SHELL SHOCK

Charles Myers was a British psychologist and lecturer at Cambridge. He coined the term "shell shock" for the debilitating stress he observed among some veterans. In the following excerpt, Myers outlines the principal features of his diagnosis.

During the previous month [November 1914] I saw for the first time one of those cases of "functional" mental and nervous disorder, which afterwards proved so plentiful and came to receive the name of "shell shock." This patient was a man near whom several shells had burst, in his endeavour to disentangle himself from barbed wire during retirement over open ground. Immediately after one of the shells had burst in front of him, his sight, he said, became blurred. Another shell which then burst behind him gave him a great shock—"like a punch on the head, without any pain after it". The shell in front cut his haversack clean away and bruised his side, and apparently it burned his fingers. This man was found to be suffering from "functional" contracted fields of vision, loss of smell and taste, and slight impairment of visual acuity. Two other cases, respectively due to a shell blowing in a trench, and blowing the patient off a wall, were characterized by similar "functional" symptoms and by well-marked loss of memory. The second of these three cases was the first in which I attempted successfully to restore the patient's memory by means of slight hypnosis. ...

After a man has been buried, lifted or otherwise subjected to the physical effects of a bursting shell or other similar explosive, he may suffer solely from concussion (which should be termed "shell concussion"), or solely from mental "shock" (so-called "shell shock"), or from both of these conditions in succession.

If "shell shock" occurs, it will give rise to one or more of the following groups of mental symptoms, namely, (i) hysteria, (ii) neurasthenia, (iii) graver temporary "mental" disorder.

But "shell shock" and these three groups of accompanying symptoms ... do not depend for their causation on the physical force (or the chemical effects) of the bursting shell. They may also occur when the soldier is remote from the exploding missile provided that he be subject to an emotional disturbance or mental strain sufficiently severe. Apart from the effects of complicating concussion (or, in its milder form, "commotion"), there are no mental signs in "shell shock" pathognomonic of the *physical* effects of an exploding shell on the central nervous system, which enable us to distinguish them from the *physical* effects following on a purely mental disturbance, where the tolerable or controllable limits of horror, fear, anxiety, etc., are overstepped.

A shell, then, may play no part whatever in the causation of "shell shock": excessive

emotion, e.g. sudden horror or fear—indeed any "psychical trauma" or "inadjustable experience"—is sufficient. Moreover, in men already worn out or having previously suffered from the disorder, the final cause of the breakdown may be so slight, and its onset so gradual, that its origin hardly deserves the name of "shock." "Shell shock," therefore, is a singularly ill-chosen term; and in other respects, ... it has proved a singularly harmful one. ...

Recent strain. Long-continued fear, horror, anxiety, worry, previous "shell shock," persistent "sticking at it," exposure and fatigue are the most important factors under this head. There can be little doubt that insomnia, dyspepsia and constipation are also important predisposing factors. Adequate sleep is difficult to obtain in the trenches, and even when "in reserve," men may have to be employed in night-working parties; the regularity of the bowels, the state of the teeth and digestion are also prone to suffer in trench warfare.

Psychopathic predisposition. A large number of cases, especially of those who break down merely under the stress of warfare, occur in "nervous" (psychoneurotic) subjects who have previously suffered from mental conflicts and maladjustments, from "fits" in childhood or from other "nervous" attacks or breakdown. But even those who start with the strongest "nerves" are not immune from "shell shock," if exposed to sufficiently often repeated, or to incessant, strain, or if subjected to severe enough shock. Of "nervous" subjects, however, two types must be recognized, the good and the bad: the former, often a highly intelligent person, keeping full control over his unduly sensitive nervous system; the latter, usually of feebler intellect, having little hold over his instinctive acts to escape danger, the emotions which impel him to them, and the resulting conflicts.

Discipline and self-control. If two units be exposed to the same conditions of shell fire at the same moment, the number of cases of "shell shock" is found to be very appreciably greater in the less disciplined unit. The one will have been taught to take safe shelter individually; the other, with less self-control and esprit de corps, will herd together in insecure places, the shells falling on which may cause grave bodily injuries to some, and "shell shock" to others from the effects upon them of these sights. 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. ...

It is hardly surprising, then, that the very recognition of the term "shell shock" as a disease is liable to promote its frequency. Like all emotional disorders, "shell shock" is of a highly contagious nature; it may be rife in one unit, while rare, because regarded as a disgrace, in another.

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