

Forgotten Lunatics of the Great War

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Peter Barham's book is an excellent example of 'underdog' history. Barham has trawled the archives in search of the lives and experiences of ordinary soldiers who suffered mental crises during the Great War. His aim is to resurrect these forgotten people and to show that, though their voices have since been silenced, during the Great War they conjoined with popular protest and progressive elements in psychiatry to create a brief flowering of sympathetic care and treatment associated with budding ideas of an equality of citizens' rights.

The essence of his argument is that the marked social change of the nineteenth and early twentieth centuries, coupled with the mass mobilisation of the war led to a notion of the 'citizen soldier' and unforeseen consequences for the treatment and disposal of military psychiatric casualties. The narrative traces how civilian society profoundly influenced the military, and Barham casts it in contrast to other historical accounts. Civil society was not, he argues, the secondary recipient of psychiatric change brought about by military necessities. Still less was it the malign and uninformed influence, attributed to it by some, such as Ben Shephard, who suggests, he maintains, that the treatment of psychiatric casualties should have been left to the military and their medical votaries.⁽¹⁾ Instead, Barham convincingly shows that civilian society was the source of positive change for the understanding and treatment of military psychiatric casualties. Indeed, though this change was short-lived and soon largely reversed, Barham claims that it provided a 'seminal cultural resource' that was 'etched on popular consciousness' and informed later progressive egalitarian influences on psychiatric care during and after the Second World War.

Barham sets the scene for his narrative, by briefly emphasising the conflicting dynamics of social and political change in Britain during the decades leading up to the Great War (pp. 3, 147):

Simultaneously demotic and hieratic, militarism, the cultivation of imperialist visions, and the pursuit of administrative rationality, jostled alongside 'progressivist', egalitarian and feminist counter-currents. Largely in response to the growing political power of the working classes and

the emergence of a more educated and discerning population, the lines of social class had become progressively blurred, and governments had been prodded into adopting more fulsome styles of welfare, doing more than just provide care and protection 'at the margins', and into taking faltering steps towards a politics of equal dignity or 'positive' rights, 'civic' along with 'liberal' freedoms, as in the introduction of old age pensions and national health insurance in Britain (p. 147).

Barham places this 'emerging culture of social citizenship' and a 'stronger sense of entitlement among the citizenry' in stark contrast to the lunacy system. This remained a sphere in which rigid hierarchies and divisions prevailed. As he says, 'When it came to ravaged minds, there was no semblance of equality, neither in professional attitudes nor in treatment regimes' (p. 3). Moreover, to be certified to a lunatic asylum was to cross a divide that excluded one from the community of citizens.

The onset of war was to herald circumstances in which this system was to be challenged. Over five million men served in the British army during the war, with 700,000 killed and casualties totaling two and a half million.⁽²⁾ With only one small dedicated facility at the Royal Victoria Hospital, Netley, the military authorities showed themselves, not only unprepared, but also apparently uninterested in the potential for high numbers of psychiatric casualties. Barham notes that, according to 'military culture, a soldier with nervous problems was either a lunatic destined for the madhouse or a malingerer' (p. 41). Other than those cases catered for at Netley, all others were discharged under King's Regulations, and sent to public asylums.

But the 500 or so soldiers who had been consigned to public asylums by the end of 1914 raised an outcry. By early 1915 calls were being made in parliament for soldiers who had become insane to be spared the stigma of certification as pauper lunatics (pp. 41–2). Some drew analogies with the Workman's Compensation Act which stated that, once an employer had taken on an employee, an accident could no longer be attributed to the worker's unfitness for his occupation. Similar concerns were raised in other quarters. The Murray Committee, set up to report on provision of employment for servicemen disabled in the war, recommended in 1915 that alternatives to the asylum be found for those who were 'mentally affected'. Certification, it believed, might not only prejudice re-employment opportunities, but also provide an environment detrimental to recovery (p. 44). The military conceded and an Asylum War Hospitals Scheme was soon brought into operation under which selected civil lunatic asylums were, wholly or partly, taken over and converted into War Mental Hospitals. By 1918 4,470 beds had been made available.

Similar pressures influenced provisions for discharged servicemen. Until the formation of the Ministry of Pensions during the war there was 'no single department of state' with responsibility for this. Moreover, pensions for discharged servicemen were privileges to be earned rather than entitlements to be expected. In 1915 the government appointed a Statutory Committee in order to help provide support and after-care for discharged soldiers. Barham notes that its principal achievement was the establishment of 300 Local War Pension Committees across the United Kingdom, which 'played a very active role during and after the war' (p. 103). The statutory committee advised that placement in an institution should be avoided wherever possible. Instead, encouragement and assistance should be provided in helping men to find employment and instilling in them that they would soon be normal citizens again (p. 103). It fell to the Board of Control (which had been established just before the war to oversee the entire mental health system) to come up with a strategy that, though it could not keep insane servicemen out of asylums completely, could at least provide a special status for them. This was the Service Pension Scheme. Under the scheme, ex-servicemen would be classified as private patients, paid for by a state pension, and receive special privileges, such as a weekly allowance and distinctive attire to distinguish them from other inmates (p. 105).

Barham draws together the Asylum War Hospitals Scheme and the Service Patient Scheme as critical developments which help to further his argument that 'progressive' mental health professionals joined forces with families and advocates of ex-servicemen in a process which brought, both patients' subjective experience, and notions of citizen entitlements to the fore. He focuses on the example of Napsbury War Mental Hospital to show that the special circumstances at such hospitals provided an arena in which 'the

possibility of a more inclusive psychology ' would emerge. Barham maintains that at Napsbury,

what we witness ... is a moderation of [the] divisive scheme of things, a muting of class antagonisms and prejudices, not a dramatic turnaround certainly, rather a fumbling, faltering, sometimes ambivalent, but nonetheless still significant movement towards a more egalitarian, and less opinionated, mental health culture (p. 78).

Barham casts this description in contrast with other 'supposedly "progressive" military doctor[s] such as W. H. Rivers' who peddled 'a hierarchical psychology in which superior value was placed on officers over common soldiers, and psychiatric assessments were inextricably reflections of moral and social divisions' (p. 4). Rivers held to an image of evolutionary hierarchy in which ordinary soldiers were prone to a regressive pursuit of selfish survival instincts at the cost of their comrades, while officers tended to suffer the 'higher' evolutionary conflicts of fear and duty (pp. 76–7). Barham notes that this discrimination between middle-class officers and lower-class soldiers was mirrored in the representation of officers as suffering anxiety neuroses expressed through garrulousness, while lower-class ranks suffered traumas in which voices were silenced or distorted. Indeed, he highlights the way such bifurcations have apparently been uncritically accepted by cultural historians such as Eric Leed and Elaine Showalter (p. 76).⁽³⁾ But Barham points out that it is not the case that 'signs and symptoms were not in evidence in the other ranks, rather they were submerged, disavowed and trivialized by the attitudes and interpretations that were imposed on them' (p. 78). He shows that at Napsbury an 'alternative social experiment' developed in which conventional norms were 'suspended or relaxed' (p. 79). Far from becoming relatively happy on having secured return from the war, as Rivers suggested, what is revealed here is that ordinary soldiers exhibited signs of self-loathing and a deep sense of failure. Nor were they generally mute; instead, they were often described by the authorities as 'exceedingly loquacious', 'abundant, diffuse and expansive' (p. 79).

But, more than this, Napsbury provided a medical arena in which soldiers could apply the label of 'shell shock' to themselves in order to denote a condition that was 'serious in intensity ... but not at all dishonourable, and above all temporary and amenable to treatment'. In this way the sufferer could retain links with the 'community of ordinary human beings' (p. 87). Napsbury provided a limited means through which patients could develop their own sense of what had happened to them and partly negotiate their treatment.

Implicit in this development is the assertion of a 'civilian' consciousness; a consciousness that Barham relates both to socialised, egalitarian visions and to individualised notions of private lives and citizenship (p. 117). The shell shock label enabled some to express their sensitivity and vulnerability unapologetically (p. 86). These soldiers may have been well 'adapted' to civilian life but many were only partly able to adapt themselves to military life or modern warfare. The historian George Mosse maintains that shell shock became a metaphor for what was seen as the 'unmanly' behaviour of an 'incomplete' man. But, for Barham, shell shock provided some men with a strategy that helped them to express a 'competing sensibility' in which subjective emotional experience might find a voice while under military and psychiatric authority.

Peter Barham links these developments with debate over the criteria by which pensions should be awarded under the Service Pension Scheme. He points to a meeting on 13 July 1917 of representatives of the Board of Control with services and pensions authorities as signally important. The agreement that followed was to make 'enormous concessions to civilian sensibilities' over entitlements to war disability pensions (p. 122). Two features are particularly apparent in Barham's depiction. First, he maintains that 'justice was the term that figured most prominently in the debate' (p. 122). At this point in the war, a notion of the 'community of serving citizens was able to trump traditional military values as the operating standard' (p. 122). Reception into the military, rather than soldierly efficiency, extreme traumatising experience or evidence of fortitude, it was now contended, was the requisite for entitlement to pension. Second, and related to this, was what Barham calls, a kind of 'psychiatric decommissioning'. There was a relaxation of conventional psychiatric judgments. Mental experts 'relinquished their positions on the high ground of moral certainty; condemnatory

voices were temporarily stilled ... in the face of the anguish that confronted them' (p. 124).

In both the examples of treatment at War Mental Hospitals and concessions over qualification for war pensions, Peter Barham emphasises the conjunction of psychodynamic therapies with popular protest, and the impact of very high numbers of casualties. Psychodynamic theories of mental disorder had already made inroads on some psychological and psychiatric thinking before the Great War. Their reception had been uneven and controversial. However, the war stimulated interest in what became known as the New Psychology. A concept of mental disorders as 'functional' rather than based on 'brain disorders' gained wide currency amongst doctors who treated shell shock. The apparent need to analyse and understand unconscious motivations, coupled with the therapeutic value of 'talking therapies', became established as important areas for activity.

Many of the influential figures that Barham mentions were, in fact, associated with what became known as the movement for mental hygiene that became established soon after the war. This was a principal vehicle for the promotion of the New Psychology. The mental hygiene movement considered that 'functional nervous illness' was 'a disturbance in adaptation of personality to the physical, mental and social environment'.⁽⁴⁾ These 'maladjustments' were attributed to unconscious motivations; the emotional substrates of the mind. The 'psycho-neuroses' were thus primarily disorders of the emotions.⁽⁵⁾ The claim was, essentially, that rational thinking had finally grasped the fact that emotional experience underlay all growth and adjustment.

This general approach certainly represented a shift away from overt authoritarianism in therapy. (Though not in the case of those who were deemed to be 'mentally deficient'.) This was replaced with a more restrained authority engaged in an attempt to prompt what was considered to be an in-built drive towards 'adjustment' to societal norms. The subjective emotional experience of patients now constituted a target that needed understanding and shaping, rather than something that was of significance only in so far as its excesses required to be negated and subordinated. Peter Barham maintains that wartime psychotherapeutic developments represented a 'wholehearted engagement with emotional reality [that] was potentially a subversive undertaking in itself, in as much as it exposed a common ground into which all servicemen were thrown, regardless of station or rank, and opened windows on the subjectivities of ordinary soldiers' (p. 153). In the context of this alteration of the conceptualisation of emotionality his argument is apt. But, as Barham emphasises himself, this emergence of a psychology that was more inclusive was faltering and ambivalent. And the wider factors of extreme and prolonged wartime suffering coupled with pronounced public pressure may have been primary in driving the psychiatric views on pension provisions that he describes. Perhaps the underlying pressure for this temporary alliance lay principally with the sheer numbers of casualties and the associated response of a public made up of more organised and articulate working-class voices than ever before. As Barham notes, the vast extent of human suffering prompted strong feelings of solidarity and of the rights of all (pp. 148–9). Nevertheless, the shift in approach to subjective experience surely played a part.

These issues aside, Barham narrates how, by the early 1920s, reaction had set in. The state, in the form of the Ministry of Pensions, the Treasury, and the military, along with significant elements of psychiatry, reasserted traditional classifications and diagnoses that peddled notions of 'jerry-built brains collapsing under their own weight' (p. 140), of class and gender stereotypes, and of moral and social hierarchies.⁽⁶⁾ The Ministry of Pensions, which had always considered itself an outpost of objectivity in the face of public (and some psychiatric) gullibility and misguided sympathy, attempted to roll back pension awards (p. 186). Less than 150 servicemen admitted to asylums were rejected classification as Service Patients in 1918, but by the mid-1920s over 60 per cent were being refused (p. 189). Despite the campaigning of associations such as the Ex-Services Welfare Society, the public profile of Service Patients declined during the economic austerities of the early 1920's. Moreover the emerging discourse of community care (with which the movement for mental hygiene was centrally involved) could be highly conditional, discriminating between those who were capable of 'adjustment' to full citizenship, and those who impaired the 'social machine by their inefficiency as citizens' (p. 314). In parallel with such views, the Ministry of Pensions was able to reassert a constitutionalist view and, associated with this, apply the self-serving argument that genuine mental traumas due to the war were temporary with recovery taking place relatively quickly, while those that persisted and

became chronic were evidence of innate instabilities (p. 306). Similarly, the Ministry of Pensions enthusiasm for psychotherapy soon declined after the war with officials claiming it was promoting treatment for its own sake at the expense of looking for gainful employment. In response the Ministry promoted 'hardening' centres where ex-servicemen could be turned into 'efficient citizens' through supervision, discipline and work.

But despite these reactionary developments Peter Barham points out that the Service Patient category did at least provide some patients and their families with a means to lay claim to rights and justice, playing a 'strategic role in improving life chances, and remedying basic injustices, for a disadvantaged constituency' (pp. 366, 9) And, if the progressive therapeutic currents that Peter Barham describes declined and deteriorated after the war, their impulse, he argues, lived on to inspire later movements during and after the Second World War (p. 366).

Peter Barham's monograph is persuasive, informative, and enjoyable to read. He has cast his net widely across archives and skillfully brought together an array of disparate fragments of soldiers' and pensioners' experiences that throws them and their treatment, by psychiatrists and the state, into a new light. These fragments are cleverly weaved into his overall narrative, and sustain his general thesis that civilian society was the source of positive change for the treatment and support of military psychiatric casualties.

One minor gripe regarding this account of the influence of civilian identity on the military is Peter Barham's use of the notion of a 'feminisation' of society to describe this. Barham maintains that soldiers at Napsbury, in using the label of shell shock as a way of partially legitimising their subjective emotional experience and finding expression for their sensitivity and vulnerability, were displaying what 'stereotypically can only register as a feminized sensibility ... ' (p. 86). A response to this might be, 'Let's not be stereotypical then'. At various points in his narrative Barham refers to the 'feminisation' of society almost interchangeably with that of the impact of 'civilianness' on the military, and employs it as a motive force for the voices calling for concessions and justice from the state and the military. These voices were, he says, the 'expression of a feminized standpoint on life' (p. 116). But, to buy into this terminology is to accept what ought to be explained. Barham may be using this characterisation in what he believes to be a positive sense, but the attribution of 'sensitivity' and 'empathy' to 'the feminine' and 'control' and 'hierarchy' to 'the masculine' is at best a distraction and at worst unwittingly perpetuates unnecessary divisions between people. Moreover, such attributions lead to confusing and unhelpful characterisations. Thus, soldiers who unapologetically express acute sensitivity and vulnerability appear 'feminine'. Similarly, Montague Lomax, who delivered a biting critique of the asylum in the 1920s, is described as displaying a 'hesitant and uncertain form of manhood' in his character, and delivering a 'feminized appreciation of the asylum' (p. 117).⁽⁷⁾ Meanwhile, Beatrice Webb and Virginia Woolf, as they are described in the text, appear 'masculine'. Thus, Beatrice Webb found 'moral magnificence in the unsensational dutifulness unto death of millions now enlisting', expressing disdain for the misguided youths who had allowed themselves to be swept up into the conscientious objection movement – 'pasty-faced furtive boys', she called them. Similarly, Barham's discussion of Virginia Woolf's attitude towards mental illness cites her biographer's view that her language was 'often brutal and conventional accepting apparently without irony the current official attitudes'.

This aside, Peter Barham's description of the positive influence of civilian society on the military and its 'psychiatric votaries' is compelling. However, my understanding of what Peter Barham is, in fact, essentially pointing to, is something more fundamental than this. As Barham says this 'wholehearted engagement with emotional reality was potentially ... subversive'. It concentrated on subjective experience at the expense of station or rank, and it implied that understanding subjective emotional experience was critical to appreciating human value and worth.

This is not a battle between 'feminine' and 'masculine' sensibilities, and though it can be characterised as a conflict between military and civilian values, at a fundamental level it is a battle between the purported value of rigid authority and hierarchies determining the 'characters', roles, and ultimately fate and worth of individuals, and the value and authority of subjective experience itself in determining 'what is at stake in human lives'.

Peter Barham remarks perceptively of soldiers' expressed experience at Napsbury that:

There are countless experiences that exemplify this arbitrary dimension in which, even if the subject may willingly have embraced the signifier which represents him for the other, as by volunteering for the cause, still it becomes apparent quite soon that there has been a misunderstanding, and that the subject's idea of who he is, and of what he has let himself in for, is quite at odds with the mandate that has been foisted upon him by the authorities. ... [Such men] found themselves ... forced to account for themselves as someone whom they never realized that they were. ... so it is hardly surprising that we should encounter individuals who give the impression that they find themselves on the wrong bus or train, the bearer of an unwanted or uninvited identity, or the victim of some misunderstanding or a breakdown in communication (p. 62).

It is ultimately rigid hierarchies of rank, of social authority and control, that force some people 'to account for themselves as someone whom they never realized they were'. This is not a conflict between 'masculine' and 'feminine', and it transcends the conflict between civilian and military life. This is the principal issue that, for me, suffuses Barham's text. His underlying refusal to make distinctions between who was and was not suffering mental troubles, and whether they can be attributed to the war, echoes this. In taking this stance Peter Barham presents us with a text that refuses to place human experience, and ultimately worth, in a conceptual hierarchy. In so doing he achieves one of his central aims of acknowledging those who have been silenced.

Notes

1. Ben Shephard, *A War of Nerves: Soldiers and Psychiatrists, 1914–1994* (2000), p. 28. See also Martin Stone, 'Shellshock and the psychologists' in ed. Roy Porter, W. F. Bynum and Michael Shephard, *The Anatomy of Madness, ii, The Asylum and its Psychiatry* (1985).[Back to \(1\)](#)
2. Jon Lawrence, 'The First World War and its aftermath' in ed. Paul Johnson, *Twentieth Century Britain: Economic, Social and Cultural Change* (1994), p. 151.[Back to \(2\)](#)
3. Eric Leed, *No Man's Land: Combat and Identity in World War One* (Cambridge, 1979); Elaine Showalter, *The Female Malady: Women, Madness and English Culture, 1830–1980* (New York, 1985).[Back to \(3\)](#)
4. William Brown, 'Rationalization', *Mental Hygiene*, 6 Dec. 1932, 34–7, at p. 36.[Back to \(4\)](#)
5. Maurice Craig, speech on 'The place of mental health in the life of the nation', given at Third Biennial Mental Health Conference, 22–25 Nov. 1933, printed in *Mental Hygiene*, 8 Jan. 1934, 8–10, at p. 8. [Back to \(5\)](#)
6. T. Johnstone, 'The case for dementia praecox', *Journal of Mental Science* (1909), p. 55, cited in Peter Barham, *Forgotten Lunatics*, p. 140.[Back to \(6\)](#)
7. See also Barham's description of D. W. Winnicott, p.164.[Back to \(7\)](#)

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