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**Visible and Invisible: Masculinity, Stigma and Facial and Psychological Injuries
of the First World War.**

Bethany Cyprus Richardson-Smith

Submitted to the University of Huddersfield in fulfilment of the requirements for the
degree of Masters by Research

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Abstract

This dissertation examines the way in which facial and psychological injuries, and the stigmas associated with them, impacted upon the masculinity of wounded soldiers in the First World War. Whilst facial and psychological injuries are very different in their type and form, facial injury being highly visible and psychological injury being mostly invisible, they were both similar in the way the stigmas associated with them worked to emasculate the servicemen who suffered from them. These stigmas and the resulting emasculation separated facially and psychologically injured men from the wider group of wounded ex-servicemen and removed their ability to claim the heroically wounded masculinity that was a dominant part of the hegemonic masculinity during the war. Throughout this dissertation primary sources such as oral history interviews and transcripts, private papers, news articles, and patient files have been used and there is a focus on different bodies of secondary literature around facial injury, shellshock, hegemonic masculinity, disability, and class. Using a cultural history and social model of disability approach this dissertation explores the physical and social consequences of facial and psychological injuries, and how stigmas that became associated with them emasculated the men and further excluded them from society.

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Introduction

In January 1922 whilst at The Queens Hospital Sidcup, Private Ernest Wordsworth wrote an essay entitled 'My personal experiences and reminiscences of the Great War'. Within the essay he describes the moment he was injured, 'I had advanced 50 60 yards when I fell a victim sustaining one of the worst afflictions that can befall any person, viz. loss of left eye combined with a gashly [sic] disfigurement'.¹ On the 6th June 1916 whilst suffering from shock at the Number 8 Hospital in Rouen Major J. Berrington wrote to his wife that when they were reunited he was afraid she would find 'a very lame duck of a hubby'.² These accounts describe two very different types of injury, facial and psychological, and yet both were characterized by the way in which the stigmas associated with them impacted upon the masculinity of the men who suffered them.

Up to and during the First World War warfare and soldiering was viewed as a typically male arena and as such masculinity was intrinsically linked to it.³ From the suggestion that a war would 'make boys into men' to the persistent narrative of duty to protect the Empire the war was a space in which men would either be able to prove their worth and claim the ultimate form of masculinity, or they would fail to meet the expectations placed on them. This idea of meeting masculine expectations encounters issues when we begin to look at war injuries. Five out of every nine men sent out to France were injured and when comparing this to the statistic of more than five million British men- or 22 per cent of the male population- being active participants in the war

¹ Pte. Wordsworth, 'My Personal Experiences and Reminiscences of the Great War' (1922), *Liddle Collection*, University of Leeds, LIDDLE.WW1.GA.WOU.34, essay 2.

² Berrington, J.S.D. Private papers, Created by John Spencer Davies Berrington, *Imperial War Museum (London)*, documents.16660

³ Dudink, S., Hagemann, K., & Tosh, J. (2004). *Masculinities in Politics and War: Gendering modern history*. Manchester University Press. p.31. See also Cooke, M. G., & Woollacott, A. (1993). *Gendering War Talk*. Princeton University Press.

we can see that a large number sustained some form of injury.⁴ Whilst it could be assumed that any man who was sent home with a war injury had fulfilled his duty and met the expectations of masculinity this dissertation will explore the likelihood that the discrepancies in the way different war injuries were viewed were due to the stigmas associated with them. It would appear that these stigmas affected the way the injured men were subsequently treated and had an impact on their masculinity. This dissertation takes as its focus facial and psychological injuries. These injuries have been chosen as, despite their obvious differences in type and form, they are similar in that they were viewed differently to the 'war hero wounds' such as amputations, blindness and other bodily injuries.⁵

Focus of the study

Facial and psychological injuries are at the two opposite ends of the 'injury spectrum'. Facial injury is the most visible injury a soldier could sustain; unlike other injuries it was impossible for a facial injury to be concealed, even if the wounded serviceman wore a mask it would be obvious that he was hiding a facial difference. Shell shock is a psychological injury that manifests itself in physical symptoms but provides no visible wound, hence it is referred to as an invisible injury. Whilst these two injuries are the complete opposite, highly visible and mostly invisible, they are similar in that the stigmas associated with them resulted in their being viewed as the worst injuries a man could receive. Whilst most war wounds were constructed within the narrative of heroic sacrifice, facial and psychological injuries received a much more negative type

⁴ Bourke, J. (1999). *Dismembering the Male: Men's bodies, Britain and the Great War*. London: Reaktion. p.15. See also Fussell, P. (2009). *The Great War and modern memory* (The illustrated.). New York: Sterling; Gregory, A. (2008). *The last Great War: British society and the First World War*. Cambridge: Cambridge University Press; Marwick, A. (1965). *The Deluge: British society and the First World War*. London: Macmillan.

⁵ Biernoff writes that facial mutilation was harder to reconcile with the 'rhetoric of patriotic self-sacrifice and heroism' that was reserved for other injuries. See Biernoff, S. (2008). 'Shame, Disgust and the Historiography of War'. In C, Pajaczkowska & I, Ward. (Ed.), *Shame and Sexuality: Psychoanalysis and Visual Culture*. Abingdon: Routledge. p.218

of attention. Facial and psychological wounds were 'explicitly intertwined with discourses of dehumanisation, suspicions of malingering, segregation and social policing' which led to their separation from the broader group of war disabled.⁶ This separation due to the 'unappealing' nature of the injuries was because they were so far removed from the expected standards of masculinity. Facial injury rendered previously 'normal looking' young men as 'faceless gargoyles'⁷ and whilst shell shock was divided into a number of emasculating categories, the overarching idea was that it represented an inability to withstand the masculine pursuit of war. In order to emphasize the difference in how these two types of injuries were viewed it is important to consider the reception and treatment of other war wounds.

Amputations and blindness are two injuries that fit into the category of acceptably heroic war wounds and thus were seen to 'boost' the masculinity of the sufferers.⁸ These injuries were different to facial and psychological injuries because they could be used to appeal to the public and encourage patriotic feeling without shocking or upsetting. Whilst there is no doubt that these were serious injuries which affected the lives of the men who suffered them the fact they were easily concealed, or made 'socially acceptable', meant that they were often used in the media as examples of heroic soldier sacrifice. There are several images used in newspaper reports either as part of stories, to raise charity funds or to foster a patriotic attitude which show

⁶ Boyle, E. (2020). 'Do you not think I'm entitled?' *Visibility, Agency and Care amongst Facially and Psychologically wounded veterans in Interwar Britain*. (Doctoral thesis, University of Leeds). pp. 24-25; Biernoff, S. (2008). 'Shame, Disgust and the Historiography of War'. In C. Pajaczkowska & I. Ward. (Ed.), *Shame and Sexuality: Psychoanalysis and Visual Culture*. Abingdon: Routledge. p.217

⁷ The use of the term gargoyle here is based upon the usage of the word by medical personnel. See Muir, W. (1918). *The Happy Hospital*. London: Simpkin, Marshall, Hamilton, Kent.

⁸ Joanna Bourke notes how mutilations were seen to be 'badges of courage' and 'proof of patriotism'. See Bourke, J. (1999). *Dismembering the Male: Men's bodies, Britain and the Great War*. London: Reaktion. p.33.

uniformed soldiers with amputations.⁹ Whilst it is obvious from the pictures that they are missing a limb the image has been carefully presented so that the actual injury with its scar or wound is not visible. It is the same in the case of blinded soldiers where pictures show them being led through the hospital gardens by a nurse with bandages carefully placed over their eyes so that, once again, the actual injury cannot be seen. By selecting these injuries as the ones often used in the media it created a culture of avoidance around other forms of injury which further separated facial and psychological injuries from the construction of the heroic war disabled. Whilst all these injuries were attributable to the war and had been received by men who were fighting for their country there was a difference in how the injuries were viewed and consequently how the men who had the injuries were seen.

In order to establish the impact of facial and psychological injuries on masculinity it is important to understand the view of masculinity leading up to and throughout the First World War. In the years leading up to the war there was a belief that a European war would help 'toughen up' and 'make men of' a generation that had previously had no contact with warfare. Paul Fussell notes that Britain had not seen a major war for a century and because of this by 1914 'no man in the prime of life knew what war was like'.¹⁰ Although there were a number of 'wars of Empire', including the second Anglo-Boer War, the difference with the First World War was that it included a volunteer, and later conscripted, army. This lack of war experience, combined with the view that society had developed a 'physical degeneracy of the working classes...and...moral degeneracy of the middle classes' resulted in the belief that a war would 'turn these

⁹ For example, see Anon. (1917, June 9). The King Honours the Brave: The Hyde Park Investiture. *Illustrated London News*, p.663. Retrieved from <https://link-gale-com.libaccess.hud.ac.uk/apps/doc/HN3100231431/ILN?u=hudduni&sid=bookmark-ILN&xid=dc37f0be>; See also Carden-Coyne, A. (2014). *The Politics of Wounds: Military patients and medical power in the First World War* (First ed.). Oxford: Oxford University Press. p.278

¹⁰ Fussell, P. (2009). *The Great War and Modern Memory* (The illustrated.). New York: Sterling. p.21

physical weaklings and moral degenerates into 'men' by exposing them to masculinizing experiences or eliminating them through violence'.¹¹ In order to encourage participation in the war which would help 'toughen up' this generation of men a significant weight was placed upon masculinity; military participation and one's ability to say 'I was there' was a key marker of both masculinity and citizenship.¹² These gendered ideas of the benefits of warfare continued with propaganda that linked military service with masculinity being used to boost enlistment in the pre-conscription years by encouraging feelings of patriotism and pride in those who enlisted early and eagerly, and shame and accusations of cowardice on those who were seen to be avoiding their duty.¹³ This traditional view of masculinity combined with the belief that a war would 'toughen up' this new generation of men who should then be able to withstand the fighting and behave stoically set the standard for masculinity in war. The ability these injuries had to effect masculinity all rests on the hegemonic masculinity of the time.¹⁴ Notions of masculinity which expected men to conform to standards of a 'normal' appearance and behave stoically did not take into account the effect war injuries could have and as such facially and psychologically wounded men often failed to meet these expectations which resulted in stigmas being attached to their injuries.

¹¹ Meyer, J. (2016). *Men of war: Masculinity and the First World War in Britain*. London: Macmillan. p.3

¹² Todman, D. (2013). *The Great War: Myth and memory*. Bloomsbury. p.13

¹³ See Sanders, M. L & Taylor, P.M. *British Propaganda During the First World War, 1914-18*. London: Macmillan, 1982. Print. pp. 137-138. See also Buitenhuis, P. (1987). *The Great War of words: British, American and Canadian propaganda and fiction, 1914-1933*. University of British Columbia Press; Monger, D. (2012). *Patriotism and propaganda in First World War Britain: The National War Aims Committee and Civilian Morale* (1 ed.). Liverpool University Press; Welch, D. (2015). *Propaganda, Power and Persuasion: From World War I to WikiLeaks*. I.B. Tauris; Taylor, P. M. (1995). *Munitions of the mind: A history of propaganda from the ancient world to the present era*. Manchester University Press; Fussell, P. (2009). *The Great War and modern memory* (The illustrated.). New York: Sterling. pp.22-23; Roper, M. (2005). Between manliness and masculinity: the "war generation" and the psychology of fear in Britain, 1914–1950. *Journal of British Studies*, 44(2), 343-362.

¹⁴ Tosh, J. (2004). 'Hegemonic masculinity and the History of Gender'. In Dudink, S., Hagemann, K., & Tosh, J. (Ed.), *Masculinities in Politics and War: Gendering modern history*. Manchester University Press. pp.41-58.

In another time, place, and context these injuries may not have had the same detrimental impact, it was only because of society's idea of 'what a man should be' that facially and psychologically injured men were seen to fail to meet this.¹⁵

The issue of class has been touched upon throughout the dissertation, but it is mostly relevant when considering the stigmas relating to shell shock and is not a main element of analysis. Class played a role in the construction of masculinity because class consciousness had a powerful influence on self-identification and could impinge on the way in which injured ex-servicemen viewed their masculinity.¹⁶ For example, for both working- and middle-class men the ability to be the breadwinner and provide for their family was an important element in the construction of their own masculinity alongside it being a main part of the hegemonic masculinity of the time. This is considered further in 'impact upon life prospects' in Chapter One and in Chapter Three when looking at the difference in labelling and treatment for psychologically wounded men based on their rank/class.

Aim of the study

The aim of the study was to better understand the relationship between two particular types of wounding- facial injury and 'shell shock'- and the stigmas which contributed to a loss of masculinity. In terms of periodisation this dissertation mainly focuses on the impact facial and psychological injuries had during the initial injury period up until the 1930s. These dates were purposely chosen as they encompass a time which saw

¹⁵ See Dudink, S., Hagemann, K., & Tosh, J. (2004). *Masculinities in Politics and War: Gendering modern history*. Manchester University Press. See also Connell, R. W., & Messerschmidt, J. W. (2005). Hegemonic Masculinity: Rethinking the concept. *Gender & Society*, 19(6), 829-859; Jewkes, R. et al. (2015). Hegemonic masculinity: Combining theory and practice in gender interventions. *Culture, Health & Sexuality*, 17(sup2), 112-127; Crouthamel, J. (2014). Love in the Trenches: German Soldiers' Conceptions of Sexual Deviance and Hegemonic Masculinity in the First World War. In *Gender and the First World War* (pp. 52-71). Palgrave Macmillan, London; Hammerle, C., Uberegger, O., Bader-Zaar, B. (2014). *Gender and the First World War*. Palgrave Macmillan.

¹⁶ See Brooke, S. (2014). 'Class and Gender'. In Strange, J. M., & Carnevali, F. *20th century Britain: Economic, Cultural and Social Change*. Taylor and Francis. pp.42-43

a significant shift in the way disability was seen due to the war and the return of injured ex-servicemen¹⁷ and also due to the fact that the war was still seen as a 'current' issue into the 1920's and 1930's as although the war was over the impact of it economically, socially, and physically was still clear to see. However, there are also instances where it was appropriate to follow certain cases into their later lives, for example in Chapter Two specific cases of men with facial injuries have been looked at and in these instances the impact of the injuries could be assessed from a wider scope due to records and testimony, either written or oral, that cover the ex-servicemen's lives up until the 1970s and 1980s.

Stigma has been used as an analytical concept by historians on a variety of subjects, from mental illnesses, disorders and pain, to looking at its use by military authorities as a way to deter soldiers from reporting sick.¹⁸ Stigma as a social phenomenon has been labelled as 'corrosive' and 'capable of inducing intensive psychological harm' as it is a 'product of social power structures' where an 'in-group marks an out-group as different on the basis of a shared demographic characteristic, and attributes deviance to members of the out-group as a result of that characteristic'.¹⁹ Wulf Rössler examined the stigmas relating to mental disorders and noted that 'far more than any other type of illness, mental disorders are subject to negative judgements and stigmatizations' and not only do these patients have to cope

¹⁷ Bourke, J. (1999). *Dismembering the Male: Men's bodies, Britain and the Great War*. London: Reaktion. pp.37-38. See also Bourke, J. (2016). Love and limblessness: Male heterosexuality, disability, and the Great War. *Journal of War and Culture Studies*, 9(1), 3-19.

¹⁸ Fabrega Jr, H. (1991). The culture and history of psychiatric stigma in early modern and modern Western societies: A review of recent literature. *Comprehensive Psychiatry*, 32(2), 97-119; Rössler, W. (2016). The stigma of mental disorders: A millennia-long history of social exclusion and prejudices. *EMBO reports*, 17(9), 1250-1253; Wexler, A. (2010). Stigma, history, and Huntington's disease. *The Lancet (British Edition)*, 376(9734), 18-19; Jones, E. (2006). LMF: the use of psychiatric stigma in the Royal Air Force during the Second World War. *The Journal of Military History*, 70(2), 439-458; Goldberg, D. S. (2017). Pain, objectivity and history: understanding pain stigma. *Medical Humanities*, 43(4), 238-243.

¹⁹ Goldberg, D. S. (2017). Pain, objectivity and history: understanding pain stigma. *Medical Humanities*, 43(4), 238-243. p.238

with the effects of their illness but they also suffer from social exclusion and prejudices.²⁰ Rössler's perspective was of particular value to the present study, which uncovered numerous examples of ex-servicemen whose conditions were labelled variously as 'shell shock', 'neurasthenia' or 'hysteria' and who found these labels (and the symptoms attending their illnesses) to be deeply stigmatising. Whilst Rössler was looking at the stigma of mental disorders from a 'millennia-long' history he did note that throughout the period mental hospitals were often criticised for further increasing stigmatization rather than enabling patients to lead 'normal lives'.²¹ This idea of stigma due to the treatment environment is examined within this dissertation as often soldiers from the ranks with psychological injuries were admitted into pauper asylums which contributed to the stigmas surrounding them.

In relation to her study of Huntington's disease Alice Wexler claims that whilst stigma is often attributed to ignorance History suggests that 'scientific and medical knowledge...can coexist with, or even contribute to, increased stigmatisation.'²² This suggestion that stigma cannot solely be blamed upon ignorance and that in some cases medical knowledge can contribute to it helps explain why some members of the medical community reinforced the stigmas relating to injuries. There are examples of medical staff using derogatory language when discussing both facial and psychological injuries despite the unique position they held compared to the rest of society where they had a greater knowledge of the scientific and medical context of the soldiers' injuries.

²⁰ Rössler, W. (2016). The stigma of mental disorders: A millennia-long history of social exclusion and prejudices. *EMBO reports*, 17(9), 1250-1253. p.1250

²¹ Rössler, W. (2016). The stigma of mental disorders: A millennia-long history of social exclusion and prejudices. *EMBO reports*, 17(9), 1250-1253. p.1251

²² Wexler, A. (2010). Stigma, History, and Huntington's disease. *The Lancet (British Edition)*, 376(9734), 18-19. p.18

Wexler also noted that the stigma relating to Huntington's disease resulted in there being 'a shame associated with the disease' and that family members were 'so embarrassed by the whole thing they just want to forget it'.²³ The impact of stigma on family members is also covered by Rössler when he discusses the notion of 'courtesy stigma' which 'transfers stigma from an already stigmatized person to individuals connected through professional or familial relationships'.²⁴ The impact of stigma on families is a concept covered within this dissertation as often the families of psychologically wounded men were also 'tainted' by association. Their injured relative was seen to be predisposed to mental illness, something that brought into question the family's genetics, or were seen as cowards who lacked moral character, something which also brought into disrepute the moral standing of the family. Wexler goes further when discussing stigma as an analytical concept in that she argues that stigma and the narratives it created 'undoubtedly played a part in strengthening hostile perceptions' and that it 'help[s] legitimise the notion that certain classes of people were undesirable as citizens'.²⁵

Another way in which stigma has been used as an analytical concept is discussing its use to secure the effective conduct of war by making it an element of military discipline. Edgar Jones looks at the use of psychiatric stigma in the Royal Air Force during the Second World War and how it was used by the military authorities to reduce the risk of airmen reporting sick or refusing to fly. His paper assesses the impact of the 'lack of moral fibre' (LMF) procedure on morale and performance, and

²³ Wexler, A. (2010). Stigma, History, and Huntington's disease. *The Lancet (British Edition)*, 376(9734), 18-19. p.18

²⁴ Rössler, W. (2016). The stigma of mental disorders: A millennia-long history of social exclusion and prejudices. *EMBO reports*, 17(9), 1250-1253. p.1252

²⁵ Wexler, A. (2010). Stigma, History, and Huntington's disease. *The Lancet (British Edition)*, 376(9734), 18-19. p.19

examines whether this policy of using stigma as a deterrent was necessary.²⁶ Jones notes that the term 'lack of moral fibre' was an administrative term rather than a medical diagnosis which came about in 1940 due to the threat of invasion and the possibility of a shortage of aircrew because of the belief that anxiety was contagious.²⁷ Men who were suspected of LMF were sent to assessment centres where they were 'shamed by the loss of rank and privileges' and those who were judged to have LMF were 'given no opportunity to redeem themselves, many being discharged from the service'.²⁸ This 'calculated use of stigma' gave the LMF policy force and Jones concluded that the LMF system and the use of stigma could be justified 'only in the context of a war for national survival when trained aircrew were at a premium'.²⁹ Although LMF was not a concept used by military authorities during the First World War, shaming does appear to have been a stigmatising technique that was very prevalent, as will be indicated in the discussions below.

Within this dissertation Stigma has been used as an analytical concept as a way of assessing the impact of facial and psychological injuries on masculinity. The stigma surrounding mental illness was already well entrenched by the early 20th century and this had an impact on the way men with shell shock were treated.³⁰ Alongside the negative views towards mental illness in general there was also added negativity towards shell shock because it was seen to directly contradict how a man should act

²⁶ Jones, E. (2006). LMF: the use of psychiatric stigma in the Royal Air Force during the Second World War. *The Journal of Military History*, 70(2), 439-458. p.441

²⁷ Jones, E. (2006). LMF: the use of psychiatric stigma in the Royal Air Force during the Second World War. *The Journal of Military History*, 70(2), 439-458. pp.439-440

²⁸ Jones, E. (2006). LMF: the use of psychiatric stigma in the Royal Air Force during the Second World War. *The Journal of Military History*, 70(2), 439-458. pp.439-440

²⁹ Jones, E. (2006). LMF: the use of psychiatric stigma in the Royal Air Force during the Second World War. *The Journal of Military History*, 70(2), 439-458. Pp. 439-440, 458

³⁰ For an overview of psychiatric stigma leading up to the 19th century see Fabrega Jr, H. (1991). The culture and history of psychiatric stigma in early modern and modern Western societies: A review of recent literature. *Comprehensive Psychiatry*, 32(2), 97-119.

in war. The view that men who suffered from shell shock were cowards or shirkers, or that they must be genetically pre-dispositioned to mental illness and thus unsuitable for the army also contributed to the stigmatizing effect of the condition.³¹ Whilst the government was keen to avoid the ex-servicemen being viewed as 'ordinary lunatics' preconceived ideas around mental illness and, in the cases of men from the ranks, admittance into the public asylum system did little to alter the views that many people already held about the type of men who suffered from shell shock.³²

Facial injury was stigmatizing in a slightly different way. Rather than being based on a pre-existing stigma, like psychological injury with mental illness, facial injury was stigmatizing because of its 'uniqueness'. Whilst facial injury was not exclusive to the First World War there was a marked increase in the number of men who sustained facial injuries due to the use of trench warfare and shells. Alongside this there was also an increased survival rate due to medical advances, men who would previously have died from their facial injuries were surviving and living with the consequences.³³ Facial injury was stigmatizing because it created a difference in the most visible form. The traumatic nature of these injuries meant that men no longer conformed to the ideal of a 'normal appearance' and there were instances where those who observed the facial injury patients would refer to them as gargoyles or beasts.³⁴ There are many examples of medical staff using derogatory terms in reference to facially wounded soldiers, this is particularly significant as it could be assumed that as they were close

³¹ Leese, P. (2002). *Shell shock: traumatic neurosis and the British soldiers of the First World War*. Palgrave Macmillan. p.5

³² Reid, F. (2014). 'His nerves gave way': Shell shock, history and the memory of the First World War in Britain. *Endeavour*, 38(2), 91-100. p.93. See also Macdonald, K. (2017). Rethinking the depiction of shell-shock in British literature of the First World War, 1914–1918. *First World War Studies*, 8(1), 37-61.

³³ Boyle, E. H. (2019). 'An uglier duckling than before': Reclaiming agency and visibility amongst facially wounded ex-servicemen in Britain after the First World War. *Alter*, 13(4), 308-322. p.310

³⁴ Muir, W. (1918). *The Happy Hospital*. London: Simpkin, Marshall, Hamilton, Kent.

to the action and saw the pain and suffering caused by the injuries they would be more sympathetic.³⁵ For medical staff, who arguably should have been more understanding than any other group, to have been so insensitive it understandably raised questions about the way the public would react. The physical disfigurement of the injury combined with the derogatory names placed on the men and the functional and social implications all contributed to the stigma that surrounded facial injury and the idea that it was a fate worse than death. The idea of facial injury being one of the worst injuries a man could receive demonstrates how it was part of a different category of injuries compared with those associated with heroic sacrifice.

Historiography

Facially and psychologically wounded men were stigmatised as a result of prevailing early-twentieth-century ideals of masculinity; they were seen to be unable to fulfil the ideals of what historians such as John Tosh have identified as the 'hegemonic masculinity' of the time. Tosh notes that hegemonic masculinity empowers certain groups of men, which in the case of the war was those who were seen to have fulfilled their duty and acted heroically, and disempowered the groups of men who were seen to have failed in this by convincing the 'generality of men', and the rest of society, that there was no other way of 'being a man' except by meeting these expectations.³⁶ Thomas Kühne discussed war time masculinity and wrote that the 'ideal man' who was embodied by the soldier was 'tough and aggressive, in control of his body, mind, and

³⁵ For examples of the use of derogatory language by medical staff see Muir, W. (1918). *The Happy Hospital*. London: Simpkin, Marshall, Hamilton, Kent; Bagnold, E. (1978). *A diary without dates* [1st reprint]; with a new introduction by Monica Dickens. London: Virago. p.14; Black, C. (1939). *King's nurse—Beggar's nurse*. London: Hurst & Blackett. pp.86-89

³⁶ Tosh, J. (2004). 'Hegemonic masculinity and the history of gender'. In Dudink, S., Hagemann, K., & Tosh, J. (2004). *Masculinities in Politics and War: Gendering modern history*. Manchester University Press. p.44. See also Wedgwood, N. (2009). Connell's Theory of Masculinity—its origins and influences on the study of gender. *Journal of Gender Studies*, 18(4), 329-339; Messerschmidt, J. W. (2019). The salience of "Hegemonic masculinity". *Men and Masculinities*, 22(1), 85-91.

psyche' and that he 'did not hesitate to sacrifice life and limb' for his country.³⁷ The expectation that men would enter the war willingly, act heroically whilst in combat and show bravery in the event they were injured was complicated by the reality of warfare and the type of injuries men were suffering.³⁸ Whilst all injuries were traumatising, facial and psychological injuries carried an additional form of trauma due to the subsequent stigmas that were attached. Facially and psychologically wounded men came into conflict with hegemonic masculinity as there was an expectation that they would fail to meet the ideals of 'strength, self-reliance, bread-winning capacity, and sexual performance' because their injuries and the stigmas that were attached to them appeared to diminish their masculinity.³⁹

Arthur Marwick looks at social change during the war and writes that war is not separate to society and that rather than viewing them as separate we need to 'envisage a continuum of 'society at war'.⁴⁰ This can be used to look at masculinity in war as according to Marwick's argument the war was seen as the ultimate manly pursuit not as a consequence of war but rather it ran alongside it from the pre-war period where 'duty and honour were the emotional moulds within which British attitudes set'.⁴¹ Pre-war ideas of masculinity were heightened by militarised ideals and

³⁷ Kühne, T. (2018). Protean masculinity, hegemonic masculinity: Soldiers in the Third Reich. *Central European History*, 51(3), 390-418. p.390. See also Jewkes, R. et al. (2015). Hegemonic masculinity: Combining theory and practice in gender interventions. *Culture, Health & Sexuality*, 17(sup2), 112-127.

³⁸ Tosh references the term 'pacifists and pansies' that was used throughout the war as a slur on the manhood of conscientious objectors and those who were seen to not to be fulfilling their duties. See Tosh, J. (2004). 'Hegemonic masculinity and the history of gender'. In Dudink, S., Hagemann, K., & Tosh, J. (2004). *Masculinities in Politics and War: Gendering modern history*. Manchester University Press. p.46. See also Connell, R. W., & Messerschmidt, J. W. (2005). Hegemonic masculinity: Rethinking the concept. *Gender & society*, 19(6), 829-859.

³⁹ Tosh, J. (2004). 'Hegemonic masculinity and the history of gender'. In Dudink, S., Hagemann, K., & Tosh, J. (2004). *Masculinities in Politics and War: Gendering modern history*. Manchester University Press. p.54. See also Hellmuth, T. (2020). Hegemonic masculinity: On the functionalization of sexuality. *Public History Weekly*, 2020(3)

⁴⁰ Marwick, A. (1965). *The Deluge: British society and the First World War*. London: Macmillan. p.16

⁴¹ Marwick, A. (1965). *The Deluge: British society and the First World War*. London: Macmillan. p.86

created the type of masculinity that facially and psychologically injured soldiers failed to meet. Similarly John Horne claims that masculinity and war are interlinked because they fed off each other, war is seen as a traditionally masculine activity and in turn war plays on this idea of masculinity in order to build armies.⁴² Tosh further claims that hegemonic masculinity was used by the 'dominant class' as a way of creating a 'reliable stream of recruits into the armed forces' and that there must be a 'broad popular acceptance of the military as being necessary and even laudable' with these considerations creating a convergence between 'military and civilian codes of masculinity'.⁴³

These views of masculinity and the belief that 'masculine' men were needed to protect the Empire, homeland and women was quickly compromised by the number of men who were killed or returned home with wounds which were seen to jeopardise the masculine wholeness of the male body as mentioned by Ana Carden-Coyne.⁴⁴ This idea of compromised masculinity was due to the belief that the body was only masculine when whole and so to have any part of it missing was to be 'unmasculine'.⁴⁵ This was compounded by the placing of a value on body parts through the pension system which suggested that in the cases where parts were missing or damaged

⁴² Horne, J. (2004). 'Masculinity in politics and war in the age of nation-states and World Wars 1850-1950'. In Dudink, S., Hagemann, K., & Tosh, J. (2004). *Masculinities in Politics and War: Gendering modern history*. Manchester University Press. p.22. See also Cooke, M. G., & Woollacott, A. (1993). *Gendering War Talk*. Princeton University Press.

⁴³ Tosh, J. (2004). 'Hegemonic masculinity and the history of gender'. In Dudink, S., Hagemann, K., & Tosh, J. (2004). *Masculinities in Politics and War: Gendering modern history*. Manchester University Press. p.49. See also Griffin, B. (2018). Hegemonic masculinity as a historical problem. *Gender & History*, 30(2), 377-400.

⁴⁴ Carden-Coyne, A. (2012). *Gender and Conflict Since 1914: Historical and Interdisciplinary Perspectives*. Basingstoke, Hampshire: Palgrave Macmillan. Print. pp.84-85. See also Carden-Coyne, A. (2014). *The politics of wounds: Military patients and medical power in the First World War* (First ed.). Oxford: Oxford University Press.

⁴⁵ Carden-Coyne, A. (2012). *Gender and Conflict Since 1914: Historical and Interdisciplinary Perspectives*. Basingstoke, Hampshire: Palgrave Macmillan. Print. pp.84-85. See also Carden-Coyne, A. (2015). Masculinity and the wounds of the First World War: A Centenary Reflection. *Revue Française De Civilisation Britannique*, 20(1)

compensation should be provided.⁴⁶ This created a 'hierarchy of damage' as some missing or damaged parts were seen as being more detrimental to masculine wholeness compared with others thus creating a system where certain injuries were seen to have more of an impact on the masculinity of the sufferer.

Graham Dawson notes that the soldier hero is 'one of the most durable and powerful forms of idealized masculinity within western cultural traditions' where military virtues such as aggression, courage, and endurance have been defined as 'natural and inherent qualities of manhood'.⁴⁷ Taking into account expectations of masculinity and the belief that a war was needed to 'make men of' these new generations it is understandable that soldiers were keen to portray themselves in heroic narratives.⁴⁸ Jessica Meyer's *Men of War* looks at written narratives such as letters home and diaries in order to see how the men who were fighting the war defined themselves rather than just looking at the way society defined soldiers.⁴⁹ Within the documents two identities emerged, heroic and domestic, and these two identities proved to be an important way of soldiers maintaining their ties with society and not becoming isolated.⁵⁰ Meyer claims that this continued link with society and domesticity, achieved through personal narratives, made it easier for disabled soldiers to reintegrate with society after the war. This claim of reintegration did not necessarily apply to those who

⁴⁶ Carden-Coyne, A. (2012). *Gender and Conflict Since 1914: Historical and Interdisciplinary Perspectives*. Basingstoke, Hampshire: Palgrave Macmillan. Print. pp.85-86. See also Carden-Coyne, A. (2009). *Reconstructing the body: Classicism, Modernism, and the First World War*. Oxford University Press; Anderson, J. (2011). *War Disability and Rehabilitation in Britain: 'Soul of a Nation'*. Manchester University Press.

⁴⁷ Dawson, G. (1994). *Soldier heroes: British adventure, Empire, and the Imagining of Masculinities*. Taylor & Francis Group. p.1

⁴⁸ For more on the war 'making men' see Fussell, P. (2009). *The Great War and Modern Memory* (The illustrated.). New York: Sterling. p.21; Meyer, J. (2016). *Men of War: Masculinity and the First World War in Britain*. London: Macmillan. p.3

⁴⁹ Meyer, J. (2008). *Men of War: Masculinity and the First World War in Britain*. London: Palgrave Macmillan UK. See also Roper, M. (2008). Between the psyche and the social: Masculinity, subjectivity and the First World War veteran. *The Journal of Men's Studies*, 15(3), 251-270.

⁵⁰ Meyer, J. (2008). *Men of War: Masculinity and the First World War in Britain*. London: Palgrave Macmillan UK. pp.2,15

received highly stigmatizing injuries such as facial and psychological wounds. Facially wounded men's obvious deviation from societal expectations of appearance combined with a lack of representation and culture of avoidance made reintegration difficult. Similarly, men with shell shock were often isolated because they had no visible wound to prove their bravery and psychological injuries were tainted by the suggestion of cowardice and malingering.⁵¹

These attempts to reintegrate into society mentioned by Meyer were similar to the way in which disabled men tried to rebuild and reclaim their masculinity. Wendy Gagen examines the relationship between masculinity and disabled male bodies during the First World War.⁵² She claims that because hegemonic masculinity was fluid disabled men were able to define themselves within this framework and that becoming disabled was not necessarily emasculating as it was the loss of economic independence that symbolized emasculation and many men were able to combat this by reconstructing their independence through getting jobs and achieving masculine norms.⁵³ Once again this assessment of post-war disabled masculinity focuses on those with bodily injuries such as amputations and does not account for the isolation

⁵¹ Meyer, J. (2008). *Men of War: Masculinity and the First World War in Britain*. London: Palgrave Macmillan UK. p.97. For more on the practical issues surrounding the reintegration of disabled ex-servicemen and how this impacted their families see also Meyer, J. (2004). 'Not Septimus Now': Wives of disabled veterans and cultural memory of the First World War in Britain. *Women's History Review*, 13(1), 117-138.

⁵² Gagen, W. J. (2007). Remastering the body, renegotiating gender: Physical disability and masculinity during the First World War, the case of J. B. Middlebrook. *European Review of History* 14(4), 525-541.

⁵³ Gagen, W. J. (2007). Remastering the body, renegotiating gender: Physical disability and masculinity during the First World War, the case of J. B. Middlebrook. *European Review of History* 14(4), 525-541. p. 529. See also Boyle, E. H. (2019). 'An uglier duckling than before': Reclaiming agency and visibility amongst facially wounded ex-servicemen in Britain after the First World War. *Alter*, 13(4), 308-322. p.310 for more on facially wounded men reclaiming their agency and reconstructing masculinity after the war; Anderson, J. (2013). 'Creating identities at St Dunstan's 1914-1920'. In McVeigh, S., & Cooper, N. (Eds.). (2013). *Men after war*. Oxford: Routledge. pp.79-89 see for examples of how St Dunstan's helped blind ex-servicemen to reclaim their masculinity in a way that was not extended to facially wounded men.

and emasculation induced by loss of mobility, freedom and economic independence that was felt by many facially and psychologically wounded ex-servicemen.

The historiography surrounding disability and its relationship with factors such as gender, class, and individual identity has shifted in the past few decades. Previously a 'medical' approach which examined disability and disabled people through the lens of institutions and medical professionals was taken where 'disabled people only existed in the sphere of the doctors' examination room, in records in institutions or in the propaganda of charities'.⁵⁴ However, there has been a move towards an approach which considers the social model of disability and how social barriers prevent disabled people from participating, that is suggesting that social conditions are often more disabling than the physical impairment.⁵⁵ Alongside these discussion of disability history there has also been increased engagement between gender and disability history with Joanna Bourke, Ana Carden Coyne, Wendy Gagen, and more recently Eilis Boyle all highlighting conflicts between masculinity and disability, and how many disabled men attempted to reintegrate into society by renegotiating their position with hegemonic masculinity.⁵⁶

Some secondary sources used in this dissertation, such as work by Andrew Bamji, outline the treatment of facially wounded soldiers through a descriptive and

⁵⁴ Anderson, J., & Carden-Coyne, A. (2007). Enabling the past: new perspectives in the History of disability. *European Review of History—Revue Européenne d'Histoire*, 14(4), 447-457. p.447

⁵⁵ Anderson, J., & Carden-Coyne, A. (2007). Enabling the past: new perspectives in the History of disability. *European Review of History—Revue Européenne d'Histoire*, 14(4), 447-457. p.447

⁵⁶ See Anderson, J. (2013). 'Creating identities at St Dunstan's 1914-1920'. In McVeigh, S., & Cooper, N. (Eds.). (2013). *Men after war*. Oxford: Routledge. p.80; Boyle, E. H. (2019). 'An uglier duckling than before': Reclaiming agency and visibility amongst facially wounded ex-servicemen in Britain after the First World War. *Alter*, 13(4), 308-322; Gagen, W. J. (2007). Remastering the body, renegotiating gender: Physical disability and masculinity during the First World War, the case of J. B. Middlebrook. *European Review of History* 14(4), 525-541; Bourke, J. (1999). *Dismembering the Male: Men's bodies, Britain and the Great War*. London: Reaktion; Carden-Coyne, A. (2012). *Gender and Conflict Since 1914: Historical and Interdisciplinary Perspectives*. Basingstoke, Hampshire: Palgrave Macmillan. Print.

narrative empirical approach which uses patient files and photos from the Queens Hospital, Sidcup to describe the lives of patients at Sidcup and the work of Harold Gillies.⁵⁷ Works by Biernoff, Carden-Coyne, and Boyle differ in that they examine facial injury to varying extents with slightly different approaches; Biernoff and Boyle use a more cultural approach whereas Carden-Coyne, whilst also coming from a cultural perspective, also incorporates a political history approach.⁵⁸ Biernoff looks at the lack of representation of facial wounds outside of clinical settings and compares the rhetoric around facially injured soldiers and amputees.⁵⁹ The comparison showed that whilst men with amputations and other body injuries were seen as war heroes, soldiers with facial injuries were often pitied as having the worst loss of all.⁶⁰ Compared with other countries England had a distinct lack of representation and acknowledgement of facial injury outside of the hospital setting, which contributed to the near absence of facial injury in cultural and social history. The difference in reception of facially wounded soldiers in Britain compared with other combatant countries is particularly highlighted by Marjorie Gehrhardt's analysis of French facially wounded soldiers and discussion on how the increased representation of facial injury in France helped with

⁵⁷ See Bamji, A. (1996). 'Facial Surgery: The Patient's Experience'. In Cecil, H., & Liddle, P. *Facing Armageddon: The First World War experienced*. Cooper; Bamji, A. (2013). *Faces of War. The Lancet*, 381(9868), 718-719.

⁵⁸ Biernoff, S. (2011). The Rhetoric of Disfigurement in First World War Britain. *Social History of Medicine*, 24(3), 666-685; Carden-Coyne, A. (2012). *Gender and Conflict Since 1914: Historical and Interdisciplinary Perspectives*. Basingstoke, Hampshire: Palgrave Macmillan. Print. pp.85-86; Boyle, E. H. (2019). 'An uglier duckling than before': Reclaiming agency and visibility amongst facially wounded ex-servicemen in Britain after the First World War. *Alter*, 13(4), 308-322.

⁵⁹ Biernoff, S. (2011). The Rhetoric of Disfigurement in First World War Britain. *Social History of Medicine*, 24(3), 666-685. pp.668-669; Biernoff, S. (2008). 'Shame, Disgust and the Historiography of War'. In C, Pajaczkowska & I, Ward. (Ed.), *Shame and Sexuality: Psychoanalysis and Visual Culture*. Abingdon: Routledge. p.217. See also Njung, G. N. (2020). Amputated Men, Colonial Bureaucracy, and Masculinity in Post-World War I Colonial Nigeria. *Journal of Social History*, 53(3), 620-643. for more on amputees and masculinity in relation to post-First World War Colonial Nigeria where the rhetoric surrounding disabled Nigerian ex-servicemen was complicated further due to racism and colonial bureaucracy.

⁶⁰ Biernoff, S. (2011). The Rhetoric of Disfigurement in First World War Britain. *Social History of Medicine*, 24(3), 666-685. p.671

reintegration.⁶¹ Biernoff examines the reasons for this lack of social acceptance in Britain and concludes that there was a culture of avoidance surrounding facial injuries which began with soldiers refusing to see their families for fear of the reactions to their injuries.⁶² This lack of representation of facially injured soldiers pointed out by Biernoff builds on work by Meyer and by Adrian Gregory who both concluded that there was a particular focus on mourning those who died rather than understanding the experiences of those who survived.⁶³ This focus on death helps to explain the neglect towards the injured soldier alongside the avoidance of the topic by both society and the soldiers themselves.

Similarly to Carden-Coyne, Biernoff also outlines the impact injuries had on masculinity through the injury compensation scheme as men received pensions based on how their injuries affected their masculinity rather than loss of function.⁶⁴ Biernoff's conclusion that facial injury has remained mostly absent from historical discussion apart from when being considered in terms of masculinity and suffering is based upon the amount of literature that looks at the male body during the war but not specifically the face. Biernoff notes that whilst a lot of literature is inspired by Joanna Bourke's *Dismembering the Male*, this itself is focused mainly on injuries to extremities.⁶⁵ By

⁶¹ Gehrhardt, M. (2018). La Greffe Générale: the voice of French facially injured soldiers. *Modern & Contemporary France*, 26(4), 353-368. p.355. See also Gehrhardt, M. (2013). Gueules cassées: The men behind the masks. *Journal of War & Culture Studies*, 6(4), 267-281.

⁶² Biernoff, S. (2011). The Rhetoric of Disfigurement in First World War Britain. *Social History of Medicine*, 24(3), 666-685. p.668. See also Reid, F. (2016). "My friends looked at me in horror": Idealizations of wounded men in the First World War. *Peace and Change*, 41(1), 64-77.

⁶³ Gregory, A. (2008). *The Last Great War: British society and the First World War*. Cambridge: Cambridge University Press. p.266; Meyer, J. (2008). *Men of War: Masculinity and the First World War in Britain*. London: Palgrave Macmillan UK. p.97. See also Winter, J. M. (1995). *Sites of memory, sites of mourning: The Great War in European cultural history*. Cambridge University Press; Winter, J. M., & Sivan, E. (1999). *War and remembrance in the Twentieth Century*. Cambridge University Press

⁶⁴ Carden-Coyne, A. (2012). *Gender and Conflict Since 1914: Historical and Interdisciplinary Perspectives*. Basingstoke, Hampshire: Palgrave Macmillan. Print. pp.85-86; Biernoff, S. (2011). The Rhetoric of Disfigurement in First World War Britain. *Social History of Medicine*, 24(3), 666-685. pp.681-682

⁶⁵ Biernoff, S. (2011). The Rhetoric of Disfigurement in First World War Britain. *Social History of Medicine*, 24(3), 666-685. p.682. See also Bourke, J. (1999). *Dismembering the Male: Men's bodies, Britain and the Great War*. London: Reaktion. p.33

limiting the consideration of facial injury to something only viewed of in terms of suffering and masculinity it further cements the belief that facial injury was the most detrimental to masculinity and the worst injury of all.⁶⁶ Experiences of disability often challenged expectations of masculine roles which resulted in emasculation as injured men were seen to be unable to perform the roles set out by hegemonic masculinity that society expected of them.⁶⁷ The suggestion that injury emasculated men are similar to the points raised by Biernoff and Carden-Coyne of injury compensation focusing more on the impact the injury had on masculinity rather than function. This prioritisation of lost masculinity over lost functionality shows the attitude many had towards injured soldiers as a lot of the sympathy these men received was due to the impact their injuries would have on their masculinity.⁶⁸

In one of her recent studies, Julie Anderson focused on the view and reception of blind soldiers at St Dunstan's, a home for blind ex-servicemen; Anderson notes that St Dunstan's approach to their residents was culturally significant because they presented the blind ex-servicemen as being 'heroic, upstanding, masculine and employable', a description the likes of which was not always extended to facially or psychologically wounded men.⁶⁹ In her chapter on the blind ex-servicemen Anderson

⁶⁶ Biernoff, S. (2011). The Rhetoric of Disfigurement in First World War Britain. *Social History of Medicine*, 24(3), 666-685. pp.681-682

⁶⁷ Meyer, J. (2008). *Men of War: Masculinity and the First World War in Britain*. London: Palgrave Macmillan UK. p.97; Tosh, J. (2004). 'Hegemonic masculinity and the history of gender'. In Dudink, S., Hagemann, K., & Tosh, J. (2004). *Masculinities in Politics and War: Gendering modern history*. Manchester University Press. p.44. See also Meyer, J. (2009). Separating the men from the boys: masculinity and maturity in understandings of shell shock in Britain. *Twentieth Century British History*, 20(1), 1-22.

⁶⁸ Biernoff, S. (2011). The Rhetoric of Disfigurement in First World War Britain. *Social History of Medicine*, 24(3), 666-685; Carden-Coyne, A. (2012). *Gender and Conflict Since 1914: Historical and Interdisciplinary Perspectives*. Basingstoke, Hampshire: Palgrave Macmillan. Print; Meyer, J. (2008). *Men of War: Masculinity and the First World War in Britain*. London: Palgrave Macmillan UK. p.97

⁶⁹ Anderson, J. (2013). 'Creating identities at St Dunstan's 1914-1920'. In McVeigh, S., & Cooper, N. (Eds.). (2013). *Men after war*. Oxford: Routledge. p.79. See also Anderson, J. (2020). "Homes away from Home" and "Happy Prisoners": Disabled Veterans, Space, and Masculinity in Britain, 1944–1950. *Journal of Social History*, 53(3), 698-715. pp.701-702

contextualizes the identity of the blind soldier, their relationship with their bodies, and how St Dunstan's was a key agency in the 'creation, delivery and maintenance of the imagined blind body as a national hero, deserving respect not pity'.⁷⁰ Most significantly Anderson notes that 'blind bodies' were displayed to the public as 'whole, unlike those of the amputated body', this is in sharp contrast to the presentation of facially and psychologically wounded men who, although they also were 'whole' in comparison to amputees, were not afforded the same description that St Dunstan's had of the blind as being 'heroic, upstanding, masculine and employable'.⁷¹

Views of disability understandably changed due to the increase of disabled ex-servicemen who no longer conformed to the pre-war ideas surrounding disablement. Anderson notes that before the war there were few, if any, references to disabled bodies being seen as heroic.⁷² Then during the war, due to the increase in injured and subsequently disabled soldiers, Joanna Bourke claims this created a new form of disability which separated injured soldiers from the disabled civilian population; disabled civilians were seen as passively disabled whereas the injured soldiers were actively disabled, they were previously fit and healthy men who were rendered 'disabled' by the war.⁷³ Despite this shift in attitudes disabled bodies were still seen as 'essentially less masculine' as they 'require more care, they do not move the same

⁷⁰ Anderson, J. (2013). 'Creating identities at St Dunstan's 1914-1920'. In McVeigh, S., & Cooper, N. (Eds.). (2013). *Men after war*. Oxford: Routledge. p.79. See also Macdonald, K. 'Gender, Disability, Wartime: The Woman's Body and the Disabled Ex-Serviceman in the First World War'. In Ehland, C., & Wächter, C. (2016). *Middlebrow and Gender, 1890-1945*. Brill. p.71

⁷¹ Anderson, J. (2013). 'Creating identities at St Dunstan's 1914-1920'. In McVeigh, S., & Cooper, N. (Eds.). (2013). *Men after war*. Oxford: Routledge. p.79

⁷² Anderson, J. (2013). 'Creating identities at St Dunstan's 1914-1920'. In McVeigh, S., & Cooper, N. (Eds.). (2013). *Men after war*. Oxford: Routledge. p.79

⁷³ Bourke, J. (1999). *Dismembering the Male: Men's bodies, Britain and the Great War*. London: Reaktion. pp.37-38. See also Bourke, J. (2016). Love and limblessness: Male heterosexuality, disability, and the Great War. *Journal of War and Culture Studies*, 9(1), 3-19; Koven, S. (1994). Remembering and dismemberment: Crippled children, wounded soldiers, and the Great War in Great Britain. *The American Historical Review*, 99(4), 1167-1202.

way and they sometimes require specific aids to facilitate functions'.⁷⁴ Whilst soldiers with bodily disabilities were often spared the patronising pre-war attitudes associated with the 'passively disabled' this did not necessarily apply to soldiers with facial injuries, Boyle notes that the relationship between 'disfigurement' and 'disability' is complex and most disability historians have been reluctant to incorporate disfigurement into the wider discussion on war disabilities.⁷⁵ The change in the perception of disability shown through Bourke's work provides an insight into the view of disability before and during the war, and how war injuries came into conflict with this but it does not fully consider the impact of facial injuries and how these soldiers interacted with perceptions of war disability.

Bourke's examination of war injuries also addresses the issues surrounding the causes, diagnosis, and treatment of shell shock during the war. Shell shock was originally viewed as having an 'organic explanation', this meant that men who were suffering from shell shock could claim to be wounded and as such were treated with the respect of a wounded man as their symptoms were seen as the result of a physical injury.⁷⁶ As the war progressed a new understanding of shell shock was developed as more cases emerged where the sufferers had not been near an exploding shell. This signalled a shift away from organicist explanations to a psychological explanation which argued that 'emotional disturbance' was enough to cause neurasthenia.⁷⁷ This

⁷⁴ Anderson, J. (2013). 'Creating identities at St Dunstan's 1914-1920'. In McVeigh, S., & Cooper, N. (Eds.). (2013). *Men after war*. Oxford: Routledge. p.79

⁷⁵ Boyle, E. (2020). 'Do you not think I'm entitled?' *Visibility, Agency and Care amongst Facially and Psychologically wounded veterans in Interwar Britain*. (Doctoral thesis, University of Leeds). p.21

⁷⁶ Bourke, J. (1999). *Dismembering the Male: Men's bodies, Britain and the Great War*. London: Reaktion. p.115. See also Nolan, P. (2018). The emergence of shell shock during the First World War: Challenges for mental health care. *British Journal of Mental Health Nursing*, 7(5), 202-206; Loughran, T. (2008). Hysteria and neurasthenia in pre-1914 British medical discourse and in histories of shell-shock. *History of Psychiatry*, 19(1), 25-46. Loughran examines the diagnosis of hysteria and neurasthenia in the pre-war period and looks at the change from organic to functional classification.

⁷⁷ Bourke, J. (1999). *Dismembering the Male: Men's bodies, Britain and the Great War*. London: Reaktion. p.115. See also Winter, J. M. (2006). *Remembering War: The Great War between memory*

shift resulted in a change in attitudes towards men suffering from psychological injuries as it removed a physical cause for their injuries, meaning they were seen more as sick than wounded which was a label which typically received less sympathy and respect.⁷⁸

This removal of a physical cause had further consequences than just a reduced level of sympathy, it also had an effect on pension entitlement. Frances Miley and Andrew Read examined the awarding of disability pensions and state that pension classifications were 'prejudiced towards men with physical disabilities and against men with shell shock' and that the 'invisible' nature of shell shock played a large role in this.⁷⁹ They write that 'by excluding shell shock in a clearly definable way from its schema to account for disabling medical conditions leading to pension entitlement, the Ministry of pensions made shell shock an invisible illness for pension purposes'.⁸⁰ This separation of shell shock from the other physical, or visible, injuries shows how psychologically wounded ex-servicemen came to be seen as separate from the rest of the wider group of injured soldiers. This also helps to explain why so many psychologically wounded ex-servicemen struggled to access the claims of heroically wounded as alongside the stigmas associated with their psychological injury, they were also seen as having a less significant injury due to its 'invisibility'.

and history in the Twentieth Century. Yale University Press. p.55; Linden, S. C., & Jones, E. (2014). 'Shell shock' revisited: An examination of the case records of the national hospital in London. *Medical History*, 58(4), 519-545. p.533

⁷⁸ See Loughran, T. (2008). Hysteria and neurasthenia in pre-1914 British medical discourse and in histories of shell-shock. *History of Psychiatry*, 19(1), 25-46; Loughran, T. (2013). A crisis of masculinity? Re-writing the history of shell-shock and gender in First World War Britain. *History Compass*, 11(9), 727-738; Mosse, G. L. (2000). Shell-shock as a social disease. *Journal of contemporary history*, 35(1), 101-108; Shephard, B. (2001). *A war of nerves: Soldiers and psychiatrists in the Twentieth Century*. Harvard University Press.

⁷⁹ Miley, F., & Read, A. (2017). The purgatorial shadows of war: Accounting, blame and shell shock pensions, 1914-1923. *Accounting History*, 22(1), 5-28. pp.5, 19, 25

⁸⁰ Miley, F., & Read, A. (2017). The purgatorial shadows of war: Accounting, blame and shell shock pensions, 1914-1923. *Accounting History*, 22(1), 5-28. p.25

Discussions on shell shock and psychological injuries have mainly focused on the neurasthenic young officer which became a representative image for the whole group of psychologically wounded soldiers whilst ignoring the so called 'hysterical' men from the ranks who made up the majority of cases.⁸¹ George Mosse writes that shell shock was one of the most widespread injuries of the First World War and provides an example of the fusion of medical diagnosis and social prejudice.⁸² The shell shocked man's supposed inability to control himself contributed to the classification of the illness as a metaphor for 'unmanly behaviour', with shell shocked soldiers being 'tainted by the condition's association with insanity, cowardice and malingering'.⁸³ This led to concerns that the character and conduct of officers would be called into question which in part contributed to the creation of different terms of diagnosis for different ranks, most notably the more stigmatising term of 'hysteria' for men from the ranks compared with the more sympathy inducing 'neurasthenia' typically given to officers.⁸⁴

This difference in diagnosis continued into a difference in treatment with men from the ranks often being treated in military hospitals and then transferred into asylums whilst officers were treated in private hospitals. Using social and medical history Peter Leese brings particular attention to the difference in classification and treatment of officers and men from the ranks as he notes that 'within the army...rank

⁸¹ See Barham, P. (2007). *Forgotten Lunatics of the Great War*. London: Yale University Press. p.4

⁸² Mosse, G. L. (2000). Shell-shock as a social disease. *Journal of contemporary history*, 35(1), 101-108. p.101. See also Grayzel, R. S. (2017) 'Gender and Warfare'. In S. Grayzel, & T. Proctor. *Gender and the Great War*. Oxford University Press.

⁸³ Mosse, G. L. (2000). Shell-shock as a social disease. *Journal of contemporary history*, 35(1), 101-108. p.107; Leese, P. (2002). *Shell shock: traumatic neurosis and the British soldiers of the First World War*. Palgrave Macmillan. p.5. See also Acton, C., & Potter, J. (2012). "These frightful sights would work havoc with one's brain": Subjective experience, trauma, and resilience in First World War writings by medical personnel. *Literature and Medicine*, 30(1), 61-85.

⁸⁴ Bourke, J. (1999). *Dismembering the Male: Men's bodies, Britain and the Great War*. London: Reaktion. p.112; Reid, F. (2011). *Broken men: Shell shock, treatment and recovery in Britain 1914-30*. London: Bloomsbury Publishing. pp.21-22; Barham, P. (2007). *Forgotten Lunatics of the Great War*. London; Yale University Press. p.4. See also Jones, E. (2010). Shell shock at Maghull and the Maudsley: models of psychological medicine in the UK. *Journal of the History of Medicine and Allied Sciences*, 65(3), 368-395.

decisively influenced the opportunities and rights of the individual soldier'.⁸⁵ Leese claims that within Army Medical Services there was a belief that due to officers' higher level of responsibility they should be entitled to privileges whilst receiving treatment for shell shock, these 'privileges' included being shielded from the taint of dishonour, cowardice and insanity, being treated more than disciplined, and being viewed with sympathy rather than suspicion.⁸⁶ This more generous and sympathetic attitude contributed to the difference in diagnosis and treatment seen within the ranks.

The impact of Government actions and attitudes on the treatment and recovery of shell shocked soldiers is a focus in Fiona Reid's *Broken Men* and she notes that despite assurances that shell shocked men should be treated with respect, and the Ministry of Health wanting to protect them from the stigma of lunacy, there were still a number of mentally wounded men who were struggling.⁸⁷ This was particularly the case with soldiers from the ranks who were often given the more stigmatising diagnosis of hysteria and were more likely to be admitted into an asylum.⁸⁸ The differences between what the Government said it was going to do to help and the

⁸⁵ Leese, P. (2002). *Shell shock: traumatic neurosis and the British soldiers of the First World War*. Palgrave Macmillan. p.85

⁸⁶ Leese, P. (2002). *Shell shock: traumatic neurosis and the British soldiers of the First World War*. Palgrave Macmillan. p.103

⁸⁷ Reid, F. (2011). *Broken men: Shell shock, treatment and recovery in Britain 1914-30*. London: Bloomsbury Publishing Plc. p.25. See also Reid, F. (2007). Distinguishing between shell-shocked veterans and pauper lunatics: The Ex-Services' Welfare Society and mentally wounded veterans after the Great War. *War in History*, 14(3), 347-371; Loughran, T. (2017). *Shell-shock and medical culture in First World War Britain* (Vol. 48). Cambridge University Press. Loughran also examines medical responses to war-related breakdowns by looking at the resource's doctors used when treating their patients.

⁸⁸ Reid, F. (2011). *Broken men: Shell shock, treatment and recovery in Britain 1914-30*. London: Bloomsbury Publishing Plc. p.25. See also Reid, F. (2017). *Medicine in First World War Europe: Soldiers, Medics, Pacifists*. Bloomsbury Academic; Brumby, A. (2015). *From "Pauper Lunatics" to "Rate-Aided Patients": Removing the Stigma of Mental Health Care? 1888-1938* (Doctoral dissertation, University of Huddersfield)

reality of what it did created a lasting negative assessment of the Government's actions in relation to shell shock treatment.⁸⁹

Works by Peter Barham were unique when they were first published because they focus on the ordinary soldier who experienced mental crisis rather than concentrating on the commonly researched officer class. Whilst men from the ranks made up the majority of psychologically wounded soldiers Barham states that little attention has been given to them and rather than this being because they were silent it was more because they have been silenced.⁹⁰ Whilst focusing on the experiences of psychologically wounded men from the ranks Barham touches on the process of transferring these men from military hospitals into asylums.⁹¹ Barham acknowledges the pre-war stigma associated with the asylums and notes that the Government and war hospital authorities were reluctant to get involved in institutionalizing discharged soldiers and attempted where possible to leave it up to the family or civil authorities.⁹² The discrepancies between the treatment of officers and men from the ranks shows the awareness the Government and military officials had of the stigmatising nature of psychological injuries, something that is further acknowledged by Barham when he noted that the Government was reluctant to institutionalise soldiers. The stigmatising effect of institutionalisation mentioned by Barham is expanded on by Alice Brumby who argues that despite the Government's attempts to separate service patients from

⁸⁹ Reid, F. (2011). *Broken men: Shell shock, treatment and recovery in Britain 1914-30*. London: Bloomsbury Publishing Plc. p.28. See also Brumby, A. (2015). *From "Pauper Lunatics" to "Rate-Aided Patients": Removing the Stigma of Mental Health Care? 1888-1938* (Doctoral dissertation, University of Huddersfield); Cohen, D. (2001). *The war come home: Disabled veterans in Britain and Germany, 1914-1939*. University of California Press.

⁹⁰ Barham, P. (2007). *Forgotten Lunatics of the Great War*. London: Yale University Press. p.4. See also Leese, P. (2002). *Shell shock: traumatic neurosis and the British soldiers of the First World War*. Palgrave Macmillan. p.85.

⁹¹ See also Brumby, A. (2015). *From "Pauper Lunatics" to "Rate-Aided Patients": Removing the Stigma of Mental Health Care? 1888-1938* (Doctoral dissertation, University of Huddersfield).

⁹² Barham, P. (2007). *Forgotten Lunatics of the Great War*. London: Yale University Press. p.170.

'ordinary lunatics' very little difference was made, and service patients were subjected to the same certification and admittance process as non-service patients and as such were also subject to the stigmas that were attached to this.⁹³

Edgar Jones examines the work of Frederick Mott, a physician and clinical policymaker, who questioned the practices used in the treatment of the mentally ill and campaigned for reform.⁹⁴ During the First World War Mott was in charge of the neurological section at Maudsley where he experimented with a range of therapies designed to treat shell shock and aimed to create an 'atmosphere of cure' in order to help encourage recovery.⁹⁵ Like many others at the time Mott believed that psychiatric disorder was contributed to by inherited characteristics, but he also agreed that environmental factors could have an influence, thus playing a role in his willingness to try alternative practices during treatment.⁹⁶ The treatment of psychologically wounded soldiers in hospitals was also the focus of Jones and Stefanie Linden when they examined the case records of the National Hospital in London. During the war the National Hospital played a key part in the treatment and understanding of shell shock and in their paper Jones and Linden look at the case notes of 462 servicemen who were 'admitted with functional neurological disorders' between 1914 and 1919.⁹⁷ As the war progressed the number of doctors who thought shell shock was a 'primarily...organic disorder' reduced as they struggled to find evidence for a pathological basis; Jones and Linden note that at the hospital for 462 of the soldiers

⁹³ Brumby, A. (2015). *From "Pauper Lunatics" to "Rate-Aided Patients": Removing the Stigma of Mental Health Care? 1888-1938* (Doctoral dissertation, University of Huddersfield). pp.159-162

⁹⁴ Jones, E. (2014). 'An atmosphere of cure': Frederick mott, shell shock and the Maudsley. *History of Psychiatry*, 25(4), 412-421. pp.412, 413

⁹⁵ Jones, E. (2014). 'An atmosphere of cure': Frederick mott, shell shock and the Maudsley. *History of Psychiatry*, 25(4), 412-421. p. 415

⁹⁶ Jones, E. (2014). 'An atmosphere of cure': Frederick mott, shell shock and the Maudsley. *History of Psychiatry*, 25(4), 412-421. pp. 414-415

⁹⁷ Linden, S. C., & Jones, E. (2014). 'Shell shock' revisited: An examination of the case records of the national hospital in London. *Medical History*, 58(4), 519-545.

doctors could find 'no identifiable organic pathology' and they thus classified such cases as 'functional disorder, hysteria, neurasthenia, neurosis or shell shock'.⁹⁸ They also mention that there was 'little agreement' amongst the doctors in the hospital about the fundamental nature of the disorder, something which reflected debates around the illness in wider medical circles.⁹⁹

Methods and approaches

This dissertation takes an empirical approach to exploring the impact of facial and psychological injuries on masculinity. With this in mind, a range of different types of primary sources have been used. Qualitative sources such as interviews, personal papers, diaries, and memoirs have been used to provide an insight into the impact these injuries had on the men and how the stigmas attached to them worked to emasculate these wounded soldiers.

Oral history interviews from the Imperial War Museum have been used throughout and offer insight into facial and psychological wounds from both the men who experienced them, and the men and women who observed and cared for those suffering from them. The use of these interviews is particularly pronounced in chapters two and four where the social impact of facial injury and the belief in predisposition and cowardice with regard to shell shock are examined. The majority of these interviews were conducted in the 1970s and 1980s and whilst in some interviews the subjects of facial and psychological injuries are only briefly touched upon they still provide an important insight into the impact these injuries had on the men both physically and socially. Arguably the most 'well known' interview used is that of Joseph

⁹⁸ Linden, S. C., & Jones, E. (2014). 'Shell shock' revisited: An examination of the case records of the national hospital in London. *Medical History*, 58(4), 519-545. pp.521, 527

⁹⁹ Linden, S. C., & Jones, E. (2014). 'Shell shock' revisited: An examination of the case records of the national hospital in London. *Medical History*, 58(4), 519-545. p.519

Pickard. Pickard's attitude towards his injuries as shown throughout his interview encapsulates the stoical behavior expected of facially wounded men.¹⁰⁰ The at times humorous tone of Pickard's interview can be contrasted with the interview of Nurse Daisy Spickett who discusses the care and treatment of facially wounded soldiers with a more serious manner and references the grave and life changing nature of the injury.¹⁰¹ Whilst both of these interviews are in reference to facial injury the content and tone are very different, this could be put down to the difference in perspective and the different expectations placed on the respective roles the participants played.¹⁰² Whilst Pickard may have still felt restricted by the war time expectation of cheerful stoicism, Spickett may also still have been affected by the serious and often pitiable nature of the injuries which reflected itself in her more serious, matter of fact manner.

One of the main concerns with using oral history recorded after the event is that there is a risk that the interviewee may report some details inaccurately.¹⁰³ Alistair Thomson writes that at the core of the criticism of oral history in the 1970s was the belief that 'memory was distorted by physical deterioration and nostalgia in old age, by the personal bias of both the interviewer and interviewee, and by the influence of collective and retrospective versions of the past'.¹⁰⁴ However, as mentioned by Anna

¹⁰⁰ Pickard, J. (1986), Oral history interview [Tape recording] *Imperial War Museum (London)*, catalogue number: 8946, reel 17, retrieved from <https://www.iwm.org.uk/collections/item/object/80008738>. Retrieved August 2020. For more on expectations of stoicism in facially wounded men see Boyle, E. H. (2019). 'An uglier duckling than before': Reclaiming agency and visibility amongst facially wounded ex-servicemen in Britain after the First World War. *Alter*, 13(4), 308-322.

¹⁰¹ Spickett, D.C. (1974, December 09), Oral history interview [Tape recording] *Imperial War Museum (London)*, catalogue number: 514, reel 3, retrieved from <https://www.iwm.org.uk/collections/item/object/80000510>. Retrieved August 2020

¹⁰² See Watson, J. S. K. (2006). *Fighting different wars: Experience, memory, and the First World War in Britain*. Cambridge University Press.

¹⁰³ See Tosh, J. (2015). *The Pursuit of History: aims, methods and new directions in the study of history* (6th ed.). London: Routledge. p.266

¹⁰⁴ See Thomson, A. (2007). Four Paradigm Transformations in Oral History. *The Oral History Review*, 34(1), 49–70. p.53; Green, A. (2012). 'Can memory be collective?'. In Ritchie, D (ed.). *The Oxford Handbook of Oral History*. Oxford: Oxford University Press. pp. 96-111. See also Hamilton, C. (2008). On being a 'good' interviewer: Empathy, ethics and the politics of oral history. *Oral History (Colchester)*, 36(2), 35-43 for more on the role of the interviewer in oral history.

Green, the importance of individual memory should not be minimised or discarded in the face of collective narratives and can be used to ‘contest and critique cultural scripts or discourses’.¹⁰⁵ As this dissertation focuses on traumatic injuries it is important to note that whilst the technical details such as date, times and locations are important the main interest is the physical, social and emotional impact of the injuries, something that the interviewees would be unlikely to forget.¹⁰⁶ In regards to whether ‘collective memory’ could alter the way in which an interviewee recalls events, it is unlikely that the memories of something as unique, personal, and serious as facial and psychological injuries would be altered by a collective narrative. It is possible, however, that memories of trauma could be distorted by the experience of trauma itself, leading to some aspects of the experience becoming amplified in the memories of the sufferers. The individual’s memories and recollections in this dissertation can be used to help inform the collective narrative of these injuries during war time.

Collections of private papers from the Imperial War Museum also provided rich, subjective information on the lives of men with facial and psychological injuries. The private papers contain a mixture of items including letters from home, unpublished memoirs and private photographs. The papers of Lieutenant J Worthington are particularly notable in that they include the letters received from Private James Kennedy. Private Kennedy fought alongside Lieutenant Worthington and sustained a

¹⁰⁵ Green, A. (2004). Individual Remembering and “Collective Memory”: Theoretical Presuppositions and Contemporary Debates. *Oral History*, 32(2), 35–44. p.42. See also Hamilton, P. (2005). The Oral Historian as Memorist. *The Oral History Review*, 32(1), 11–18.

¹⁰⁶ Lynn Abrams writes that whilst memories recovered through oral history are not always 100 percent reliable in objective or measurable terms it still has a truth value for the person remembering. See Abrams, L. (2010). *Oral history theory*. London: Routledge. p.79. See also Bornat, J. (2001). Reminiscence and Oral history: Parallel universes or shared endeavour. *Ageing and Society*, 21(2), 219-241; Perks, R., & Thomson, A. (2002). *The Oral History reader* (1st ed.). London: Routledge; Thompson, P. R. (2000). *The voice of the past: Oral history* (3rd ed.). New York: Oxford University Press

facial injury for which he received a pension.¹⁰⁷ The lifelong correspondence between the two ex-servicemen provides an insight into the post-war life of a facially wounded soldier and had it not been for the inclusion of Private Kennedy's letters in Lieutenant Worthington's files it is possible that his experiences of the war may not have been made public as he was one of over 60,000 soldiers who received a head or eye wound during the war, many of whom are not known in the public domain.

The University of Leeds Liddle Collection has a number of interview transcripts for ex-servicemen. The interviews of Birtwhistle, Fisher, Kirkman, and Ware all refer to their experiences of shell shock.¹⁰⁸ It is interesting that during the interview of Private Birtwhistle in 1974 the interviewer explicitly asked the question whether Birtwhistle felt that there was any stigma attached to his invisible injury of shell shock versus the visible injury caused by a bullet. Birtwhistle answered that when he got to the Australian hospital in Dartford an Australian doctor there 'opened his examination... by striking me heavily on the head and slapping my face and calling me a coward'.¹⁰⁹ The inclusion of this question shows the awareness surrounding the difference in reception and treatment of visible versus invisible wounds.

The absence of sources on those who were unable to recover fully from their shell shock represents a gap within the methodology, most of the men included throughout this dissertation either had self-proclaimed 'mild cases' of shell shock or were able to recover to a moderate degree from more severe cases. The lack of

¹⁰⁷ Worthington, J. Private papers. Created by James Worthington, Imperial War Museum (London), Box: 3.7, documents. 7455

¹⁰⁸ Birtwhistle. (1974, May). Interview transcript, *Liddle Collection*, University of Leeds, LIDDLE.WW1.ANZAC.AUST.006; Fisher. (1976, November). Interview transcript, *Liddle Collection*, University of Leeds, LIDDLE.WW1.TR.02.37; Kirkman, S. (1976, September). Interview transcript, *Liddle Collection*, University of Leeds, LIDDLE.WW1.GS.0901; Ware. (1991, September). Interview transcript, *Liddle Collection*, University of Leeds, LIDDLE.WW1.TR.08.45.

¹⁰⁹ Birtwhistle. (1974, May). Interview transcript, *Liddle Collection*, University of Leeds, LIDDLE.WW1.ANZAC.AUST.006. p.3

firsthand experiences of severe shell shock cases could be due to multiple reasons: remaining feelings of embarrassment at their injury, a desire to ‘forget’ their experiences and not go back over them or, in some cases, the effects of their psychological wounds may have been so strong that they were not physically able to recount their experiences. The absence of testimony from severe and unrecoverable cases speaks volumes as to the effect psychological injuries had on the men.

Personal essays entitled ‘My Personal Experiences and Reminiscences of the Great War’ from the Liddle Collection have been used heavily in chapter two as they provide a first-hand insight into the impact of the injuries on the men in the immediate post war period. The essays were written by facially wounded soldiers who were patients under Major Harold Gillies at the Queen’s Hospital Sidcup. Written in 1922 the essays provide accounts of the men’s lives before the war, their experiences whilst fighting, and the circumstances surrounding their injuries and treatment up to that time. Whilst these essays only cover up until 1922 they give an account of the initial injury and front-line medical treatment leading up to the experimental surgery that took place at Queen’s Hospital.

The treatment that took place at Queen’s Hospital, Sidcup can be seen in the Harold Gillies patient files from the Royal College of Surgeons Archive. The patient files include before, during and after photographs of the patients which not only show the progress that was made by surgeons such as Harold Gillies but also helps illustrate the reality of the injuries which at the time were heavily censored. The photographs present the truth of the fictitious narratives and dehumanizing language used throughout the period and whilst there is no doubt that the injuries these men sustained were traumatic, they were not the same monstrous, gargoyle like faces that the media presented. The availability and relative openness of these photographs now allows us

to almost certainly say that the media attention that surrounded facial wounds was due to the fact they were hidden away, had there been a more open culture around the visibility of facial injuries there may have been a reduction in the sensationalizing of the injury. Alongside the photographs there are also medical records which show the dates of admittance, operations and treatment, and eventual discharge. The records also provide details of the surgeries performed during the patient's stay at the hospital. Through these records we are able to track improvements in both aesthetics and functionality as at the end of the records it often says what disability, if any, the man was left with.¹¹⁰

Alongside firsthand accounts of injury and how it impacted the men it is also important to examine both wider society and officials' view of these injuries. Hansard has been searched in order to provide either an official Government view, or to provide a counter to the actions of the Government. Archived online newspapers have been used in order to show both the opinion of society and the reception of facial and psychological injuries. Whilst different newspapers have different political leanings, aims and audiences there does seem to be a common theme throughout in that facial and psychological injuries were seen and represented as separate from other war wounds. From the unofficial censorship of photographs of facial injuries to frequent advertisements for medication to 'cure' shell shock these newspapers presented these injuries as separate from other war wounds in an often demeaning and dehumanizing way. Whilst newspapers often attempt to capture the mood of their audience they also play a role in influencing public opinion and so by presenting facial and psychological

¹¹⁰ Harold Gillies Patient Case Files, *Royal College of Surgeons*, British Patient files MS0513/1/1; Ashworth, W- W Yorks 18th, patient file, Harold Gillies Patient Case Files, *Royal College of Surgeons*, MS051 3/1/1/01 54; Beldam, S- MGC, patient file, Harold Gillies Patient Files, *Royal College of Surgeons*, MS0513/1/1/03 133; Murray, T- N Staffs 1st, patient file, Harold Gillies Patient Files, *Royal College of Surgeons*, MS0513/1/1/25 1500

wounds as separate to the heroic wounds of loss of limb or gas blindness these newspapers played a role in the stigmatization and emasculation of ex-servicemen.

The perspective of nurses which can be seen in their memoirs is unique in that they were often near to the action and danger of the front lines and had to deal with injuries caused by the war, but they were not actually a part of the fighting. Most of the nurses who are quoted in this dissertation had experience in the casualty clearing stations or at base hospitals and saw firsthand the damage that was inflicted on the men.¹¹¹ Their unique perspective, and their willingness to provide graphic details and personal opinions helps to form the argument that facial and psychological injuries were seen, and treated, as separate to other bodily injuries. The descriptions provided by the nurses, particularly those of facial wounds, show an unguarded, and uncensored, view of the injury. The feelings of pity and the belief that facial injury was a fate worse than death shown by the nurses is reflective of the views of wider society, although it was coloured with a greater knowledge and understanding of the injuries given the nurses proximity to the wounded men. Similarly to nurses' memoirs the memoir of Ward Muir, a hospital orderly, was unique in that it was coming from the perspective of a man who was close to the fighting and could see the repercussions of it but was once again not actually involved.¹¹² Muir's language with regard to facial

¹¹¹ Bagnold, E. (1978). *A diary without dates* [1st reprint]; with a new introduction by Monica Dickens. London: Virago; Black, C. (1939). *King's nurse--Beggar's nurse*. London: Hurst & Blackett; Borden, M., & Hutchison, H. (2008). *The Forbidden Zone*. London: Hesperus; Brittain, V. (2018). *Testament of youth: An autobiographical study of the years 1900-1925*. London: Virago; La Motte, E. *The Backwash of War. The Human Wreckage of the Battlefield as Witnessed by an American Hospital Nurse*. Project Gutenberg. See also Sánchez-Palencia Carazo, C. (2019). Trauma, Ethics, and the Body at War in Brittain, Borden and Bagnold. *CLCWeb: Comparative Literature and Culture*, 21 (1), 5-1-5-11.

¹¹² Muir, W. (1918). *The Happy Hospital*. London: Simpkin, Marshall, Hamilton, Kent. p.144. See also Meyer, J. (2019). *An equal burden: The men of the Royal Army Medical Corps in the First World War* (First ed.). Oxford University Press.

injury was particularly dehumanizing and it could be argued that it was perspectives like this that contributed to the stigmas that surrounded facial injury.

Summary

This dissertation aims to explore the way in which facial and psychological injuries impacted upon the masculinity of wounded soldiers. These wounds were emasculating because of the stigmas associated with them; facial injuries were considered to be a fate worse than death and incited an attitude of pity whilst psychological injuries, alternatively known as shell shock, hysteria and neurasthenia, were seen to represent the antithesis of how a man was expected to act during war. The stigmas that were related to facial and psychological injuries show how the two injuries, and subsequently the men who suffered them, were separate from the broader category of war wounds and heroically wounded. No other war injury had a similarly stigmatizing effect on the men as facial and psychological injuries. Whilst injuries such as gas blindness, loss of limb and other bodily injuries were seen to enhance the wounded soldier's masculinity, facial and psychological wounds were detrimental due to both the nature of the injury and the stigmas that were associated with it.

Chapter One: 'A painful spectacle'¹¹³: Facial Injury and physical effacement

'I didn't mind dying, but the fear of mutilation played havoc with our minds. I had seen much of it, and wanted to die whole'.¹¹⁴

During the First World War every part of the body was at risk of being injured. Over 41,000 British men had limbs amputated, 272,000 received a leg or arm injury that did not require amputation and 89,000 received other serious injuries.¹¹⁵ These high numbers of war casualties meant that war injuries were not unique or surprising and in fact many began to accept them as the price of war and in some cases they were seen as a sign of heroism. Joanna Bourke claims that during the war there was a period of sentimentalization of the war wounded where 'whole men and women simpered over absent parts' and public rhetoric judged soldiers mutilations to be 'badges of their courage, the hall-mark of their glorious service, their proof of patriotism'.¹¹⁶ This growing acceptance, normalization and even celebration of war wounds could be seen in relation to every type of war injury except two: facial injuries and the psychological wounds known collectively as 'shell shock'. This chapter and the one that follows will focus on how the stigmas relating to facial injury affected masculinity. This chapter will examine the physical nature of facial injury; how it affected appearance and identification and the impact this had on men's ability to fulfill masculine ideals, the affect it had on functionality and how men coped with the

¹¹³ Anon. (1925, June 4). A Noble Action. *The Devon and Exeter Gazette*, p.3. British Library Newspapers. Retrieved from gale.com/apps/doc/GW3226565609/BNCN?u=hudduni&sid=BNCN&xid=da417031.

¹¹⁴ Rowland Luther quoted by Bourke, J. (1999). *Dismembering the Male: Men's bodies, Britain and the Great War*. London: Reaktion. p.56

¹¹⁵ Bourke, J. (1999). *Dismembering the Male: Men's bodies, Britain and the Great War*. London: Reaktion. p.33

¹¹⁶ Bourke, J. (1999). *Dismembering the Male: Men's bodies, Britain and the Great War*. London: Reaktion. p.56

damage, and how it became known as a fate worse than death which attracted an emasculating sense of pity.

During the war a total of 2,272,998 British army soldiers were wounded in action and of this 60,500 were wounded in the head or eyes.¹¹⁷ Whilst facial injury was not unique to the First World War there was an increase in the number of men receiving facial wounds due to the nature of trench warfare, in particular there were a number of jaw wounds due to the tin helmets not offering any protection to the lower part of the face and some shells exploded upwards as they hit the ground.¹¹⁸ The number of men surviving these injuries also increased due to advances in medical techniques and more efficient frontline treatment which meant the initial bleeding and wound was treated before being sent England to receive more advanced treatment.¹¹⁹ The increased number of injuries and higher rate of survival meant that unlike previous wars there was an influx of soldiers who had received traumatic facial injuries and, even with subsequent plastic surgery, would have an altered and distinctive appearance.

Facial injury was the most obvious type of injury a man could receive as it was almost impossible to hide. The development of plastic surgery, by surgeons like Harold Gillies, helped to restore functionality and attempted to create a more 'normal' appearance but the results it achieved were quite limited and even after surgery it was still obvious that the men had a facial difference. Robert Tait McKenzie, an inspector

¹¹⁷ Baker, C. (2021). *The Long, Long Trail*. Retrieved from <https://www.longlongtrail.co.uk/army/some-british-army-statistics-of-the-great-war/>

¹¹⁸ In his memoir *Goodbye to all that* Robert Graves notes that whilst men looked forward to battles because it gave them more chances to get a 'cushy one' to 'send them back to blitey', meaning an injury to the leg or arm that would get them sent home, in trench warfare there was a greater proportion of head wounds. See Graves, R. (1960). *Goodbye to all that* (Rev. ed.). Penguin. pp.94-95

¹¹⁹ Harrison, M. (2011). *The Medical War: British military medicine in the First World War*. London: Oxford University Press. See also Biernoff, S. (2018). Theatres of surgery: The cultural pre-history of the face transplant. *Wellcome Open Research*, 3, 54-54.

of convalescent hospitals for the Royal Army Medical Corps (RAMC) described the men with facial injuries as the 'most distressing cases' and wrote 'the jagged fragment of a burst shell will shear off a nose, an ear, or a part of a jaw, leaving the victim a permanent object of repulsion to others, and a grievous burden to himself'.¹²⁰ These graphic descriptions of facial injury alongside the idea of them being the worst or most distressing type was a common theme throughout the war and into the post-war years and led to the association between facial injury and a loss of humanity-the most fundamental form of stigma.

Loss of humanity

Facial injury was unique in that by affecting the face it affected the key marker of individuality. The face signifies age, gender, ethnicity, emotion and gives indications of social background all whilst serving as a site of recognition and interaction.¹²¹ Whilst men who lost a limb or received another form of bodily injury could still be recognized *despite* their injury, the men who were facially wounded were often unrecognisable from their pre-war selves and this understandably had an impact on how society and the men viewed themselves. These dramatic, often distressing changes in appearance resulted in some using insensitive and derogatory nicknames to describe facially wounded men. Ward Muir, an orderly at the Third London General Hospital described the 'mournful grotesquerie' of the men alongside using terms such as gargoyles and monsters when referring to them.¹²² When describing a man with facial injuries on her ward Enid Bagnold wrote 'he lay with his profile to me- only he has no profile, as we

¹²⁰ McKenzie, R. T. (1918). *Reclaiming the maimed: a handbook of physical therapy*. New York: Macmillan. p.117

¹²¹ Biernoff, S. (2011). The Rhetoric of Disfigurement in First World War Britain. *Social History of Medicine*, 24(3), 666-685. p.669. See also Biernoff, S. (2017). *Portraits of violence: War and the aesthetics of disfigurement*. University of Michigan Press

¹²² Muir, W. (1918). *The Happy Hospital*. London: Simpkin, Marshall, Hamilton, Kent. p.144

know a man's. Like an ape, he has only his bumpy forehead and his protruding lips—the nose, the left eye, gone'.¹²³ Catherine Black described the facially wounded men on her ward as 'appallingly disfigured'.¹²⁴ Sander Gilman wrote that the wounded face is not the same as the wounded body as the wounded face represented a loss of identity and humanity and these descriptions, from Muir's label of gargoyles and monsters to Bagnold's comparison to an animal demonstrate this dehumanization.¹²⁵ Throughout the war years the culture did not share the same sensitivities towards labelling and disability that is seen in twenty-first-century societies and as such insensitive labels were a way of describing the nature of their injuries and the extent to which the war had damaged their appearance. Eilis Boyle argues that disfigured veterans could be seen as objects of disgust and were 'commonly conceptualised in terms of...the 'spectre of disfigurement' which is the belief that disfigurement signifies an 'exceptional and absolute removal from 'ordinary' human existence'.¹²⁶ This removal of facially wounded soldiers from the 'ordinary human existence' shows how facial injury was unlike other war injuries because not only were they unable to claim the same heroically wounded status as other war injuries but they were also removed from society in general.¹²⁷ Alongside the already traumatic physical implications of facial injury on the wounded man's sense of self there was also this dehumanization which contributed to the growing stigma around facial injury.

¹²³ Bagnold, E. (1978). *A diary without dates* [1st reprint]; with a new introduction by Monica Dickens. London: Virago. p.14

¹²⁴ Black, C. (1939). *King's nurse—Beggar's nurse*. London: Hurst & Blackett. pp.86-89.

¹²⁵ Gilman S. L. (1999). *Making the Body Beautiful: A Cultural History of Aesthetic Surgery*, Princeton: Princeton University Press. p.162

¹²⁶ Boyle, E. H. (2019). 'An uglier duckling than before': Reclaiming agency and visibility amongst facially wounded ex-servicemen in Britain after the First World War. *Alter*, 13(4), 308-322. p.311

¹²⁷ Boyle, E. H. (2019). 'An uglier duckling than before': Reclaiming agency and visibility amongst facially wounded ex-servicemen in Britain after the First World War. *Alter*, 13(4), 308-322. p.311; Meyer, J. (2008). *Men of War: Masculinity and the First World War in Britain*. London: Palgrave Macmillan UK. p.97; Tosh, J. (2004). 'Hegemonic masculinity and the history of gender'. In Dudink, S., Hagemann, K., & Tosh, J. (2004). *Masculinities in Politics and War: Gendering modern history*. Manchester University Press. p.44.

Impact upon functionality

The effect facial injuries had on masculinity is partially rooted in the functional implications of such an injury. The damage inflicted on the face compromised the men's ability to perform basic functions; eating, drinking, and talking were all rendered either impossible or extremely difficult. These functions are essential both to the continuation of life and quality of life. Catherine Black notes that 'the problem of feeding was acute, for very few of the patients in that ward could take even a particle of anything solid'.¹²⁸ This difficulty in feeding was also mentioned by Daisy Colnett Spickett who was a nurse with the Red Cross Voluntary Aid Detachment at Bagthorpe Military Hospital in 1915. When asked if they had 'any special equipment for feeding a man whose face had been partly blown away' she replied 'yes. That [the feeding] wasn't too difficult, not easy to get at first perhaps but one persisted'.¹²⁹ Spickett also notes that the equipment used depended on 'the particular damage done to the mouth. How much you could put a little spout in or how much you had to use something much smaller...it depended entirely on what you had to meet'.¹³⁰

It is possible to see the extent of these injuries and how they affected actions such as eating in the patient files from the Queens Hospital Sidcup where Major Harold Gillies was based. Private Ashworth from the 18th West Yorks regiment (2nd Bradford Pals) was wounded in France on the 1st of July 1916 with gunshot wounds to his

¹²⁸ Black, C. (1939). *King's nurse--beggar's nurse*. London: Hurst & Blackett. pp.86-89. See also Hallett, C. E. (2017). *Nurses of Passchendaele: Caring for the wounded of the Ypres campaigns 1914-1918*. Pen & Sword History. p.79

¹²⁹ Spickett, D.C. (1974, December 09), Oral history interview [Tape recording] *Imperial War Museum (London)*, catalogue number: 514, reel 3, retrieved from <https://www.iwm.org.uk/collections/item/object/80000510>. Retrieved August 2020

¹³⁰ Spickett, D.C. (1974, December 09), Oral history interview [Tape recording] *Imperial War Museum (London)*, catalogue number: 514, reel 3, retrieved from <https://www.iwm.org.uk/collections/item/object/80000510>. Retrieved August 2020

mouth, back and legs.¹³¹ He was admitted to Sidcup on the 5th of July 1916 and was described as having 'large destruction of soft tissues left cheek and mouth'.¹³² Throughout his 14 months in the hospital he was operated on three times, twice by Gillies, and at the end of his treatment he was listed as having had upper and lower dentures fitted but was 'only able to eat soft diet on account of the effect of the soft tissues caused by original wound'.¹³³ Even after numerous operations and over a year of hospital treatment Private Ashworth was still bound to spending the rest of his life restricted in the types of food he could eat because of his injury.

Lance Corporal Murray was another Sidcup patient whose facial injury resulted in difficulty eating. After being wounded in 1914 he was admitted into Sidcup in 1920 with a fractured mandible from a gunshot wound to the face.¹³⁴ Over the course of three years Lance Corporal Murray underwent five operations and at the time of his discharge in 1923 he was listed as having a slight facial disfigurement but a severe masticatory disability.¹³⁵ Whilst the operations undoubtedly restored a level of functionality and independence it is shown in the patient notes that these men were impacted by their injuries for the rest of their lives and alongside this there would have been the stigma and embarrassment that was associated with loss of function. Corporal Davidson of the RAMC was one facially wounded soldier who was impacted by embarrassment relating to his injury as even after he achieved the masculine goal of getting married and appeared to be living a 'normal life' if people came over for

¹³¹ Ashworth, W.- W Yorks 18th, Patient file, Harold Gillies Patient Case Files, *Royal College of Surgeons*, MS051 3/1/1/01 54

¹³² Ashworth, W.- W Yorks 18th, Patient file, Harold Gillies Patient Case Files, *Royal College of Surgeons*, MS0513/1/1/01 54

¹³³ Ashworth, W.- W Yorks 18th, Patient file, Harold Gillies Patient Case Files, *Royal College of Surgeons*, MS0513/1/1/01 54

¹³⁴ Murray, T- N Staffs 1st, Patient file, Harold Gillies Patient Files, *Royal College of Surgeons*, MS0513/1/1/25 1500

¹³⁵ Murray, T- N Staffs 1st, Patient file, Harold Gillies Patient Files, *Royal College of Surgeons*, MS0513/1/1/25 1500

dinner he would dine alone in the kitchen because he was 'embarrassed by his inability to eat quietly'.¹³⁶ The comments made by Bamji about Corporal Davidson is one example which shows how the approach has shifted from a purely medical perspective to one that considers the social model of disability as it is noted that Davidsons injury and the affect it had on his ability to eat placed limits on his social interactions.¹³⁷ Previously, in line with the dominant 'medical' approach less attention would have been paid to this and the focus would have been solely on the functional and physiological implications of the facial injury and how that was seen to be 'disabling'.¹³⁸ To have either been reliant on the assistance of others or to have been limited in these basic functions had an impact on masculinity, Anderson notes that disabled bodies were seen as 'essentially less masculine' as they 'require more care...do not move the same way and they sometimes require specific aids to facilitate functions'.¹³⁹ This then represented a failure to fulfil expectations of hegemonic masculinity where men would be independent, self-reliant and 'in control' of their body.¹⁴⁰

The functional implications of facial injury impacted masculinity because they rendered previously easy and common place tasks such as eating and talking almost impossible in some cases. Even after undergoing surgery some facially wounded men still had to live with the effects of their facial injuries which ranged from making

¹³⁶ Bamji, A. (1996). 'Facial Surgery: The Patient's Experience'. In Cecil, H., & Liddle, P. *Facing Armageddon: The First World War experienced*. Cooper. p.498

¹³⁷ Anderson, J., & Carden-Coyne, A. (2007). Enabling the past: new perspectives in the History of disability. *European Review of History—Revue Européenne d'Histoire*, 14(4), 447-457. p.447

¹³⁸ Anderson, J., & Carden-Coyne, A. (2007). Enabling the past: new perspectives in the History of disability. *European Review of History—Revue Européenne d'Histoire*, 14(4), 447-457. p.447

¹³⁹ Anderson, J. (2013). 'Creating identities at St Dunstan's 1914-1920'. In McVeigh, S., & Cooper, N. (Eds.). (2013). *Men after war*. Oxford: Routledge. p.79

¹⁴⁰ Kühne, T. (2018). Protean masculinity, hegemonic masculinity: Soldiers in the Third Reich. *Central European History*, 51(3), 390-418. p.390; Tosh, J. (2004). 'Hegemonic masculinity and the history of gender'. In Dudink, S., Hagemann, K., & Tosh, J. (2004). *Masculinities in Politics and War: Gendering modern history*. Manchester University Press. p.54. See also Jewkes, R. et al. (2015). Hegemonic masculinity: Combining theory and practice in gender interventions. *Culture, Health & Sexuality*, 17(sup2), 112-127; Hellmuth, T. (2020). Hegemonic masculinity: On the functionalization of sexuality. *Public History Weekly*, 2020(3)

everyday tasks difficult to causing them embarrassment. These functional implications could also be seen as part of the reason why facial injury was seen to impact on life prospects and some believed that these men would be unable to find employment, get married or have a normal social life due to the functional difficulties related to their injury.

Impact upon life prospects

Facial injury further impacted upon masculinity because it was seen to damage the man's life prospects. The disfiguring nature of the injuries meant that men wounded in this way no longer conformed to social expectations of the male appearance, that is, they no longer looked 'normal'. These aesthetic implications combined with the damage to functionality resulted in the belief that the disfigured appearance would prevent the men from fulfilling expectations related to hegemonic masculinity such as getting a job, finding a wife, and having a family. Notions of class could have a significant influence on this element of stigma because both working class and middle-class men viewed themselves as breadwinners for their families and these identities could be lost as a result of injury.¹⁴¹ This meant that they were at risk of losing their sense of social identity as well as their sense of individual, physical identity.

Employment and pensions

Considering the number of men who were returning from the war with injuries it is unsurprising that some were unable to return to their former employment. Within one year of the end of the war newspapers were already commenting on the growing problem of demobilized soldier unemployment with *The Times* writing that it was 'one of the gravest problems confronting the government today' and that within this the

¹⁴¹ See Brooke, S. (2014). 'Class and Gender'. In Strange, J. M., & Carnevali, F. *20th century Britain: Economic, Cultural and Social Change*. Taylor and Francis. pp.42-43

'problem presented by the disabled soldier is far more difficult'.¹⁴² Depending on their disability and their resulting capabilities some men had to take a reduced role in their previous employment or take up unskilled work. These changes in employment and job security, which were the result of their war injuries, caused understandable concern amongst the returning soldiers as this impacted their ability to act as 'breadwinner', and to provide for and support their families.¹⁴³ Many ex-servicemen felt that the government should have been more willing to help given that their injury was a result of their service to the country and taking into account the promises made to them before enlistment. James M. Hogg from the Federation of Discharged and Demobilized Sailors and Soldiers wrote, 'do we recollect public promises made to men who volunteered? No workhouse, no neglect, no unemployment'.¹⁴⁴

Due to their injuries, a number of men found themselves unemployed and entirely reliant on their pensions which were sometimes subsidized by any work their wife could find; this disrupted ideas of domestic masculinity where the man was the breadwinner and supported his family. Many wounded ex-servicemen wrote to the Ministry of Pensions expressing their dissatisfaction with the situation, especially those with families to support. The expectation that men should still be fulfilling the masculine

¹⁴² Labour Correspondent. (1919, June 2). Ex-soldier work and pay. *The Times*. p.19. Retrieved from <https://link-gale-com.libaccess.hud.ac.uk/apps/doc/CS318966978/TTDA?u=hudduni&sid=bookmark-TTDA&xid=72759c72>. See also Anon. (1918, November 20). The unemployment donation. *The Times*. p.7 Retrieved from <https://link-gale-com.libaccess.hud.ac.uk/apps/doc/CS118819700/TTDA?u=hudduni&sid=bookmark-TTDA&xid=f03a136e>; Anon. (1920, February 9). War Pensions and gratuities. *The Times*. p.8. Retrieved from <https://link-gale-com.libaccess.hud.ac.uk/apps/doc/CS135073353/TTDA?u=hudduni&sid=bookmark-TTDA&xid=45eddadd>

¹⁴³ See Levine-Clark, M. (2010). The politics of preference: Masculinity, marital status and unemployment relief in post-First World War Britain. *Cultural and Social History*, 7(2), 233-252; Meyer, J. (2004). 'Not Septimus Now': Wives of disabled veterans and cultural memory of the First World War in Britain. *Women's History Review*, 13(1), 117-138; Brooke, S. (2014). 'Class and Gender'. In Strange, J. M., & Carnevali, F. *20th century Britain: Economic, Cultural and Social Change*. Taylor and Francis. p.45

¹⁴⁴ 'Notes' (1918), *American Journal of Care for Cripples*, vn.2, p.174. in Bourke, J. (1999). *Dismembering the Male: Men's bodies, Britain and the Great War*. London: Reaktion. p.62

role of provider, even when reliant on their pension, was a cause for concern and men thus 'presented the duty of the Ministry as being not only towards themselves...but also towards their families'.¹⁴⁵ By writing to the Ministry and requesting special consideration due to the need to support their families the pensioners were demanding that the Ministry accept responsibility for 'their failings as breadwinners, good husbands and fathers, and therefore men'.¹⁴⁶

The increased attention being drawn to pensions and unemployment during and immediately after the war continued into the Houses of Parliament. From 1914 the frequency in which pensions were referred to in the House of Commons increased steeply from 99.70 per million words spoken to a height of 405.33 per million words in 1918.¹⁴⁷ This frequency decreased in 1920 to 163.02 per million words however this coincided with a similarly steep increase in the references to unemployment, climbing from 11.03 per million words in 1918 to 722.68 per million in 1921.¹⁴⁸ This increased attention shows how significantly war wounds impacted issues of employment and the fulfilment of familial obligations. This affected masculinity because it reduced facially wounded men's ability to be a self-reliant economic unit with the 'bread-winning capacity' needed to provide for their families, something that was a key expectation within hegemonic masculinity and, according to Tosh, this resulted in facially wounded men being disempowered because of societies view that there was no other way of

¹⁴⁵ Meyer, J. (2016). *Men of War: Masculinity and the First World War in Britain*. London: Palgrave Macmillan UK. p.117

¹⁴⁶ Meyer, J. (2016). *Men of War: Masculinity and the First World War in Britain*. London: Palgrave Macmillan UK. p.117

¹⁴⁷ Hansard at Huddersfield Project (2021). "Pensions, Unemployment, 1910-1925". University of Huddersfield. Available online at: <https://hansard.hud.ac.uk>. See Appendix on page 145 for graph charting the changes.

¹⁴⁸ Hansard at Huddersfield Project (2021). "Pensions, Unemployment, 1910-1925". University of Huddersfield. Available online at: <https://hansard.hud.ac.uk>. See Appendix on page 145 for graph charting the changes.

'being a man' if you failed to fulfil these masculine expectations.¹⁴⁹ This inability contributed to a sense of failing to achieve expected masculine ideals, and as such failing to be 'good husbands and fathers, and therefore men'; difficulties in finding work added to a sense of loss as it was 'indicative of a reduction in status which affected their masculine identities' and meant the inability to return to the normalcy that pre-war jobs had exemplified.¹⁵⁰

The Government and Ministry of Pensions view of facial injury is somewhat contradictory as although severe facial injury was listed as one of the disabilities that would receive a full pension, few men were allocated it. The experience of Private Wordsworth, a soldier with the 8th Battalion York and Lancaster Regiment who received a facial wound and lost his left eye, was a common one when he wrote 'I might say I have had to fight to get my pension within anything near what it should be'.¹⁵¹ Discussions on the amount of pension facially injured men should receive continued into Parliament with one MP, Mr Hogge the member for East Edinburgh, arguing that it was unfair for a facially wounded man to receive more pension than a man who had been made 'totally dumb' or 'totally deaf' as although the facially disfigured man may suffer economically because of his injury he still 'has all his faculties. He can see, he can hear, he can walk, and use his hands'.¹⁵² In reply to this argument Mr Barnes, the Minister for Pensions, said that facially disfigured men are

¹⁴⁹ Tosh, J. (2004). 'Hegemonic masculinity and the history of gender'. In Dudink, S., Hagemann, K., & Tosh, J. (2004). *Masculinities in Politics and War: Gendering modern history*. Manchester University Press. pp.44, 54. See also Connell, R. W., & Messerschmidt, J. W. (2005). Hegemonic masculinity: Rethinking the concept. *Gender & Society*, 19(6), 829-859; Cohen, D. (2012). 'Will to Work: Disabled Veterans in Britain and Germany after the First World War'. In Gerber, D. (Ed.), *Disabled Veterans in History*. University of Michigan Press. pp. 295-312

¹⁵⁰ Meyer, J. (2016). *Men of War: Masculinity and the First World War in Britain*. London: Palgrave Macmillan UK. pp.111-113,117.

¹⁵¹ Wordsworth. (1922). 'My Personal Experiences and Reminiscences of the Great War', *Liddle Collection*, University of Leeds, LIDDLE.WW1.GA.WOU.34, essay 2.

¹⁵² Hogge, J. (1917, March 19). *Ministry of Pensions* [Hansard]. (Vol. 91). <https://hansard.parliament.uk/Commons/1917-03-19/debates/988ade49-4aad-4d29-923f-943ef5f8c47b/MinistryOfPensions>

'as much entitled to the highest disability pensions as any man possibly could be' because some facially injured men were so disfigured that he must 'remain in the house and cannot go out into the daylight. He is deprived not only from earning his living but of all the ordinary amenities of life'.¹⁵³

Despite the inconsistencies and controversies in the allocation of pensions for the facially wounded the medical experts called upon by the Ministry of Pensions agreed that the deformity of a man 'unequivocally lowers the sufferer's economic value in the labour market. A blemish which cannot be hidden entitles the man to an evaluation more liberal than is called for in the case of scars on parts of the body which are usually clothed'.¹⁵⁴ The Ministry of Pensions' calculations were made 'not on the basis of a loss of function or earning capacity, but in relation to a normative concept of masculinity'.¹⁵⁵ Different parts of men's bodies were allocated a 'moral weighting' based upon how an injury would incapacitate them from 'being' a man and whilst severe facial injury would result in loss of function the decision to pay a full pension was based on the 'horror of disfigurement' and loss of appearance.¹⁵⁶ The difference in the view of facially wounded men and their life prospects compared to other injured ex-servicemen is also evident in the difference in rhetoric surrounding war injuries and

¹⁵³ Barnes, G. (1917, March 19). *Ministry of Pensions* [Hansard]. (Vol. 91). <https://hansard.parliament.uk/Commons/1917-03-19/debates/988ade49-4aad-4d29-923f-943ef5f8c47b/MinistryOfPensions>

¹⁵⁴ Beaumont, W.M. (1919) 'Pensions in relation to the eye', in Llewellyn J. Llewellyn and A. Bassett-Jones. *Pensions and the principles of their evaluation*. p.605 quoted in Carden-Coyne, A. (2012). *Gender and Conflict Since 1914: Historical and Interdisciplinary Perspectives*. Basingstoke, Hampshire: Palgrave Macmillan. Print. p.86

¹⁵⁵ Biernoff, S. (2011). The Rhetoric of Disfigurement in First World War Britain. *Social History of Medicine*, 24(3), 666-685. p.671

¹⁵⁶ Biernoff, S. (2011). The Rhetoric of Disfigurement in First World War Britain. *Social History of Medicine*, 24(3), 666-685. p.671; Table of pension allocations according to injury shown in in Bourke, J. (1999). *Dismembering the Male: Men's bodies, Britain and the Great War*. London: Reaktion. p.66. The table shows severe facial injury being listed as entitled to 100% pension along with injuries such as loss of two or more limbs, total paralysis and being permanently bedridden. See also Tosh, J. (2004). 'Hegemonic masculinity and the history of gender'. In Dudink, S., Hagemann, K., & Tosh, J. (2004). *Masculinities in Politics and War: Gendering modern history*. Manchester University Press. p.44 for comments of how failure to fulfil expectations of hegemonic masculinity resulted in groups of men being disempowered due to the strict criteria on what constituted 'being a man'.

wounded soldiers. Anderson notes that the way blind ex-servicemen were described by St Dunstan's presented them as 'heroic...masculine and employable' whilst displaying them as 'whole, unlike...the amputated body'.¹⁵⁷ This is significant because it can be argued that facially wounded men were also 'whole' compared to amputees and yet they were not afforded the same descriptions of heroic, masculine or employable, in fact they were often regarded as the opposite. Not only did this further separate facially wounded men from being seen as heroic or masculine but it also removed them from the group of 'employable' ex-servicemen which impacted their life prospects in the post war years.¹⁵⁸

'It is not charity I want, but what I am entitled to'¹⁵⁹

The difficulty some men had in finding employment due to their injuries combined with the fact that only a small number of facially wounded men received a full pension meant that many turned to voluntary organizations for assistance. The number of men being sent home injured sparked an increase in charities for the war disabled, some were expansions of previous disabled civilian charities and others were created specifically for disabled ex-servicemen.¹⁶⁰ The British Red Cross launched a number of appeals throughout the war asking the public to 'consider what our sailors and soldiers are doing for you. What are you going to do for them now?' and encouraging

¹⁵⁷ Anderson, J. (2013). 'Creating identities at St Dunstan's 1914-1920'. In McVeigh, S., & Cooper, N. (Eds.). (2013). *Men after war*. Oxford: Routledge. p.79. See also Anderson, J. (2020). "Homes away from Home" and "Happy Prisoners": Disabled Veterans, Space, and Masculinity in Britain, 1944–1950. *Journal of Social History*, 53(3), 698-715. pp.701-702

¹⁵⁸ Meyer, J. (2016). *Men of War: Masculinity and the First World War in Britain*. London: Palgrave Macmillan UK. pp.111-113,117.

¹⁵⁹ War Emergency Workers' National Committee', letter from A. F. Berne of Southsea, formerly of the Inniskillen Fusiliers, to the Labour Party, 28 February 1918, *Labour History Archive (Manchester)* WNC 24/1/332. Quoted in Bourke, J. (1999). *Dismembering the Male: Men's bodies, Britain and the Great War*. London: Reaktion. p.62

¹⁶⁰ There were 6,000 charities for the war disabled registered with the charity commission at the end of the war. See Gregory, A. (2008). *The last Great War: British society and the First World War*. Cambridge: Cambridge University Press. p.265. See also Cohen, D. (2001). *The war come home: Disabled veterans in Britain and Germany, 1914-1939*. University of California Press.

them to 'give or send all you can'.¹⁶¹ Within a Red Cross appeal from October 1917 they list £37,000 as having gone to facial injury hospitals.¹⁶² Alongside charitable organizations there was also an increase in appeals for money and equipment for hospitals that treated facially wounded soldiers. *The Times* printed an appeal for equipment in 1917 writing that they 'earnestly appeal to the generosity of the public for donations in support of this new hospital...for the treatment of...our most grievously wounded men...Many of the cases are beyond description'.¹⁶³ This particular appeal plays to the 'generous' nature of the public and utilizes the growing pity that was associated with facial injury in order to encourage the public to donate. By writing that facially wounded soldiers were 'our most grievously wounded' it places a level of responsibility for their care on the public because it emphasizes that these men had been disfigured whilst fighting for their country. Alongside the attempt to encourage donations the advert further contributed to the stigma surrounding facial injury, particularly where it writes that the men's injuries made them 'beyond description' as it portrays facial injury as a taboo subject that can be mentioned but not in detail because of its extreme nature.

Despite the increasing number of charities and the public appeals made, and regardless of whether the charity was exclusively for disabled veterans there was still a stigma attached to the use of it, especially when it was being used to help support a

¹⁶¹ Anon. (1917, October 17). The British Red Cross Society & Order of St. John. *The Times*. p.6. Retrieved from <https://link-gale-com.libaccess.hud.ac.uk/apps/doc/CS100993361/TTDA?u=hudduni&sid=bookmark-TTDA&xid=6ebc3e16>

¹⁶² Anon. (1917, October 17). The British Red Cross Society & Order of St. John. *The Times*. p.6. Retrieved from <https://link-gale-com.libaccess.hud.ac.uk/apps/doc/CS100993361/TTDA?u=hudduni&sid=bookmark-TTDA&xid=6ebc3e16>

¹⁶³ Anon. (1917, July 27). The Queens Hospital. Appeal for equipment. *The Times*. p.9 Retrieved from <https://link-gale-com.libaccess.hud.ac.uk/apps/doc/CS151849211/TTDA?u=hudduni&sid=bookmark-TTDA&xid=2cc875a1>

family, something which society viewed as a man's responsibility regardless of his state of physical health.¹⁶⁴ Ana Carden-Coyne notes the paradox within the charity system of the concerns over dependence, malingering and self-pity all whilst the charities were lobbying for better services and pensions.¹⁶⁵ This contradictory nature of veterans' charity and support contributed to the stigma surrounding it and no doubt discouraged men from seeking help; in a letter to the Labour Party one disabled ex-serviceman wrote 'it is not charity I want, but what I am entitled to'.¹⁶⁶ Placing injured ex-servicemen in the position of being recipients of charity isolated them from the able-bodied world and further added to the stigma surrounding their injuries.¹⁶⁷ The difficulty men had in finding work combined with the stigmatizing position of needing charity all impacted upon their masculinity. Further to this by being recipients of charity men had to conform to definitions of appropriate disabled masculinity imposed upon them by charitable donors, these definitions included 'cheerful endurance, willingness to work towards recovery and a-sexuality'.¹⁶⁸

Marriage and family life

Definitions of appropriate disabled masculinity and the expectation that disabled men would be a-sexual contributed to the belief that facially wounded men would not be able to meet a partner, get married and have children. Mary Borden, an American

¹⁶⁴ Carden-Coyne notes that in previous wars charitable agencies both infantilized and feminised the wounded by playing up the images of victimhood. See Carden-Coyne. (2012). *Gender and Conflict Since 1914: Historical and Interdisciplinary Perspectives*. Basingstoke, Hampshire: Palgrave Macmillan. Print. p.93

¹⁶⁵ Carden-Coyne, Ana. (2012). *Gender and Conflict Since 1914: Historical and Interdisciplinary Perspectives*. Basingstoke, Hampshire: Palgrave Macmillan. Print. p.93

¹⁶⁶ War Emergency Workers' National Committee', letter from A. F. Berne of Southsea, formerly of the Innskillen Fusiliers, to the Labour Party, 28 February 1918, *Labour History Archive (Manchester)* WNC 24/1/332. Quoted in Bourke, J. (1999). *Dismembering the Male: Men's bodies, Britain and the Great War*. London: Reaktion. p.62

¹⁶⁷ Meyer, J. (2016). *Men of War: Masculinity and the First World War in Britain*. London: Palgrave Macmillan UK. p.98. See also Levine-Clark, M. (2010). The politics of preference: Masculinity, marital status and unemployment relief in post-First World War Britain. *Cultural and Social History*, 7(2), 233-252.

¹⁶⁸ Meyer, J. (2016). *Men of War: Masculinity and the First World War in Britain*. London: Palgrave Macmillan UK. p.98

nurse who set up a hospital unit on the Western Front, described the wounded soldiers she cared for as ‘certainly they were men once. But *now they are no longer men* [emphasis added]...once they were real, splendid, ordinary, normal men...once they were fathers and husbands and sons and the lovers of women’.¹⁶⁹ Muir summed up the belief many had towards facially wounded soldiers when he wrote ‘suppose he is married, or engaged to be married...could any woman come near that gargoyle without repugnance?’.¹⁷⁰ For practising nurses, who were generally more desensitised to such injuries, to express such views suggests a negative perception of facially wounded men and mirrors the attitude of society at large where for single facially wounded men, marriage was rarely mentioned and the idea of a disabled man getting married was viewed as improvident.¹⁷¹

Similarly, the belief that facially wounded men would not be able remain attractive to an existing partner also played on the minds of the wounded men alongside a chivalrous desire not to tie their partners to them through a sense of duty or pity. In her memoir *King’s nurse, Beggar’s nurse* Catherine Black relates the story of Corporal X, a young soldier who had been ‘very handsome until a shrapnel wound on the Somme had blown away the greater part of his face’.¹⁷² Black writes how Corporal X saw his reflection in a shaving-glass and then wrote to his fiancée asking her to release him as he had met a girl in Paris who he had fallen in love with.¹⁷³ When questioned Corporal X said ‘it wouldn’t be fair to let a girl like Molly be tied to a miserable wreck like me...I’m not going to let her sacrifice herself out of pity’.¹⁷⁴ Corporal X decided he

¹⁶⁹ Borden, M., & Hutchison, H. (2008). *The Forbidden Zone*. London: Hesperus. p.44

¹⁷⁰ Muir, W. (1918). *The Happy Hospital*. London: Simpkin, Marshall, Hamilton, Kent. p.145

¹⁷¹ Bourke, J. (1999). *Dismembering the Male: Men’s bodies, Britain and the Great War*. London: Reaktion. p.74

¹⁷² Black, C. (1939). *King’s nurse--Beggar’s nurse*. London: Hurst & Blackett. pp.86-89

¹⁷³ Black, C. (1939). *King’s nurse--Beggar’s nurse*. London: Hurst & Blackett. pp.86-89

¹⁷⁴ Black, C. (1939). *King’s nurse--Beggar’s nurse*. London: Hurst & Blackett. pp.86-89

would rather lie to his fiancée in order to break off their engagement than allow her to see his injuries and decide for herself whether she still wanted to be with him. This story of Corporal X is one of many examples of facially wounded men turning away family and loved ones because of their appearance. Joanna Bourke notes a letter written by a nurse for a Lieutenant telling his mother that his left eye had been knocked out, his left leg amputated, and his jaw fractured and that he 'could not do it. He says he cannot come back to his wife like that...he worried so much about things'.¹⁷⁵ The belief that facially wounded men would be unable to either attract a partner or remain attractive to an existing partner worked towards their emasculation because marriage and sexual relations was a key part of the 'goals' that masculinity depended on alongside economic independence and displaying traits such as stoicism and physical strength.¹⁷⁶

The acceptance and support of families aided in the recovery of the facially wounded men and is shown in the case of Captain Wilson. When asked how his wife helped him in the early stages of his injury when he was 'considerably disfigured' Wilson replied 'well, she was there shortly after I got to the hospital and as far as I can remember she visited quite happily. She was quite happy to have me home in any case'.¹⁷⁷ Wilson then describes how his parents were pleased that he 'got home in one piece'.¹⁷⁸ Marjorie Gehrhardt writes that in the process of recovery the reactions

¹⁷⁵ Bourke, J. (1999). *Dismembering the Male: Men's bodies, Britain and the Great War*. London: Reaktion. p.73

¹⁷⁶ Boyle, E. H. (2019). 'An uglier duckling than before': Reclaiming agency and visibility amongst facially wounded ex-servicemen in Britain after the First World War. *Alter*, 13(4), 308-322. p.318

¹⁷⁷ Wilson. (1975, March). Interview transcript, *Liddle Collection*, University of Leeds, LIDDLE.WW1.TR.08.69, p.13

¹⁷⁸ Wilson. (1975, March). Interview transcript, *Liddle Collection*, University of Leeds, LIDDLE.WW1.TR.08.69, p.13

of the soldiers' parents, particularly the mother, were important as 'if they did not recognise their son, his chances of being accepted by society were limited'.¹⁷⁹

Catherine Black wrote that working on the facial injury ward at Aldershot was the saddest part of all her nursing experience, even sadder than the casualty clearing stations as there 'death was swifter and more merciful, and it is not so hard to see a man die as to break the news to him that he will be blind and dumb for the rest of his life'.¹⁸⁰ This quote from Black epitomizes the attitude of many towards facial injury as possibly the only war wound that was a fate worse than death. To claim that death would be more merciful to a man than having to endure his injuries 'for the rest of his life' exemplifies another aspect of why facial injury was seen as detrimental to masculinity and that was the amount of pity it attracted.¹⁸¹

A fate worse than death

Whilst recounting his experiences of the War Private Ernest Wordsworth describes his facial injury as 'one of the worst afflictions that can befall any person'.¹⁸² This belief was echoed both by society and many facially wounded men and demonstrates how facial injury was set apart from other war wounds such as loss of limb, gas blindness and other bodily injuries. In 1916 the British Journal of Nursing described facial injury as among the 'most distressing cases of injury in modern warfare' and that 'the loss of a limb is a minor evil compared with the difficulties of feeding and speech, and the miseries of gross disfigurement, suffered by these unfortunate men'.¹⁸³ Not only was

¹⁷⁹ Gehrhardt, M. (2013). *The Destiny and Representations of Facially Disfigured Soldiers during the First World War and the Interwar Period in France, Germany and Great Britain*. (Doctoral dissertation, University of Exeter). p.125

¹⁸⁰ Black, C. (1939). *King's nurse--Beggar's nurse*. London: Hurst & Blackett. pp.86-89

¹⁸¹ Black, C. (1939). *King's nurse--Beggar's nurse*. London: Hurst & Blackett. pp.86-89

¹⁸² Wordsworth. (1922). 'My Personal Experiences and Reminiscences of the Great War', *Liddle Collection*, University of Leeds, LIDDLE.WW1.GA.WOU.34, essay 2.

¹⁸³ Anon. (1916). Face and jaw wounds. Free treatment for discharged soldiers and sailors. *British Journal of Nursing*. p.272

facial injury set apart as the worst war injury a man could receive in some cases it was considered to be a fate worse than death. A 1918 article in *Reveille* wrote 'it may shock many people to hear that the great and growing dread of the battlefield is the fear not of death, but of being maimed'.¹⁸⁴ Gagen claims that this fear of 'something worse than death' grew throughout the war as to become impaired through the loss of normative corporeality and physicality was seen as the 'antithesis of the masculine ideal' as it represented a loss of 'economic independence, mobility and symbolized life as a dependent invalid'.¹⁸⁵ Whilst some facially wounded men were able to regain varying degrees of independence when the impairment was first discovered and the reality of their situation set in preconceived notions of disability, masculinity, and the ever increasing sense of stigma surrounding facial injuries 'held sway and suicidal thoughts abounded'.¹⁸⁶

The popular view that the more a soldier was seen to have lost in service to his country, the more deserving he was of support was complicated by gendered ideas surrounding rehabilitation and how men should respond to their injuries.¹⁸⁷ This resulted in what Boyle terms the 'chastisement of public pity' as inappropriate for amputees and the blind but natural and appropriate for facially injured soldiers; by representing facially wounded soldiers as objects of pity it excluded them from the 'narrative of heroic wounding'.¹⁸⁸ The previously mentioned effects of the injury on the

¹⁸⁴ Gagen, W. J. (2007). Remastering the body, renegotiating gender: Physical disability and masculinity during the First World War, the case of J. B. Middlebrook. *European Review of History* 14(4), 525-541. p.529

¹⁸⁵ Gagen, W. J. (2007). Remastering the body, renegotiating gender: Physical disability and masculinity during the First World War, the case of J. B. Middlebrook. *European Review of History* 14(4), 525-541. pp. 529-530

¹⁸⁶ Gagen, W. J. (2007). Remastering the body, renegotiating gender: Physical disability and masculinity during the First World War, the case of J. B. Middlebrook. *European Review of History* 14(4), 525-541. p.530

¹⁸⁷ Boyle, E. H. (2019). 'An uglier duckling than before': Reclaiming agency and visibility amongst facially wounded ex-servicemen in Britain after the First World War. *Alter*, 13(4), 308-322. p.312

¹⁸⁸ Boyle, E. H. (2019). 'An uglier duckling than before': Reclaiming agency and visibility amongst facially wounded ex-servicemen in Britain after the First World War. *Alter*, 13(4), 308-322. p.312

men both in terms of aesthetics and functionality contributed to this heightened sense of pity towards facial wounds compared with other injuries. The suggestion that men with facial injuries would be better off dead created an atmosphere which was condescending and dehumanized the men.

The idea of facial injury being a fate worse than death is evident in the processes that took place after a soldier's death. Soldiers' bodies were not repatriated, and families were informed by letter. In these letters home there is often an emphasis on the quick and 'clean' nature of the death.¹⁸⁹ After the death of her brother Vera Brittain's family received a letter which said 'Capt. Brittain...was shot through the head by an enemy sniper, he only lived a few minutes'.¹⁹⁰ Brittain, who was a nurse throughout the war and had seen the extent to which men were injured and the numerous ways they died, acknowledged the pattern that was set in letters of condolence writing 'at that late stage of the war...the colonels and company commanders on the various fronts were so weary of writing gruesome details to sorrowing relatives, that the number of officers who were instantaneously and painlessly shot through the head or the heart passed far beyond the bounds of probability'.¹⁹¹ Brittain's suggestion that officers were choosing to comfort the families of deceased soldiers over giving an accurate description of their death shows how mutilation was widely regarded as a worse outcome than death and that a shot straight to the head or heart was preferable to suffering a longer death through mutilation and

¹⁸⁹ Biernoff refers to the 'fantasy' of a calm death that was held by many soldiers and their families, something which was not thought possible in the case of mutilation. See Biernoff, S. (2008). 'Shame, Disgust and the Historiography of War'. In C. Pajaczkowska & I. Ward. (Ed.), *Shame and Sexuality: Psychoanalysis and Visual Culture*. Abingdon: Routledge. p.218

¹⁹⁰ Brittain, V. (2018). *Testament of youth: An autobiographical study of the years 1900-1925*. London: Virago. p.402

¹⁹¹ Brittain, V. (2018). *Testament of youth: An autobiographical study of the years 1900-1925*. London: Virago. p.402

having a disfigured body.¹⁹² This idea of disfigurement in death being particularly stigmatizing and the worst possible outcome, to the extent that officers chose to exclude it from death notices, carried through to soldiers who survived and influenced feelings of pity within the population which amplified the stigma experienced by the men with facial injuries. Not only did the population want to believe that death was 'quick and clean' they also wanted to believe that injury could be too, therefore when injury wasn't quick and clean, when it was clearly painful and visible as in the case of facial injury, it created a level of pity towards these sufferers that they experienced as stigmatizing.

Conclusion

The impact of facial injuries extends beyond aesthetics. The damage done to the face affected the way facially wounded men could interact with their families and society at large and compromised their sense of identity by affecting the main site of identification and interaction. The altered appearance of facially wounded ex-servicemen erased their masculinity because they no longer conformed to society's view of a normal appearance and resulted in them being subject to dehumanizing and cruel labels comparing them to animals and gargoyles which removed their humanity and separated them from the wider group of wounded veterans. Facial injury impacted functionality as it made it difficult to talk, eat and drink. Whilst plastic surgery did attempt to restore functionality the impact of facial injuries often continued for the rest of the men's lives. These aesthetic and functional implications of facial injury led to the idea that a facial wound was the worst type of injury a soldier could receive, sometimes even being viewed as a fate worse than death. Whilst amputees, gas blind and soldiers

¹⁹² This emphasis on quick and 'clean' deaths can also be seen in letters quoted in the chapter on letters of condolence in Jessica Meyer's *Men of war: Masculinity and the First World War in Britain*.

with bodily injuries were allowed to claim the status of heroically wounded, facially injured ex-servicemen were restricted because of the stigmas relating to their injury which in turn impacted their masculinity. They were no longer seen as men in the traditional sense because they had been injured in the war, but they were also not seen as heroically wounded soldiers. Alongside being physically effaced many felt they were also socially effaced as a result of their injuries because of their lack of representation and unofficial censorship of facial wounds. The following chapter will examine these aspects of the impact of facial injury and will also look at some of the cases where facially wounded men were able to meet societal expectations and consider whether this was common or the exception.

Chapter Two: Effaced from society.

The increasing number of wounded servicemen meant that war injuries and disabilities were common knowledge, within one month of joining the war the *Daily Mail* was reporting the arrival of 1,200 wounded soldiers back to England.¹⁹³ However, despite the relative openness about the number of men coming home injured there was a lack of awareness about the realities of war. The same article which reported on the 1,200 wounded soldiers returning home also labelled them as ‘the cheeriest lot ever seen’, a statement which suggests a desire to maintain public morale rather than relay the realities of war wounds.¹⁹⁴ As part of this desire to keep the horrors of war away from the public there was also a distinct lack of narratives relating to facially injured men. This lack of representation was due to the nature of the injury and the stigmas that surrounded it which created a culture of aversion and socially isolated facially wounded men. This ‘social effacement’ impacted masculinity because it contributed to the idea that facially wounded men were not part of the larger group of war wounded soldiers and thus could not claim the same heroically wounded status. The social isolation and expectation that facially wounded men would separate themselves from society contributed to a reduction in their masculinity as it suggested that facially wounded men could no longer play a part in society. The first half of this chapter will look at the censorship within the media and society due to social stigma and ideas of acceptability; this created a culture of aversion towards facial wounds which in turn

¹⁹³ Anon. (1914, September, 1). 1,200 wounded in England. “The Cheeriest lot ever seen”. *Daily Mail*. p.3. Retrieved from <https://link-gale-com.libaccess.hud.ac.uk/apps/doc/EE1863449493/DMHA?u=hudduni&sid=bookmark-DMHA&xid=07c429e1>

¹⁹⁴ Anon. (1914, September, 1). 1,200 wounded in England. “The Cheeriest lot ever seen”. *Daily Mail*. p.3. Retrieved from <https://link-gale-com.libaccess.hud.ac.uk/apps/doc/EE1863449493/DMHA?u=hudduni&sid=bookmark-DMHA&xid=07c429e1>

contributed to the stigma surrounding facial injury and impacted masculinity.¹⁹⁵ The second half will examine cases where facially wounded ex-servicemen were able to overcome the stigmas associated with their injuries and go on to achieve the norms society expected of men and consider whether this was truly representative of the experiences of facially wounded ex-servicemen.

A culture of aversion.

Facial injury was notably absent from the narratives of injury during the war. Whilst it was no secret that men were returning home with severe facial injuries and were having to receive treatment at specialist hospitals like The Queens Hospital, Sidcup there was a developing culture of aversion towards facial injury. This aversion can be seen in the absence of facially wounded soldiers' narratives and photos in the media. As mentioned in the introduction whenever the media wanted to show a wounded or disabled soldier they typically used men with missing limbs, bodily injuries or those who were gas blind. A 1917 article in *The Illustrated London News* entitled 'The King Honours the Brave: The Hyde Park Investiture' shows photographs which were taken at an event for wounded soldiers. The soldiers at the event were those who had shown bravery in combat, some were uninjured but a number of the photos show soldiers who were missing a limb and one photo showing a blind ex-serviceman being led by a fellow soldier was captioned as 'an incident that most touched the spectators'.¹⁹⁶ There is an emphasis in both the title of the article and the captions of the photographs of the bravery and heroism of the wounded men and the tone of the article helps to confirm the status of these amputees and blinded soldiers as brave men with heroic

¹⁹⁵ This unofficial censorship was a very stigmatizing process as discussed in the introduction to this dissertation. See pages 9-13

¹⁹⁶ Anon. (1917, June 9). The King Honours the Brave: The Hyde Park Investiture. *Illustrated London News*, p.663. Retrieved from <https://link-gale-com.libaccess.hud.ac.uk/apps/doc/HN3100231431/ILN?u=hudduni&sid=bookmark-ILN&xid=dc37f0be>

wounds. The absence of facially wounded soldiers from these photographs or indeed this event shows how disfigured veterans were not included within the wider group of war wounded.

The decision to picture bodily injuries whilst excluding images of facially wounded soldiers was because these injuries were easier to make socially acceptable, that is, they were easier to cover up and hide the wound whilst showing the disability. Facial injury was impossible to hide in this way, it was the most visible wound a man could receive. The inability to hide the wound combined with the stigmatizing connotations of it meant that there was a growing avoidance of facial injury altogether. Whenever the media mentioned facial injury there were rarely any photographs of facially wounded men. At most they would picture a heavily bandaged man shown at a distance or slightly obscured as seen in a 1917 *Daily Mail* article where a photograph of Queen Mary meeting facially wounded soldiers at Sidcup Hospital is shown but the facially wounded soldier is positioned in such a way that all that can be seen is a sideways view of his bandages.¹⁹⁷ Whilst facial injury was visible through newspaper reports and literature it was not literally visible and was largely absent from the visual culture of the war.¹⁹⁸ Ward Muir's 1918 *Happy Hospital* goes into very graphic detail about the nature of facial injury and allowed the reader to create an image in their mind which was often worse than the reality.¹⁹⁹ The permissibility of Muir's graphic descriptions is contradictory to the aversion of actual photographs and shows that

¹⁹⁷ Anon. (1917, November 16). Picture Gallery. *Daily Mail*. Retrieved from <https://link-gale-com.libaccess.hud.ac.uk/apps/doc/EE1864986439/DMHA?u=hudduni&sid=bookmark-DMHA&xid=3d6d04ec>

¹⁹⁸ Boyle, E. H. (2019). 'An uglier duckling than before': Reclaiming agency and visibility amongst facially wounded ex-servicemen in Britain after the First World War. *Alter*, 13(4), 308-322. p.313

¹⁹⁹ Muir, W. (1918). *The Happy Hospital*. London: Simpkin, Marshall, Hamilton, Kent; Biernoff, S. (2011). The Rhetoric of Disfigurement in First World War Britain. *Social History of Medicine*, 24(3), 666-685. p.671

whilst print descriptions of the injury were acceptable the actual showing of the disfigured face was taboo.

The censorship of facial injury within the press was in part due to the need to maintain high spirits and prevent men from being discouraged to enlist. There was already a growing stigma relating to facial injury and this combined with the belief that facial injury was a 'fate worse than death' could influence a man's decision on whether to enlist. Whilst photographs of the injuries were not shown there was a lot of media attention relating to the new facial injuries hospital at Sidcup and the 'Christ-like work' that was taking place there.²⁰⁰ Discussing the new medical innovations and scientific progress with statements like 'happily the marvels of present-day surgery are such that cures can be effected in 90 per cent of the cases',²⁰¹ lead the reader from horror to relief, especially when the intended audience of these news articles were the parents, wives and girlfriends of men who were still at the front and men not yet sent out.²⁰² Whilst there were many articles which emphasized the surgical miracles that were taking place in the hospitals these 'miracles' were rarely shown, the occasional photos that were published would show a bandaged man 'enjoying boyish pursuits' whilst concealing any permanent disfigurement and focusing on the healing process.²⁰³

²⁰⁰ Anon. (1917, August). 'The Queen's Hospital', *Kent Messenger*. cited in Biernoff, S. (2011). The Rhetoric of Disfigurement in First World War Britain. *Social History of Medicine*, 24(3), 666-685. p.673

²⁰¹ Anon. (1917, January) Queen and Our Wounded: New Special Hospital', *Morning Post*; Anon. (1917, January). 'Facial Injuries: New Soldiers' Hospital in Kent', *The Times*. Both cited in Biernoff, S. (2011). The Rhetoric of Disfigurement in First World War Britain. *Social History of Medicine*, 24(3), 666-685. p.673

²⁰² Biernoff, S. (2011). The Rhetoric of Disfigurement in First World War Britain. *Social History of Medicine*, 24(3), 666-685. p.673

²⁰³ Biernoff, S. (2011). The Rhetoric of Disfigurement in First World War Britain. *Social History of Medicine*, 24(3), 666-685. p.673

La Greffe Générale

The extent of the culture of aversion towards facial injury in Britain is especially evident when you compare it with the response to facial injury in other participant countries. An article in *The Times* entitled 'France's Maimed Soldiers' writes that 'a great demonstration in honour of the mutilés of the war took place' when discussing an event held in 1920 and it summarized the attitude France had towards mutilated soldiers as having 'always been mindful of the debt she owed to those who have suffered in her wars'.²⁰⁴ The acceptance and respect shown towards facially wounded soldiers in France was very different to the response in Britain.

One of the key differences between the British and French response was that in France the emergence of *La Greffe Générale*, a journal published by facially wounded soldiers, created a more open culture towards facial injury and provided facially wounded men with representation. The journal shaped the collective image of facially wounded ex-servicemen in France as men who had been profoundly affected and changed by the war but whose 'sense of humour, love for their country and determination to overcome their circumstances had enabled them to reintegrate into French society'.²⁰⁵

The journal was written, edited, and published by the wounded men and whilst there would have been some element of self-censorship the journal gave a more open view of the nature of facial injury compared with anything that was seen in Britain. The journal was almost completely free of medical jargon, humorous in tone and was circulated outside the hospital which allowed the public an insight into the lives of the

²⁰⁴ Anon. (1920, February 2). France's maimed soldiers. *The Times*. p.11 Retrieved from <https://link-gale-com.libaccess.hud.ac.uk/apps/doc/CS187371074/TTDA?u=hudduni&sid=bookmark-TTDA&xid=71a57e9b>

²⁰⁵ Gehrhardt, M. (2018). *La Greffe Générale: The voice of French facially injured soldiers*. *Modern & Contemporary France*, 26(4), 353-368. p.355

facially wounded soldiers.²⁰⁶ The fact that this journal was intended to be read by the public shows the extent of openness in France about this issue, compared with Britain- where the subject was avoided in a way reminiscent of censorship. Whilst in France there were whole publications dedicated to facial injury which included narratives from the men themselves in Britain there was a complete lack of representation. Biernoff's claim of a culture of aversion towards facial injury within Britain was the opposite to the reality in France with Gehrhardt writing that *La Greffe Générale* made facial injuries legible to the public and that the information contained within the journal, about the feelings of the wounded men and the nature of their injuries, served as a prelude to the face-to-face meetings that could have been difficult due to the nature of facial injury.²⁰⁷

The open and accepting atmosphere that *La Greffe Générale* helped to foster in France eventually led to the creation of the Association des Gueules Cassées in 1921 which focused on providing support for facially wounded veterans.²⁰⁸ The organisation impacted how facially wounded men were seen in France as it drew attention to the large number of men who had received facial injuries during the war and, having built on the work of *La Greffe Générale*, helped to destigmatize facial injury by reincorporating it back into the body of war wounds whilst acknowledging the unique nature of the injury. The Association were able use their collective power to work towards obtaining better pensions and raise funds to support group activities.²⁰⁹ The

²⁰⁶ Gehrhardt, M. (2018). *La Greffe Générale: The voice of French facially injured soldiers. Modern & Contemporary France*, 26(4), 353-368. p.356

²⁰⁷ Biernoff, S. (2011). The Rhetoric of Disfigurement in First World War Britain. *Social History of Medicine*, 24(3), 666-685. p.668; Gehrhardt, M. (2018). *La Greffe Générale: The voice of French facially injured soldiers. Modern & Contemporary France*, 26(4), 353-368. p.364

²⁰⁸ Gehrhardt, M. (2018). *La Greffe Générale: The voice of French facially injured soldiers. Modern & Contemporary France*, 26(4), 353-368. p.355

²⁰⁹ Gehrhardt, M. (2018). *La Greffe Générale: The voice of French facially injured soldiers. Modern & Contemporary France*, 26(4), 353-368. pp.366-367

organisation still exists today under the name The Union of Face and Head Wounded and credits its founders as those who fought with determination to 'preserve the rights of thousands of unrecognized war victims and to ensure them essential moral and material support'.²¹⁰

The establishment of one association which represented all facially wounded men in France contrasts dramatically with the situation in Britain. Men had to advocate for themselves which could be a long and complicated process and often meant there were discrepancies in how facially wounded men were treated. It would have been far easier to draw attention to the issues associated with facial injury if there was an official group which acted on behalf of the thousands of facially wounded men rather than each man acting alone. This lack of organisation contributed to the lack of appreciation and respect towards facially wounded ex-servicemen as there was no representation; had there been a more open culture with representation of facially wounded men from the beginning, through something similar to *La Greffe Générale*, it could have removed some of the stigmas associated with the injury and helped the men to reintegrate back into society. Gehrhardt concludes that the journal revealed the men's desire to 'present themselves not as objects of pity, but as men willing and able to further contribute to the war effort and beyond, to the reconstruction of society'.²¹¹ This desire to destigmatize and avoid pity was also present in British facially wounded soldiers but

²¹⁰ The Union of Face and Head Wounded continues the work started by the Association des Gueules Cassées see *Gueules Cassées* website. Retrieved from https://www.gueules-cassees.asso.fr/generalites-_r_6.html. See also Biernoff, S., & Stein, C. (2008). Les Gueules Cassées (review). *Bulletin of the History of Medicine*, 82(2), 429-430.

²¹¹ Gehrhardt, M. (2018). *La Greffe Générale: The voice of French facially injured soldiers*. *Modern & Contemporary France*, 26(4), 353-368. pp.366-367

the culture of avoidance surrounding their injuries and lack of representation made this difficult to achieve.²¹²

Blue benches

Alongside the censorship of facial injury in the media there was also an element of censorship within society. This was due to questions of social stigma and acceptability as there was a belief that showing such a graphic war wound in public was not appropriate and would cause concern amongst citizens who, because of the censorship in the media, would not have known the true extent of facial injuries. An example of this censorship is the blue benches at Sidcup Hospital. Whilst at the hospital the men were encouraged to go for walks and along the road into Sidcup there were a number of benches. Interspersed between the normal benches were specific painted blue benches which were for the patients use only so that 'local residents would know that the occupant of such a bench was likely to have some hideous facial injury'.²¹³

The decision to censor facial injuries through designating specific benches for facially wounded patients, and by painting them in such an obvious colour, contributed to the stigma associated with facial injury as it helped to legitimize the view that facially wounded men were no longer a part of society.²¹⁴ This also contributed to the growing social isolation felt by many facially wounded men as it assumed that men with facial injuries would want to hide, and by separating and highlighting where the facially

²¹² See Gehrhardt, M. (2015). *The men with broken faces: 'Gueules Cassées' of the First World War* (Vol. 25). Peter Lang Ltd.

²¹³ Bamji, A. (1996). 'Facial Surgery: The Patient's Experience'. In Cecil, H., & Liddle, P. *Facing Armageddon: The First World War experienced*. Cooper. p.498

²¹⁴ For more on stigma and the way in which it creates 'out-groups' and removes them from the rest of society see Goldberg, D. S. (2017). Pain, objectivity and history: understanding pain stigma. *Medical Humanities*, 43(4), 238-243. p.238

injured men would sit it made observers feel as though they should be avoided.²¹⁵ The belief that members of the public should be warned about the presence of facially wounded men so that they could decide whether or not to look at them further added to this culture of avoidance because it gave people the choice to avoid. By making it into a choice, and by making it seem as though the right choice would be to look away, it contributed to the isolation and stigmatization of facially wounded men as it reduced them from being men with an injury to just an injury. Whilst these benches, and the general avoidance of facially wounded men, did contribute to their isolation it is important to acknowledge that these actions may have come from a desire to 'protect' the wounded men from the often openly expressed horror of the public. Whilst this was well intended it was arguably misguided and a more inclusive approach may have helped with the reintegration of facially wounded ex-servicemen.²¹⁶ It is notable that there was nothing like these blue benches for any other type of war wound, this further shows how different facial injury was from other injuries as it was not only seen as being separate from the general category of war wounds but it also resulted in the men being seen as separate from society, even to the extent that they had their own blue benches in order to warn the public of their presence.

Face masks

Whilst face masks were marketed to increase the soldier's confidence it could be argued that its real purpose was to alleviate the discomfort of individuals who might encounter the wounded men. *The Times* reported that the provision of masks would 'enable the owner to go out into the world again without shrinking'.²¹⁷ Suggesting that

²¹⁵ Boyle, E. H. (2019). 'An uglier duckling than before': Reclaiming agency and visibility amongst facially wounded ex-servicemen in Britain after the First World War. *Alter*, 13(4), 308-322. p.313

²¹⁶ See Reid, F. (2017). *Medicine in First World War Europe: Soldiers, Medics, Pacifists*. Bloomsbury Academic. p.104

²¹⁷ Anon. (1916, August 12). 'Mending the Broken Soldier', *The Times*. p.9. Retrieved from <https://www.thetimes.co.uk/article/mending-the-broken-soldier-57f35mk00>

it was the use of masks to hide their appearance that would allow the men to go back into the world 'without shrinking' demonstrates the belief many had that facially wounded men should be choosing to stay indoors where possible and if they did go out they should be 'shrinking' meaning they should be embarrassed about their appearance. To write that only a mask would allow the men to go back into the public without this embarrassment suggests that facial injury was something to be ashamed of and something that should be hidden as much as possible. Once again this attitude was not seen towards other war injuries; whilst amputations and blindness were obvious to the observer when out in public there was not an embarrassment associated with it in the way there was with facial injury.

Francis Derwent Woods 'Masks for Facial Disfigurements Department' at the 3rd London General Hospital was colloquially referred to as the 'tin noses shop'. In an article discussing the 'team work in plastic surgery' the writer states that after the surgeons had done their best to 'restore a foundation of sound tissue' there were some cases where too large an amount of the face had been damaged and that in these cases the surgeons 'called upon Sergeant Derwent Wood...who most ingeniously made artificial faces to *mask the deformities*' [emphasis added].²¹⁸ Derwent Wood described his work as allowing the patient to acquire 'his old self-respect, self-assurance, self-reliance, and discarding his induced despondency, takes once more to a pride in his personal appearance'.²¹⁹ The desire to 'mask the deformities' and allow the facially wounded soldier to 'take pride' in his appearance suggests that rather than being for the benefit of the men the masks were intended to normalize their

²¹⁸ Anon. (1916, April. 18). Teamwork in plastic surgery. *Western Times*. p.8. Retrieved from <https://link-gale-com.libaccess.hud.ac.uk/apps/doc/GW3219432849/BNCN?u=hudduni&sid=bookmark-BNCN&xid=b13f38c9>

²¹⁹ Wood, F. D. (1917). Masks for facial wounds. *The Lancet*, 189(4895), 949-951. p.949

appearance so they would not attract attention when they went out in public. The desire to cover facial injuries with a mask is similar to the decision taken by the media to not publish photos of facial injury and shows the continuation of unofficial censorship in society.

The process of mask making was unlike prosthetic limbs as it was all highly individual and could not be standardized which meant mask wearing was not a common occurrence amongst the facially wounded population.²²⁰ Whilst masks were certainly well intentioned Biernoff notes that wearing them could be seen as part of a 'social contract not to offend, not to be obtrusive. I will spare you the sight of my face, the mask declares'.²²¹ Derwent Wood himself writes that once wearing a mask the facially wounded soldier is 'no longer a source of melancholy to himself or of sadness to his relatives and friends'.²²² Once again this desire not to offend or be a source of melancholy or sadness, whilst not unique to facial injury, was much more pronounced in such cases, and shows how masks were used to help censor facially wounded men in society.

'I lost little, and gained much through the Great War':²²³ Life with facial injuries

The impact of facial injuries on masculinity is complex. Whilst the nature of the injury itself and the stigmas that became associated with it did impact masculinity this did not necessarily mean that facially injured men would not be able to live a 'normal life'. Whilst this dissertation has highlighted the ways in which facial injury and its stigmas

²²⁰ For a description of the mask making process see Reid, F. (2017). *Medicine in First World War Europe: Soldiers, Medics, Pacifists*. Bloomsbury Academic. pp.104-105. See also Gehrhardt, M. (2013). Gueules Cassées: The men behind the masks. *Journal of War & Culture Studies*, 6(4), 267-281.

²²¹ Biernoff, S. (2011). The Rhetoric of Disfigurement in First World War Britain. *Social History of Medicine*, 24(3), 666-685. p.681

²²² Wood, F. D. (1917). Masks for facial wounds. *The Lancet*, 189(4895), 949-951. p.949

²²³ Best. (1922). 'My Personal Experiences and Reminiscences of the Great War', *Liddle Collection*, University of Leeds, LIDDLE.WW1.GA.WOU.34, essay 5.

affected masculinity and had a detrimental impact on soldiers' lives it is important to consider cases where facially wounded men were able to achieve masculine goals. Using interviews, personal essays, private papers and other qualitative sources this section aims to assess the impact of facial injury on masculinity by considering the attitude the men had towards their injury and postwar life. Alongside looking at whether the men achieved the standard goals of finding and keeping employment, getting married, and having a family this section will also consider whether the men regretted their participation in the war and how they came to view their time in the army.

Private Joseph Pickard was recruited underage to the 1/7th Battalion Northumberland Fusiliers in 1915 and in 1918 he received severe leg, pelvic and facial wounds from shrapnel for which he was treated at Rouen hospital, Ford Western General Hospital, and Neath and Bhelan convalescence camp.²²⁴ Throughout an interview conducted by researchers at the Imperial War Museum Pickard approaches his time in the army and his injuries with a sense of humour and appears to downplay the seriousness of his wounds, particularly his facial injury. When asked about his injuries Pickard responded that he 'knew there was something a'matter with my face...I knew the blood was running...but I never bothered about it'.²²⁵ Pickard describes how he cut off all his bandages to have a look at his face and when asked what he thought he replied 'ah I didn't bother, to be quite candid I didn't. She [the nurse] asked me the same question, she says er she was a bit dubious about it...she says what do you think about it? I said well what can I? Its [his nose] off, its gone. You

²²⁴ Pickard, J. (1986), Oral history interview [Tape recording] *Imperial War Museum (London)*, catalogue number: 8946, reel 17, retrieved from <https://www.iwm.org.uk/collections/item/object/80008738>. Retrieved August 2020

²²⁵ Pickard, J. (1986), Oral history interview [Tape recording] *Imperial War Museum (London)*, catalogue number: 8946, reel 17, retrieved from <https://www.iwm.org.uk/collections/item/object/80008738>. Retrieved August 2020

don't think I'm gonna travel up the line to look for it!'.²²⁶ Pickard's humorous and stoical attitude towards his injuries suggests a compliance with the definition of appropriate disabled masculinity. Gagen claims that throughout the hospital process medical staff expected men to show toughness and resolve to deal with pain and treated cheerful patients with more respect as to be stoical was the 'model masculine response and denoted the perfect patient'.²²⁷ Pickard's stoical attitude is maintained throughout the interview and the only time he touches upon the difficulties his facial injury brought him was when asked about how the public reacted to him. When asked if he lost any confidence because of his facial injury that he admits:

There was only once and it was before I got the nose put on when I was down in Wales and I think it was the first time I was out the hospital and I wanted to go down and have a look at the place...I was going along the bottom and there's some kids sort of playing about and as I went passed a short time after they got up and galloped past me. I passes about two or three streets and when I got there all the kids in the blinking neighbourhood had gathered. Talking, looking, gawping...and I could've hit the whole blinking lot of em. I knew what they were looking at. So I turned round and I went back to hospital...I was sitting one day and I thought, it's no good, I can't stop like this for the rest of my life. I said you've got to face it sometime, so I went out again, after that I just walked out, any time I was going anywhere I just walked out.²²⁸

²²⁶ Pickard, J. (1986), Oral history interview [Tape recording] *Imperial War Museum (London)*, catalogue number: 8946, reel 17, retrieved from <https://www.iwm.org.uk/collections/item/object/80008738>. Retrieved August 2020

²²⁷ Gagen, W. J. (2007). Remastering the body, renegotiating gender: Physical disability and masculinity during the First World War, the case of J. B. Middlebrook. *European Review of History*. 14(4), 525-541. pp.530-531

²²⁸ Pickard, J. (1986), Oral history interview [Tape recording] *Imperial War Museum (London)*, catalogue number: 8946, reel 18, retrieved from <https://www.iwm.org.uk/collections/item/object/80008738>. Retrieved August 2020

Pickard's resilience after this reaction signalled a turning point in how he felt about his injuries and how he responded to people's attention. It would have been understandable if this experience had caused him to recluse himself but his realisation that he could not live like that resulted in him going about his life without concern over the reactions of others. Pickard's confidence returned and he even felt able to go about London before his nasal reconstruction when he had 'no nose, no teeth' so he could watch the football.²²⁹ It is significant that of all the events Pickard chose to leave the safe confines of the hospital for it was the typically masculine pursuit of football, this is indicative of his desire to re-immense himself in traditionally male activities in an attempt to reclaim his masculinity. The decision to 'face it' and deal with the responses paid off because when Pickard returned home to Alnwick he said that people got used to his appearance and did not mention it, he found that if he was not the one to bring it up or make reference to it then 'nobody would be bothered with it'.²³⁰

The stoical attitude demonstrated by Private Pickard was common both within facially wounded servicemen in general and amongst the cases examined here. Private Ashworth, first mentioned in Chapter One, was wounded on the 1st of July 1916 with gunshot wounds to his mouth, back and legs.²³¹ He was admitted to Sidcup on the 5th of July 1916 and was described as having 'large destruction of soft tissues left cheek and mouth'.²³² After being operated on three times and marrying his fiancée

²²⁹ Pickard, J. (1986), Oral history interview [Tape recording] *Imperial War Museum (London)*, catalogue number: 8946, reel 17, retrieved from <https://www.iwm.org.uk/collections/item/object/80008738>. Retrieved August 2020

²³⁰ Pickard, J. (1986), Oral history interview [Tape recording] *Imperial War Museum (London)*, catalogue number: 8946, reel 18, retrieved from <https://www.iwm.org.uk/collections/item/object/80008738>. Retrieved August 2020

²³¹ Ashworth, W- W Yorks 18th, Patient file, Harold Gillies Patient Case Files, *Royal College of Surgeons*, MS051 3/1/1/01 54

²³² Ashworth, W- W Yorks 18th, Patient file, Harold Gillies Patient Case Files, *Royal College of Surgeons*, MS051 3/1/1/01 54

whilst in hospital he was discharged on the 26th of September 1917 and later moved to Australia. In an interview about Private Ashworth's injuries his granddaughter said that he 'suffered from his injuries throughout his life' and that whilst he 'recalled prejudice because of his disfigurement he never let it get him down...he carried his facial scars and a shrapnel-riddled back all his life with dignity and bravery'.²³³ Ashworth's ability to carry his facial scars with 'dignity and bravery' demonstrates the stoical attitude that was encouraged in facially injured soldiers both in the hospital and once they were back in society. Rather than giving in to the temptation to be self-pitying and be influenced by society's view of their injuries being a fate worse than death Ashworth, like Pickard and other disfigured soldiers, choose instead to strive for, and in some cases achieve, the masculine goals which many felt would be out of reach for them.

After receiving a facial injury on the 28th of November 1917 Sidney Beldam was initially told he would only live 6 months but managed to surpass this by several decades.²³⁴ Beldam was admitted to Queens Hospital Sidcup on the 7th of March 1918 with his condition on admittance recorded as 'loss of major part of tip of nose & practically whole of right ala'.²³⁵ Between his admittance and his discharge in 1921 Beldam underwent 5 operations and this increased to over forty in total into the 1920s and 30s.²³⁶ Images of Beldam's facial injury can be seen in his patient file and whilst

²³³ Clayton, E. (2018, November 7). Pioneering plastic surgery for soldier shot in the face and left for dead in a trench. *Telegraph & Argus*. Retrieved from <https://www.thetelegraphandargus.co.uk/news/17206411.pioneering-plastic-surgery-soldier-shot-face-left-dead-trench/>

²³⁴ Chatterton, C., & McInnes, M. (2016). 'Rekindling the Desire to Live.' *Nursing Men Following Facial Injury and Surgery during the First World War. Bulletin of the UK Association for the History of Nursing.*, 5, 56-60. p.58

²³⁵ Beldam, S- MGC, Patient file, Harold Gillies Patient Files, *Royal College of Surgeons*, MS0513/1/1/03 133

²³⁶ Beldam, S- MGC, Patient file, Harold Gillies Patient Files, *Royal College of Surgeons*, MS0513/1/1/03 133; Chatterton, C., & McInnes, M. (2016). 'Rekindling the Desire to Live.' *Nursing Men Following Facial Injury and Surgery during the First World War. Bulletin of the UK Association for the History of Nursing.*, 5, 56-60. p.57

Major Gillies was able to reduce the appearance of the wound and restore some functionality it is still obvious that he had a facial difference. Despite this Beldam was able to meet the masculine expectations of getting married and having children after meeting his wife whilst she was playing piano for the patients at Sidcup.²³⁷ In an article on the nursing of facially wounded soldiers during the war Beldam's granddaughter described him as an 'amazingly strong man in himself, who was young enough...and optimistic enough to believe that he would make it'.²³⁸ Chatterton and McInnes note that what stands out in Beldam's life is the 'utter normality' he was able to achieve.²³⁹

In the cases of both Ashworth and Beldam their success of achieving a 'normal life' could be in part due to the support they received from their families, most particularly their wives. Both men married their wives whilst they were still in hospital meaning that the women must have seen them during the early stages of their injuries and surgical recoveries. For Beldam it could be argued that his wife showed a uniqueness in her ability to deal with his injuries as he met her while she was playing piano for the patients in the hospital which suggests that she was not like other women, or many in society, in her ability to deal with such serious injuries. Whilst both men went on to have families and careers it is possible that this may not have happened had it not been for the acceptance and love shown by their respective wives.

In 1922 patients at Queens Hospital Sidcup wrote essays entitled "My Personal Experiences and Reminiscences of the Great War". Whilst these essays only covered

²³⁷ Chatterton, C., & McInnes, M. (2016). 'Rekindling the Desire to Live.' *Nursing Men Following Facial Injury and Surgery during the First World War. Bulletin of the UK Association for the History of Nursing.*, 5, 56-60. p.57

²³⁸ Chatterton, C., & McInnes, M. (2016). 'Rekindling the Desire to Live.' *Nursing Men Following Facial Injury and Surgery during the First World War. Bulletin of the UK Association for the History of Nursing.*, 5, 56-60. p.57

²³⁹ Chatterton, C., & McInnes, M. (2016). 'Rekindling the Desire to Live.' *Nursing Men Following Facial Injury and Surgery during the First World War. Bulletin of the UK Association for the History of Nursing.*, 5, 56-60. p.58

their lives up until that point and had a strong focus on their war experience and time at Sidcup there are some indications about their view of army life and their injuries. In one essay Private McGowan of the 1/6 Black Watch describes the moment of his injury:

I don't know how long I had been wounded at this stage of the proceedings, but on gaining our trench again I collapsed on the top of it. When I gained conscious many of the men that had advanced were all lying dead, I was lying face downwards with my rifle in my hands, ten yards off were a party of the enemys [sic] machine gunners so I had five or six rounds of ammunition in the magazine of my rifle but before I had fired the fifth shot I was struck side ways on the face with an explosive bullet.²⁴⁰

McGowan was taken behind German lines and treated at a hospital in Mons before being taken to Germany with other British wounded; he stayed at different hospitals in Germany for 5 months before being sent home as an exchanged prisoner of war.²⁴¹ He was sent first to King George's Hospital where he was for a year before being sent to the 3rd London General Hospital until 1920 and then finally to Sidcup where he had felt able to write the essay.²⁴² When summarizing his time in the army McGowan wrote 'I must confess that I enjoyed soldering which was a very clean life to those who adopted it in the proper manner. When I look back and think things over which has happened during my service I feel proud'.²⁴³

²⁴⁰ McGowan. (1922). 'My Personal Experiences and Reminiscences of the Great War', *Liddle Collection*, University of Leeds, LIDDLE.WW1.GA.WOU.34, essay 1.

²⁴¹ McGowan. (1922). 'My Personal Experiences and Reminiscences of the Great War', *Liddle Collection*, University of Leeds, LIDDLE.WW1.GA.WOU.34, essay 1.

²⁴² McGowan. (1922). 'My Personal Experiences and Reminiscences of the Great War', *Liddle Collection*, University of Leeds, LIDDLE.WW1.GA.WOU.34, essay 1.

²⁴³ McGowan. (1922). 'My Personal Experiences and Reminiscences of the Great War', *Liddle Collection*, University of Leeds, LIDDLE.WW1.GA.WOU.34, essay 1.

Private Faragher of the Lancashire Fusiliers displayed a similar attitude to McGowan in that he enjoyed his service and despite his physical injury he had no regrets. Faragher enlisted in July 1917 and was passed A1 when he was sent for his training. In August 1918 whilst in the middle of what he described as their 'big offensive' Faragher was injured whilst making a 'dash across the top'.²⁴⁴ He wrote 'no doubt Jerry thought here was a good opportunity of testing his prowess as a marksman, I might remark he scored quite a number of bulls-eyes, myself being among the unfortunates'.²⁴⁵ He sums up his time during the war as 'looking back over the last five or six years of my life I find the time spent in the army has not been in vain. Apart from the physical well being I enjoyed whilst serving with the colours, it has given me a broader outlook on life and brought out qualities hitherto unsuspected in me'.²⁴⁶

Private Best from the 2nd Battalion Royal Scots also indicated that he had no regrets about his service even though he was wounded on his left cheek by a bullet. He was sent to the 1st Eastern General at Cambridge where he was 'operated on four times, with a great deal of success' and after three months at Cambridge he was sent home for a month's leave, at the end of which he was discharged as unfit for further service.²⁴⁷ Best wrote 'I cannot say I am sorry I joined the army as it has broadened my outlook on life, and given me many friends, whom I otherwise would never have known. So after all, I lost little, and gained much through the Great War'.²⁴⁸

²⁴⁴ Faragher. (1922). 'My Personal Experiences and Reminiscences of the Great War', *Liddle Collection*, University of Leeds, LIDDLE.WW1.GA.WOU.34, essay 4.

²⁴⁵ Faragher. (1922). 'My Personal Experiences and Reminiscences of the Great War', *Liddle Collection*, University of Leeds, LIDDLE.WW1.GA.WOU.34, essay 4.

²⁴⁶ Faragher. (1922). 'My Personal Experiences and Reminiscences of the Great War', *Liddle Collection*, University of Leeds, LIDDLE.WW1.GA.WOU.34, essay 4.

²⁴⁷ Best. (1922). 'My Personal Experiences and Reminiscences of the Great War', *Liddle Collection*, University of Leeds, LIDDLE.WW1.GA.WOU.34, essay 5.

²⁴⁸ Best. (1922). 'My Personal Experiences and Reminiscences of the Great War', *Liddle Collection*, University of Leeds, LIDDLE.WW1.GA.WOU.34, essay 5.

Whilst these men all received the same type of injury- a facial wound, which was seen as a fate worse than death their experiences show that despite the stigma that surrounded the injury some facially wounded men were able to go on to meet the expected masculine goals and live 'normal' lives. However, these cases represent only a small section of the overall number of facially wounded men, and these cases were often the exception rather than the rule. Whilst there are these 'success stories' of facially wounded men there are also thousands of others who are not known about. One example of these men is Private James Kennedy.

Private Kennedy was shot through the face during the war and unlike the previously mentioned facially wounded soldiers his case is not public; the only information on his injury and life after the war is letters he sent to his fellow soldier Lieutenant James Worthington. From these letters, accessed through the Imperial War Museum, it is obvious that Kennedy was affected by his injury for the rest of his life and, in his annual letters to Worthington spanning from 1919 through to at least 1974 he often refers to his facial injury and how it impacted him. In 1919 Kennedy initially informs Worthington of his injury writing, 'you will be surprised also sorry when I tell you I got shot through my face. Just missed my eyes and the roof of my mouth'.²⁴⁹ By this time in 1919 Kennedy was waiting to go before another medical board after previously being awarded a pension of 5s 6d for 39 weeks and had already undergone 3 operations; Kennedy told Worthington 'I don't think I will ever heal properly for I have been under 3 operations, and it is still the same'.²⁵⁰

²⁴⁹ Worthington, J. Private papers. Created by James Worthington, *Imperial War Museum (London)*, Box: 3.7, documents. 7455

²⁵⁰ Worthington, J. Private papers. Created by James Worthington, *Imperial War Museum (London)*, Box: 3.7, documents. 7455

In a later letter dated 1948 Kennedy again mentions his health and how his facial wound continued to affect him. He wrote that he was 'not getting on so well, the doctor says I have low blood pressure and nervous debility...I have some very bad attacks of dizziness [sic] sometimes for about an hour and it doesn't half take it out of me...I keep having to stay of [sic] work...some of my friends think it is through my war wound. I was shot in the face it went under the left eye and came out the right jaw'.²⁵¹ The health issues that Kennedy had for the remainder of his life were a direct result of his service in the First World War and throughout his annual letters his state of health is a common subject. Records show that Kennedy was classed as having a 20% disability due to his facial injury and he was listed as having a conditional pension until the 15th of January 1924.²⁵² Whilst it is not known what rate of pension he received after this date in his letters to Worthington he mentions that he had to undertake part time work after his retirement from his full-time job because his pension was not enough for him to live on.²⁵³ It is hard to fully understand the quality-of-life Kennedy had in the decades after the war from these letters alone. A former neighbour of Kennedy's mentioned that he remained single and without children for the rest of his life, something which Private Kennedy himself referred to in his letters writing 'I am still single' on a number of occasions.²⁵⁴ Kennedy's letters indicate that he viewed the war years with a level of fondness and often enjoyed reminiscing. In a letter sent at the start of 1944 Kennedy wrote 'I like to look back on those days for with all the danger of death we all had the real feeling for one another and it made things a lot easier' and

²⁵¹ Worthington, J. Private papers. Created by James Worthington, *Imperial War Museum (London)*, Box: 3.7, documents. 7455

²⁵² Kennedy, James William (57380). First World War Pension ledgers and Index cards. 293/04MK. 4/MK/No1657. Accessed through Fold3. Retrieved from <https://www.fold3.com/image/645930669>; <https://www.fold3.com/image/645930670>

²⁵³ Worthington, J. Private papers. Created by James Worthington, *Imperial War Museum (London)*, Box: 3.7, documents. 7455

²⁵⁴ Dodd, S. Personal communication. Email dated 23 June 2021; Worthington, J. Private papers. Created by James Worthington, *Imperial War Museum (London)*, Box: 3.7, documents. 7455

again in December 1958 he wrote that 'when I try to look back to 1918 and think of the places and village we were in and of you and the boys it makes me feel young again'.²⁵⁵ In 1958 Kennedy wrote that he had been trying on the football pools and that if he ever won he would like to use the money to 'see all the places of the past'.²⁵⁶

The post-war experiences of Private Kennedy, and the fact that these would be unknown had it not been for the family of Lieutenant Worthington donating the letters, is something that was common amongst facially wounded soldiers. Whilst 60,500 men were wounded in the head or eyes during the war there are only a few cases which are publicly known, and they often tend to be 'success stories' like the ones mentioned here. Many facially wounded men were unable to overcome both the physical and social effacement that was brought about by their injuries and for the majority of these men their stories will never be known.

Conclusion

Facial injury impacted upon masculinity because of the social isolation that it brought about. The stigma that was associated with the injury because of its physical implications resulted in a lack of representation through unofficial censorship. This lack of representation of the most visible form of war injury when compared with the representation of other socially acceptable injuries such as loss of limb and gas blindness contributed to the isolation felt by many facially wounded ex-servicemen. This lack of representation is particularly evident when comparing the treatment of facially wounded men in Britain with other combatant countries such as France. Alongside the lack of representation there was also the developing culture of

²⁵⁵ Worthington, J. Private papers. Created by James Worthington, *Imperial War Museum (London)*, Box: 3.7, documents. 7455

²⁵⁶ Worthington, J. Private papers. Created by James Worthington, *Imperial War Museum (London)*, Box: 3.7, documents. 7455

avoidance within society; face masks and designated benches contributed to the idea that facially wounded men should be hidden away or, if they had to be out in public, avoided. The stigma surrounding the physical effacement of these soldiers contributed to the social effacement as many were made to feel isolated both from other wounded soldiers and from society at large.

The second part of this chapter examined the cases where facially wounded men were able to overcome the stigma associated with their injuries and go on to live a 'normal life'. Unfortunately, these cases appear to be the exception rather than the rule and even when the men were able to fulfil masculine expectations they still had to contend with the physical and social impacts of their injuries. There is also a large number of facially wounded men whose post-war lives have not been publicly documented and as such it is important not to accept the experiences of the few publicised 'success cases' as being representative of the post-war experiences of all facially wounded men. In cases where facially wounded men were able to achieve societal ideals and reclaim their masculinity this was done by their conformity to stoical ideals of general war disability rather than being limited by the dehumanizing pity that surrounded facial injury.²⁵⁷ The source materials examined for this study support Boyle's finding that by conforming to the stoical ideals set out for injured ex-servicemen and by fulfilling the goals, such as getting a job, getting married and having a family, some facially wounded men were able to transcend the 'imagined boundaries of disfigurement' and situate themselves amongst the larger group of war wounded veterans who were 'corporeally altered but...maintaining an intact masculine status

²⁵⁷ Boyle, E. H. (2019). 'An uglier duckling than before': Reclaiming agency and visibility amongst facially wounded ex-servicemen in Britain after the First World War. *Alter*, 13(4), 308-322. p.321

and identity'.²⁵⁸ This idea of facially wounded men trying to fight against the emasculation that was intrinsic to their injury due to the stigma associated with it is similar to the way in which psychologically wounded men tried to redefine their injuries to fit into the heroically wounded category.

²⁵⁸ Boyle, E. H. (2019). 'An uglier duckling than before': Reclaiming agency and visibility amongst facially wounded ex-servicemen in Britain after the First World War. *Alter*, 13(4), 308-322. p.321

Chapter Three: 'A very lame duck'²⁵⁹: labels and stigma

Upon initial inspection it would appear that facial injury and shell shock were two separate and wholly different war injuries, facial injury was the most visible wound a man could receive and was impossible to hide whilst shell shock was an invisible injury which provided no visible wound. However, despite their positions at the opposite ends of the 'injury spectrum' facial injuries and shell shock were very similar in the way the stigmas associated with them impacted upon masculinity. Psychological injuries, commonly referred to as shell shock, were seen to be the antithesis of heroic masculine ideals. The suggestion that men were not able to hold their nerve and withstand the war went against the popular view of masculinity that had been present throughout the Edwardian period and seemed to confirm the view that a European war was needed to 'toughen up' the younger generation and in many societies, war was regarded as a 'true test of manliness'.²⁶⁰

When discussing cases of shell shock during the war Private Albert Turner who served with the Northumberland Fusiliers on Western Front between 1916 and 1918 said 'I'm going to speak the truth now, all of those men that came back from the front were not in their right minds, you believe me and I'm speaking the truth on that because they'd had so much to put up with day and night, day and night'.²⁶¹ The number of men who were returning from the front 'not in their right minds' is impossible to calculate due to the nature of psychological injuries and discrepancies in recording

²⁵⁹ Berrington, J.S.D. Private papers. Created by John Spencer Davies Berrington, *Imperial War Museum (London)*, documents.16660

²⁶⁰ Mosse, G. L. (2000). Shell-shock as a social disease. *Journal of contemporary history*, 35(1), 101-108. p.102. See also Shephard, B. (2001). *A war of nerves: Soldiers and psychiatrists in the Twentieth Century*. Harvard University Press.

²⁶¹ Turner, A. (n.d.), Oral history interview [Tape recording] *Imperial War Museum (London)*, catalogue number: 33050, retrieved from <https://www.iwm.org.uk/collections/item/object/80032707>. Retrieved October 2020

and treatment so all calculations must be made on the basis of those admitted to hospitals or those receiving pensions.²⁶² With this in mind in 1916 neurasthenia accounted for 40 per cent of casualties, and by the end of the war there had been 80,000 cases of war neuroses treated in army hospitals.²⁶³ In 1921 65,000 men were receiving pensions for neurasthenia and by 1925 12,000 pensions for neurasthenia had been awarded for life; in the 1930s 36 per cent of ex-servicemen receiving disability pensions were listed as psychiatric casualties.²⁶⁴ By suffering from psychological wounds these men were faced with a number of stigmatizing labels and assumptions which impacted their masculinity, including discussions on whether their 'invisible' psychological injury held the same 'heroic' standing as those with visible, physical injuries.²⁶⁵ Goldberg notes that stigma is the result of social power structures where an 'in-group', in this case those who held high expectations of how men should behave in war, marks an 'out-group' as different on 'the basis of a shared demographic characteristic', this then being shellshocked men who had failed to conform to societies expectations of men in war.²⁶⁶ This chapter will look at how different terms for diagnosis were created in order to alleviate the negative connotations that

²⁶² Bourke, J. (1999). *Dismembering the Male: Men's bodies, Britain and the Great War*. London: Reaktion. p.109

²⁶³ Showalter, E. (1987). *The Female Malady: Women, madness and English culture 1830-1980*. London: Virago. p.63 quoted in Bourke, J. (1999). *Dismembering the Male: Men's bodies, Britain and the Great War*. London: Reaktion. p.109

²⁶⁴ Tyron, G. (1925, December 15). *War Pensions (Neurasthenic Cases)* [Hansard]. (Vol. 189). [https://hansard.parliament.uk/Commons/1925-12-15/debates/d28eb8de-cb16-44b0-8130-54ce89e3b73a/WarPensions\(NeurasthenicCases\)?highlight=neurasthenia#contribution-16f49f72-5c83-4760-843a-3ae47bb1e9a2](https://hansard.parliament.uk/Commons/1925-12-15/debates/d28eb8de-cb16-44b0-8130-54ce89e3b73a/WarPensions(NeurasthenicCases)?highlight=neurasthenia#contribution-16f49f72-5c83-4760-843a-3ae47bb1e9a2); Macpherson, W. G., Herringham, W. P., Elliott, T. R., & Balfour, A. (1923). *Medical Services: Diseases of the War*, vol. 2. p.8; Showalter, E. (1987). *The Female Malady: Women, madness and English culture 1830-1980*. London: Virago. p.63 quoted in Bourke, J. (1999). *Dismembering the Male: Men's bodies, Britain and the Great War*. London: Reaktion. p.109.

²⁶⁵ Anderson notes that blind ex-servicemen were lauded as being 'whole' in comparison to amputees and this was used to help create a positive public image around blinded soldiers. However, it seems ironic that this celebration of physical wholeness was not extended to psychologically wounded men who at the same time had their bravery and heroism questioned because of their lack of physical wound. See Anderson, J. (2013). 'Creating identities at St Dunstan's 1914-1920'. In McVeigh, S., & Cooper, N. (Eds.). (2013). *Men after war*. Oxford: Routledge. p.79.

²⁶⁶ Goldberg, D. S. (2017). Pain, objectivity and history: understanding pain stigma. *Medical Humanities*, 43(4), 238-243. p.238

surrounded the label of shell shock and how being admitted to an asylum added to the stigma that surrounded psychological injuries. Chapter four will look at the belief that shell shocked men were socially worthless because of their supposed predisposition to mental illness and the suggestion that they had succumbed to shellshock because they were cowards.

Different diagnosis for different ranks: An attempt to 'save' the officers?

As the war progressed and the number of psychologically wounded soldiers increased it became apparent that the term shell shock, coined by the psychologist Charles Myers, could not continue to be used as it had become an umbrella term for any man displaying symptoms of psychological injury.²⁶⁷ In 1922 shell shock was referred to as a 'much used and much abused' term that had been 'born out of the necessity for finding...some designation thought to be suitable for the number of cases of functional nervous incapacity which were continually occurring among the fighting units'.²⁶⁸ This was recognized as problematic as it grouped together all men regardless of their symptoms, previous conduct or rank.

Young officers were disproportionately affected by shell shock, whilst there were thirty men assigned to an officer as many as one in six shell shock cases were

²⁶⁷ Within 8 months of the war beginning Charles Myers was already publishing papers on the causes and symptoms of shell shock. See Myers, C. (1915). A contribution to the study of shell shock: Being an account of three cases of loss of memory, vision, smell, and taste, admitted into the Duchess of Westminster's War Hospital, Le Touquet. *The Lancet*, 185(4772), 316-320. See also Myers, C. S. (1916). Contributions to the study of shell shock: being an account of certain disorders of speech, with special reference to their causation and their relation to malingering. *The Lancet*, 188(4854), 461-468.

²⁶⁸ Lord Southborough. (1922, September 2). "Shell-shock". A misleading designation. Medical experts' conclusions. *The Times*. p.13. Retrieved from gale.com/apps/doc/CS219222818/GDCS?u=hudduni&sid=GDCS&xid=6b577a28. See also Carden-Coyne, A. (2009). *Reconstructing the body: Classicism, modernism, and the First World War*. Oxford University Press. p.63; Hallett, C. E. (2009). *Containing trauma: Nursing work in the First World War*. Manchester: Manchester University Press. p.169

officers,²⁶⁹ and officials were conscious of the growing stigma surrounding the condition which suggested that shell shocked men were cowards, shirkers, feminine or 'already mad'. Rössler's claim that mental disorders are subject to far more negative judgements and stigmatizations than any other type of illness goes some way to explaining why officials were so keen in their attempts to create clarity in the diagnosis and alleviate some of this stigma.²⁷⁰ There was concern that by indiscriminately labelling all men showing psychological symptoms as shell shocked it would devalue the diagnosis as there was a belief that some soldiers, particularly men from the ranks, were faking their symptoms to escape the front and that from this the condition would become stigmatizing and negatively affect the men who were genuinely suffering.²⁷¹ An article from early in the war confusingly claimed that the effects of severe shell fire were 'very complicated; but it may be said, simple' in that they tend to present themselves in a dazed state until the soldiers 'pass into a state of lessened control' and became 'prey to his primitive instincts'.²⁷² The article then describes the variety of symptoms the affected man may display including blindness, deafness, loss of sense of smell or taste, insomnia, and night visions where past experiences on the battlefield are recalled.²⁷³ All of these were supposedly due to a lack of 'the will that can brace a man against fear'.²⁷⁴ This particular article was published in 1915 when shell shock

²⁶⁹ Barham, P. (2007). *Forgotten Lunatics of the Great War*. London: Yale University Press. p.4. See also Graves, R. (1960). *Goodbye to all that* (Rev. ed.). Penguin. pp.143-144 for a personal account of how officers were disproportionately affected by neurasthenia despite their average duration of trench service before being killed or wounded being shorter than a man from the ranks.

²⁷⁰ Rössler, W. (2016). The stigma of mental disorders: A millennia-long history of social exclusion and prejudices. *EMBO reports*, 17(9), 1250-1253. p.1250

²⁷¹ Shell shock was labelled as 'bad terminology' by Harold Wiltshire as it indiscriminately included all nerves cases regardless of whether they were due to shell explosions or of an 'organic nature'. See Wiltshire, H. (1916). A contribution to the etiology of shell shock. *The Lancet*, 187(4842), 1207-1212. p.1207

²⁷² Anon. (1915, May 25). Battle Shock. The wounded mind and its cure. *The Times*. p.11. Retrieved from link.gale.com/apps/doc/CS185140409/TTDA?u=hudduni&sid=bookmarkTTDA&xid=1b284ffe.

²⁷³ Anon. (1915, May 25). Battle Shock. The wounded mind and its cure. *The Times*. p.11. Retrieved from link.gale.com/apps/doc/CS185140409/TTDA?u=hudduni&sid=bookmarkTTDA&xid=1b284ffe.

²⁷⁴ Anon. (1915, May 25). Battle Shock. The wounded mind and its cure. *The Times*. p.11. Retrieved from link.gale.com/apps/doc/CS185140409/TTDA?u=hudduni&sid=bookmarkTTDA&xid=1b284ffe.

was still a relatively new condition which explains why it is somewhat confusing when it describes the nature and effects of psychological wounds. The physical symptoms produced by shell shock contributed to the stigmatizing nature of the injury as they often gave the appearance that the sufferer was no longer in control of his own body. Trembling, difficulty walking, mutism, seemingly random and uncontrolled outbursts, and a 'terror-stricken expression...the pupils dilated and the eyes staring' all attracted attention and marked the men as no longer being 'normal'.²⁷⁵ These symptoms occurred indiscriminately to both officers and men from the ranks.

2nd Lieutenant J. Berrington suffered from shell shock in June 1916 and wrote several letters to his wife during his hospitalization in France. On 1 June 1916 Berrington wrote his first letter to his wife after he received his wound, he described his condition as 'awfully shaky' and that he was waiting for the medical officer to decide 'what particular medicine will suit me and then I don't know whether I shall stop here or be sent further back a bit'.²⁷⁶ Two days later he wrote that he was 'getting on alright though slower than I expected. Up all day, of course, but not having very good nights'.²⁷⁷ The next day Berrington updated his wife again writing 'I am being moved today a little further back as I don't seem to get much better and can't sleep well though I am up all day'.²⁷⁸ This was followed two days later with another letter writing that he was 'still headachey and not very fit...we may meet sooner than we thought unless I am to convalesce in France though I am afraid you will find a very lame duck of a

²⁷⁵ Report of the War Office Committee of Enquiry into "Shell-Shock". (1922) RAMC/739/19. *Royal Army Medical Corps Muniments Collection*. pp.24,120. Accessed online through the Wellcome Collection. Retrieved from <https://wellcomecollection.org/works/v33yrqma>. See also Hallett, C. E. (2014). *Veiled warriors: Allied nurses of the First World War* (First ed.). OUP Oxford. p.95

²⁷⁶ Berrington, J.S.D. Private papers. Created by John Spencer Davies Berrington, *Imperial War Museum (London)*, documents.16660

²⁷⁷ Berrington, J.S.D. Private papers. Created by John Spencer Davies Berrington, *Imperial War Museum (London)*, documents.16660

²⁷⁸ Berrington, J.S.D. Private papers. Created by John Spencer Davies Berrington, *Imperial War Museum (London)*, documents.16660

hubby'.²⁷⁹ The next day on the 7 June, less than one week after he first informed his wife of his injury Berrington wrote 'I've written every day since the shell burst- at first I thought I should be alright but then the usual things came along, headache- loss of memory- general break up'.²⁸⁰ Berrington's description of his symptoms, which it could be argued were underplayed out of consideration for his wife's feelings, are consistent with the symptoms described by other officers and men from the ranks who experienced and witnessed shell shock. Within the letters Berrington also writes that 'luckily the shell burst at least 5 yds from me so the shock was not as bad as it might have been and I did not think at the time that it had affected me at all'.²⁸¹ Berrington's belief that he had been lucky to be further away from the shell and that he had escaped any bad damage shows how succumbing to shell shock was not simply a matter of a lack of will power or a subconscious desire to escape the front because as Berrington states he was somewhat surprised by the way his symptoms developed after he initially thought it had not affected him badly. The confusion about the nature of psychological wounds and how they may affect the men, combined with the suggestion that shell shock occurred because of a lack of will power and the growing concern of the overuse of the shell shock diagnosis led to the development of different terms that indicated a psychological wound but carried different connotations, an example of this are the terms neurasthenia and hysteria.²⁸²

²⁷⁹ Berrington, J.S.D. Private papers. Created by John Spencer Davies Berrington, *Imperial War Museum (London)*, documents.16660

²⁸⁰ Berrington, J.S.D. Private papers. Created by John Spencer Davies Berrington, *Imperial War Museum (London)*, documents.16660

²⁸¹ Berrington, J.S.D. Private papers. Created by John Spencer Davies Berrington, *Imperial War Museum (London)*, documents.16660

²⁸² See Bourke, J. (1999). *Dismembering the Male: Men's bodies, Britain and the Great War*. London: Reaktion. p.115; Barham, P. (2007). *Forgotten Lunatics of the Great War*. London: Yale University Press. p.4; Mosse, G. L. (2000). Shell-shock as a social disease. *Journal of contemporary history*, 35(1), 101-108. p.101. See also Loughran, T. (2008). Hysteria and Neurasthenia in pre-1914 British medical discourse and in histories of shell-shock. *History of Psychiatry*, 19(1), 25-46.

Neurasthenia

Neurasthenia was a diagnosis typically given to officers and as such it developed a different meaning and attracted a level of respect and sympathy that was not seen in the case of the diagnosis of hysteria that was mainly given to men from the ranks. Officials were keen to separate officers from the assumption that their psychological wound was due to a lack of intelligence or accuse them of being cowards and shirking their responsibilities and because of this the term neurasthenia came to be used almost exclusively for officers in order to acknowledge their injury but separate them from the larger group of shell shocked men.²⁸³ In his memoir *Goodbye to all that* Robert Graves wrote that 'officers had a less laborious but a more nervous time than the men'.²⁸⁴ When describing how psychological breakdowns and wounds could take hold Graves gives his opinion of the timeline in which an officers usefulness and ability to cope developed and then declined:

For the first three weeks, an officer was of little use in the front line; he did not know his way about, had not learned the rules of health and safety, or grown accustomed to recognising degrees of danger. Between three weeks and four weeks he was at his best, unless he happened to have any particular bad shock or sequence of shocks then his usefulness gradually declined as neurasthenia developed. At six months he was still more or less all right but by nine or ten months, unless he had been given a few weeks rest on a technical course, or in hospital, he usually became a drag on the other company officers. After a year or fifteen months he was often worse than useless.²⁸⁵

²⁸³ Reid, F. (2011). *Broken men: Shell shock, treatment and recovery in Britain 1914-30*. London: Bloomsbury Publishing. pp.21-22; Barham, P. (2007). *Forgotten Lunatics of the Great War*. London; Yale University Press. p.4; Bourke, J. (1999). *Dismembering the Male: Men's bodies, Britain and the Great War*. London: Reaktion. p.112

²⁸⁴ Graves, R. (1960). *Goodbye to all that* (Rev. ed.). Penguin. pp.143-144

²⁸⁵ Graves, R. (1960). *Goodbye to all that* (Rev. ed.). Penguin. pp.143-144

The high number of officers who were suffering from psychological breakdowns concerned officials because they were the leaders who needed to maintain morale and discipline, and they had been chosen for their 'education, intelligence, resilience, self-reliance and courage'.²⁸⁶ The fact that so many officers were suffering psychologically did not meet the expectations of the British public and caused concern amongst officials which resulted in a growing political and social pressure to provide distinctions between the types of shell shock.

These distinctions continued into the type of treatment the men received depending on their rank. Men from the ranks were initially treated at military hospitals and then discharged into either local pauper asylums or back to their families whilst officers were treated at specific officers' hospitals.²⁸⁷ One example of these hospitals is the Craiglockhart Hospital in Scotland. Craiglockhart was only open for 28 months but within that time it became noted for its treatments and staff, most especially the psychologist Dr William Rivers.²⁸⁸ Alongside patients such as Siegfried Sassoon and Wilfred Owen numerous officers were treated there including 38-year-old Captain Arthur Davis. The admissions and discharge book from 1917 shows that after being in service for one year and one month, and having completed 6 months with the field force, Davis was admitted to Craiglockhart on the 18th of June 1917 with the diagnosis of neurasthenia.²⁸⁹ When looking at the admissions and discharge log for Captain

²⁸⁶ Nolan, P. (2018). The emergence of shell shock during the First World War: Challenges for mental health care. *British Journal of Mental Health Nursing*, 7(5), 202-206. p.203

²⁸⁷ Leese notes that whilst there was occasional overlap in facilities treating officers with men from the ranks for the most part the treatment of officers was separate and often privately funded. See Leese, P. (2002). *Shell shock: traumatic neurosis and the British soldiers of the First World War*. Palgrave Macmillan. p.104

²⁸⁸ Webb, T. E. (2006). 'Dottyville'—Craiglockhart War Hospital and shell-shock treatment in the First World War. *Journal of the Royal Society of Medicine*, 99(7), 342-346. p.342; Leese, P. (2002). *Shell shock: traumatic neurosis and the British soldiers of the First World War*. Palgrave Macmillan. p.104

²⁸⁹ Davis, A.J. Private papers, created by Arthur Joseph Davis, *Imperial War Museum (London)*, 1 file, documents. 24190

Davis' time at Craiglockhart it is notable that all of the officers who are admitted are listed as having neurasthenia specifically rather than the general label of shell shock or the more stigmatizing term of hysteria.²⁹⁰ The diagnosis of neurasthenia denoted status during the war and because of this neurasthenic officers were given more privileged treatment than shell shocked or hysterical men.²⁹¹ According to Dr Rivers officers who suffered from neurasthenia also suffered from chronic anxiety states which were the 'direct result of the inordinate stress their role imposed on them while foot soldiers developed hysterical disorders largely due to fear'.²⁹² This seems to be a rather face value interpretation of the differences in diagnosis as rather than being due to different ranks suffering from different conditions the discrepancies were more likely due to prejudices of the time. These prejudices resulted in men from the ranks who were suffering from psychological wounds struggling to receive the recognition and treatment they needed and deserved.

Rivers assessment on the differing nature of psychological wounds depending on rank was a commonly held belief and it resulted in men from the ranks who suffered from shell shock being seen in a different light. To begin with men from the ranks had difficulties in even having their mental affliction recognized as legitimate as many medical officials felt that they were more likely to try and fake shell shock in order to escape the front.²⁹³ Alongside this derogatory belief there was also the stereotype that

²⁹⁰ Davis, A.J. Private papers, created by Arthur Joseph Davis, *Imperial War Museum (London)*, 1 file, documents. 24190

²⁹¹ Reid, F. (2011). *Broken men: Shell shock, treatment and recovery in Britain 1914-30*. London: Bloomsbury Publishing Plc. p.86. See also Macleod, A. (2018). Abrupt treatments of hysteria during World War I, 1914–18. *History of Psychiatry*, 29(2), 187-198

²⁹² Nolan, P. (2018). The emergence of shell shock during the First World War: Challenges for mental health care. *British Journal of Mental Health Nursing*, 7(5), 202-206. p.203

²⁹³ Peter Barham claims that the common profile of a shell-shocked soldier is that of a neurasthenic officer and that whilst men from the ranks who were labelled as hysteric made up the larger group less attention has been paid to them. See Barham, P. (2007). *Forgotten lunatics of the Great War*. London: Yale University Press. p.4

due to their lower class and perceived lack of education men from the ranks would be able to cope better than officers who were from a more privileged background, highly educated and more 'imaginative'.²⁹⁴ Colonel Ware from the Royal Garrison Artillery said in an interview that he became 'an immense admirer of what we would call the ordinary man in the street, the ordinary Yorkshire man. He was partly helped, I think, by the fact that he hadn't got an imagination. He seemed to be able to go about his duties and they did get knocked about'.²⁹⁵ The belief that this lack of imagination would allow men from the ranks to be 'knocked about' without consequence contributed to the caution some medical and military officials showed when a man from the ranks presented with symptoms of a psychological wound.

Hysteria

If and when men from the ranks had their mental wound acknowledged they were often listed as suffering from hysteria. This label had completely different connotations to the label of neurasthenia because hysteria had previously been considered a female specific mental illness. Elaine Showalter described shell shock as male hysteria as she claims it was caused by the feeling of loss of control in the trenches that was similar to the loss of control women experienced within the home.²⁹⁶ This belief that shell shock, or hysteria, was in some way similar to the mental conditions that had previously been associated with women contributed to the stigma that surrounded shell shock as the responses to these traumatized, hysterical soldiers were rooted in

²⁹⁴ Ware. (1991, September). Interview transcript, *Liddle Collection*, University of Leeds, LIDDLE.WW1.TR.08.45. p.8

²⁹⁵ Ware. (1991, September). Interview transcript, *Liddle Collection*, University of Leeds, LIDDLE.WW1.TR.08.45. p.8

²⁹⁶ Showalter, E. (1987). *The Female Malady: Women, madness and English culture 1830-1980*. London: Virago. p.171. See also Hallett, C. E. (2009). *Containing trauma: Nursing work in the First World War*. Manchester: Manchester University Press. pp.157-158. Hallett writes that it has been suggested by some that the effect shell shock had on mobility and speech was a response to the powerlessness or loss of control experienced by the men in the trenches.

the 'debates, cultural assumptions and practices of the pre-war period'.²⁹⁷ Despite works in France by Jean-Martin Charcot who claimed that hysteria did not just apply to women and 'effete men' the condition remained a female malady and as such carried the stigma to the men who were labelled with it.²⁹⁸

Hysteria was a class bound diagnosis and it was common throughout the war for officers who were labelled as neurasthenics to be seen as needing rest and recuperation whilst 'hysterical' men from the ranks were treated more harshly.²⁹⁹ Reid suggests that despite the numerous official proclamations that no psychologically wounded man would be treated as an ordinary lunatic many men from the ranks who were diagnosed as hysterical felt that they were being punished and incarcerated rather than treated.³⁰⁰ This feeling of incarceration and punishment could be related to the larger proportion of men from the ranks who were admitted into asylums compared with officers. Whilst soldiers who were sent to asylums were supposed to be separate from the civilian patients there was not much difference and for men who had been injured serving their country it is unsurprising that being certified and admitted to an asylum, and being subject to the same procedures and stigmas as 'ordinary lunatics', would have felt like a punishment. Class difference in the treatment and view of shell shock was shown through a comment by Sir Robert-Armstrong who worked with aphonic cases where he noted how rare it was for officers to lose their

²⁹⁷ Reid, F. (2019). *War Psychiatry and Shell Shock*. International Encyclopedia of the First World War. p.4. See also Reid, F. (2017). *Medicine in First World War Europe: Soldiers, Medics, Pacifists*. Bloomsbury Academic.

²⁹⁸ Reid, F. (2019). *War Psychiatry and Shell Shock*. International Encyclopedia of the First World War. pp.4-5

²⁹⁹ See Macleod, A. (2018). Abrupt treatments of hysteria during World War I, 1914–18. *History of Psychiatry*, 29(2), 187-198

³⁰⁰ Reid, F. (2019). *War Psychiatry and Shell Shock*. International Encyclopedia of the First World War. pp.4-5. See also Brumby, A. (2015). *From "Pauper Lunatics" to "Rate-Aided Patients": Removing the Stigma of Mental Health Care? 1888-1938* (Doctoral dissertation, University of Huddersfield).

voice due to the 'better education of the officers who are more able to reason...and who are thus less liable to emotional shock'.³⁰¹ It was also claimed that officers and men showed different symptoms and that whilst among the officers there was a large proportion of 'pure shell shock cases', among the men there were 'cases of hysterical paralysis and other signs of hysteria'.³⁰² The decision to create this distinction through different labels shows the awareness the military and medical authorities had of the stigmatizing nature of psychological wounds and demonstrates their attempts to 'save' the officers, who were often of a similar social standing to their own, from this stigma and avoid labelling them in a disreputable manner whilst also suggesting that officials held negative prejudices towards men from the ranks.

The development of different terms for psychologically wounded men suggests that there was an awareness around the stigmatizing nature of the injury. Alongside pre-existing stigma relating to mental illness there was also the growing belief that shell shock was the opposite of how a man should behave and, in the cases of men from the ranks, was often categorised as the same type of hysterical behavior believed to be shown by women. These beliefs unsurprisingly impacted upon masculinity. For men from the ranks there was also added stigma in the cases where they were admitted to an asylum. The stigma of pauperism and poverty came about because asylums, often referred to as pauper asylums, were mainly populated by those who could not afford private care. For a shell shocked soldier to be admitted to an asylum regardless of their financial background opened them up to the stigma of pauperism

³⁰¹ Buzzard, F. cited in R. Armstrong-Jones (July 1917), 'The psychology of fear and the effects of panic fear in war time', *Journal of Mental Science*, 63, 351. Quoted in Reid, F. (2011). *Broken men: Shell shock, treatment and recovery in Britain 1914-30*. London: Bloomsbury Publishing Plc. p.18

³⁰² Reid, F. (2011). *Broken men: Shell shock, treatment and recovery in Britain 1914-30*. London: Bloomsbury Publishing Plc. p.18

and poverty alongside the stigma of being certified and being included in the wider group of 'ordinary lunatics' in the asylums.

Lunacy, asylums, and pauperism: The additional stigma on men from the ranks

The differences that developed in the labels used in the diagnosis of shell shock also continued into difference in how the soldiers were treated.³⁰³ Whilst officers were sent to specialist hospitals men from the ranks did not receive the same level of respect and care. In many cases men from the ranks would either be discharged from the military hospital back to the care of their families or they would be transferred from the hospital into an asylum. From the end of 1914 there were debates in Parliament about the obligations of the British state towards the health and welfare of returning soldiers and in 1915 and 1917 bills were passed which aimed to create flexible categories so that men could be treated if their breakdown had been caused by 'wounds, shock, disease, stress, exhaustion, or any other cause'.³⁰⁴ Reid claims that in this way the term shell shock was useful because it 'created a respectable, masculine category for nervous breakdown' which preserved the 'prestige of the combatant...at a time when individual combatants were falling victim to what might otherwise have been a highly stigmatizing condition'.³⁰⁵ Whilst in theory the actions of the bills and label of shell shock should have protected the men from stigma in reality it did not work. Despite the government's assurance that psychologically wounded men would not be treated like

³⁰³ See Reznick, J. S. (2004). *Healing the nation: Soldiers and the culture of caregiving in Britain during the Great War*. Manchester University Press.

³⁰⁴ Barham, P. (2007). *Forgotten Lunatics of the Great War*. London; Yale University Press. p.42; Reid, F. (2011). *Broken men: Shell shock, treatment and recovery in Britain 1914-30*. London: Bloomsbury Publishing Plc. p.33. See also Jones, E. (2010). Shell shock at Maghull and the Maudsley: Models of psychological medicine in the UK. *Journal of the History of Medicine and Allied Sciences*, 65(3), 368-395; Robinson, M. (2021). 'Definitely wrong'? The Ministry of Pensions' treatment of mentally ill Great War veterans in interwar British and Irish society. *War in History*, 28(1), 71-92.

³⁰⁵ Reid, F. (2011). *Broken men: Shell shock, treatment and recovery in Britain 1914-30*. London: Bloomsbury Publishing Plc. p.33

ordinary lunatics the procedures that took place combined with pre-existing beliefs around mental illness and asylums meant that psychologically wounded men from the ranks did find themselves subject to the additional stigma of pauperism and poverty.³⁰⁶

Many were concerned over the decision to admit psychologically wounded soldiers into asylums because they knew the stigma that was associated with them and felt that men who had been wounded serving their country should receive better treatment and not be included within the civilian asylum population.³⁰⁷ Throughout the 1920s approximately 6000 ex-servicemen were patients in asylums with many of them being admitted to asylums that were far away from their homes which made it difficult for family members to visit.³⁰⁸ An example of the disagreement the public felt towards ex-servicemen being sent to asylums can be seen in a 1919 article from the *Hull Daily Mail* where the city council proposed that:

the sending to lunatic asylums of men who have been discharged from the army and navy suffering from shell-shock and nervous disorders rather hinders than facilitates their recovery owing to their contact with confirmed lunatics, and that, with a view to securing their recovery and their return to civil life, further provision should be made by the Ministry of Pensions for the accommodation of such men in homes of recovery.³⁰⁹

³⁰⁶ See Rössler, W. (2016). The stigma of mental disorders: A millennia-long history of social exclusion and prejudices. *EMBO reports*, 17(9), 1250-1253. p.1250 for more on how patients suffering from mental illnesses not only had to deal with the effects of their illness but also the social exclusion and prejudices that were associated with it.

³⁰⁷ Rössler notes that mental hospitals were often criticised as they increased the stigma surrounding the patients rather than allowing them to lead normal lives. See Rössler, W. (2016). The stigma of mental disorders: A millennia-long history of social exclusion and prejudices. *EMBO reports*, 17(9), 1250-1253. p.1251

³⁰⁸ Bourke, J. (2000). Effeminacy, Ethnicity and the End of Trauma: The Sufferings of 'Shell-Shocked' Men in Great Britain and Ireland, 1914–39. *Journal of Contemporary History*, 35(1), 57-69. p.63; Reid, F. (2011). *Broken men: Shell shock, treatment and recovery in Britain 1914-30*. London: Bloomsbury Publishing Plc. p.80

³⁰⁹ Anon. (1919, 8 Feb). "Shell shock and lunacy". *Hull Daily Mail*. p.2. Retrieved from link.gale.com/apps/doc/GW3226036622/BNCN?u=hudduni&sid=bookmark-BNCN&id=bc31567c

This claim that being in an asylum would hinder recovery made up part of the concern the public had about ex-servicemen's treatment. Due to the belief that psychological injuries could be recovered from with the right treatment, strong personal will power and a supportive atmosphere it makes sense that some felt an asylum, mainly populated with 'confirmed lunatics', would be un conducive to a full recovery.³¹⁰ The article continues on the theme of psychologically wounded men being let down by the government as it points out that Hull 'boasted of having sent over 80,000 to the colours, and yet the men coming back suffering from shell shock, neurasthenia or other mental trouble were being sent only to one place-Willerby Asylum'.³¹¹ This particular quote encapsulates the common disagreement many felt towards the asylums in that the army was happy to take the men in and send them to the front but they were less willing to take responsibility for their care after they had been injured and instead chose to transfer them into the asylum system.³¹²

The bills passed in 1915 and 1917 aimed to create distinctions between ex-servicemen and civilian asylum patients. The wounded men were given the label of service patients and as part of their 'privileged status' were allowed certain concessions such as wearing their own clothes and receiving a small allowance all whilst the cost of their stay was paid for by the Ministry of Pensions.³¹³ Barham points out that alongside these privileges there was also the assurance that if a shell shocked

³¹⁰ See Nolan, P. (2018). The emergence of shell shock during the First World War: Challenges for mental health care. *British Journal of Mental Health Nursing*, 7(5), 202-206. p.206

³¹¹ Anon. (1919, February 8). "Shell shock and lunacy". *Hull Daily Mail*. p.2. Retrieved from link.gale.com/apps/doc/GW3226036622/BNCN?u=hudduni&sid=bookmark-BNCN&id=bc31567c

³¹² Anon. (1922, February 11). "Ex-Soldiers in Asylums". *Daily Mail*. p.9. Retrieved from <https://link.gale.com/apps/doc/EE1863478936/GDCS?u=hudduni&sid=bookmark-GDCS&id=3ff5c8ed>; Thompson, S & Howard E. (1923, November 20). "Ex-service mental patients". *The Times*. p.8. Retrieved from <https://link.gale.com/apps/doc/CS135468414/GDCS?u=hudduni&sid=bookmark-GDCS&id=0aa05e83>

³¹³ Reid, F. (2014). 'His nerves gave way': Shell shock, history and the memory of the First World War in Britain. *Endeavour*, 38(2), 91-100. pp.93-94

soldier was to die they would be 'spared the indignity of burial in an asylum cemetery or pauper's grave' which further demonstrates the open acknowledgment of the stigma surrounding asylums and how this would affect the men.³¹⁴ The Government's attempts to separate the men within the asylums were not effective as the men did not always have access to these special privileges. This was mentioned in the House of Lords on the 15 April 1919 by Earl Stanhope who said:

When men are discharged from the Army for mental disabilities, they are usually sent to the county lunatic asylums. They are supposed to be given different clothes, and to be given some money which they can spend as they like, but it is really intended to improve their diet and their feeding arrangements. I understand that in a good many cases the men have not received these clothes, and that in very few cases it is possible to give them a different diet from that of the pauper patients with whom they are arraigned; and what really happens is that men who have been in the Army, who have suffered in the service of their country, are put into asylums with pauper lunatics. I am quite sure there is nobody either at the War Office or anywhere else who would approve that policy.³¹⁵

Earl Stanhope notes the common failure within the asylums to treat the ex-servicemen as separate from the rest of the patients and highlights that the reality of the situation was that men who had been injured in service of their country were not receiving the care and attention they needed and deserved.³¹⁶

³¹⁴ Barham, P. (2007). *Forgotten Lunatics of the Great War*. London; Yale University Press. p.105

³¹⁵ Earl Stanhope, (1919, April 15). *Neurasthenia And Shell-Shock* [Hansard]. (Vol. 34). <https://hansard.parliament.uk/Lords/1919-04-15/debates/9f2f3d54-b732-46a2-ba3e-5ad4e12711bf/NeurastheniaAndShell-Shock?highlight=shell%20shock#contribution-948235f9-3fcf-40fa-ba32-0fb456378168>

³¹⁶ This failure to provide the 'privileges' service patient were entitled to was also frequently highlighted in the media. See for example Anon. (1919, Nov 7). "Brentwood Asylum Treatment". *Chelmsford Chronicle*. p.2. Retrieved from

Whilst these privileges, when they were given, aimed to distinguish wounded soldiers from other patients the government failed to realise that a large part of the stigma was that the men had to be certified insane in order to be admitted. Alice Brumby outlines the two ways in which a man could be transferred into an asylum. Firstly they could be transferred directly from the war hospital where they had been receiving care, or alternatively if they had already been discharged back to their families the family could apply for help from the poor law relieving officer who would then fill in the necessary certificates for their admittance.³¹⁷ In both of these scenarios the wounded man would have to follow the same procedures as any other patient being admitted into the asylum which was stigmatizing as it brought the wounded soldier onto the same level as the ordinary lunatics who were too poor to pay for their own care and were certified insane. Whilst the government had thought of ways to try and separate the men once inside the asylum they did not create a specific system for admitting.³¹⁸ The process of admission shows that despite the assurance of the government and the various bills in 1915 and 1917 wounded ex-servicemen were subject to the same stigmas that applied to the 'ordinary lunatics' which the government had promised to distinguish them from.³¹⁹

<https://link.gale.com/apps/doc/EN3219393420/GDCS?u=hudduni&sid=bookmark-GDCS&xid=16a8f49a>

³¹⁷ Brumby, A. (2015). *From "Pauper Lunatics" to "Rate-Aided Patients": Removing the Stigma of Mental Health Care? 1888-1938* (Doctoral dissertation, University of Huddersfield). pp.133-135

³¹⁸ Brumby notes that according to the 1917 rules it was not until the Ministry of Pensions confirmed that the man was to be treated that the medical superintendent could classify him as a service patient. Up until that point the process of admission and initial classification was the same as any other patient. See Brumby, A. (2015). *From "Pauper Lunatics" to "Rate-Aided Patients": Removing the Stigma of Mental Health Care? 1888-1938* (Doctoral dissertation, University of Huddersfield). pp.133-135

³¹⁹ See Brumby, A. (2015). *From "Pauper Lunatics" to "Rate-Aided Patients": Removing the Stigma of Mental Health Care? 1888-1938* (Doctoral dissertation, University of Huddersfield); Brumby, A. (2015). 'A painful and disagreeable position': Rediscovering patient narratives and evaluating the difference between policy and experience for institutionalized veterans with mental disabilities, 1924–1931. *First World War Studies*, 6(1), 37-55.

Conclusion

Psychological injuries were inherently stigmatizing because of the association with mental illness. Due to concerns over the indiscriminate use of the term shell shock military and medical officials created different labels which signified a psychological wound but had different connotations. These labels tended to be given out on a class/rank basis which resulted in men from the ranks with psychological injuries being seen more negatively than officers. This variation continued into treatment with officers being sent to specialist hospitals or country houses for rest and recuperation whilst men from the ranks were typically discharged from military hospitals either back to their families or into pauper asylums. This added another layer of stigma to the men as they were then also subject to assumptions of pauperism and poverty alongside the general stigma relating to psychological injuries.

Despite the government's attempts to separate ex-servicemen from civilian asylum patients through granting special privileges such as wearing their own clothes, having a small allowance and, in the event of death, not being buried at the asylum, the men still had to undergo arguably the most stigmatising part of being admitted to the asylum through being certified. Whilst the government may have been able to claim that once in the asylum the men were treated differently the process of admittance was the same for the wounded ex-servicemen as it was for the 'ordinary lunatic'. To have to be certified in order to be admitted grouped the ex-servicemen into the category of the general 'insane' population because there were no special procedures for men whose breakdown had been caused through serving their country. These stigmas that related to psychological injuries and being certified also linked to ideas of predisposition and cowardice. Although a lot of the men who were psychologically wounded and admitted into asylums had shown no previous signs of

predisposition to mental illness by being included with civilian asylum patients who were seen to have a predisposition to mental illness it brought into question the ex-servicemen's pre-war mental state. The belief in predisposition also brought about the question of character, will power and cowardice which will be examined in the following chapter.

Chapter Four: ‘Can war make any man a coward?’³²⁰: Assumed predisposition to mental illness and cowardice.

Psychological injuries were particularly stigmatizing and detrimental to masculinity because of two main beliefs. Firstly, it was thought that men succumbed to shell shock because they were predisposed to mental illness. This incorporated decades old stigmas that related to mental illness which, alongside admittance into asylums, removed shell shocked men from the main body of war wounded and placed them into the general group of ‘ordinary lunatics’.³²¹ Secondly, in a similar vein to this belief in predisposition it was also thought that psychological wounds were the results of cowardice due to bad character or a failure of manliness. Reid claims that ‘the language of cowardice permeates the wartime discourse and even in its absence doctors assumed that war neurosis arose in men who were predisposed to some kind of mental breakdown and were therefore flawed, if not culpable’.³²² This link between predisposition, failure of character, and cowardice proved to be a particularly detrimental stigma. Despite the efforts of the military authorities to separate officers and men from the ranks with different labels and treatment there was still a belief in a level of existing mental illness or cowardly instinct. Whilst some in society held these beliefs because of their ignorance it is important not to underestimate the impact this ignorance had on the assumptions that surrounded psychological wounds. Ideas

³²⁰ Moran, C. (undated). Handwritten notes for book on shell shock. W.L. PP/CMW/13/1. Quoted in Reid, F. (2019). *War Psychiatry and Shell Shock*. International Encyclopedia of the First World War. p.6

³²¹ For an overview of the use and diagnosis of hysteria and neurasthenia in the pre-war period see Loughran, T. (2008). Hysteria and neurasthenia in pre-1914 British medical discourse and in histories of shell-shock. *History of Psychiatry*, 19(1), 25-46 See also Loughran, T. (2013). A crisis of masculinity? Re-writing the history of shell-shock and gender in First World War Britain. *History Compass*, 11(9), 727-738.

³²² Reid, F. (2019). *War Psychiatry and Shell Shock*. International Encyclopedia of the First World War. p.7. Similarly to the point raised by Reid, Edgar Jones writes that by 1918 whilst clinicians had acknowledged that the environment or traumatic event could contribute to shell shock the primary reason for a soldiers break down was his personality. See Jones, E., Prof, & Wessely, S., Prof. (2014). Battle for the mind: World War 1 and the birth of military psychiatry. *The Lancet* (British Edition), 384(9955), 1708-1714. p.1712

relating to hegemonic masculinity and heroic wartime behavior meant that society had high expectations of the men going to the front, including a belief that a man should be 'in control of his body, mind, and psyche', and failure to conform to these ideals brought into question masculinity, gender roles and respect towards the wounded.³²³ This chapter is divided into two sections centering around predisposition. The first is predisposition to mental illness and the second is predisposition to cowardice. Predisposition was in itself stigmatizing as it suggested that shell shocked soldiers were innately weaker than other men. This chapter will examine these assumptions further and show how despite the best efforts of the government and military to separate psychologically wounded men from the 'ordinary lunatic' they were still subject to stigmas that negatively affected their masculinity, namely that they were predisposed to mental illness or that they were cowards who could not cope with the war.

Claims of predisposition

A part of the stigma that was associated with psychological wounds was the belief that men who suffered from shell shock must have been pre-disposed to mental illness. This supposed correlation between shell shock and predisposition came about because of the higher than usual, and certainly higher than expected, number of psychological casualties.³²⁴ Whilst there were instances of men breaking down in previous wars it was never on the scale seen in the First World War. Through enlistment and later conscription the number of 'ordinary' men being brought into the

³²³ Kühne, T. (2018). Protean masculinity, hegemonic masculinity: Soldiers in the Third Reich. *Central European History*, 51(3), 390-418. p.390. See also Dudink, S., Hagemann, K., & Tosh, J. (2004). *Masculinities in Politics and War: Gendering modern history*. Manchester University Press; Arnold, J., & Brady, S. (2013). *What is masculinity? Historical dynamics from antiquity to the contemporary world*. Basingstoke: Palgrave Macmillan.

³²⁴ See Bergen, L.V., & Vermetten, E. (2020). *The First World War and Health: Rethinking resilience*. Brill. p.102

army increased. Between 1914 and 1915 Britain had raised the second largest volunteer army in history.³²⁵ These men often had no previous war experience and had had no expectation of ever joining the army. There was a belief that due to a large part of the army being made up of civilians it increased the likelihood of those who either already had mental health problems or were likely to suffer from mental illness being incorporated.³²⁶ The suggestion that the men who were breaking down would have done so even without the war was stigmatizing because it brings into question ideas of mental illness, eugenics, and degeneration.

The suggestion that a large number of those who suffered psychological wounds were pre-disposed to mental illness was shown in a 1922 article in *The Times* which claimed that shell shock cases could be placed into three categories: commotional disturbance, emotional disturbance and mental disorders.³²⁷ The article claims that a large number of cases came under the final category of mental illness because 'when enlisting, no attention had been paid to the mental history of the recruit' and that there were many cases of insanity which 'would have occurred if there had been no war, but many of which were brought to life at an earlier date in consequence of the war'.³²⁸ Examination of mental state was not a part of the medical screening that took place prior to joining the army and as such there was a belief that many men who were not psychologically fit for service were recruited. Private Arthur Upfold who served on the

³²⁵ Gregory, A. (2008). *The last Great War: British society and the First World War*. Cambridge: Cambridge University Press. p.74

³²⁶ Reid claims that the focus on predisposition towards mental illness was reinforced after conscription was introduced in 1916 as it became easier to argue that shell-shocked men were cowards otherwise they would have enlisted. See Reid, F. (2011). *Broken men: Shell shock, treatment and recovery in Britain 1914-30*. London: Bloomsbury Publishing Plc. p.26

³²⁷ Lord Southborough. (1922, September 2). "Shell-shock". A misleading designation. Medical experts' conclusions. *The Times*. p.13. Retrieved from gale.com/apps/doc/CS219222818/GDCS?u=hudduni&sid=GDCS&xid=6b577a28

³²⁸ Lord Southborough. (1922, September 2). "Shell-shock". A misleading designation. Medical experts' conclusions. *The Times*. p.13. Retrieved from gale.com/apps/doc/CS219222818/GDCS?u=hudduni&sid=GDCS&xid=6b577a28

Western Front between 1914 and 1917 described a fellow soldier who eventually suffered from shell shock as being 'a bit excitable' and 'a bit on the nervy side'.³²⁹ Upfold's casual assessment of his fellow soldiers mental state could indicate that this particular soldier was not suited for life in the army and that if attention had been paid to the mental state of recruits more men would have been classed as unfit rather than being sent to the front to have their already 'excitable' nerves tested by the fighting.³³⁰ It is also possible that given the post-war date of this interview, and that Upfold was discussing this case with hindsight that rather than the soldier actually having a predisposition due to his 'excitable nerves', Upfold may have incorporated assumptions of predisposition which emerged during and after the war. Upfold's comments on the state of the soldiers' nerves came after he saw him succumb to shell shock which could have interfered with his view of the soldiers' mental state pre-psychological wound.

The idea of predisposition to mental illness was mentioned as part of the official explanation as to the high numbers of psychologically wounded men. The 1922 Report of the War Office Committee of Enquiry into Shell-Shock met from the 7th September 1920 to the 22nd June 1922.³³¹ Consisting of eleven medically trained personnel and six representatives of the armed services the panel questioned fifty-nine witnesses who represented a cross-section of those most connected to shell shock.³³² The report

³²⁹ Upfold, A. (1980), Oral history interview [Tape recording] *Imperial War Museum (London)*, catalogue number 32937, reel 2, retrieved from <https://www.iwm.org.uk/collections/item/object/80034051>. Retrieved October 2020

³³⁰ Upfold, A. (1980), Oral history interview [Tape recording] *Imperial War Museum (London)*, catalogue number 32937, reel 2, retrieved from <https://www.iwm.org.uk/collections/item/object/80034051>. Retrieved October 2020

³³¹ Bogacz, T. (1989). War neurosis and cultural change in England, 1914-22: The work of the War Office Committee of Enquiry into 'shell-shock'. *Journal of Contemporary History*, 24(2), 227-256. pp.236-238

³³² Bogacz, T. (1989). War neurosis and cultural change in England, 1914-22: The work of the War Office Committee of Enquiry into 'shell-shock'. *Journal of Contemporary History*, 24(2), 227-256. pp.236-238

concluded that there were two kinds of predisposing causes, inherent and acquired, and that 'in the large majority of persons showing emotional "shell-shock" there was present in the family history or in the personal history, evidence of weakness, instability or defect of the nervous system'.³³³ The report went on to say that 'many feeble-minded persons, especially after conscription was resorted to, passed into the army' and that such feeble-minded people were 'particularly susceptible to the incidence of emotional "shell-shock" and to the hysterical forms of it in particular'.³³⁴ The report listed some of these 'pre-disposing causes' as being a family history of tuberculosis, nervous disease, personal history of previous shellshock or neurosis alongside even more general causes rooted in racial characteristics, education and social condition.³³⁵ The report claimed that in the cases it examined these causes were found in 'a percentage carrying from 17.4 to 35.4' and that in these circumstances it was apparent that there were 'bodily or nervous conditions which in a longer or shorter time might have led to a breakdown and the appearance of symptoms of emotional "shell-shock" but for the effect of the shell explosion' and that in soldiers who were in fair health and had no 'pre-disposing weakness or inheritance, the burst shell might have had little or no effect'.³³⁶

Whilst the report does not criticize the men who suffered from shell shock it does legitimize the view that they were either pre-disposed to or already suffering from

³³³ Report of the War Office Committee of Enquiry into "Shell-Shock". (1922) RAMC/739/19. *Royal Army Medical Corps Muniments Collection*. p. 95. Accessed online through the Wellcome Collection. Retrieved from <https://wellcomecollection.org/works/v33yrqma>

³³⁴ Report of the War Office Committee of Enquiry into "Shell-Shock". (1922) RAMC/739/19. *Royal Army Medical Corps Muniments Collection*. p. 95. Accessed online through the Wellcome Collection. Retrieved from <https://wellcomecollection.org/works/v33yrqma>

³³⁵ Report of the War Office Committee of Enquiry into "Shell-Shock". (1922) RAMC/739/19. *Royal Army Medical Corps Muniments Collection*. pp.93-94, 96. Accessed online through the Wellcome Collection. Retrieved from <https://wellcomecollection.org/works/v33yrqma>

³³⁶ Report of the War Office Committee of Enquiry into "Shell-Shock". (1922) RAMC/739/19. *Royal Army Medical Corps Muniments Collection*. pp.93-94. Accessed online through the Wellcome Collection. Retrieved from <https://wellcomecollection.org/works/v33yrqma>

mental health problems and illustrates the power of pre-existing ideas about mental weakness being innate. This contributed to the stigma surrounding psychological injuries as it incorporated negative connotations related to mental illness and isolated psychologically wounded soldiers from the wider group of war disabled as, other than facial injury, no other war wound had a similarly stigmatizing effect. Bogacz writes that the committee made a series of recommendations that were 'predictable, even mundane' with suggestions such as slight cases of mental collapse should not be moved from the front, the 'simplest forms of psycho-therapy' were adequate in most cases, the term shell shock should be abolished and, most tellingly, shell shock cases should be treated separately from those with physical wounds.³³⁷ The report ultimately declared that shell shock was 'no respecter of class or education: in modern warfare every man was liable to break down'.³³⁸ Despite this conclusion the evidence given within the report, and the sections of it that were widely reported on, highlighted the continued reference to predisposition and existing mental illness. The suggestion that shell shocked men may have been predisposed to mental illness caused embarrassment to both the men and their families. Rössler discussed this notion of 'courtesy stigma' where stigma is 'transferred' from an already stigmatised person onto 'individuals connected through professional or familial relationships'.³³⁹ In the cases of psychologically wounded men it brought into question the families heredity and

³³⁷ Bogacz, T. (1989). War neurosis and cultural change in England, 1914-22: The work of the War Office Committee of Enquiry into 'shell-shock'. *Journal of Contemporary History*, 24(2), 227-256. P.248

³³⁸ Report of the War Office Committee of Enquiry into "Shell-Shock". (1922) RAMC/739/19. *Royal Army Medical Corps Muniments Collection*. pp.93-94. Accessed online through the Wellcome Collection. Retrieved from <https://wellcomecollection.org/works/v33yrqma>; Bogacz, T. (1989). War neurosis and cultural change in England, 1914-22: The work of the War Office Committee of Enquiry into 'shell-shock'. *Journal of Contemporary History*, 24(2), 227-256. P.250

³³⁹ Rössler, W. (2016). The stigma of mental disorders: A millennia-long history of social exclusion and prejudices. *EMBO reports*, 17(9), 1250-1253. p.1252. See also Wexler, A. (2010). Stigma, History, and Huntington's disease. *The Lancet (British Edition)*, 376(9734), 18-19. p.18 for more on illness related stigma being 'transferred' to family members.

eugenics alongside the embarrassment caused by the other negative connotations of psychological wounds such as cowardice and pauperism. Whilst there was an official desire to protect the masculinity of shell shocked soldiers, the government themselves declaring that shell shocked men would not be treated like 'ordinary lunatics', Reid notes that the increasing number of shell shocked men prompted concerns over both the state of masculinity and degeneration.³⁴⁰

Psychologically wounded soldiers' masculinity was further affected by what Joanna Bourke termed the normal versus abnormal man. A 'normal man' would be capable of killing because they were 'tough, did not mind seeing animals slaughtered, were gregarious...mischievous as a youth and were actively heterosexual'.³⁴¹ The 'abnormal man' were those who were unable to remove themselves from the 'mental attitudes of civilian life' and cope with the horrors of combat.³⁴² Bourke's idea of 'normal men' excelling in war is similar to the point raised by Mosse who wrote that 'a soldier in full control of himself, of strong power of will, would be able to cope with the experience of battle and become accustomed to the terrible sights which surrounded him'.³⁴³ The suggestion that men who could not become accustomed to the 'terrible sights' of war, and who were often shell shocked because of this inability to adapt, were 'abnormal' contributed to the idea of predisposition to mental illness because their inability to cope with the traditionally male pursuit of war represented a difference

³⁴⁰ Reid, F. (2007). Distinguishing between shell-shocked veterans and pauper lunatics: The Ex-Services' Welfare Society and mentally wounded veterans after the Great War. *War in History*, 14(3), 347-371. pp.347-348; Reid, F. (2011). *Broken men: Shell shock, treatment and recovery in Britain 1914-30*. London: Bloomsbury Publishing Plc. p.33.

³⁴¹ Bourke, J. (2000). Effeminacy, Ethnicity and the End of Trauma: The Sufferings of 'Shell-Shocked' Men in Great Britain and Ireland, 1914-39. *Journal of Contemporary History*, 35(1), 57-69. p.59

³⁴² Bourke, J. (2000). Effeminacy, Ethnicity and the End of Trauma: The Sufferings of 'Shell-Shocked' Men in Great Britain and Ireland, 1914-39. *Journal of Contemporary History*, 35(1), 57-69. p.59

³⁴³ Mosse, G. L. (2000). Shell-shock as a social disease. *Journal of contemporary history*, 35(1), 101-108. p.104

in them that separated them from 'normal men'.³⁴⁴ This inability to cope and an abhorrence of violence was seen to be a form of effeminacy which contributed to a man's susceptibility to breakdown.³⁴⁵

In reality, rather than being due to a predisposition to or pre-existence of mental illness, many cases of shell shock were due to the extreme physical discomfort and traumatic experiences endured by the combatant. It is one of the great ironies of the First World War that it seems quite probable that often the bravest men, who were taking the greatest risks, were more likely to suffer from shell shock and be subject to stigmatizing labels doubting their heroism. This was paradoxical as it was often assumed that it was the 'weaker' soldiers who succumbed to shell shock, but the reality was that it was the risk takers who were more likely to suffer. Thomas Armstrong, a British officer with 22nd Royal Garrison Artillery said that it was 'the physical terrors of trench warfare that led people to breakdown...the long continued unremitting horror of trench warfare'.³⁴⁶ The cases of men, particularly those who had previously shown brave conduct, becoming shell shocked after a traumatic experience during their service helped fight against the idea that men who broke down would have done so anyway because it became apparent that their breakdown was because of genuine terror due to the circumstances they were in. General Sir Sidney Kirkman, a gunner on the Western Front, described the moment one of his fellow officers began with shell shock:

³⁴⁴ See also Dudink, S., Hagemann, K., & Tosh, J. (2004). *Masculinities in Politics and War: Gendering modern history*. Manchester University Press. p.31

³⁴⁵ Bourke, J. (2000). Effeminacy, Ethnicity and the End of Trauma: The Sufferings of 'Shell-Shocked' Men in Great Britain and Ireland, 1914–39. *Journal of Contemporary History*, 35(1), 57-69. p.60. See also Paris, M. (2002). *Warrior nation: Images of war in British popular culture, 1850-2000*. Reaktion.

³⁴⁶ Armstrong, T.H.W. (1987), Oral history interview, [Tape recording] *Imperial War Museum (London)*, catalogue number 9758, reel 3 retrieved from <https://www.iwm.org.uk/collections/item/object/80009542>. Retrieved October 2020

for about ten minutes or quarter of an hour we were intensely shelled and when it stopped, this other officer was finished. He was shaking all over and he could hardly talk and it was a genuine case. I suppose it was shell shock...this chap was finished. I never heard of him again. It is the only case I have seen of what I would call genuine shell shock. He was completely and utterly unable, he could hardly walk. He was shaking everywhere.³⁴⁷

Rather than this reaction being due to a pre-disposition to breakdowns it was more likely due to the unique experience of war which many conscripts never prepared for and never thought they would have to face. Enid Bagnold wrote in her memoir *A Diary without Dates* that she may have been too harsh on the soldiers by thinking of them as 'persons of responsibility' because they had been 'taken from their women, from their establishments...to what a point they leave their private lives behind them! To what a point their lives are suspended'.³⁴⁸ Bagnold's acknowledgement that most soldiers were just men who had had to leave their private lives behind shows how these men could not be held to the same standard as a professional army. Rather than having the necessary training and experience the majority were simply men who had had no choice in going to war which meant it was understandable that some were unable to cope. Eric Leed wrote that it was particularly difficult for civilian soldiers because they had to 'change their identities, from civilian to soldier and back again' as throughout the war the recruited soldier would need to 'set aside for the duration his civilian life as a place of peace, women and comfort, a time when killing people was forbidden and punished as criminal. He must acquire in a few weeks or months

³⁴⁷ Kirkman, S. (1976, September). Interview transcript, *Liddle Collection*, University of Leeds, LIDDLE.WW1.GS.0901

³⁴⁸ Bagnold, E. (1978). *A diary without dates* [1st reprint]; with a new introduction by Monica Dickens. London: Virago. pp.123-124.

techniques of repressing fear and guilt which professional armies instill in recruits over years'.³⁴⁹ This expectation that men should be able to switch identities in order to cope with the horrors and trauma of war was not possible for everyone which could account for the higher number of psychological injuries. Barham quotes a study of shell shock as saying 'men broke down in combat...because their lives had not prepared them to face danger, they were civilians...civilianness...is a poor preparation for modern war and thus in an army composed of civilians there will be mental conflicts and breakdowns'.³⁵⁰ There are few contemporaries who have recognised this idea of civilianness compromising an man's ability to cope with the war as Bagnold had.³⁵¹ Most assumed that being British was enough to ensure hardiness and a heroic tendency.

By the end of the war the theory of hereditary degeneration was being replaced with the idea that with a sympathetic environment and optimistic-inducing relationships shell-shocked men could experience an improvement in their condition.³⁵² Changing the narrative of psychological injuries from an inevitability through pre-disposition to a temporary illness that could be recovered from with hard work, a good environment and will power reduced the finality of the illness and made it seem as though shellshocked men were not a lost cause. However, as seen in the previous chapter there were discrepancies in treatment according to rank with Nolan claiming that the scarce resources available were focused on officers who enjoyed a higher standard of care, less crowded hospitals, better food, and access the cultural activities to aid

³⁴⁹ Leed, E. (2000). Fateful memories: industrialized war and traumatic neuroses. *Journal of contemporary history*, 35(1), 85-100. p.88.

³⁵⁰ Barham, P. (2007). *Forgotten Lunatics of the Great War*. London; Yale University Press. p.114

³⁵¹ Bagnold, E. (1978). *A diary without dates* [1st reprint]; with a new introduction by Monica Dickens. London: Virago. pp.123-124. See also Hallett, C. E. (2016). *Nurse writers of the Great War*. Manchester University Press.

³⁵² Nolan, P. (2018). The emergence of shell shock during the First World War: Challenges for mental health care. *British Journal of Mental Health Nursing*, 7(5), 202-206. p.206

their rehabilitation.³⁵³ Men from the ranks did not enjoy the same quality of treatment and in most cases were moved out of military hospitals and either back to their families or into pauper asylums, something which intensified the stigmas surrounding them.

The assumption of predisposition to mental illness was stigmatizing as it separated shellshocked men from both the wider group of war wounded and from men in general because it suggested that they had an inherent weakness; this was detrimental to masculinity as it went against notions of hegemonic masculinity where men were expected to display strength and a willingness to fight for their country.³⁵⁴ This suggestion of inherent weakness continued into the idea of shell shocked men being predisposed to cowardice due to a failure of character. The suggestion that shellshocked men were cowards who could not cope with the war went against every masculine expectation that existed within society and, unsurprisingly, stigmatized psychologically wounded men and negatively affected their masculinity.

Cowardice and a failure of character

Private Birtwhistle from the 22nd Battalion of the 6th Infantry Brigade, 2nd division of the Australian Imperial Force suffered from shell shock during the Battle of Pozieres after seeing his friends head blown off and being buried by a shell.³⁵⁵ He described his experience as:

³⁵³ Nolan, P. (2018). The emergence of shell shock during the First World War: Challenges for mental health care. *British Journal of Mental Health Nursing*, 7(5), 202-206. p.206

³⁵⁴ Kühne, T. (2018). Protean masculinity, hegemonic masculinity: Soldiers in the Third Reich. *Central European History*, 51(3), 390-418. p.390. See also Tosh, J. (2004). 'Hegemonic masculinity and the history of gender'. In Dudink, S., Hagemann, K., & Tosh, J. (2004). *Masculinities in Politics and War: Gendering modern history*. Manchester University Press; Wedgwood, N. (2009). Connell's Theory of Masculinity—its origins and influences on the study of gender. *Journal of Gender Studies*, 18(4), 329-339; Messerschmidt, J. W. (2019). The salience of "Hegemonic masculinity". *Men and Masculinities*, 22(1), 85-91; Jewkes, R. et al. (2015). Hegemonic masculinity: Combining theory and practice in gender interventions. *Culture, Health & Sexuality*, 17(sup2), 112-127.

³⁵⁵ Birtwhistle. (1974, May). Interview transcript, *Liddle Collection*, University of Leeds, LIDDLE.WW1.ANZAC.AUST.006. p.3

All I remember is simply a horrible crash and I was buried and I tried to pull myself together I think and then another crash came and I was buried a second time. I remember very little after that...I had seemed to have lost the power to walk steadily.³⁵⁶

Birtwhistle's testimony should have proven that rather than being due to cowardice or an unwillingness to perform his duty his breakdown was caused by two events, witnessing the death of his friend, and being caught up in direct shell fire which resulted in him being buried twice. However, despite these two traumatic events and the physical shell shock symptoms Birtwhistle displayed he still encountered people who doubted the legitimacy of his injury. When asked if he had an awareness of any stigma attached to his invisible injury of shell shock compared with the visible injury of a bullet Birtwhistle replied:

I remember when I reached the Australian hospital at Dartford...that an Australian doctor there opened his examination of me by striking me heavily on the head and slapping my face and calling me a coward and I could do nothing. I knew I wasn't. I couldn't explain how it all happened to me...I felt for some time the oppression consequent on knowing that this doctor did represent a viewpoint which was shared by quite a number of others.³⁵⁷

Birtwhistle's concern that this doctors' harsh viewpoint was shared by others in society shows how quickly the belief that shell shock was a result of cowardice spread and how the knowledge of this negatively affected the men as it represented yet another stigma that would be placed on them. This also shows the growing awareness there

³⁵⁶ Birtwhistle. (1974, May). Interview transcript, *Liddle Collection*, University of Leeds, LIDDLE.WW1.ANZAC.AUST.006. p.3

³⁵⁷ Birtwhistle. (1974, May). Interview transcript, *Liddle Collection*, University of Leeds, LIDDLE.WW1.ANZAC.AUST.006. p.3

was around the stigmas relating to psychological wounds that was not seen towards other injuries; no other type of war wounded soldier was subject to this belief that their injury was a result of cowardice. This concern about the opinion of others was also shown by Corporal Fisher who claimed that his shell shock was exacerbated by the fact he was trying to repress his fear and terror because he was afraid it would worry his men.³⁵⁸ He claims that apprehension rather than actual danger was causing him psychological problems and that in his attempts to repress this he was causing himself more harm.³⁵⁹ Fisher's desire to repress his emotions and demonstrate the ideal stoical attitude shows how many of the men who suffered from shell shock did not do so because they were cowards, instead, like in the case of Fisher, it was their attempt to not be cowardly that was causing them more harm. Men at the time were so anxious to not be seen as cowards they were mentally damaging themselves by repressing their experiences. It may have been beneficial for the men to acknowledge the fear they felt as it would have helped to normalise it rather than it becoming a taboo which was repressed until the point of breakdown.

P. Stockwell, an NCO (non-commissioned officer) who served with the London Regiment on the Western Front, said that he did not necessarily think it was cowardice that caused a man to breakdown but that some people could 'stand the strain much better than others'.³⁶⁰ When asked if he ever felt like 'chucking the whole lot in and deserting' Sergeant Stockwell said that whilst he never felt like that he did feel sorry

³⁵⁸ Fisher. (1976, November). Interview transcript, *Liddle Collection*, University of Leeds, LIDDLE.WW1.TR.02.37. p.8

³⁵⁹ Fisher. (1976, November). Interview transcript, *Liddle Collection*, University of Leeds, LIDDLE.WW1.TR.02.37. p.8

³⁶⁰ Stockwell, P.H. (1975, March 17), Oral history interview [Tape recording], *Imperial War Museum (London)*, catalogue number 24866, reel 2, retrieved from <https://www.iwm.org.uk/collections/item/object/80023213>. Retrieved October 2020

for the men who did breakdown.³⁶¹ Stockwell said that due to the heavy, continuous bombardments which could last for days some men who were of a 'nervous temperament' could completely breakdown.³⁶² If this was visible and observed by the officers then he would be taken by the medical officers whereas if a man broke down and then ran away there was 'nothing much for him but being put up against a wall and shot'.³⁶³

The instances where men were shot for cowardice caused concern because many were worried that men who were suffering from shell shock and were not able to make rational decisions were being shot for cowardice and desertion when really their breakdown was the cause of their actions.³⁶⁴ In his memoir Graves mentions how one Captain in a Surrey regiment said that they had a 'rotten depot' and that the 'drafts are bad, and so we get a constant re-infection'.³⁶⁵ The Captain is referring to the low morale within the battalion and how because the men who were joining them were conscripts who had no desire to be there they were struggling to motivate them to join the fighting. Graves quotes the Captain as saying 'in both the last two shows I had to shoot a man of my company to get the rest out of the trench'.³⁶⁶ The low morale within

³⁶¹ Stockwell, P.H. (1975, March 17), Oral history interview [Tape recording], *Imperial War Museum (London)*, catalogue number 24866, reel 2, retrieved from <https://www.iwm.org.uk/collections/item/object/80023213>. Retrieved October 2020

³⁶² Stockwell, P.H. (1975, March 17), Oral history interview [Tape recording] *Imperial War Museum (London)*, catalogue number 24866, reel 2, retrieved from <https://www.iwm.org.uk/collections/item/object/80023213>. Retrieved October 2020

³⁶³ Stockwell, P.H. (1975, March 17), Oral history interview [Tape recording], *Imperial War Museum (London)*, catalogue number 24866, reel 2, retrieved from <https://www.iwm.org.uk/collections/item/object/80023213>. Retrieved October 2020

³⁶⁴ See Carden-Coyne, A. (2009). *Reconstructing the body: Classicism, modernism, and the First World War*. Oxford University Press. p.63; Acton, C., & Potter, J. (2012). "These frightful sights would work havoc with one's brain": Subjective experience, trauma, and resilience in First World War writings by medical personnel. *Literature and Medicine*, 30(1), 61-85.

³⁶⁵ Graves, R. (1960). *Goodbye to all that* (Rev. ed.). Penguin. p.155

³⁶⁶ Graves, R. (1960). *Goodbye to all that* (Rev. ed.). Penguin. p.155

the ranks was sometimes viewed as malingering and there was suggestions that men would try to fake injuries in order to escape the front.³⁶⁷

Despite growing concerns over faking shell shock in order to be sent home RAMC staff were confident that they would be able to recognise those who were genuinely psychologically wounded and those who just wanted to escape the front. Leonard Stagg a nursing orderly who served on the Western Front said that 'you couldn't simulate shell shock. You could heart disease, or one or two other things. Not shell shock'.³⁶⁸ The confidence shown by the medical staff in their ability to spot those faking psychological wounds could account for the comments made by Private William Dann. Dann served with the Royal West Surrey Regiment and when asked if men ever pretended to breakdown in order to get themselves sent home he replied that the only case he knew of where someone tried to get out of their service was when a soldier shot his trigger finger off.³⁶⁹ Whilst Dann does say that at the time the soldier in question was acting hysterically and that it was a 'spur of the moment' decision he does not say whether he thought the soldier had done this due to a breakdown or

³⁶⁷ Hallett writes that shell shock became 'inextricably linked' to malingering with shell shock victims increasingly being accused of 'funk'. See Hallett, C. E. (2014). *Veiled warriors: Allied nurses of the First World War* (First ed.). OUP Oxford. p.96.

³⁶⁸ Stagg, L.J. (1985), Oral history interview [Tape recording], *Imperial War Museum (London)*, catalogue number 8764, reel 4. Retrieved from <https://www.iwm.org.uk/collections/item/object/80008559>. Retrieved July 2021. See also Shephard, B. (1996). Shell-shock on the Somme. *The RUSI Journal*, 141(3), 51-56. Comparisons can be made between concerns over men 'faking' psychological injury in the First World War and concerns over airman reporting sick or refusing to fly in the Second World War. In those cases, the term 'lack of moral fibre' was developed as a deterrent in a 'calculated use of stigma' in order to aid the military authorities. Whilst a similar term did not exist in the First World War it can be argued that casting doubts over legitimacy of psychological wounds was another 'calculated use of stigma' in order to deter men attempting to escape the front. See Jones, E. (2006). LMF: the use of psychiatric stigma in the Royal Air Force during the Second World War. *The Journal of Military History*, 70(2), 439-458. Pp. 439-440, 458

³⁶⁹ Dann, W.T. (1985), Oral history interview, [Tape recording], *Imperial War Museum (London)*, catalogue number 9184, reel 2. Retrieved from <https://www.iwm.org.uk/collections/item/object/80008975>. Retrieved October 2020

whether it was just simply a way to get out of the front.³⁷⁰ The cases of men self-inflicting injuries was a particularly contentious issue because whilst some felt that this was the epitome of cowardly behavior there was an argument that these men must have been in the midst of some kind of breakdown for them to resort to this behavior. Ellen La Motte wrote about a case of a soldier who had shot himself through the mouth to try and kill himself:

In the ward, the man was a bad patient. He insisted upon tearing off his bandages, although they told him that this meant bleeding to death. His mind seemed fixed on death. He seemed to want to die, and was thoroughly unreasonable, although quite conscious. All of which meant that he required constant watching and was a perfect nuisance. He was so different from the other patients, who wanted to live...It was a pleasure to nurse such as these. It called forth all one's skill, all one's humanity. But to nurse back to health a man who was to be court-martialled and shot, truly that seemed a dead-end occupation.³⁷¹

Throughout the war there were men who were accused of these self-inflicted injuries when they were actually suffering from neurosis or mental strain and there was also a number of men who were treated as malingerers when really, they had suffered a breakdown.³⁷² This confusion between malingering and mental breakdown is shown by MacCurdy when he wrote:

When once the patient sees that his disinclination to return to the front is essentially a selfish desire to avoid his responsibility as a citizen, he is in a

³⁷⁰ Dann, W.T. (1985), Oral history interview, [Tape recording], *Imperial War Museum (London)*, catalogue number 9184, reel 2. Retrieved from <https://www.iwm.org.uk/collections/item/object/80008975>. Retrieved October 2020

³⁷¹ La Motte, Ellen N. (Ellen Newbold). *The Backwash of War. The Human Wreckage of the Battlefield as Witnessed by an American Hospital Nurse*. Project Gutenberg. pp.6-8

³⁷² Reid, F. (2011). *Broken men: Shell shock, treatment and recovery in Britain 1914-30*. London: Bloomsbury Publishing Plc. p.62

position to decide quite consciously whether he wishes to be a slacker or to assume his share of the country's burden. If he has the right stuff in him, he becomes ashamed of his symptoms and begins to control them quite speedily'.³⁷³

Cowardice and malingering all contributed to the idea of poor character or constitutional weakness which in turn linked to the idea of predisposition. Whilst not exactly the same as a predisposition to mental illness it does suggest that some men were unable to cope or more likely to display cowardly behaviour based on their 'poor constitution'.³⁷⁴ Once again this belief had a detrimental impact on the masculinity of shell shocked soldiers because of the expectations of hegemonic masculinity that men should be in control of their mind and psyche.³⁷⁵ Although this did contribute to a belief that psychologically wounded men had failed to meet masculine expectations Reid notes that a distinction was established between 'the good fellow who has done well but is worn out' and the 'rest who are bad stock'.³⁷⁶ The men who had shown courage, supported their colleagues and recovered quickly from any breakdown were treated with compassion and a higher quality of care, despite the fact they had initially failed to be 'in control' of their minds; men

³⁷³ MacCurdy, J. T. (1918). *War neuroses*. The University Press. p.85 quoted in Reid, F. (2014). 'His nerves gave way': Shell shock, history and the memory of the First World War in Britain. *Endeavour*, 38(2), 91-100. p.94

³⁷⁴ Mosse notes that during the war German psychiatrists equated war neurosis with a lack of willpower rather than a reaction to the fighting and that the shock of war would only cripple those who were of a weak disposition, fearful and weak of will. See Mosse, G. L. (2000). Shell-shock as a social disease. *Journal of contemporary history*, 35(1), 101-108. pp.103-104

³⁷⁵ Kühne, T. (2018). Protean masculinity, hegemonic masculinity: Soldiers in the Third Reich. *Central European History*, 51(3), 390-418. p.390. See also Jewkes, R. et al. (2015). Hegemonic masculinity: Combining theory and practice in gender interventions. *Culture, Health & Sexuality*, 17(sup2), 112-127.

³⁷⁶ Moran, C. (n.d). Handwritten notes, *Wellcome Library PP/CMW/I3/1* quoted in Reid, F. (2014). 'His nerves gave way': Shell shock, history and the memory of the First World War in Britain. *Endeavour*, 38(2), 91-100. pp.97-98

who did not recover as quickly were seen as cowards.³⁷⁷ The pre-war belief in the importance of character carried into how society felt men should act during war and as war was seen as the ultimate test of manliness to succumb to psychological wounds was to have failed this test and was attributed to a failure in character. Lord Moran, a regimental medical officer, wrote that:

war itself is but one more test - the supreme and final test if you will - of character ... character...is a habit, the daily choice of right instead of wrong; it is a moral quality which grows to maturity in peace and is not suddenly developed on the outbreak of war... Man's fate in battle is worked out before war begins. For his acts in war are dictated not by courage, not by fear, but by conscience, of which war is the final test.³⁷⁸

By attributing a man's inability to cope to a failure in his character it not only plays on the idea of predisposition mentioned earlier in the chapter, but it also undermines the experiences of men who were shell shocked due to the traumatic nature of the war, not because they were cowards or lacked character.

Conclusion

Psychological injuries were stigmatising because there was a belief that they were the result of predisposition to mental illness. This played on the centuries old stigmas and stereotypes that were related to mental illness and affected the men because it brought into question their heredity and eugenics. Whilst there was a level of sympathy shown towards psychologically wounded soldiers from society, within the army the

³⁷⁷ Reid, F. (2014). 'His nerves gave way': Shell shock, history and the memory of the First World War in Britain. *Endeavour*, 38(2), 91-100. pp.97-98

³⁷⁸ Moran, C. (1945). *The Anatomy of Courage*. London. p.170 quoted by Bogacz, T. (1989). War neurosis and cultural change in England, 1914-22: The work of the War Office Committee of Enquiry into 'shell-shock'. *Journal of Contemporary History*, 24(2), 227-256. P.231

military code prevailed and thus beliefs in predisposition and the importance of will power overrode any good or sympathetic feelings.³⁷⁹ To suggest that men should have been able to control themselves and that their will power alone should have prevented them from becoming shell shocked impacted their masculinity because this represented a failure of will power, something that was an expectation of men due to the hegemonic masculinity that was dominant in society.³⁸⁰ Shell shock became a byword for unmanly behaviour and the shell shocked man took on the image of an 'outsider to normal society as an incomplete man'.³⁸¹ This idea of the shell shocked man being an outsider is demonstrated through the belief that psychological wounds were the result of cowardice or a failure of character. This belief was particularly stigmatising as it represented the opposite of how a man was expected to act. All of these things contributed to the belief that psychological injuries were not as heroic as other physical injuries and as such the men who received them were subject to a number of stigmatising beliefs which affected their masculinity.

³⁷⁹ Reid, F. (2019). *War Psychiatry and Shell Shock*. International Encyclopedia of the First World War. p.13

³⁸⁰ Kühne, T. (2018). Protean masculinity, hegemonic masculinity: Soldiers in the Third Reich. *Central European History*, 51(3), 390-418. p.390; Tosh, J. (2004). 'Hegemonic masculinity and the history of gender'. In Dudink, S., Hagemann, K., & Tosh, J. (2004). *Masculinities in Politics and War: Gendering modern history*. Manchester University Press. p.54. See also Jewkes, R. et al. (2015). Hegemonic masculinity: Combining theory and practice in gender interventions. *Culture, Health & Sexuality*, 17(sup2), 112-127.

³⁸¹ Barham, P. (2007). *Forgotten Lunatics of the Great War*. London; Yale University Press. p.132

Conclusion

The aim of this study was to examine the relationship between facial and psychological injuries, stigma, and the masculinity of soldiers in the First World War. The idea of the 'honorably wounded' was ambiguous at best and although many injured ex-servicemen expected to be able to place themselves in this category it was not always straight forward.³⁸² Whilst amputations, blindness and other bodily injuries gave the ex-serviceman access to the status of heroically wounded, facial and psychological injuries negatively impacted masculinity because of the stigmas associated with them.³⁸³ These stigmas existed because of notions of hegemonic masculinity stemming from the pre-war period where there was a belief that the incoming generation of men needed to be 'toughened up' and 'made men of' and the incorporation of a militarized aspect which came about with the war.³⁸⁴ If society had not viewed masculinity in the way it did and if these views had not been so embedded in the culture it is possible that facial and psychological injuries may not have been so stigmatizing. The stigmas related to these injuries came about because of the assumptions and prejudices of the time as a result of hegemonic masculinity, including the belief that if men failed to conform to these expectations there was no other way

³⁸² Gregory, A. (2008). *The last Great War: British society and the First World War*. Cambridge: Cambridge University Press. p.264

³⁸³ For more on the presentation of blind ex-servicemen as heroic see Anderson, J. (2013). 'Creating identities at St Dunstan's 1914-1920'. In McVeigh, S., & Cooper, N. (Eds.). (2013). *Men after war*. Oxford: Routledge. p.79. See also Anderson, J. (2020). "Homes away from Home" and "Happy Prisoners": Disabled Veterans, Space, and Masculinity in Britain, 1944–1950. *Journal of Social History*, 53(3), 698-715. pp.701-702

³⁸⁴ See Marwick, A. (1965). *The Deluge: British society and the First World War*. London: Macmillan. p.16; Meyer, J. (2016). *Men of War: Masculinity and the First World War in Britain*. London: Macmillan. p.3; Fussell, P. (2009). *The Great War and Modern Memory* (The illustrated.). New York: Sterling. p.21

of 'being a man' thus excluding them from the wider group of 'acceptably masculine' men.³⁸⁵

Chapter one covered the physical implications of facial injury and considered how it impacted upon functionality and life prospects all whilst dehumanizing the injured men. Facial injuries compromised the men's sense of identity by affecting the main site of identification and interaction, in some cases the altered appearance of facially wounded men left them unrecognizable to themselves and their loved ones. The aesthetic implications of facial injuries were compounded by the use of dehumanizing language to describe their appearance; memoirs and diaries of medical staff have shown that insensitive language could be used when discussing facial wounds and the relative openness of this group in their horror towards these injuries was reflective of the horror that was felt by the public. This horror was in part due to the lack of representation and thus lack of understanding on the part of the public towards the realities of facial injury. The language used to describe facial injuries both by medical staff and in the media contributed to an almost monster like caricature of facially wounded men, something which further contributed to their isolation. Facial injuries had a detrimental impact on functionality as they affected the men's ability to eat, talk and breathe which in itself could cause embarrassment as these were all previously normal tasks which were now rendered almost impossible. The functional implications alongside the change in appearance led to a belief that facial injury would impact life prospects by making it difficult for the men to achieve standard masculine goals such as finding employment and getting married. An inability to achieve these

³⁸⁵ Tosh, J. (2004). 'Hegemonic masculinity and the History of Gender'. In Dudink, S., Hagemann, K., & Tosh, J. (Ed.), *Masculinities in Politics and War: Gendering modern history*. Manchester University Press. pp.41-58. See also Wedgwood, N. (2009). Connell's Theory of Masculinity—its origins and influences on the study of gender. *Journal of Gender Studies*, 18(4), 329-339; Messerschmidt, J. W. (2019). The salience of "Hegemonic masculinity". *Men and Masculinities*, 22(1), 85-91.

goals would represent a failure in masculinity as they were not able to fulfil the things that were seen to make them men. These factors contributed to the belief that facial injury was a fate worse than death, something that incited an enormous sense of pity which further contributed towards emasculating facially wounded men.

Chapter two looked at the social effacement of facially wounded soldiers through the culture of aversion that was prevalent in the media and society. The lack of representation of facially wounded men combined with the attempts to hide them using face masks and designated benches all contributed to the sense of isolation felt. This isolation was from both the wider group of war wounded soldiers and from society in general and was unique to facial and psychological injuries. Chapter two also examined specific cases of facially wounded men and how some were able to renegotiate and reestablish their masculinity by conforming to ideals of appropriate disabled masculinity.³⁸⁶ Whilst there were cases where facially wounded men were able to meet expected masculine norms such as finding a job, getting married and having a family this dissertation argued that this tended to be the exception rather than the rule and that for every 'success case' there are thousands of other facially wounded men who were unable to overcome the physical and social challenges brought about by their injuries.

Similarly to facial wounds there was also an enormous amount of stigma attached to men with psychological injuries. Alternatively called shell shock, neurasthenia, and hysteria these injuries were stigmatizing as they not only represented the antithesis of how a man was expected to act in war, but they also incorporated pre-existing stigmas relating to mental illness. The invisible nature of their

³⁸⁶ Boyle, E. H. (2019). 'An uglier duckling than before': Reclaiming agency and visibility amongst facially wounded ex-servicemen in Britain after the First World War. *Alter*, 13(4), 308-322. p.321

injury, despite the visible symptoms it produced, meant that psychologically wounded men were not able to access the same claim to heroic wounding as men with more obvious bodily injuries. The awareness of the stigmatizing nature of psychological wounds was examined in Chapter three as the military and medical community developed different labels for psychological wounds for different ranks. Separating diagnosis in an almost class/rank basis demonstrates an attempt to save the officers from possible aspersions on their character because of the indiscriminate use of the term shell shock by using a separate diagnosis of neurasthenia. This discussion on separation between classes and ranks was then continued when looking at the stigma on men from the ranks due to their certification and admittance to asylums compared with officers who were often sent to private hospitals. This resulted in men from the ranks being subjected to the additional stigma of pauperism and lunacy alongside the stigma relating to mental illness.

Mental illness was further examined in chapter four where claims that psychologically wounded men may have had a predisposition to mental illness represented another stigma they had to contend with. To suggest that a man who broke down in war would have broken down anyway due to a pre-existence of or predisposition to mental illness brought into question heredity and eugenics and was embarrassing for both the men and their families. This suggestion of predisposition was based upon the belief that the higher than usual rate of breakdowns during the war was due to the higher than usual rate of 'ordinary' men conscripted into the army which increased the likelihood of someone with a mental illness being incorporated. Rather than the higher rates being due to an increase in ordinary men with mental illnesses being brought into the army it is probably more likely that the 'civilianness' of the conscript army contributed to their susceptibility to breakdowns because they were

unprepared for the realities of war as it was something they had never expected to experience.³⁸⁷ The idea of predisposition continued to an extent when looking at cowardice as some felt that if a man did not have a predisposition to or family history of mental illness but still broke down this was because of a failure of character which resulted in them being 'predisposed' to cowardice. The assumptions of predisposition to mental illness or cowardice resulted in shell shock becoming a byword for unmanly behaviour and the shell shocked man came to be seen as an outsider to the rest of society due to his failures as a man.³⁸⁸

This dissertation opened with quotes from two soldiers: one who received a facial wound and the other a psychological wound. Like thousands of other soldiers these men were injured whilst fighting for their country and one might expect that society would have viewed them as belonging to the 'heroically wounded'. However, due to the stigmatizing nature of their injuries both men found themselves separated not only from the wider group of war wounded ex-servicemen but also from society in general. Whilst facial and psychological injuries were at the opposite ends of the 'injury spectrum', one being highly visible and the other invisible, they were similar in the way they had a detrimental impact on masculinity due to the stigmas associated with them. Whilst some facially and psychologically wounded men chose to embrace definitions of appropriate disabled masculinity there were thousands of others who were unable

³⁸⁷ Leed, E. (2000). Fateful memories: industrialized war and traumatic neuroses. *Journal of contemporary history*, 35(1), 85-100. p.88; Barham, P. (2007). *Forgotten Lunatics of the Great War*. London; Yale University Press. p.114

³⁸⁸ Barham, P. (2007). *Forgotten Lunatics of the Great War*. London; Yale University Press. p.132. See also Bourke, J. (2000). Effeminacy, Ethnicity and the End of Trauma: The Sufferings of 'Shell-Shocked' Men in Great Britain and Ireland, 1914–39. *Journal of Contemporary History*, 35(1), 57-69; Bogacz, T. (1989). War neurosis and cultural change in England, 1914-22: The work of the War Office Committee of Enquiry into 'shell-shock'. *Journal of Contemporary History*, 24(2), 227-256; Heathorn, S. (2004). How Stiff were their Upper Lips? Research on Late-Victorian and Edwardian Masculinity. *History Compass*, 2(1).

to overcome the effects of their injuries. Moving forward these men not only had to contend with the physical, functional, social, and emotional implications of their injuries; they also had to live with the stigmas that were associated with them, all of which derived from the stigmas associated with the loss of a particularly British form of 'heroic masculinity'.

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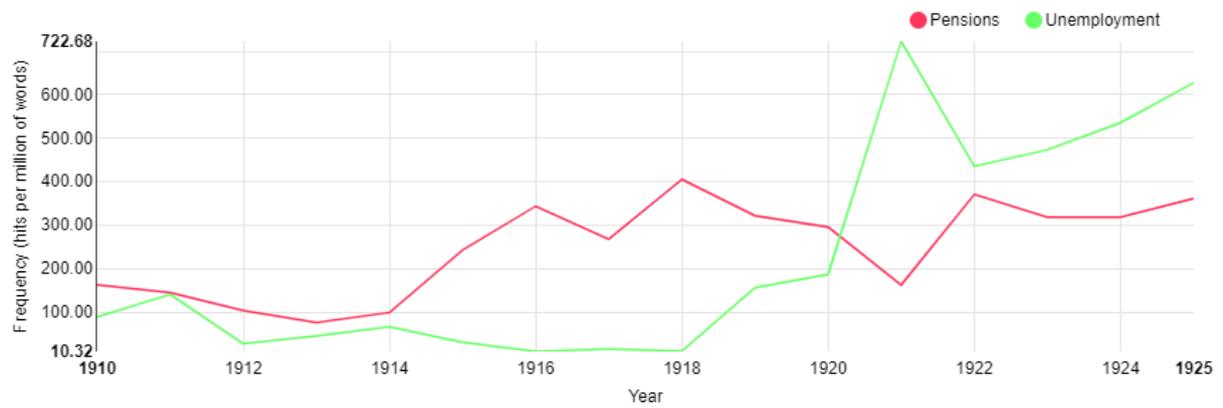
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Appendix



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