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Breaking the Silences of the Archives: Humanizing the Canadian Shell Shock Experience of the Great War

MEDIA HISTORY AND CULTURAL ANALYSIS

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ABSTRACT

The shell-shocked soldier has been condemned as a madman in the official Great War literature. He was dangerous due to his mental trauma, isolated from his loved ones, and pushed to the fringes of society. Very little has been shared from the perspectives of shell-shocked soldiers. Most soldiers of the Great War did not discuss or write their psychological suffering as they were expected to remain brave and stoic. The few Canadian shell-shocked soldiers who did write about their war experiences break the silence of the archives and reveal new perspectives that have been historically shunned in war literature. There are even fewer stories of shell-shocked veterans after the war. The few stories and perspectives that exist reveal the challenges and issues that Canadian shell-shocked veterans encountered, including access to pensions, suicide rates, therapeutic methods, film, and institutionalization.

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Shell shock continues to fascinate contemporary readers. Even over 100 years later, it is still being re-examined and re-analyzed in new ways (Cook, 2022; Ellis, 2023; Humphries, 2018; Linden, 2024; Telch 2023a; Telch, 2024a; Telch, 2024b; Telch 2024c). Today, some historians see shell shock as a symbol of "the distress of men in the trenches, and the war in general" who suffered psychologically, emotionally, and physically during the First World War (Reid, 2010, p. 19). However, during the war, shell shock was stigmatized due to beliefs concerning madness and mental illness (Telch, 2024c). Thus, very little has been written by shell-shocked soldiers due to such ideologies about mental health (Sedwick, 2024). Most soldiers of the First World War did not write or discuss their well-being (Holden, 1998; Humphries, 2018). Canadian soldiers of this generation suppressed their emotions and endured the hardships of war, creating an almost overwhelming silence in the archives (Humphries, 2018).

Little has been written about the Canadian shell shock experience (Cook, 2008). Brown (1983, as cited in Humphries & Kurchinski, 2008) was the first scholar to write about the Canadian narrative of shell shock and argues that class status impacted how shell-shocked officers and soldiers were treated. Officers were diagnosed with the respectable term neurasthenia and received high-end treatment in private spas, while shell-shocked soldiers were regarded as hysterical. Humphries and Kurchinski (2008) highlight that during the war, Canadian shell-shocked soldiers were treated with compassion by medical officials as they underwent rest therapy. Humphries (2010) argues that the shell shock crisis produced tensions as shell shock led to emotional suffering among Canadian soldiers, challenging perceptions of the masculine soldier. Humphries (2018) writes about the combat experience of shell shock that the Canadian Corps endured during the war from the perspectives of ordinary soldiers using their military files to top the leading officials who oversaw the management and treatment of shell shock. Humphries (2018) argues that throughout the war, there was an ongoing progression of how shell shock was interpreted near the frontline, both in terms of how Canadians conveyed their psychological trauma and how shell shock was managed and treated by doctors. Cook (2018) argues that there was no shell shock epidemic in the Canadian Corps as Canadian soldiers created their unique trench culture by producing poems, newspapers, songs, plays, jokes, and battlefield art. The creation of a Canadian trench culture allowed soldiers to express their "agency within a consistently dehumanizing war" as it fostered resiliency among the men (Cook, 2018, p. 5). Clark (2023) writes about a Canadian shell-shocked veteran, George Allen Chisholm, who murdered his two young sons in Indiana in 1928 and utilizes the Chisholm murders as a case of a veteran who never recovered from his psychological trauma. Ellis (2023) examines the lives of Canadian shell-shocked veterans after the war and asserts that shell shock was a public affair in post-war Canada, as veterans actively fought to acquire a pension for their military service.

A significant gap exists in the Canadian literature of shell shock: the experiences of shell shock from the voices and perspectives of Canadian shell-shocked soldiers and veterans themselves. This critical essay will attempt to break the silence of the archives by using the few voices of Canadians from the Canadian Letters and Images Project (CLIP) and other historical primary sources to demonstrate their shell shock narratives during and after the war. It will argue that there was a continuity of shell shock from the soldier to the veteran experience in the Canadian narrative. The life stories of Canadian soldiers and veterans reveal that shell shock was a subjective wound that affected each fighting Canadian differently.

CLIP, developed in 2000 by the History Department at Vancouver Island University, is dedicated to preserving the stories of all Canadians who fought in different conflicts throughout the 20th century without historical interpretation. It serves as an online archival database that has digitized war letters, diaries, memoirs, and photographs for the Canadian public (Canadian Letters and Images Project, n.d).

SHELL SHOCK

Shell shock was a complicated wound during the Great War that caused an unprecedented number of physical and psychological breakdowns among Canadian, British, and Dominion troops of the British Empire (Humphries, 2018). It was reported as early as 1914 during Britain's first engagement with the German Army in northern France (Holden, 1998). The unprecedented horrors of the Great War, including artillery bombardments, rifle, sniper, and machine gun fire, the lack of sleep, and inhumane conditions of trench warfare weakened the minds of many soldiers, and the inability to move in the trenches finally crippled the minds of Allied troops (Downing, 2016; Holden, 1998).

With the first shell shock casualties, many doctors did not know what it was and called it a "strange new condition" (Holden, 1998, p. 32). The leadership of the British Army brought in consulting psychologists and neurologists from the homeland to determine this condition. One consultant, Dr. Charles Myers, a psychologist in the British Army, recorded the condition known as shell shock in 1915 (Myers, 1915). It was believed that shell shock was a type of head

wound from artillery explosions and was even described as a type of hysteria. Conducting clinical tests on patients and finding no physical injuries from explosive blasts, Myers shifted to a psychological perspective (Grogan, 2014). He observed that soldiers were exhausted by the strains of warfare while others "had witnessed ghastly sights and dreadful experiences" (Howard & Howard, 2022, p. 163). Shell-shocked patients displayed psychological symptoms, such as depression, anxiety, shaking, tics, uncontrollable crying, and nightmares, as well as prominent physical symptoms, such as shaking, paralyses, and seizures (Humphries, 2018; Linden, 2024). These symptoms could not be explained by an obvious physical lesion. Others, including British neurologist Frederick Walker Mott believed that shell shock was a result of lesions in the brain and spinal cord, caused by explosions (Linden, 2024). By 1916, the organic theory of shell shock fell out of favour by the medical community and the psychological effects of shell shock were accepted by medical officials.

With Myers and a handful of doctors recognizing the serious implications of shell shock, some officials rejected shell shock as a type of war wound (Humphries, 2018). Some officials, including British neurologist Frederick Mott believed that shell shock was an inherited weakness and not caused by combat stress war (Linden, 2024). Consequently, shell-shocked soldiers were persecuted by military officials, with some being classified as insane and sent to mental institutions in Britain (Linden, 2016). Others were accused of cowardice, malingering, and failing to do their duty as men before the enemy (Johnson, 2015; King, 2014; Putkowski & Sykes, 1989). Some shell-shocked soldiers were arrested, tried, and executed by the British Army for cowardice and malingering (Telch, 2020). The Army used their deaths to set forth an example and instill discipline and fear among the rank and file.

THE CANADIAN EXPERIENCE OF SHELL SHOCK

The first 30,617 Canadian soldiers were dispatched to Britain in October 1914 and were sent to France by February 1915 (Granatstein, 2004). They experienced their first shell shock cases as early as 1915, with 642 soldiers receiving treatment in overseas hospitals during that year (Humphries & Kurchinski, 2008). Canadian shell-shocked soldiers received treatment at the Granville Special Hospital at Ramsgate in 1915 and Buxton Red Cross Special Hospital in 1916. From 1915 to 1916, Canadian soldiers fought at the Second Battle of Ypres, the Battle of St. Eloi, and the Battle of Mount Sorrel, where they suffered shell shock casualties (Cook, 2022; Humphries, 2018). It was not until the Battle of the Somme in 1916 that Canadians, British, and Dominion soldiers suffered massive shell shock casualties (Humphries, 2018). Known as the shell shock crisis, thousands of Canadian and Allied troops were diagnosed with shell shock and evacuated to Britain for treatment. Allied leaders feared that such massive evacuations could lead to a manpower shortage for the Allied armies and possibly jeopardize discipline for the rank and file. To control the manpower crisis, Lieutenant General Sir Arthur Sloggett, Director General of Medical Services, ordered the creation of shell shock centers near the frontlines where soldiers could be treated and released to their units. To further control shell shock, Adjutant General George H. Fowke, a senior British officer, and Sloggett issued orders in November 1916. As Canadian shell-shocked soldiers were deeply entwined with the British medical services, they had to acquire medical documentation from a doctor and confirmation from their superiors to determine "[w]hether the soldier had indeed suffered exceptional exposure or not" (Humphries, 2018, p. 235).

HUMANIZING THE SHELL-SHOCKED SOLDIER

The average Canadian shell-shocked soldier would have been 27 years old, spent over 17 months in the Army, and served almost eight months in combat before succumbing to breakdown (Humphries, 2018). Like other soldiers of the Canadian Corps, he would have said goodbye to his loved ones and undertaken the greatest venture of his young life in 1914.

Shell-shocked victims were stigmatized for their mental trauma. Throughout the 1920s, in popular British culture, he was identified as a "madman" who must be feared as he was felt to be "dangerous" due to his mental health (Reid, 2010, p. 161). Such connotations further marginalized shell-shocked soldiers, made mental illness appear uncurable, and isolated everyone around him (Telch, 2023b).

Some shell-shocked soldiers did not believe that their condition was life-altering. Private William Markle Pecover of Winnipeg, Manitoba, served with the 184th Overseas Battalion in France (Library and Archives Canada, n.d.a). He was nearly blown up in combat and said to his loved ones, "I am not really wounded though but a little shaken up with shell shock. Even in the moments of greatest danger I feel safe & secure" (Pecover, 1917, paras. 1 & 7). Pecover's wound demonstrates the complexities of shell shock as it could represent an array of psychological and physical symptoms, as evident by Pecover's shell explosion (Cook, 2022; Linden, 2024). Pecover's diagnosis reveals that his shell shock wounds were minor, as his body was not

physically traumatized (Cook, 2022; Humphries, 2018). A minor shell shock diagnosis meant that soldiers like Pecover would remain near the front lines (Humphries, 2018). He viewed shell shock as any other war wound that could be treated, as he expected to make a full recovery and return to his battalion (Pecover, 1917).

Not all shell-shocked soldiers shared the same views as Pecover. Some saw it as a debilitating mental wound. Canadian serviceman Worth Davis wrote to his mother:

> I had a complete nervous breakdown & was nearly crazy from seven to eight. It has been coming for a couple of weeks. Altho much better this aft. I am not well yet so [I] took the aft off & have been sitting down on the prom (Davis, 1917, para. 2).

For soldiers like Davis, he associated shell shock with insanity and saw himself as a psychological casualty. Even when Davis was receiving treatment in a hospital, he still "felt the nervous strain on the ward" (para. 2) as his mind was further collapsing. Davis demonstrated that some shell-shocked soldiers did not recover from their trauma or respond well to therapies (Linden, 2024).

Other Canadians self-identified as nervous, one of the characteristics associated with shell shock, and tried to calm their nerves before combat. Canadian stretcher bearer Ralph Watson wrote to his wife Beulah Bahnsen and said:

> The whole operation is going to be terrific, so big, in fact, that some think it will even end the war this year. There's going to be casualties, and nasty sights and nerves tried to the limit. I'm nervous-nervous as hell; but I'll make it alright, I'm sure. I'll make a good showing on my job, which I shall try my utmost to do (Watson, 1917, paras. 1 & 4).

Watson saw himself as one man within a larger, multi-complex systemic operation. Despite his minor role in the larger battle, it appeared that Watson knew he had to calm his nerves and focus on his job, retrieving wounded Canadian soldiers on the battlefield (Humphries, 2018). Staying calm allowed soldiers like Watson to endure trauma without collapsing. Watson's reference to "nerves tried to the limit" (Watson, 1917, para. 4) indicated that many Canadians suffered silently from shell shock in combat and remained undiagnosed (Cane, 2004; Humphries, 2018; Sedwick, 2024).

Non-shell-shocked officers cared for their shell-shocked comrades. Major Thomas James Leduc of Cache Creek, British Columbia, declared, "a man or officer who gets shell shock has all my sympathies for that may come to anyone at any time" (Leduc, 1917, para. 1; Library and Archives Canada, n.d.b). Leduc saw shell shock as a byproduct of the Great War (Mott, 1917). It was not a condition that could spread among the rank and file but arose from the inhumane conditions of combat and the trenches (Downing, 2016; Linden, 2024; Mott, 1917). Unlike many other doctors and officers who faulted the individual for having shell shock due to an inherited condition or weakened character deficiency, Leduc's letter implied that any soldier or officer could succumb to a nervous breakdown in combat (Leduc, 1917; Linden, 2024; Mott, 1917; Telch, 2024c).

The experiences of Pecover, Davis, Watson, and Leduc revealed that shell shock was reinterpreted throughout the war. Soldiers like Pecover, Davis, and Watson were progressive actors of their time who were not afraid to use key terms, including "shell shock," "shaken," "nervous breakdown," "crazy," and "nervous" when they wrote to their loved ones. They were honest enough to reveal how they felt and challenge the paradigm forces of their respective time. It is impossible to know if these men were persecuted or shunned by their families for discussing their well-being. Still, they established a precedent, along with other shell-shocked men, that soldiers must discuss their traumatic experiences to cope with the horrors of war (Downing, 2016). Only by sharing their personal insights, Pecover, Davis, and Watson found "a healthy way (...) to deal with the strain of living life under fire" (Humphries, 2018, p. 345).

The letters of Pecover, Davis, and Watson explained that shell shock was a universal wound and varied from soldier to soldier or even officer (Telch, 2023b). The commonalities in the letters include recognizing their distress and coming to terms with their wounds, despite their initial reactions. These letters show no evidence of shame or stigma, as these soldiers carried on as best they could. Despite the stoic nature of the average Great War soldier, it appeared that the contents of the letters were not censored by military authorities as "censorship was sporadic at best" (Cook, 2018, p.165).

POST-WAR CANADA

Throughout the course of the war, some 9,000 Canadian soldiers were diagnosed with shell shock, but that number could be as high as 15,000 (Cook, 2008). The figures in the Canadian context are not exactly known because the statistics do not include soldiers who were killed in combat before they were diagnosed (Cook, 2008). After the end of the war in November 1918, shell-shocked soldiers eventually returned to Canada and settled down with their families in communities throughout the country.

Many of them tried to rebuild their lives, reconnect with their families, find work, and adjust to the world as best they could during the 1920s (Telch, 2024c) For other shell-shocked veterans, life would never be the same as they experienced challenges throughout the years. Eventually, many shell-shocked veterans disappeared from the annals of history as they were pushed to the fringes of society, often living lives where they could not contribute to their respective communities as they were too traumatized (Stamp, 1991).

After the war, many Canadian shell-shocked veterans struggled to acquire a pension from the state. The Canadian government believed it had a duty to care for its returning wounded veterans, whether by issuing a pension or providing medical rehabilitation and job training (Bogaert, 2020). Established in 1918, the Department of Soldiers' Civil Reestablishment (DSCR) conducted medical exams and investigated veterans' wounds, which, in turn, then submitted paperwork to the Board of Pension Commissioners (BPC), established in 1916 to assist disabled Canadian veterans, who then determined veterans' eligibility to a pension. While it was easier to assess veterans with physical wounds and issue them a pension based on the severity of their visible wounds, veterans with a shell shock diagnosis were met with scrutiny (Bogaert, 2020). BPC officials believed that some shell-shocked veterans were exaggerating their symptoms for the purpose of claiming a pension, and some had their claims rejected as they did exhibit a "kind of medical evidence" (Bogaert, 2020, p. 138). BPC officials argued that the diagnosis of veterans' shell shock was hereditary and not the result of direct combat (Bogaert, 2020). Veterans who were denied a pension expressed their objection and struggled to survive in post-war Canada (Bogaert, 2020). Private William B, who fought at the Somme and suffered mental trauma from his service, firmly argued that he was entitled to a pension as he was a "[p]artial wreck" (Laurier Military History Archives, n.d., as cited in Bogaert, 2020) from his service. One journalist at *The Calgary Daily Herald* reported the situation of a shell-shocked veteran who "watches the mail hopefully twice a day for the pension which never comes. (...) He and his two half-starved little boys must have enough food and warmth to sustain them" (Shell shock victim, 1929, p.1). Some shell-shocked veterans felt that they were robbed of their pension by the Canadian government, despite fighting for their country (Bogaert, 2020; Cook, 2007).

Even as Canadian shell-shocked veterans transitioned from soldier to civilian, some veterans found the transition too difficult and died by suicide. Private George Smith of Winnipeg, Manitoba, who suffered from shell shock, died by suicide in 1919 as he experienced depression (Scotland, 2014). Other Canadian veterans who also died by suicide after the war included Charles Campbell, Ross Puttilo, Alexander Fowler, William Bailey, and William Dowier. Scotland (2014) reveals that in 1919, around 40 percent of suicides were committed by Canadian veterans. Some veterans died by suicide due to economic strain, mental health struggles, the stigma of having mental illness, and strained family relations (Linden, 2024; Scotland, 2014). In some cases, shell-shocked veterans died to save their families from "the trouble" (Grogan, 2014, p. 178). Shell-shocked veteran John Armitage, gassed in 1915 and broke down in Nova Scotia, Canada in 1916, died by suicide in the early 1920s in Canada (Hartog, 2024). After Armitage's death, a letter was written where he said that "he had been sick for a long time" (p. 200) and opposed the Canadian veteran pension system. As Linden (2024) asserts, some veterans viewed suicide as a final opportunity to end their psychological trauma, even as families had to find a way to move on (Was seeking pension, 1923).

Work was considered therapeutic for some shell-shocked veterans during the 1920s, but detrimental to other veterans. The Soldier Settlement Act of 1919 was passed by the Canadian government to allow Canadian veterans to become farmers by purchasing farmland, animals, and equipment and improve existing farming infrastructure through loans (Ashton, 1925). The Soldier Settlement Act of 1919 permitted 25,500 veterans to become farmers, including shell-shocked veterans (Working on farms cures shell-shock, 1921). A journalist for *The Daily Standard* wrote in 1921 that farming was therapeutic for Canadian shell-shocked veterans, as many were exposed to quiet country life. Work was therapeutic for traumatized veterans as it occupied their minds from their combat memories (Linden, 2024). Work also allowed veterans to gain new skills and income, allowing them to achieve independence and a sense of masculinity as they "no longer wished to be seen as broken men" (Reid, 2010, p. 173). Other shell-shocked veterans, including John Armitage, felt meaningless as a chicken farmer after the war (Hartog, 2024). Armitage was not able to find meaning in his post-war job after being a career soldier with the Royal Canadian Regiment since the early 1900s. Armitage's story reveals the struggles of some shell-shocked veterans adjusting to the post-war job market, as their psyches had not fully recovered.

As Canadian shell-shocked veterans were marginalized in post-war Canada during the early 1920s, some Canadian Great War veterans stood by their shell-shocked comrades and understood their mental health struggles. One Canadian veteran even acted out the lived experiences of Canadian shell-shocked soldiers on the silver screen to bring attention to this group of veterans (Telch, 2024c). Canadian veteran John Joseph Atherton wrote and starred in the

1919 Canadian film *Shell-Shocked*. Playing the role of the leading shell-shocked protagonist, Major Jack Hathaway, Atherton's *Shell-Shocked* was shown throughout Canada and the United States in 1919 and the early 1920s. The film brought attention to North American audiences that any soldier or officer, even the most inured, can have a nervous breakdown in war. It highlighted that shell shock was not an undetected wound, as Canadian shell-shocked veterans died by suicide in post-war Canada. Atherton's film, however, humanized the shell-shocked experience through his acting out to audiences that shell-shocked veterans can recover from their mental wounds with time, compassion, and treatment and live a meaningful life with their families.

Some Canadian veterans were institutionalized by their families, and some spent the remainder of their lives in hospitals. Some families did not recognize their returned loved ones as they turned to drinking or violence to cope with their psychological trauma or express their feelings (Grogan, 2014; Vance, 2023). With the changes that war brought to their loved ones, some families "were unable to reconcile themselves to a life with a man they no longer knew" (Grogan, 2014, p. 178). Many veterans ended up in institutions as their families could not cope with their shell-shocked loved ones (Downing, 2016). In 1967, for example, St. Anne's Military Hospital, a hospital for Canadian veterans in Quebec, was home to 430 veterans of the First World War ('Shell shocks': 50 years in hospital, 1967). St. Anne's was "the last stop" (p. 11) for many shell-shocked veterans since their families eventually stopped visiting. At St. Anne's, some veterans participated in rehabilitation activities, including painting to occupy their minds and repress their traumatic memories (Linden, 2024; 'Shell shocks': 50 years in hospital, 1967). Dr. L. G. Leblanc of St. Anne's believed the hospital's shell-shocked patients were "the most tragic cases" as some were beyond saving due to receiving poor treatment decades earlier ('Shell shocks': 50 years in hospital, 1967, p. 11).

REFLECTION AND CONCLUSION

Shell shock was interchangeable and took on different meanings for Canadian soldiers and veterans. While Canadian soldiers like Worth Davis associated shell shock with insanity, others, including Canadian veteran John Joseph Atherton, believed that shell shock could be cured with time and treatment (Davis, 1917; Telch, 2024c). While the term shell shock was officially abolished by the British Army in 1917, many Canadian veterans continued to live with the effects of shell shock (Dodman, 2015; Telch, 2024c). For these veterans, life would never be the same as they lived in a state of fear, had ongoing nightmares, and could not speak about their service to their families (Linden, 2024; Telch, 2024c). Even when the term shell shock was no longer recognized during the early 1920s, it appeared that abolishing the term "cut the link between the war and the enduring suffering" (Linden, 2024, p. 313).

This critical essay attempted to break the silences of the archives by focusing on the few shell-shocked soldiers and their experiences. It has only begun to scratch the surface, but at least there is some recognition of Canadian shell-shocked soldiers. The few voices in the article only tell a small story of the larger shell shock narrative. Some voices are still concealed in the archives or do not exist in primary source material. This article hopes that Canadian shell-shocked soldiers are recognized for their service and not just for their mental wounds. Only by telling the human experiences of the shell shock narrative will historians see the shell-shocked soldier as another soldier fighting for his country in the Great War.

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The author has no competing interests to declare.

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