers, a Cambridge University laboratory psychologist who had volunteered for the Royal Army Military Corps in France, saw a number of cases of mental breakdown among men being treated in a temporary hospital in Le Touquet. In one case three shells had burst near a soldier while he was trying to disentangle himself from barbed wire; he was suffering from impairment of vision and had lost the sense of taste and smell. Two other men arriving at Le Touquet who had survived a shell explosion in their trench did not seem to have physical injuries, but they had similar symptoms, and had lost their memories as well. In an article for *The Lancet* in February 1915 describing his treatment of the functional nervous disorders in these men, Myers assumed that the physical force or chemical effects of a shell bursting at close range had caused these symptoms, which he termed "shell shock." In fact they were cases of male hysteria, and within the years of the war as well as its aftermath they would force a reconsideration of all the basic concepts of English psychiatric practice. Built on an ideology of absolute and natural differ-

ence between women and men, English psychiatry found its categories undermined by the evidence of male war neurosis.

Although he immediately noted the "close relation of these cases to those of hysteria," Myers first believed that the physical symptoms of mental impairment had to be traced to an organic cause. But carrying out clinical tests, he soon concluded that neither concussion, nor carbon-monoxide poisoning, nor changes in atmospheric pressure, nor internal secretions, nor "an invisibly fine molecular commotion in the brain" could be held responsible for the vast number of nervous disorders he saw. Some of these men had indeed been buried in shell explosions, but others were "remote from the exploding missile," and there were some who had never been near an exploding shell, had not been under fire for months, or had never come under fire at all. So shells were not to blame; and in men who were already exhausted or convalescing, the breakdown could be so gradual that the term "shock" too was a misnomer. For these reasons, Myers confessed in his memoir, shell shock was medically "a singularly ill-chosen term," and it became highly controversial, denounced by some medical authorities as a "bungling" and "quasi-legal" diagnosis, and ultimately banned during the final stages of the war. Nonetheless, "shell shock" was a singularly memorable and popular term that stuck, winning out over such alternatives as "anxiety neurosis," "war strain," and "soldier's heart."[1]

It also became an epidemic. By the winter of 1914, there were indications of a high percentage of mental breakdown among hospitalized men and officers. By 1916 one observer reported that shell-shock cases accounted for as much as 40 percent of the casualties in the fighting zones. And by the end of the war, 80,000 cases had passed through army medical facilities.[2]

In terms of treatment, the government was unprepared to handle the startling numbers of soldiers with hysterical symptoms. In the early months of the war, many soldiers suffering from shell shock were diagnosed as insane and sent back from base hospitals to civilian hospitals in the United Kingdom. By 1915 the shortage of hospital beds for the "wounded in mind" created an emergency, and thus a group of county lunatic asylums, private mental institutions, and disused spas were taken over and designated as war hospitals for mental diseases and war neuroses. The medical superintendents of the asylums were given temporary commissions in the Royal Army Medical Corps, employees became noncommissioned officers, and the female attendants

became probationers in the nursing corps.[3] By 1918 there were over twenty army hospitals for shell-shock casualties in the United Kingdom.

This parade of emotionally incapacitated men was in itself a shocking contrast to the heroic visions and masculinist fantasies that had preceded it. The public image of the Great War was one of strong unreflective masculinity, embodied in the square, solid untroubled figure of Douglas Haig, the British commander-in-chief. Most brilliantly evoked in Paul Fussell's *The Great War and Modern Memory,* this image was prepared by the boys' books of G. R. Henty, by Rider Haggard's male adventure stories, by the romantic military poems of Tennyson and Robert Bridges. For the public-school boys, the university aesthetes and athletes, victory seemed assured to those who played the game. Generals wrote in all seriousness about the English military advantages of prior training in football, and it was considered plucky and spirited for platoons to kick a football through No Man's Land on the way to attacking an enemy trench. Chief among the values promoted within the male community of the war was the ability to tolerate the appalling filth and stink of the trenches, the relentless noise, and the constant threat of death with stoic good humor, and to allude to it in phlegmatic understatement. Indeed, emotional repression was an essential aspect of the British masculine ideal. As Fussell notes in his glossary of the feudal vocabulary of the prewar English literature of combat, "not to complain" is to be "manly."[4]

Even a sophisticated Freudian like Ernest Jones was sufficiently swept up in the cult of manliness to write in 1915 that war "brings a man a little closer to the realities of existence, destroying shams and remoulding values. It forces him to discover what are the things that really matter in the end, what are the things for which he is willing to risk life itself. It can make life as a whole greater, richer, fuller, stronger, and sometimes nobler."[5] Jones's paean to the virtues of war was not far from the jingoistic language of the recruiting poster.

The psychiatric theories which developed around shell shock reflect the ambivalence of the medical establishment upon being faced with the unexpected phenomenon of wholesale mental breakdown among men. Military physicians first tried to assimilate shell shock to the explanatory categories of Darwinian psychiatry. Early theories, as we have seen, maintained that it was caused by physical injury to the brain or the central nervous system. When confronted with hysterical soldiers

who displayed unmanly emotions or fears—such as a private who cried so continuously that he could not handle his rifle (diagnosed as "excessive action of the lachrymal glands"), or a soldier who would not budge from a fetal position, or a gunner who had "terrible dreams of falling, and war dreams in which faces and parts of dead bodies seemed to come towards him"—psychiatrists desperately sought explanations for their condition in food poisoning, noise, or "toxic conditions of the blood."[6]

Another way to explain the prevalence of shell shock was to blame it on hereditary taint, and on careless recruiting procedures that had not weeded out unsuitables. André Léri described soldiers who suffered hysterical disorders in combat as "moral invalids," predisposed by their biological weakness to collapse in the face of the enemy.[7] Charles Myers too believed that shell shock was dependent on a psychoneurotic history, and that it was highly contagious, more frequent among the nervous, weakly, and maladjusted, and among undisciplined units: "There can be no doubt that, other things being equal, the frequency of 'shell shock' in any unit is an index of its lack of discipline and loyalty."[8] The idea that the shell shock of individuals reflected on the performance of the group as a whole obviously made the burden of guilt even worse for those who succumbed to it.

But gradually most military psychologists and medical personnel, if not generals, came to agree that the real cause of shell shock was the emotional disturbance produced by warfare itself, by chronic conditions of fear, tension, horror, disgust, and grief; and that war neurosis was "an escape from an intolerable situation," a compromise negotiated by the psyche between the instinct of self-preservation and the prohibitions against deception or flight, which were "rendered impossible by ideals of duty, patriotism, and honor."[9] Shell shock then was so obviously a retreat from the war that the British military initially tried to keep it from the public; when Myers requested permission in 1916 to publish a book on the features and causation of shell shock, he was told that the General Staff strongly opposed any such publication.[10] When they realized that shell shock did not have an organic cause, many military authorities refused to treat victims as disabled and maintained that they should not be given pensions or honorable discharges. Some went so far as to argue that shell-shock cases should be shot for malingering or cowardice. Insensitive though these responses may be, they show how accurately male hysteria was perceived as a form of resistance to the war. "The real source of wonder," wrote Dr. Thomas Salmon, was not that neurosis "should play such an important part in military life, but

that so many men should find a satisfactory adjustment without its intervention."[11]

We can also see now that shell shock was related to social expectations of the masculine role in war. The Great War was a crisis of masculinity and a trial of the Victorian masculine ideal. In a sense, the long-term repression of signs of fear that led to shell shock in war was only an exaggeration of the male sex-role expectations, the self-control and emotional disguise of civilian life. As Elliott Smith and T. H. Pear suggested in their important book, *Shell-Shock and Its Lessons* (1917), "the suppression of fear and other strong emotions is not demanded only of men in the trenches. It is constantly expected in ordinary society."[12] Both men and officers had internalized these expectations as thoroughly as any Victorian woman had internalized her lesson about feminine nature. When all signs of physical fear were judged as weakness and where alternatives to combat—pacifism, conscientious objection, desertion, even suicide—were viewed as unmanly, men were silenced and immobilized and forced, like women, to express their conflicts through the body. Placed in intolerable circumstances of stress, and expected to react with unnatural "courage," thousands of soldiers reacted instead with the symptoms of hysteria.

For some, the experience of combat and loss may have brought to the surface powerful and disturbing feelings of love for other men. At the same time that it advocated a forceful and unassailable manliness, the atmosphere of the war was intensely, if unconsciously, homoerotic. Jones noted that the motives impelling men to enlist might well include "the homosexual desire to be in close relation with masses of men."[13] In his chapter "Soldier Boys," Paul Fussell discusses the multiple links between the environments of warfare and sexuality: the thrill of exposure, the sublimated passion of officers for vulnerable young soldiers, the worship by young soldiers of dashing officers. For the officers, the male relationships of the army, as J. R. Ackerley observed in his autobiography, were "simply an extension of my public school"—chaste, intense, platonic, unacknowledged. J. B. Priestley agreed that the emotional training of all-male public schools prepared many officers to hail "with relief . . . a wholly masculine way of life uncomplicated by Woman."[14] Witnessing the death of beloved male companions was a traumatic event that triggered much of the memorable poetry of the trenches, and Richard Fein has said, "War poetry has the subversive tendency to be our age's love poetry."[15]

Certainly a number of the best-known shell-shock cases—Wilfred

Owen, Siegfried Sassoon, Ivor Gurney, Beverly Nichols, to mention a few—were also homosexual. For most, however, the anguish of shell shock included more general but intense anxieties about masculinity, fears of acting effeminate, even a refusal to continue the bluff of stoic male behavior. If the essence of manliness was not to complain, then shell shock was the body language of masculine complaint, a disguised male protest not only against the war but against the concept of "manliness" itself. While epidemic female hysteria in late Victorian England had been a form of protest against a patriarchal society that enforced confinement to a narrowly defined femininity, epidemic male hysteria in World War I was a protest against the politicians, generals, and psychiatrists. The heightened code of masculinity that dominated in wartime was intolerable to surprisingly large numbers of men.

The efficacy of the term "shell shock" lay in its power to provide a masculine-sounding substitute for the effeminate associations of "hysteria" and to disguise the troubling parallels between male war neurosis and the female nervous disorders epidemic before the war. As I have noted earlier, psychiatrists knew that men were not immune to hysteria.[16] As early as 1828, George Burrows had discussed male hysterics in his *Commentaries on Insanity,* explaining that the masculine form often appeared as mania. Robert Brudenell Carter had attributed hysteria to sexual repression and frustration, and noted that male hysterics were often celibate, "a circumstance which may have assimilated the effects of emotiveness upon them to those which are constantly witnessed in the female."[17] In his essay for the *Dictionary of Psychological Medicine* in 1892, Charcot had declared that hysterical men were indifferent to sex, or suffered from spermatorrhea, or were impotent.

All these accounts of male hysteria—a rare phenomenon—suggest that it is a feminine kind of behavior in male subjects. And this feminine aspect is a recurrent theme in the discussions of war neuroses. When military doctors and psychiatrists dismissed shell-shock patients as cowards, they were often hinting at effeminacy or homosexuality. Karl Abraham, a hard-line Freudian, was one who argued that war neurotics were passive, narcissistic, and impotent men to begin with, whose latent homosexuality was brought to the surface by the all-male environment.[18]

On a subtler level, the men themselves experienced their anxiety as emasculating. Sexual impotence was a widespread symptom.[19] And, as Sandra Gilbert has brilliantly illustrated, impotence was a central image

of psychic anxiety in postwar literature, a major trope of literary Modernism: "From Lawrence's paralyzed Clifford Chatterley to Hemingway's sadly emasculated Jake Barnes to Eliot's mysteriously sterile Fisher King . . . the gloomily bruised modernist anti-heroes churned out by the war suffer specifically from sexual wounds, as if, having traveled literally or figuratively through No Man's Land, all have become not just No Men, nobodies, but *not* men, *un*men."[20]

Clearly many combatants felt themselves rendered powerless, unmanned, by the barrage of horror to which they were subjected, and by their uncontrollable physical and emotional responses to it. In *Death of a Hero,* one of the many novels about the war, Richard Aldington's protagonist, George Winterbourne, is "amazed and distressed and ashamed to find how much his flesh shrank when a shell dropped close at hand, how great an effort he now needed to refrain from ducking or cowering. He railed at himself, called himself coward, poltroon, sissy, anything abusive he could think of. But still his body instinctively shrank."[21] McKechnie, in Ford Madox Ford's *Parade's End* (1925), makes the male gender anxiety even more explicit: "Why isn't one a beastly girl and privileged to shriek?"[22]

Not surprisingly, hostility towards "beastly" women who were allowed to scream or cry, and whose hysteria had been an accepted form of feminine expression before the war, became the theme of much war literature. Men's quarrels with the feminine element in their own psyches became externalized as quarrels with women, and hysteria expressed itself in part as fear or anger towards the neurotic woman, an anger we see in the war poetry of Owen and Sassoon, in the novels of Aldington and Ford, and in texts such as T. S. Eliot's prose-poem "Hysteria" (1917), where male anxiety is projected onto the devouring female: "As she laughed I was aware of becoming involved in her laughter and being part of it. . . . I was drawn in by short gasps, inhaled at each momentary recovery, lost finally in the dark caverns of her throat, bruised by the ripple of unseen muscles."[23]

It is not to be wondered at that the conditions of war should have inspired an identification with the female role in men who had to endure them. As the sociologist Erving Goffman has noted, with regard to lack of autonomy and powerlessness the soldier is in an analogous position to women.[24] That most masculine of enterprises, the Great War, the "apocalypse of masculinism," feminized its conscripts by taking away their sense of control. The constriction of the trenches, Sandra Gilbert

suggests, was analogous to the tight domestic, vocational, and sexual spaces allowed to nineteenth-century women: "paradoxically, in fact, the war to which so many men had gone in hope of becoming heroes, ended up emasculating them . . . confining them as closely as any Victorian woman had been confined."[25]

Doctors noted that war neurosis took different forms in officers and regular soldiers. Symptoms of hysteria—paralysis, blindness, deafness, contracture of a limb, mutism, limping—appeared primarily among the regular soldiers, while neurasthenic symptoms, such as nightmares, insomnia, heart palpitations, dizziness, depression, or disorientation, were more common among officers. This extraordinarily tidy distribution of symptoms and diagnoses is consistent with late Victorian moralistic and class-oriented attitudes to hysteria and neurasthenia in women. Military doctors may have been reluctant to attach the stigmatizing feminine label of hysteria to men of their own social class. But in fact, the rate of war neurosis was four times higher among officers than among the men. For officers in particular, the pressures to conform to British ideals of manly stoicism were extreme. A 1917 brochure of instruction for officers describes the platoon commander as one who is "well turned out, punctual, and cheery, even in adverse circumstances," looks "after his men's comfort before his own and never spares himself," and is "blood-thirsty and forever thinking how to kill the enemy."[26] Some doctors had commented that when officers imagined their fear was visible to the men, they took unnecessary risks to show they were not afraid. Smith and Pear noticed that the most severe cases of shell shock occurred in officers who had made a reputation as daredevils, who had unnecessarily risked their lives as snipers and dispatch riders on the firing line.

Charles Myers, however, thought that the officers' social training and more active and responsible role in the trenches made them better prepared to deal with stress and to avoid hysteria: "The forces of education, tradition, and example make for greater control in the case of the Officer. He, moreover, is busy throughout a bombardment, issuing orders and subject to worry over his responsibilities, whereas his men can do nothing during the shelling, but watch and wait until the order is received for an advance."[27] W. H. R. Rivers, one of the leading psychiatrists of the period, also saw male hysteria as an inferior kind of psychic response to conflict. Faced with the long-term and unrelenting stresses of combat, the private, because of his "simpler mental training," his heightened suggestibility, and his dependence, is more likely "to be content with the crude solution of the conflict between instinct and duty which is provided by such disabilities as dumbness or the helplessness of a limb." The officer, on the other hand, has a more "complex and varied" mental life, the benefit of a public-school education, which has taught him "successfully to repress, not only expressions of fear, but also the emotion itself." Furthermore, his position requires him to continue to repress emotion in order to set an example for his men. Responsibility for others and the difficulty of keeping up appearances under continual strain or shock produce "a state of persistent anxiety." Neurasthenia, then, can be interpreted as selfless and noble. Indeed, Rivers concludes, the victims of neurasthenia suffer mainly from excessive zeal and "too heavy a sense of responsibility, and are likely to be the most valuable officers."[28]

Just as social classes differed in their susceptibility to hysteria and neurasthenia, so did races and ethnic groups. According to W. N. Maxwell, in his *Retrospect of the Great War,* the gregarious, emotional, and thoughtless Mediterranean type met crises by becoming hysterical, while the ideal British male was rational, reserved, and introspective: "Habitually he adapts himself through thought rather than feeling, and . . . should he break down under strain his neurotic symptoms take the form of fear-tinged thought about himself, strange obsessions, reluctance to perform certain acts, but never complete inability to accomplish them, doubts about certain things that have been done or should have been done, but never complete forgetfulness of them."[29]

In sum, then, the hysterical soldier was seen as simple, emotional, unthinking, passive, suggestible, dependent, and weak—very much the same constellation of traits associated with the hysterical woman—while the complex and overworked neurasthenic officer was much closer to an acceptable, even heroic male ideal. Interestingly, mutism, which was the most common shell-shock symptom among soldiers and noncommissioned officers, was very rare among officers. To be reduced to a feminine state of powerlessness, frustration, and dependency led to a deprivation of speech as well, just as it had for Anna O. Ernst Simmel argued that mutism was a symptom of the soldier's repressed aggression towards his superior officers, a censorship of anger and hostility by turning it in upon the self.[30] Thus shell shock may actually have served the same kind of functional purpose in military life—defusing mutiny—that female hysteria served in civilian society.

Attitudes towards hysteria and neurasthenia also influenced treatment. Disciplinary therapy provided for soldiers took a harsh moral view of hysteria as within the conscious control of the patient; they stressed quick cures, shaming, and physical re-education, which often involved the infliction of pain. Therapeutic treatments provided for officers took a situational view of neurasthenia, saw its source in unconscious conflict beyond the patient's control, and stressed the examination of repressed traumatic experience through conversation, hypnosis, or psychoanalysis. But although they were strategically different, both of these treatments were essentially coercive. The goal of wartime psychiatry was primarily to keep men fighting, and thus the handling of male hysterics and neurasthenics was more urgently purposeful than the treatments Harley Street specialists had offered their nervous women patients. Nevertheless, the two kinds of treatment suggest parallels to the hostile therapies and silencings that English doctors had recommended for hysterical women, on the one hand, and the talking cures developed in Europe, on the other. The two psychiatrists most identified with each treatment, Lewis Yealland and W. H. R. Rivers, represent the two poles of psychiatric modernism.

At the most punitive end of the treatment spectrum was electric faradization. In *Hysterical Disorders of Warfare,* Dr. Lewis Yealland described with complacent pride his clinic at Queen's Square, London. In 1917, for example, he had treated an unnamed twenty-four-year-old private who had fought in the worst campaigns of the war—the Mons retreat, the battle of the Marne, Ypres, Hill 60, Neuve Chapelle, Loos, and Armentières. Sent to Salonica, the soldier had collapsed, as he believed, on account of the heat. For nine months he had been mute and had resisted all efforts at cure, including hypnotism, electric shocks to his neck and throat, "hot plates" in his mouth, and cigarette burns on the tip of the tongue.

Yealland was determined to make this man speak, though, as with all his patients, he had no intention of *listening* when the words came back. In their first consultation, he simply ordered the soldier to get well:

> You are a young man with a wife and child at home; you owe it to them if not to yourself to make every effort to restore yourself. You appear to me to be very indifferent, but that will not do in such times as these. . . . You must recover your speech at once.

But instead of speaking, the soldier understandably only "became somewhat depressed." Later that evening the treatment got under way.

It was conducted in the locked and darkened electrical room in the hospital basement, illuminated only by the resistance bulbs of the electric battery. The soldier was fastened down in a chair, his mouth was propped open with a tongue depressor, and strong electric currents were applied to his pharynx, causing him to start backwards so that the wires pulled out of the battery. At this point Yealland explicitly reminded his patient of the obligations of masculinity: "Remember, you must behave as becomes the hero I expect you to be. . . . A man who has gone through so many battles should have better control of himself." For four hours the shocks continued. After the first hour the patient could whisper "ah," but soon after, he became tired and frustrated and tried to leave the room. Yealland prevented him: "You will leave me when you are cured, remember, not before." In an effort to accelerate the treatment the soldier pointed to the electrical apparatus and to his throat, but Yealland refused to let him dictate the timing of the shocks, or to exercise any power in the treatment.

> "No," I said, "the time for more electrical treatment has not come; if it had I should give it to you. Suggestions are not wanted from you; they are not needed. When the time comes for more electricity you will be given it, whether you wish it or not." I had intended at that time to resort to electricity, but, owing to his attitude, I postponed its use and instead made him walk up and down the room repeating "ah, ah, ah," merely to keep him awake and to show him that his suggestion regarding the electricity would not be accepted.

Eventually he returned to the battery, administering shocks until the patient began to stammer and to cry. Even then Yealland was not satisfied, and "very strong faradic shocks were applied" until this young man spoke without stutter or tremor. He was required to say "thank you" at the end.[31]

Most of Yealland's patients came from the ranks, and his blatant use of power and authority was part of the therapy. Usually he began by demanding a statement from the patient that he wished to be treated and cured. If the soldier was cynical, depressed, resistant, argumentative, or otherwise showed what Yealland called "the hideous enemy . . . of negativism," he was threatened with court-martial. Another important aspect of disciplinary treatment was to refuse all conversation that was not a direct response to a command: "When he did not make satisfactory progress, I increased the strength of the current, refusing to

listen to anything he had to say." Symptoms of emotional disturbance —nightmares, terrible memories, anxieties, depression—were harshly rejected as irrelevant, and Yealland would not listen to any description of them. One of his patients, a twenty-three-year-old who had spent six months in the trenches near the Somme, choked and twitched continually, and dreamed of blood and being near an exploding mine. "It makes very little difference to me what you think of your condition," Yealland told him. "I do not want to hear about your views on the subject." After ten minutes of strong electric shocks he had stopped what Yealland called his "silly noises." That night he dreamed no more of blood and mines. He "dreamt that he was having electrical treatment in the trenches."[32] Yealland considered the therapy a success.

Yealland was probably the most extreme advocate of disciplinary treatment among the English doctors. The Orwellian scenes of mind control over which he presided are so brutally direct in their power tactics as to seem painfully embarrassing to contemporary readers. Yet it is easy to see how a wartime society accustomed to harsh treatment of hysterical women would become much more violent when confronting soldiers apparently unmanned by the experience of the front. Male hysteria elicited angry responses because men were not supposed to show weakness. When regimental medical officers regarded shell shock as an escape clause for malingerers, cowards, and "dirty sneaks," a strong element of scorn in the treatment of male hysteria satisfied the dual needs of therapy and punishment.

Let us turn now to another therapeutic scenario, which also took place in 1917. In this case the diagnosis was neurasthenia, the setting was Craiglockhart Military Hospital near Edinburgh, the therapist was Dr. W. H. R. Rivers, and the patient was Second Lieutenant Siegfried Sassoon. This time the patient and the doctor were friends; the therapy was kindly and gentle; the hospital was luxurious; the most advanced Freudian ideas came into play. Yet the reprogramming of the patient's consciousness was more profound and longer-lasting than in Yealland's electrical laboratory.

Sassoon's experience was particularly striking because he was not in fact shell-shocked at all, and class privilege accounted for his categorization as neurasthenic rather than insubordinate. His assignment to Craiglockhart had been engineered by Robert Graves when it appeared in July 1917 that Sassoon's defiant "Soldier's Declaration" (a fierce protest against the continuation of the war, sent as a letter to his commanding officer) would get him court-martialed and imprisoned. When Graves read the "Declaration," he decided at once that it was a futile and self-destructive gesture, that Sassoon was being cruelly manipulated by the pacifists, and that he should be saved from the consequences of his act by being declared mentally ill by a military medical board. Graves believed with considerable justification that Sassoon's psychological stability was shaky. Like the daredevil officers seen by military psychiatrists, Sassoon dealt with fear by reckless acts of combat, which had won him the nickname "Mad Jack." Recuperating from a wound in London, he hallucinated corpses on the pavement; he contemplated assassinating General Haig in protest, but feared that if he did he would be shut up in a madhouse, like Richard Dadd. (Dadd's great-nephews were comrades of Graves and Sassoon.) Although Graves knew that Sassoon was angry and rebellious rather than sick, he saw that a plausible case of shell shock could be made, one that would benefit both sides.

Graves proceeded to contact his friends in the government and to rig the medical board. The most difficult step was persuading Sassoon to go along. As Sassoon recalls the episode in his fictionalized *Memoirs of an Infantry Officer,* Graves convinced him that the authorities were determined not make a martyr of him by taking his "Declaration" seriously: "He said that the Colonel at Clitherland had told him to tell me that if I continued to refuse to be 'medically boarded' they would shut me up in a lunatic asylum for the rest of the War. Nothing would induce them to court-martial me. It had all been arranged with some big bug in the War Office in the last day or two."[33]

This was a bluff, but Sassoon accepted it and allowed himself to be described as someone with a nervous breakdown, something he would later regret. Before the board, too, Graves performed magnificently as a witness. He carefully pitched his story to suit the different personalities of the three doctors, and cried repeatedly during his own testimony. If Graves was a healthy man, the doctors must have thought, Sassoon must be a desperate case. (Some shell-shock experts would have regarded Sassoon as a likely candidate for breakdown anyway since there was a theory that "strange first names" were symptomatic of latent family degeneracy.)[34] Sassoon says understandably little about the board in the *Memoirs* or in his diary; it is perhaps the only shaming occasion of his military career. But he admits that when it was over, and he had been diagnosed as suffering from shell shock and ordered

into a hospital, he felt gratitude and relief: "At that moment, it seemed as though I had finished with the war."[35] He was wrong.

Craiglockhart Military Hospital, or "Dottyville," as it was called by Sassoon and Graves, had been built in the 1870s as a hydropathic establishment. Situated in "a charming position," as a 1913 brochure boasted, the Italianate building "from its elevated site" commanded "a magnificent panoramic view of the valley of the Forth and adjacent counties, with the Ochils and Grampians in the distance."[36] Sir Walter Scott had described the prospect in *Marmion*. In 1916 the Red Cross had taken it over as a military hospital for shell-shocked officers. At first, according to the thinly disguised satirical portrait of the hospital in A. G. Macdonnell's *England, Their England* (1933), the military commandant in charge of this "monster hydropathic" was an expert on the drainage system of Leith, who did not believe in the legitimacy of shell shock, and whose universal remedy for it "consisted of finding out the main likes and dislikes of each patient, and then ordering them to abstain from the former and apply themselves diligently to the latter."

> For example, those of the so-called patients . . . who disliked noise were allotted rooms on the main road. Those who had been, in happier times, parsons, schoolmasters, journalists, and poets, were forbidden the use of the library and driven off in batches to physical drill, lawn tennis, golf, and badminton. Those who wished to be alone were paired with horse-racing, girl-hunting subalterns. Those who were terrified of solitude had special rooms by themselves behind green-baize doors at the end of remote corridors. By means of this admirable system, the three hundred separate psychological problems were soon reduced to the uniform level of the Leith drainage and sewerage, and by the time that a visiting commission of busybodies, arriving unexpectedly and armed with an absurd technical knowledge and jargon, insisted upon the immediate sack of the Commandant and his replacement by a civilian professor of psychology, it was estimated that the mental condition of as many as two per cent of the patients had definitely improved for the better since admission to the hospital.[37]

When Sassoon arrived, however, therapeutic conditions and policies at Craiglockhart had been much improved. There was an asylum journal, a fortnightly rather ominously named *The Hydra* and edited by Wilfred Owen, another patient. Agricultural and athletic occupations were encouraged for those who liked them, and there were excellent facilities for gardening, tennis, bowls, cricket, swimming, or water polo in the indoor heated pool, and for Sassoon's especial passion, golf. He had his clubs sent up from London, and played every day. Meals were stodgy—steamed pudding appeared too often to be welcome—but Sassoon, for one, was an honorary member of an Edinburgh club where better food and "noble Burgundy" could be obtained. At first, he was irritated by his roommate—a "prosy Theosophist"—but by October he was given a private room where he could write uninterrupted.[38]

The contrast to both the treatment of hysterical soldiers and the rest cure of neurasthenic women is significant. Many military psychiatrists had criticized the usefulness of Weir Mitchell's rest cure for shell-shock patients. Soldiers who were isolated and treated with the rest cure, R. D. Gillespie claimed, did not recover and remained ill throughout the war.[39] Hugh Crichton-Miller protested that rest in bed, nourishment, and encouragement were insufficient to restore masculine self-esteem: "Progressive daily achievement is the only way whereby manhood and self-respect can be regained."[40] Thus instead of the enforced passivity of Virginia Woolf or Charlotte Perkins Gilman, Sassoon was encouraged to resume a life of energetic masculine activity. He was provided with a room of his own, and a place to publish his work. As a poet, he was never deprived of his voice.

Furthermore, he was urged to speak and to write about his war memories and emotions. If Yealland was the worst of the military psychiatrists, Sassoon's therapist, William Halse Rivers Rivers, was unquestionably the best (fig. 26). A Kentishman like Sassoon, he had had a brilliant academic career as a psychologist, neurophysiologist, and anthropologist. He had trained at St. Bartholomew's, writing papers on hysteria, neurasthenia, and delirium, and had worked as clinical assistant at Bethlem under George Savage. In the 1890s he had studied psychology in Germany at Jena and Heidelberg, and had worked with Ludwig Binswanger and Emil Kraepelin.

Rivers was among the first in England to support the discoveries of Freud in the field of psychoneurosis and psychotherapy, and he was one of the most remarkable members of this daring and colorful generation of doctors. Like Ernest Jones, the energetic young neurologist who became Freud's most dedicated English advocate, and David Eder, who brought to his war work the benefits of his contacts with Freud,

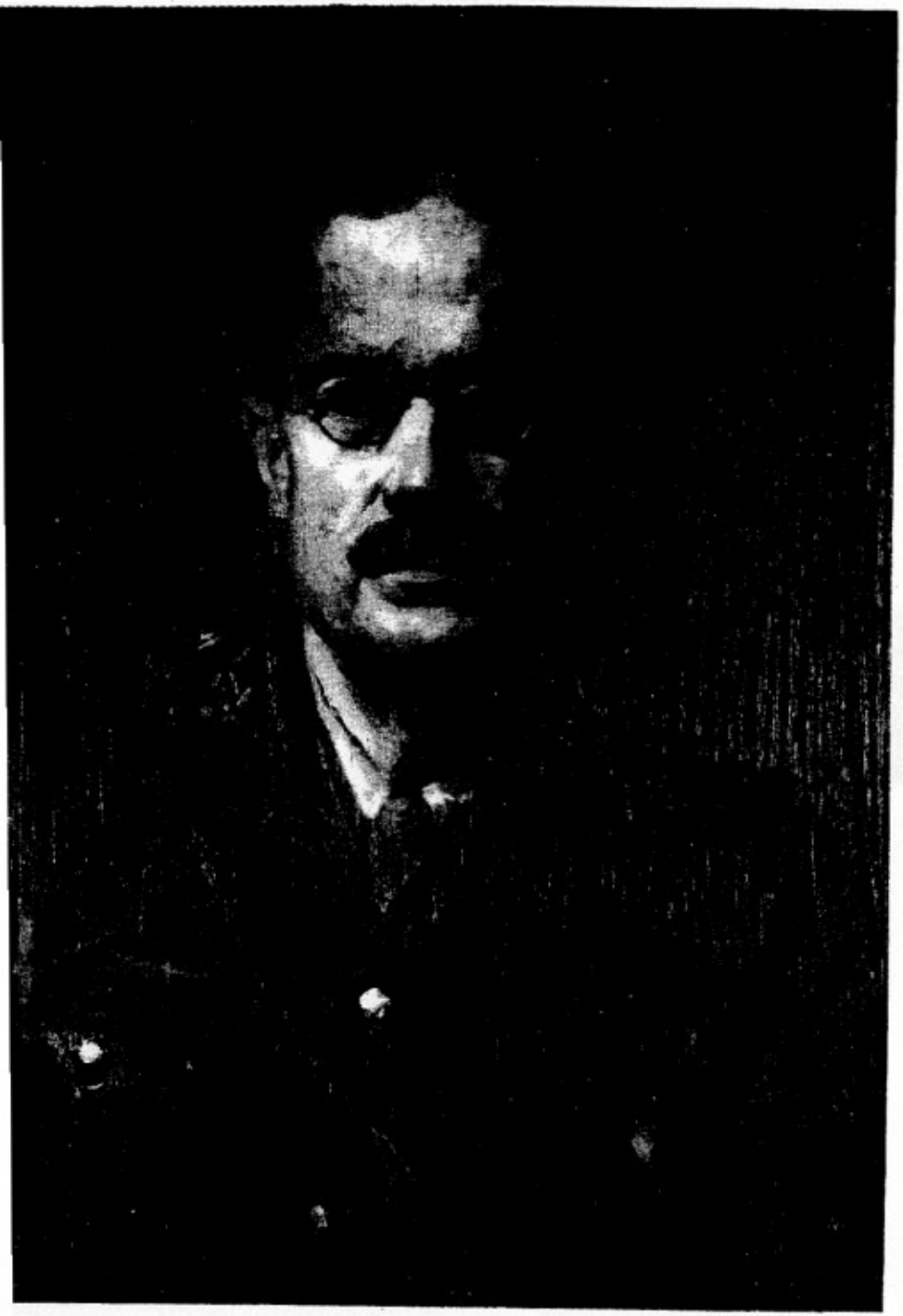

Figure 26. W. H. R. Rivers.

Jung, Abraham, and Ferenczi, Rivers had a restless and adventurous mind. He had done ethnological research in Melanesia, and his book on kinship and social organization is still considered a classic in the field. He had participated in the neuropsychologist Henry Head's controversial experiments on the nervous system, and the celebrated psychological laboratory he directed at Cambridge with Charles Myers trained a number of students who later achieved prominence.[41]

Rivers was also a teacher of legendary magnetism and charm. Arnold Bennett, who met him through Sassoon after the war, described his study at St. Johns College, crowded with devoted students:

> His manner to young seekers after wisdom, and to young men who were prepared to teach him a thing or two, was divine. I have sat astride on the sofa and listened to dozens of these interviews. They were touching, in the eager crudity of the visitors, the mature, suave, wide-sweeping sagacity and experience of the Director of Studies, and the fallacious but charming equality which the elder established and maintained between the two.[42]

When Sassoon met him, Rivers was fifty-three. Many of his friends felt that "it was not really until the war that Rivers found himself"; that through his work in treating psychoneuroses he achieved an emotional fulfillment that had been missing in his laboratory research at Cambridge, and even in his teaching and anthropological field work.[43] A stammerer since boyhood, like Sassoon, Rivers was reserved, lonely, and isolated in his private life. He never married, and although his attitudes towards coeducation were progressive, Bennett for one thought he had "almost no interest in women."[44] Rivers's biographer, Richard Slobodin, suggests that in dealing with the suffering of shell-shocked officers, he drew on his own suppressed emotions of love and nurturance.

> A combination of experience, life-view, and manner made Rivers a source of wisdom and security to many shattered young men in the years 1915–19. Langdon-Brown, a wise and compassionate doctor himself, felt that this success was possible "because he had to heal himself that he could heal others"; it might be suggested, conversely, that in healing others, Rivers went far toward healing, that is, helping himself.[45]

Langdon-Brown believed that Rivers's "whole personality expanded as he grew to realize what was his true mission in life." Myers, who was probably Rivers's closest friend, recalled that during the war he "became another and far happier man."[46]

Rivers's name is also associated with the most enlightened, probing, humane, and sensitive studies of wartime neurosis. He recognized the part immobility, powerlessness, and silence played in bringing on neurotic symptoms, and argued in behalf of a psychoanalytic approach to shell shock which would stress the psychic effects of repression of war experience. In his therapeutic practice Rivers relied on what he called autognosis, or self-understanding, which involved the discussion of traumatic experiences; and re-education, in which "the patient is led to understand how his newly acquired knowledge of himself may be utilized . . . and how to turn energy, hitherto morbidly directed, into more healthy channels."[47]

This positive attitude made Rivers a comforting therapist to Sassoon. From the beginning, Rivers established himself as a benign figure, who made Sassoon "feel safe at once" and who understood him "better than I understood myself." The twenty-year difference in their ages made it possible for Rivers to seem like a "father-confessor" helping the fatherless Sassoon through a prolonged adolescence to "mental maturity."[48] But what was mental maturity? For Sassoon it was not recovery from any obvious neurotic symptoms. In the medical report Rivers wrote, he described Sassoon as "a healthy-looking man of good physique . . . perfectly intelligent and rational. . . . There is no evidence of any excitement or depression."[49] As Rivers saw it, Sassoon's problem was "a very strong 'anti-war' complex"[50]

Curing an antiwar complex, even for a therapist as gifted as Rivers, was a matter of time, delicacy, and indirection. Three times a week Rivers and Sassoon had "friendly confabulations" about Sassoon's life, but also about European politicians, German military history, and the dangers of a premature peace. As Sassoon wrote to Lady Ottoline Morrell, Rivers "doesn't *pretend* my nerves are wrong, but regards my attitude as abnormal. I don't know how long he will go on trying to persuade me to modify my views."[51] Soon Sassoon's talking cure had proceeded far enough for him to feel uneasy about the gaps in his information, ashamed of his ignorance next to Rivers, the Cambridge don, and embarrassed that his pacifism was more emotional than intellectual. Other circumstances supported this period of insecurity. The

flurry of celebrity that accompanied his gesture of protest had stopped. Meanwhile Sassoon, the force of whose war poetry came from his fierce wish to show all patriotic and complacent civilians the bestial reality of the trenches, found himself overwhelmed by guilt and humiliation at being "dumped down among nurses and nervous wrecks," the women and noncombatants he had always despised. Looking around at his "fellow breakdowns," "160 more or less dotty officers . . . many of them degenerate-looking," he needed to dissociate himself from them and to affirm his own sanity—in a way, his own masculinity.[52] Despite the golf, the horseplay, the incessant round of hearty male activity, the atmosphere of Craiglockhart, like that of other mental institutions, was emasculating.

> Sometimes I had an uncomfortable notion that none of them respected one another; it was as though there were a tacit understanding that we were all failures, and this made me want to reassure myself that I wasn't the same as the others. "After all, I haven't broken down, I've only broken out," I thought one evening.[53]

In September, Rivers had to take a leave of absence because of illness, and Sassoon felt abandoned and uneasy. In the *Memoirs,* Rivers's absence is the occasion of a remarkable trial of Sassoon's pacifist beliefs, an episode so well timed that it is uncannily like a part of the therapy, or a version of Jekyll and Hyde. Sassoon's autobiographical hero, George Sherston, is visited by a stranger, a talkative Ph.D. named Macamble, who congratulates him effusively on his heroic pacifism and invites him to a conspiratorial tea in Edinburgh. At their meeting in the lounge of the Edinburgh Hotel, Macamble unveils a plot to liberate Sherston "from the machinations of that uniformed pathologist," Rivers (the only character called by his real name in the book), who is "a subtly disintegrating influence . . . at work on my Pacifist zealotry." Sherston is to abscond to London, where he will be welcomed by a pacifist committee and taken to an "eminent alienist" who will declare him absolutely sane and responsible. It says a great deal for the efficacy of autognosis and re-education that, given this opportunity to regain his integrity as an objector to the war, Sherston rejects Macamble's proposal, and thinks of it, in fact, as an invitation to "do the dirty on Rivers," to whom his loyalties have now been transferred. Back at the

hydro that evening, he is rewarded by a fatherly smile from Rivers, wearily returning from his leave.[54]

It is really as if Macamble is the negative side of Rivers, the evil version of the benevolent authority; and the pacifist plot a test. From this point on, Sassoon's protest became futile in his own eyes. Staying at Craiglockhart made him no better than a coward, and if he continued to do anything outrageous, he wrote Ottoline Morrell, "they would only say I had a relapse and put me in a padded room." The only alternative was to go back to the war. Sassoon's ploy was to refuse to disown his views, but to ask for a return to General Service. Rivers, however, urged him to recant fully, and if he did, promised to help Sassoon "wangle things" with the War Office in order to be sent back to the front.[55]

Yet the subtle process of behavior modification could not completely control the unconscious. As soon as Sassoon let Rivers persuade him and agreed to recant his views, he began, for the first time, to have recurring nightmares about the war. When the day of the Medical Board arrived in October, he was irritable and fed up, and did not appear for his review. It was this final act of unwitting protest that in fact concluded his re-education. Faced with Rivers's stern judgment, Sassoon at last reached the desired state of numbness. He stopped being introspective; he stopped worrying; he felt nothing; and in this condition he passed successfully through a second Medical Board in November, becoming once more "an officer and a gentleman," and bidding farewell to the "Mecca of psychoneuroses."[56]

No one kept follow-up records on the men treated with either disciplinary or analytical therapies and sent back to combat. It was suspected that many of the hysterical patients broke down again or worse when they returned to the trenches. Sassoon, however, seemed to have no further nervous problems. He always maintained that his return to the war was the proper and inevitable choice. And he never turned upon Rivers the corrosive irony that he could employ so tellingly upon other noncombatants. Indeed, the two remained close personal friends until Rivers's unexpected death in 1922. Thirty years later Sassoon still thought of him often, with gratitude and love.[57]

And yet was Rivers's influence so benign, and was Sassoon's pacifism really so "emotional," so "futile," so "immature"? Or was his cure really a regression from maturity and moral courage? Was the man who went back to the front demonstrably saner than the one who entered the hospital?

Some historians blame the change on a neurotic death-wish in Sassoon, something that "courted death, that craved annihilation, that derived a drug-like satisfaction from facing danger unafraid."[58] But this view seems mistaken to me. Without psychiatric intervention, Sassoon might have taken a different road; even with it, he resisted. His therapy was a seduction and a negotiation; his return to France, an acknowledgment of defeat. Obviously it was better for the authorities to have treated his pacifism as an antiwar complex, to have framed his rebellion as nervous breakdown, and to have isolated him in a mental hospital, than to have allowed him to find the political and collective audience for his ideas that might have helped him resist.

It is significant that, for the rest of his life, Sassoon devoted himself to an obsessive revisiting and rewriting of his experiences before and during the war, in a series of six memoirs. He became one for whom, as Paul Fussell has said, "remembering the war became something like a life work."[59] In these memoirs, Sassoon continued the process of autognosis in which Rivers had trained him, conducting a self-analysis whose object was to justify his life as a man. Rivers was installed in his memoirs and in his diary as a kind of superego, a father figure who represented the masculine ideal.

And yet, ironically, Rivers was as changed by Sassoon as Sassoon was by Rivers. Even before Sassoon arrived at Craiglockhart, Rivers had felt some uncertainties about his total support for the war. In March he dreamed of reading a letter reproaching him for his political views; he felt worried about subscribing to the antiwar *Cambridge Magazine*. Later he had pacifist dreams brought on by his discussions with Sassoon. Rivers was well aware of his political obligations as a Royal Army Medical Corps officer; they were symbolized by his uniform. He had also "thought of the situation that would arise if my task of converting a patient from his 'pacifist errors' to the conventional attitude should have as its result my own conversion to his point of view. My attitude throughout the war had been clearly in favor of fighting until Germany recognized defeat, and though the humorous side of the imagined situation struck me more than its serious aspect, there can be little doubt that there was a good opening for conflict and repression."[60]

After the war, mixing with radicals, writers, editors, and politicians he had met through Sassoon, Rivers allowed the questions he had long suppressed to emerge. At the time of his death in 1922, he was a Labour Party candidate for Parliament in the General Election, and his biographer speculates that if he had lived into the 1930s and 1940s, he would

have been "the most leftward of leading British anthropologists."[61] In a sense, then, Rivers caught Sassoon's antiwar complex in the process of treating it. Nonetheless, his postwar writing reveals no moral ambivalence, no second thoughts about the immediate effects of his successful therapies, no painful reconsideration of his own service to the state. Ideal military training, he wrote without irony in 1920, "should bring the soldier into such a state that even the utmost horrors and rigours of warfare are hardly noticed, so inured is he to their presence and so absorbed in the immediate task presented by his military duties."[62] This could be a description of Rivers himself, so perfectly conditioned by his education, his class, his sex, and his professional role that he performed his duties—even if his dreams were sometimes a bit troubled and unconventional—with perfect aplomb.

Dr. Farquhar Buzzard had noted in a preface to Yealland's book on hysterical disorders that the war, if it had served no other good purpose, "must surely have stimulated a more universal and keener interest in psychotherapy." Although Rivers would never have adopted Buzzard's words or the tone of bloodthirsty professionalism Yealland used when he congratulated himself "in having at my disposal a wealth of clinical material,"[63] he nonetheless did learn a great deal from working with the officers at Maghull and Craiglockhart. He also had an opportunity to learn from such like-minded colleagues as Elliott Smith, T. H. Pear, and Bernard Hart, and to work in an atmosphere "in which the interpretation of dreams and the discussion of mental conflicts formed the staple subjects of conversation."[64] Rivers was struck by the correspondence between Freudian theory and his clinical practice, and especially by the ideas of the unconscious. As he explained in an essay for *The Lancet*:

> There is hardly a case which this theory does not help us the better to understand—not a day of clinical experience in which Freud's theory may not be of direct practical use in diagnosis and treatment. The terrifying dreams, the sudden gusts of depression or restlessness, the cases of altered personality . . . which are among the most characteristic results of the present war, receive by far their most natural explanation as the result of war experience, which, by some pathological process, often assisted later by conscious activity on the part of the patient, has been either suppressed or is in process of undergoing changes which will lead sooner or later to this result. While the results of warfare provide little evidence in favour of the production of functional nervous disorders by the activity of repressed sexual complexes, I believe that they will be found to provide abundant evidence in favour of the validity of Freud's theory of forgetting.

In fact, Rivers concluded, the advent of the war presented psychiatry with an extraordinary demonstration of the validity of Freudian theory in general: "It is a wonderful turn of fate that just as Freud's theory of the unconscious and the method of psycho-analysis founded upon it should be so hotly discussed, there should have occurred events which have produced on an enormous scale just those conditions of paralysis and contracture, phobia and obsession, which the theory was especially designed to explain."[65]

In the burst of creativity that followed his war experience, Rivers was one of the most influential popularizers of Freudian theory in England. Before the war, he acknowledged, Freudian theory had "not merely failed to meet with general acceptance, but was the subject of hostility exceptional even in the history of medicine." This was primarily because of the emphasis on infantile sexuality and sexual trauma as the cause of psychoneuroses. But the war, he wrote in *Instinct and the Unconscious,* had been "a vast crucible in which all our preconceived views concerning human nature have been tested."[66] Rivers proposed a compromise view of psychoneurosis, based on his clinical experience, which seemed to bridge the gap between evolutionist and Freudian theory. In wartime, he argued, sexual disturbances were negligible factors in the production of psychoneuroses; instead, the instincts of danger and self-preservation were put into intolerable conflict with the demands of military duty.

But even if he dismissed Freud's sexual theories, he held to Freudian concepts of the unconscious and repression to explain the process by which moments of terror or disgust were suppressed and converted into physical symptoms; and he defended psychoanalytic techniques of dream interpretation, hypnosis, suggestion, and transference. By minimizing the significance of the sexual drives in Freudian theory, Rivers helped domesticate it for an English audience. In the last essays he wrote before he died, Rivers was thinking too of ways to apply the lessons of the war to industrial psychology as well as to improved military training.[67]

The experience of male hysteria inevitably had a number of effects on English psychiatric practice. It forced a reconsideration of all the posi-

tions that Darwinian psychiatry had taken on the causation of mental illness, on male and female roles, and on therapeutic responsibility. The overwhelming allegiance of English psychiatry to organic explanations of mental disorders was breached and subverted by the experience of the war, as it became clear that shell shock had an emotional, not a physical, origin. Psychotherapy and the ideas of Freud, strongly resisted by Darwinian psychiatrists, gained ground despite the hostility to Germany and "Teutonic" science. And new methods of treatment had to be devised to deal with psychological wounds. Under conditions of war, therapeutic practices took on a new urgency, and psychiatrists were granted unprecedented powers of domination, intervention, and control.

Psychiatrists did not anticipate, however, that men's war neurosis would be worse *after* the war. Rivers did not live to see the startling influx of neurasthenic ex-servicemen—about 114,600 in all—who applied for pensions for shell-shock-related disorders between 1919 and 1929, or predict that the insecurities and pathologies about roles generated by the extraordinary conditions of war would not end with the Armistice, but would continue to work themselves out in peacetime, in households and offices as well as in veterans' hospitals. The soldiers who returned looked, as Philip Gibbs noted, "very much like the young men who had gone to business in the peaceful days before August 1914." But they were not the same: "Something had altered in them. They were subject to queer moods and queer tempers, fits of profound depression alternating with a restless desire for pleasure. Many were easily moved to passion where they lost control of themselves, many were bitter in their speech, violent in opinion, frightening."[68]

What had happened to make these men so unstable, so emotional, in a word, so feminine? Women understood the lesson of shell shock better than their male contemporaries: that powerlessness could lead to pathology, that a lasting wound could result when a person lost the sense of being in control, of being "an autonomous actor in a manipulable world."[69]

Immediately after the war, in fact, women novelists appropriated the theme of shell shock, and fixed it in the public mind. They also made explicit connections between psychiatric therapies and the imposition of patriarchal values insensitive to passion, fantasy, and creativity. The historian Eric Leed has speculated that in the decade after the war, male veterans were struggling to repress their war experience, to banish the

most painful memories from their minds. For this reason, he suggests, there were very few men's war memoirs or novels published during the 1920s; they did not begin to appear in substantial numbers until the 1930s, after the Depression had "closed the gap between civilian and ex-soldier" by making all abject and powerless.[70] This "latency period" in which male war experience was forgotten may explain in part why the earliest and most vigorous critiques of civilian and psychiatric attitudes towards shell shock came from women writers.

Rebecca West's *The Return of the Soldier* (1918), the first English novel about shell shock, took as its hero an officer who has made a separate peace by escaping into amnesia, or "hysterical fugue." Sent home to recuperate, Chris Baldry does not recognize his glossy estate or his elegant wife, Kitty, and remembers only the intense emotions of his boyhood love for Margaret, a working-class girl, now a worn and shabby matron. Through his passionate dependency on Margaret, who comes back to care for him, he finds a refuge from all the suffocating male roles of his life: Tory landowner, dutiful husband, brave officer. But obviously his family and his society cannot allow him to remain in this private retreat. Kitty summons a Freudian analyst, Dr. Gilbert Anderson, whose chubby face and mild appearance are yet "suggestive of power." Although he knows that he cannot make Chris happy, but only "ordinary," Anderson restores his patient's memory by showing him the toys of his dead son. In the end, the women, including Margaret, collaborate in the therapy because they too feel that they must cherish his rational masculinity: "For if we left him in his magic circle there would come a time when his delusion turned to a senile idiocy. . . . He would not be quite a man." The return of the soldier (he's "every inch a soldier" after the cure) is the return of the male automaton. The cure has replaced passion with a "dreadful decent smile," and protective affection with the yoke of an unwanted embrace. Worst of all, it condemns Baldry not only to his loveless marriage but also to return to "that flooded trench in Flanders . . . that No Man's Land where bullets fall like rain on the rotting faces of the dead."[71]

West goes well beyond even the enlightenment of Rivers in grasping the connections between male hysteria and a whole range of male social obligations. While her account of the psychoanalytic process is simplistic, West's understanding of the unconscious motives and symbolic meanings of shell shock is moving and complex.

The "return of the soldier" as officer and gentleman is also a theme

in several of Dorothy Sayers's novels in the 1920s. In *The Unpleasantness at the Bellona Club* (1928), the "indecent neurasthenia" of a shell-shocked veteran is central to the plot and very much part of the postwar atmosphere she portrays—men coming home with small pensions and shaky nerves to face unemployment, the moribund patriotism of elderly clubmen and generals, and the demands of their wives that they reassume a manly control they no longer feel.

The most famous of Sayers's shell-shocked heroes is of course her aristocratic detective, Lord Peter Wimsey, who admits in *Busman's Honeymoon* (1937) that he "has never been really right since the War." For eighteen months after his discharge in 1918, Wimsey had terrible nightmares, was afraid to go to sleep, and could not even give an order to his servants. As his mother observes, "if you've been giving orders for nearly four years to people to go and get blown to pieces," the responsibility of giving orders becomes unbearable. Nursed through the worst of his breakdown by his servant and former sergeant, Bunter, Lord Peter is still having "the old responsibility-dream" nearly twenty years after the war: "Fifteen of us, marching across a prickly desert, and we were all chained together. There was something I had forgotten—to do or tell somebody—but I couldn't stop, because of the chain. . . . When I looked down, I saw the bones of my own feet, and they were black, because we'd been hanged in chains a long time ago and were beginning to come to pieces."[72] Lord Peter's wife, Harriet Vane, must hold him like a child when these nightmares recur.

It remained to Virginia Woolf, however, to connect the shell-shocked veteran with the repressed woman of the man-governed world through their common enemy, the nerve specialist. Woolf knew more about psychiatric power than most noncombatants, and as much as most shell-shock patients. Many of her doctors, having failed to cure her neurasthenia during a decade of effort, had gone on to apply their dubious expertise to war neurosis. Woolf also knew Siegfried Sassoon, and had reviewed his war poems, *The Old Huntsman* and *Counter-Attack,* for the *Times Literary Supplement.* He came to visit her in 1924, while she was writing *Mrs. Dalloway:* "Old S.S. is a nice dear kind sensitive warm-hearted good fellow," she confided to her diary in an uncharacteristic burst of praise.[73] Septimus Smith, the victim of "deferred shell-shock" in *Mrs. Dalloway* (1925), perhaps owes something of his name, his appearance, and his war experience to Sassoon.

More than any other novelist of the period, Woolf perceived and

exposed the sadism of nerve therapies that enforced conventional sex roles. Septimus Smith has "developed manliness," which is to say acquired numbness, in the trenches; he has "congratulated himself upon feeling very little and very reasonably," even when his dearest friend Evans is killed beside him. But back in England, this façade of stoic masculinity wears thin; Septimus is appalled at how much he really does feel about the war, and desperately tries to deny it. Yet the more he struggles to repress his war experience, the more hideously it rises up to haunt him. The doctors who try to "cure" Septimus, the stupid general practitioner Holmes and the sinister nerve specialist Sir William Bradshaw, do not want to hear about his memories either. They insist that the way to mental health is conformity and routine. Holmes is a bully who tells Septimus that "health is largely a matter in our own control," and blimpishly advocates bromides, porridge, the music hall, hobbies, and cricket. Bradshaw, who wants Septimus committed to his private rest home, is a tyrant, ruthlessly determined to crush creativity, passion, and imagination.[74]

Cornered by the implacable team of Holmes and Bradshaw, Septimus leaps from a window to escape them. Such cases were not uncommon among returning soldiers. One young officer, regarded as a "perfect soldier," had "enjoyed the fighting hugely and even got indifferent to the burial work. The death of chums saddened him, but he carried on and soon forgot about the incidents." After the war, however, he tried to kill himself.[75] George Savage described the case of another veteran who felt pursued by faceless enemies; when he heard them coming, "he threw himself from the window, and though he lived for a few hours, he died."[76] But suicide, as Woolf makes clear in *Mrs. Dalloway,* was regarded as a final admission of shameful and unmanly weakness; when Septimus leaps to his death, Dr. Holmes cries out, "The coward!" Only Clarissa Dalloway sees that men like Holmes and Bradshaw "make life intolerable," and that suicide can be a heroic act of defiant feeling.[77] Septimus's problem is that he feels too much for a man. His grief and introspection are emotions that are consigned to the feminine. "Belonging to Clarissa's world," as Lee R. Edwards notes, " . . . they must by definition fail to be manly and thus disqualify Septimus from the masculine role assigned him by society, the particular heroism it is prepared to accept from him."[78]

Whereas Sassoon's fictionalized Rivers is a fatherly and saintly figure, his name associated with fresh pastoral scenes, Woolf's physicians

are rapacious brutes, indifferent and domineering. Shell shock was the male counterpart of hysteria, a discourse of masculinity addressed to patriarchal thought; but it was scarcely possible for either male patients or male psychiatrists, themselves deeply implicated in patriarchal structures, to see its meanings. Women writers like Woolf and West thus played an important role in explicating the significance of gender and power in therapeutic strategies, and in addressing the ethical and emotional questions raised by the treatment of shell shock.

The Great War was the first and, so far, the last time in the twentieth century that men and the wrongs of men occupied a central position in the history of madness. It is ironically appropriate that in 1930, when Bethlem Hospital moved to new facilities, its former buildings became the Imperial War Museum. Despite the lingering male mental casualties of the postwar period, as soldiers returned to take over their former places as social leaders, women returned to *their* former places as the primary psychiatric patients. The crude faradic battery of the military hospital became the electric-shock machine of modern psychiatry. In this era, psychiatric descendants of both Yealland and Rivers would come to fullest power.

8

WOMEN AND PSYCHIATRIC MODERNISM

The therapies of Rivers and Yealland represented the two modes of English psychiatric modernism which would affect women both inside and outside the asylum from the 1920s to the 1960s: psychoanalysis, which offered the twentieth century's most influential theory of femininity and female sexuality; and traditional medical psychiatry, which made rapid advances in scientific knowledge and technological skill.

In many respects, it seemed as if women had benefitted from the social upheaval of the war. The image of idle middle-class women as the chief clientele for nervous disorders had been substantially modified. In the decade after the war, the incidence of female hysteria dramatically declined. Many believed that women had become stronger and less vulnerable to mental breakdown when they were faced with real crises and when they were given meaningful work. "If the First World War was a clear-cut victory for anything," the historian David Mitchell proclaims, "it was a clear-cut victory for women's emancipation."[1]

Furthermore, the field of psychiatry seemed more open to women's participation, to women's ideas, and to new thinking about female psy-