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978-1-107-11420-3 - Shell Shock, Memory, and the Novel in the Wake of World War I

Trevor Dodman

Excerpt

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INTRODUCTION

Shell Shock and the World War I Novel

There is never a single approach to something remembered. The remembered is not like a terminus at the end of a line. Numerous approaches or stimuli converge upon it and lead to it.

John Berger, *About Looking* (1980)

Memory and intelligence are closely connected, for unless we remember we cannot understand.

E.M. Forster, *Aspects of the Novel* (1927)¹

In the fall of 1914 and winter of 1915, English painter C. H. H. Burleigh spent time in the Royal Pavilion Hospital in Brighton, a facility converted from a royal residence to a hospital for the wounded of the Indian Army. In the months that Burleigh spent among the Indian wounded, he produced several carefully detailed portraits. *Interior of the Pavilion, Brighton: Indian Army Wounded* offers a rich and complicated scene of convalescence (Figure 1.1).² In the immediate foreground a bed takes up the whole width of the frame and fully one-fifth of the painting's height. A chart hangs on a clipboard at the foot of the bed's metal frame, as does one on every of the other ten visible beds in the ward. In the closest bed we find a bearded Indian soldier in crisp, white bedclothes. His chest, arms, and legs – bent at the knee – repose under the sheets. The recumbent man is in complete profile and looks away from the windows that we cannot see but which throw light from the right side of the image. The man is conscious, and has a look of serious composure; he also wears a vermillion turban that contrasts with the more somber crimson of the Pavilion curtains. High above him, an ornate, crystal chandelier on golden chains hangs down into the near center of the painting. The minutely observed decor on the walls – the gilded frames of the paintings and the dark red hues of the curtains – testifies to the opulence and elegance of the Pavilion interior.

The bed to the man's right is empty. Its presumed occupant – in blue bedclothes and with a khaki-colored turban – sits in a chair, looking out

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Figure I.1 C. H. H. Burleigh, *Interior of the Pavilion, Brighton: Indian Army Wounded* (ca. 1915). Oil on canvas. Imperial War Museum, London.
Reproduced by permission of the estate of C. H. H. Burleigh.

the window from beside his bed. He too is bearded; he stares intently and is somewhat hunched over. We see one hand on his lap, but the other remains lost in profile; his legs remain out of view, cut off by the bed to his right. The series of ten beds in Burleigh's painting alternates its arrangements of Indian subjects and shows clear compositional forethought.

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All patients are in profile and alternate in their position and orientation: a bedridden patient followed by a patient in a chair; a patient lying down and a patient sitting up; one facing the interior of the ward and one facing the windows; some looking inward, perhaps, some looking outward at the world. Significantly, none of the patients looks at us: they are in our view, but resist our gaze and knowing.

Perhaps the most interesting figure in this painting, on close inspection – for the forward figure of the bottom patient is the most arresting initially – is the man standing at the back of the room. Like the men in the chairs, he wears blue bedclothes; like one of the sitters, he has a khaki-colored turban; when looked at quickly, his head appears to be bent, as if in mourning or sadness. Unlike all of the other men in the painting, however, he does not have a bed of his own. He stands in between the last two beds in the row, each of which has a patient in it. He may be a patient from one of the opposite rows of beds, of which there are five visible, or from another part of the hospital. Wherever he is from in the hospital, the key here is his act of visiting these two men. His head hangs down not in mourning, but in conversation with the men in the beds, each of whom has his head turned slightly inward and upward to look at the standing figure. Both of these bedded patients have red turbans, and we see now that the standing figure's angled head gazes down at them, and to the man on the very end, in particular.

Though there is no physical contact between these men – they are kept apart from one another in an image gridded out according to hospital standards – it is clear that they made efforts to close the distances between one another. Their interaction stands as an intimate exchange happening at the back of the room. Of course, to the subjects of Burleigh's Indian Hospital study, their fully realized reality is not in the "back" of anything at all: it is their life, their pain and suffering, their efforts at communicating and contact, and their ongoing recovery from the wounds of World War I. The standing man may be speaking, or listening, or simply looking – as may be the men in the beds. In most period photographs of the Pavilion as a working hospital, there are Indian patients and orderlies and white doctors and nurses all shown working and recovering together. In Burleigh's image, however, we find only the Indian wounded – there are no white people. This framing choice at once seems to respectfully acknowledge the woundedness of sepoys and their right to recovery on their own terms in this most regal of spaces, while also commenting upon their alienation, isolation, and estrangement. For the sepoys were, after all, not only patients but also prisoners here: the hospital was surrounded by barbed wire.

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This private exchange in a place dedicated to recovery says much about the history of Indian experiences in the First World War: a narrative or set of narratives that were lived and fully felt by the subjects involved, but which went – and remain – largely unrecognized by the British public and the world at large. Put differently, and once again in the terms of the painting itself, consider the open door at the back of the room, which gives way, in the very center of the image, to another room, its floor an undifferentiated blur of white. More beds, undoubtedly, with more Indian wounded. While Burleigh's work gives to us the Indian wounded as well as a snapshot of their intimate lives while in hospital, his work also gestures to the unknowns and unaccounted for in the room beyond our reach. After all, the Indian wounded appear to us only as profiles: flattened half-views of South Asian human subjects far from home and recovering from war in the confines of a royal palace refurbished according to the dictates of Orientalist fantasy. Period sources routinely referred to Indian soldiers as "our sepoys" – Burleigh's painting casts also a proprietary, colonialist glance across the room. What and whom did Burleigh see then? What and whom do we see now?

The silence of the Indian wounded in Burleigh both invites us to peer closer, but also resists our capacity to know more about them. What are their names? Where are they from? What information do their charts contain? How did they come to be wounded? Did they recover? Can we recover them? And, in this book-length study of representations of shell shock, we might also wonder about whether any of the subjects in Burleigh's painting suffered from the disorder. If the story of Indian participation in World War I is not well known, then the story of Indian shell shock remains doubly obscured: a marginalized tale hidden away and veiled behind a larger enshrouded narrative. I begin this book with this portrait of Indian soldiers in order to emphasize the key impulses in *Shell Shock, Memory, and the Novel*, a study that in many ways is about looking at the past. A second quotation from John Berger comes also to mind here, this time from *Ways of Seeing*: "The past is never there waiting to be discovered, to be recognized for exactly what it is. History always constitutes the relation between a present and its past" (11). While numerous approaches have been taken over the years to remember shell shock, critics have collectively left novels – as a stimulating collective – out of the telling. Our present conception of shell shock stands diminished by the extent to which the witness-bearing testimonies of novels wait patiently for our attention. *Shell Shock, Memory, and the Novel* seeks to renew our present understanding of shell shock by defamiliarizing

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canonical novels in shell shock terms, by recuperating and recovering “lost” shell shock novels, and by exploring the operations of remembrance with regard to shell shock.

In the century that has passed since the start of the First World War in August 1914, a curious shell shock paradox has emerged. While shell shock has come to emblemize the suffering and losses of the conflict, much remains unknown about the disorder. Despite its cultural visibility, we continue to misunderstand and misremember shell shock in significant ways. Shell shock left behind a turbulent wake that linked millions across the globe. *Shell Shock, Memory, and the Novel* helps us to recognize more fully the extent to which shell shock – regardless of rank, race, and region – both shaped and troubled memories of the First World War. Mobile and myriad, shell shock circulated in the period by way of fantastic excesses: too much and too vivid remembering; too much and too destabilizing forgetting. Shell shock novelists testify to the tenaciousness and complexity of the disorder, write survivors into visibility, and articulate the immediacy of wounds that remain to be seen.

But what do we recognize and discover about shell shock when we read shell shock novels? Shell shock novels remind us that while millions of soldiers died in the First World War, many more millions came home to forge new beginnings with family and friends. Hundreds of thousands of those returning men suffered from shell shock. In the wake of mass death, and in the presence of so many troubled returns, how to survive the losses and traumas of the war was the central question of the period. Shell shock novels offer – now, as they did then – construction in the wake of destruction. Novelistic representations of the war’s past emerge as a part of individual and collective efforts to make the war’s present bearable. These acts of “making bearable” involved the silencing of some voices and privileging of others, involved the enshrining of certain narratives while “forgetting” countless other versions. In keeping with Elaine Scarry’s aims in *The Body in Pain* – to try to better understand “the way that other persons become visible to us, or cease to be visible to us” (22) – each of my chapters explores texts that reveal the workings of memory and the processes by which certain stories, subjects, and spaces come to be known and remain in circulation, and those by which certain others become obscured, resigned to history, and left behind. Shell shock novels, much like Burleigh’s painting of wounded sepoy, stand as present reminders of the ongoing necessity of enlarging and further complicating “the remembered” of shell shock by exploring all that we seem to have forgotten about the hydra-headed malady.

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For in the World War I era, “shell shock” was many things all at the same time: a contagious disease, a genetic disorder, an inevitable by-product of industrial warfare, a collection of physical ailments, a purely psychological matter, an index of moral weakness, a lack of courage, a wound that would heal, a scar that would remain, an excuse, an accusation, a mystery. Ford Madox Ford’s *Parade’s End* tetralogy, a long-neglected but vibrant exploration of shell shock, bears fragmented witness to the persistence and variousness of the disorder – and concludes with despairing uncertainty about the challenges of survival: “*The war is over . . . Ah, but its backwashes, when would they be over?*” (824). In her late autobiography, *A Writer’s Recollections*, published shortly before the armistice, Mrs. Humphry Ward – one of the first novelists on either side of the Atlantic to incorporate shell shocked soldiers into her writing – considers a future shot through with the enduring conflict: “The war has become our life, and will be so for years after the signing of the peace” (233). Shell shock novels provide us now with views of our collective backwashes, but they functioned at the time as fraught sites where what was *happening* to the living in their collective present was actively negotiated, resisted, forgotten, and remembered. Ward and her contemporaries “become” the war, and they share a keen awareness of the great shadow that it will continue to cast over their lives. Put differently, the losses and wounds these novels explore do not emerge in the period in the past tense; they are ever-present, even in the aftermath. Above all else, then, shell shock novels are about what it means to live with dead who will not return, about how to persevere in the persistent company of scars and wounds, about ways of surviving in the midst of “broken” men, shattered communities, and devastated landscapes.

Such questions still deeply concern us all. In November 2009, former U.S. Senator Max Cleland considers the repeating of American history in a *New York Times* op-ed, “The Forever War of the Mind”: “After America’s wars, the used-up fighters are too often left to fend for themselves. Many of the hoboes of the Depression were veterans of World War I. When they came home, they were labeled shell-shocked and discharged from the Army too broken to make it during the economic cataclysm.” Veterans today, Cleland writes, are homeless and unemployed in significantly disproportionate numbers. They suffer in the tens of thousands from post-traumatic stress disorder (PTSD) and suicides are commonplace. “When we are at war,” Cleland argues, “America spends billions on missiles, tanks, attack helicopters and such. But the wounded warriors who will never fight again tend to be put on the back burner.” My book shifts the plight of the shell shocked from the back burner and examines

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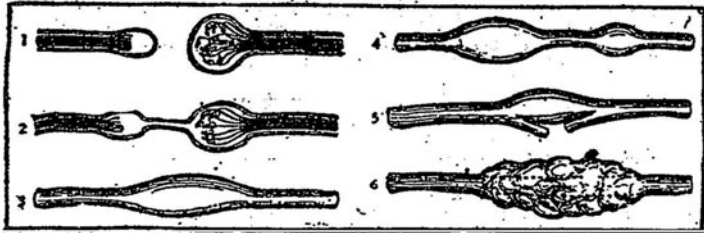
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the forgotten wounded warriors of the Great War in the pages of novels that sought at the time to represent and remember them.

While *Shell Shock, Memory, and the Novel* explores continuities between present and past conceptions of trauma, it is essential to guard against any simple conflation of shell shock and PTSD. These related disorders are not merely chronological synonyms for the “railway spine” syndrome that emerged in step with the expanding railroad itself in the nineteenth century – different labels for universal and eternal phenomena brought about by exposure to extreme conditions. Rather, we must consider PTSD today and shell shock in the wartime and postwar period as discursively and culturally produced entities derived from and shaped by the historically specific contexts in which they arise. As Allan Young convincingly argues, shell shock needs to be understood as a condition “glued together by the practices, technologies, and narratives with which it is diagnosed, studied, treated, and represented and by the various interests, institutions, and moral arguments that mobilized these efforts and resources” (5). Likewise, Peter Leese defines shell shock as a “malleable subjective state,” a fully embodied individual human experience *and* a historically situated condition inflected by the shaping pressures of collectivities and contexts: “muscles, vocal cords and limbs respond to the soldier’s distressed mind, but that same distressed mind absorbs too the sympathy of comrade and relative, the outrage of editor and MP, the censure of officer and pension doctor” (10). For many at the time, however, a proper soldier must remain impervious to factors such as distress and sympathy: he must remain, in a sense, “timeless” and unchanged in the face of modern combat conditions.

Current debates about PTSD resonate directly back to Great War-era anxieties and assumptions about the shattered nerves and minds of returning soldiers. As Dr. Nicola Sorfleet reported in May 2014 in *The Guardian*, British Army soldiers discharging from duty in Afghanistan experience significant loss of identity and role: “They have a sense of who they are. Their whole support and social network is around them, so when they leave, they often have problems adjusting to civilian life. Many of the veterans we see are presenting with depression, or alcohol or drug misuse. They may have lost the support of family or friends; 6% are homeless.” Those serving in the infantry with “multiple exposures to combat” make up the biggest proportion of PTSD cases; typically, veterans go many months and even years before seeking mental health treatment, if they seek help at all. *Shell Shock, Memory, and the Novel* confirms that all too often – then and now – traumatized veterans struggle alone before drifting into obscurity.

Strongest Nerves Will Win War



NERVES DAMAGED BY SHOCK OR SHOT.

HOW THE SEVERE STRAIN OF BOMBARDMENT REACTS ON THE PHYSICAL CONDITION OF SOLDIERS.

Figure I.2 “Strongest Nerves Will Win War,” *The Washington Post*, March 26, 1916.
 Reproduced by permission of *The Philadelphia Inquirer*.

Elevated suicide and unemployment rates, concerns about criminality and violent behavior, and uncertainty about the nature and treatment of PTSD mark today’s media in degree and kind entirely consonant with the sensational newspaper accounts of the World War I era. Consider, for instance, a March 1916 assessment in *The Washington Post* of the status of a shell-shocked soldier’s nerves.³ The title of the article, “Strongest Nerves Will Win War,” reveals a palpable sense of urgency and investment in winning the nerve war. The diagram that accompanies the article offers readers six nerve figures, each of which depicts the bruised, frayed, bulged, pinched, striated, and even severed nerves that have been “damaged by shock or shot” (Figure I.2). The images of nerves damaged offers up a widely circulated fantasy concerning the scientific pursuit of shell shock, both in terms of understanding and cure. Precisely drawn nerve diagrams provide comfort to patients and citizens desperate to “see” the broken interior of disabled men who nevertheless look intact on the outside. With damaged nerves identified and isolated, the repair work might begin. However, as my book’s first section emphasizes, clinically tidy shell shock fantasies do not come close to accounting for the debilitating realities of shell shock suffering.

The diagram’s subtitle also suggests the extent to which public conceptions of the disorder hinged on an understanding of shell shock as a physical ailment. Steadfast beliefs that the strain of shell shock affects the “physical condition of the soldier” combine – counter-intuitively – with a readiness to ascribe cures and recoveries to a matter of will power:

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A great many injuries result from bruised or frayed nerves, but these are frayed nerves in the physical, not the figurative sense. Here, again, recovery greatly depends on the patient and his previous history. In all nervous cases there is only one disease entity, and that is the patient himself. If he has strong nerves he will win through.

The article squarely configures the patient himself both as the “disease entity” as well as the agent responsible for recovery – a double bind that shell-shocked soldiers encountered as a matter of routine. Depending on the patient’s “previous history,” a period shorthand for genetic predisposition to nervousness, his recovery might indeed result in a victory, in a man who “becomes himself again, as good a soldier as ever.” Such commentary stands in neatly for a key tension that this book explores: on the one hand, the material experiences of physical and mental suffering of shell-shocked survivors of the war, and on the other hand, the “figurative” efforts to represent and remember that suffering and survival in the pages of novels.

F. Scott Fitzgerald’s *Tender Is the Night* provides a mid-1930s analogue in the reflections of Dr. Dick Diver, a psychiatrist who served in an American neurological unit in France during World War I. Here, the narrator identifies the ongoing postwar compulsions and frustrations involved in finding the words for material losses and enduring wounds:

One writes of scars healed, a loose parallel to the pathology of the skin, but there is no such thing in the life of an individual. There are open wounds, shrunk sometimes to the size of a pin-prick but wounds still. The marks of suffering are more comparable to the loss of a finger, or of the sight of an eye. We may not miss them, either, for one minute in a year, but if we should there is nothing to be done about it. (157)

This book is about the “open wounds” of shell shock and the fraught testimony that novels provide concerning the extent to which the scars of combat remain “wounds still.” In shell shock novels from the period, I focus attention on the narrative traces, subaltern faces, and commemorative spaces of shell shock. In so doing, my book explores the tension between materiality and metaphor, between the skin and its “loose parallels,” between experiences of wounds and representations of those experiences.

For in shell shock novels we encounter material disruptions to the human subject: shrunken wounds that appear to be closed but nonetheless remain open, “healed” wounds that go absent for long stretches only to suddenly and inexplicably return with all the force and presence of the original wounding. Men with shell shock, in effect, go “missing”; like phantom limbs, they maintain an absent presence in the lives of those intent on their recuperation. The “marks of suffering” and the “pathology

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of the skin” resonate with Jim Crow and colonialist racism that elide the contributions and suffering of African American and Indian soldiers and shell shock sufferers. Meanwhile, as “scars” of war begin to heal, leaving some men forever lost beneath the “skin” of the healing surfaces, the survivors remain. But how to remember the dead – and what to make of the living? What about the lives of individuals who must move on in the aftermath of war? The characters in Fitzgerald’s novel make a mid-1920s pilgrimage to Beaumont Hamel in France, the site of devastating losses in the Battle of the Somme. The site’s “haptic geography” (74), to borrow from Santanu Das, puts Dick and his companions in touch with more questions than answers about their entrenched place in the war’s aftermath.⁴ Shell shock novels explore the legacies of World War I to be found both in the memorial grounds and the memorializing impulse – terrain that both remembers and forgets the shell shock of soldiers. Put differently, and in Jay Winter’s terms, shell shock novels from the period function as sites of memory and mourning, and point to blurred distinctions between body and mind, inside and outside, past and present that accompany the crippling return of shell shock and trauma.⁵

At the same time, in shell shock novels we confront efforts to represent radical disruptions to the human subject: the compulsion to try to “write” the wound of shell shock, to represent the radical disruptions to the psyche and self, and to mitigate the distance between “reality” and the “loose parallel” of representation. Shell shock novelists explore and register the damaging vicissitudes of shell shock and trauma, and attempt to map the “marks of suffering” etched into psyches that simultaneously invite and resist our reading. In the pages of shell shock novels we find the tenuous effort to locate an individual’s suffering in language helplessly colliding with the material fact of a sense that has been forever lost. To lose a finger or an eye is to move forward with diminished and damaged senses; survival necessitates adaptation and accommodation. But will rehabilitation be possible? What might recovery from shell shock involve? What might healing look like? What remains unknown about shell shock that shell shock novels might yet reveal? What forgotten pinpricks mark the pages of shell shock novels?

Shell shock has long been understood by historians and literary critics as the paradigmatic wound of the First World War. The covers of Paul Fussell’s *The Great War and Modern Memory* and Denis Winter’s *Death’s Men* present us with able-bodied but hollowed-out and haunted-looking soldiers who evoke the internal distress and fragmentation of shell shock. These are the men who return from combat with minds ravished, to borrow from Wilfred Owen’s “Mental Cases.” They stand still, gazing