“Their nerves were shot to shreds – our own weren’t too steady either.”[1]

Attitudes Towards Psychological Casualties in the 2nd New Zealand Expeditionary Force, 1939 to 1945.

Thesis presented in fulfilment

of the requirements for the degree of

Master of Arts in History.

by

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[1] Archives NZ, Wellington, WAII1 349 447.21/9 Corporal TC Bain Experiences in Greece, p. 5.

Abstract

Public memory of psychological casualties from the Great War and the Second World War has recalled men who were shunned and scorned by society and their peers. Using letters and diaries written contemporaneously within the two World Wars, and newspapers and official documents from the inter-war period, this paper examines the attitudes of Second World War New Zealand soldiers to those in their midst who were mentally injured by their experiences and unable to continue their duties. This research indicates that there was more compassion and sympathy from government agencies, the public and comrades of shell shock and anxiety neurosis victims, than has been indicated in existing historiography. The onset of shell shock during the Great War of 1914 to 1918, and how it entered the public sphere, influenced the attitudes of the men who, a generation later, were again going into battle. Social changes in New Zealand, both before and during the Second World War, are investigated to determine how they influenced the attitudes of the men of the Second New Zealand Expeditionary Force during World War Two in comparison to those of the New Zealand Expeditionary Force of the Great War.

Acknowledgements

My military experience has been limited to the cadet forces in my school years so I feel somewhat presumptuous in attempting to determine the attitudes of people in situations I have, I must admit somewhat thankfully, not experienced. Members of my parents and grandparents generations served in both the world wars, without fuss or fanfare, did their jobs and gladly returned home unscathed. My interest in history is in the story of changing societies and the causes of such change, and war is, for its horror, calamity and mystery for non-combatants, nonetheless a major cause of change within society. Shell shock, alongside mud and waste of life, is still one of the first things that come to mind as we recall the Great War almost a century past. The strength of shell shock as a disease entity a century later speaks to the power of its influence in the period immediately following the Great War and in the years leading to the Second World War. How did the men who fought in the Second World War see their chances of survival when looking at what their fathers went through? How did their knowledge of the Great War influence them in the Second World War? Did they see themselves as doomed to repeat their fathers' experiences or did they think of themselves, as the young do, of participating in a unique experience of their own where 'it cannot happen to me'?

There is an extensive historiography regarding the medical aspects of shell shock, war neurosis, combat exhaustion and all the other names for 'feeling mushy', as Wilfred Owens puts it. There is also a significant body of academic work examining the social aspects of Post-Traumatic Stress Disorder, especially since its 'invention' following the American experience of the Vietnam War. The doctors, generals and victims of shell shock have all had their say. This paper is asking what the man in the firing line thought of his friend and comrade going 'mad' next to him.

I would like to acknowledge the invaluable help and direction received from a number of people in preparation of this Masters thesis. The supervision and guidance of Dr. Heather Wolffram was above and beyond the call of duty and was very gratefully received. The assistance and friendly ears of Drs.

David Monger and Gwen Parsons is also very much appreciated. I would like to thank the archivists at the Auckland War Memorial Museum, especially Martin Collett, Dolores Ho at the New Zealand Army Museum in Waiouru, the staff at Archives New Zealand and the Alexander Turnbull Library in Wellington and the MacMillan Brown Library at the University of Canterbury for their help and patience.

Also in terms of patience I would like to especially thank my wife for supporting a 'poor bloody student' for the time I worked towards completing this thesis.

Contents

Abbreviations and Glossary

Abbreviations

2NZ Div	2nd New Zealand Division
2NZEF	2nd New Zealand Expeditionary Force
ADMS	Assistant Director of Medical Services
BEF	British Expeditionary Force
Bn	Battalion
CCS	Casualty Clearing Station
DAH	Disordered Action of the Heart
DDMS	Deputy Director of Medical Services
DGMS	Director General of Medical Services
DMS	Director of Medical Services
DSM	Diagnostic and Statistical Manual of Medical Disorders
LOC	Line of Communications
MO	Medical Officer
NZEF	New Zealand Expeditionary Force
NZMC	New Zealand Medical Corps
OC	Officer Commanding
PBI	Poor Bloody infantry
PMO	Principal Medical Officer
PTSD	Post-Traumatic Stress Disorder
RA	Royal Artillery
RAF	Royal Air Force
RAMC	Royal Army Medical Corps
RMO	Regimental Medical Officer
RSA	Returned Services Association
RSSA	Returned Soldiers and Sailors Association

Glossary

All definitions are from the Oxford University Press Online Dictionary,
URL: http://www.oxforddictionaries.com unless otherwise noted.

Anxiety Neurosis
Any of various disorders (such as panic disorder, obsessive-compulsive disorder, a phobia, or generalized anxiety disorder) in which anxiety is a predominant feature. See also Battle Fatigue; Combat Exhaustion; Shell Shock. http://www.merriam-webster.com/medical/

Battle Fatigue
Post-traumatic stress disorder occurring under wartime conditions (as combat) that cause intense stress. http://www.merriam-webster.com/medical/

Combat Exhaustion
Post-traumatic stress disorder occurring under wartime conditions (as combat) that cause intense stress. http://www.merriam-webster.com/medical/

Hysteria
A psychological disorder (not now regarded as a single definite condition) whose symptoms include conversion of psychological stress into physical symptoms (somatization), selective amnesia, shallow volatile emotions, and overdramatic or attention-seeking behaviour.

Neurasthenia
A medical condition characterized by lassitude, fatigue, headache, and irritability, associated chiefly with emotional disturbance.

Neuralgia
Intense, typically intermittent pain along the course of a nerve, especially in the head or face.

Neurology
The branch of medicine or biology that deals with the anatomy, functions, and organic disorders of nerves and the nervous system.

Neurosis
A relatively mild mental illness that is not caused by organic disease, involving symptoms of stress (depression, anxiety, obsessive behaviour, hypochondria) but not a radical loss of touch with reality.

Post-Traumatic Stress Disorder
Psychological reaction that occurs after experiencing a highly stressing event (as wartime combat, physical violence, or a natural disaster) outside the range of normal human experience and that is usually characterized by depression, anxiety, flashbacks, recurrent nightmares, and avoidance of reminders of the event—abbreviation PTSD.
http://www.merriam-webster.com/medical/

Psychiatry
1. The study and treatment of mental illness, emotional disturbance, and abnormal behaviour.
2. The branch of medicine that deals with the diagnosis, treatment, and prevention of mental and emotional disorders.

Psychoanalysis
A system of psychological theory and therapy which aims to treat mental disorders by investigating the interaction of conscious and unconscious elements in the mind and bringing repressed fears and conflicts into the conscious mind by techniques such as dream interpretation and free association.

Psychogenic
Having a psychological origin or cause rather than a physical one:

Psychology
1. The scientific study of the human mind and its functions, especially those affecting behaviour in a given context.
2. The mental characteristics or attitude of a person or group.

Psychoneurosis
A neurosis based on emotional conflict in which an impulse that has been blocked seeks expression in a disguised response or symptom
http://www.merriam-webster.com/medical/

Psychosis
A severe mental disorder in which thought and emotions are so impaired that contact is lost with external reality:

Psychosomatic
1. Of a physical illness or other condition caused or aggravated by a mental factor such as internal conflict or stress.
2. Relating to the interaction of mind and body:

Shell Shock
An ill-defined mental illness resulting from traumatic exposure to danger or the fear of danger.
Presentation can include any combination of some or all of the following symptoms:-
Headaches, back-pain, dizziness, insomnia, shaking and tremors, hyperventilation, heart palpitations anxiety, irritability, confusion, sweating, nausea and vomiting, loss of appetite, excessive or uncontrolled urination or defecation, edginess, easily startled, abdominal distress.
See also Anxiety Neurosis, Combat Exhaustion, Battle Fatigue.

Trauma
1. A deeply distressing or disturbing experience.
2. Emotional shock following a stressful event or a physical injury, which may be associated with physical shock and sometimes leads to long-term neurosis.

The Chances by Wilfred Owen

I mind as 'ow the night afore that show
Us five got talking, - we was in the know,
"Over the top to-morrer; boys, we're for it,
First wave we are, first ruddy wave; that's tore it."
"Ah well," says Jimmy, - an' 'e's seen some scrappin' -
"There ain't more nor five things as can 'appen;
Ye get knocked out; else wounded - bad or cushy;
Scuppered; or nowt except yer feeling mushy."

One of us got the knock-out, blown to chops.
T'other was hurt, like, losin' both 'is props.
An' one, to use the word of 'ypocrites,
'Ad the misfortoon to be took by Fritz.
Now me, I wasn't scratched, praise God Almighty
(Though next time please I'll thank 'im for a blighty),
But poor young Jim, 'e's livin' an' 'e's not;
'E reckoned 'e'd five chances, an' 'e's 'ad;
'E's wounded, killed, and pris'ner, all the lot -
The ruddy lot all rolled in one. Jim's mad.[1]

INTRODUCTION

The ramifications of the psychological and physical trauma experienced by New Zealand soldiers who served in the Great War were still being felt by New Zealand society on the outbreak of World War Two. As products of their communities the New Zealand men who served in the Second World War held the beliefs and attitudes of the society of which they were members. Their attitudes towards psychological casualties would thus be expected to be framed by the views of mental illness in society at large, reflecting any empathy, discrimination and stigma associated with the illness in

[1] Wilfred Owen, 'The Chances', *Poems,* 1922, Downloaded from Project Gutenberg. URL: http://www.gutenberg.org/files/1034/1034-h/1034-h.htm

their own communities. Conscious of this context, this paper examines the attitudes of the soldiers of the 2nd New Zealand Division during World War Two towards the men who succumbed to psychological injury.

The effect on society of the return of psychologically damaged men from the Great War was evident in many areas. Increased demand on the pension system, psychiatric facilities and stress on the court system through justice and divorce processes all indicated to society at large that modern war left more than physical scars on veterans. It is evident that both government and society were unprepared for the number of psychological casualties and resources required for effective care. The period following the Great War saw a shift in attitude towards mental illness in New Zealand as shell shocked men were repatriated into the community or were placed in institutions. The pre-war belief that mental illness was hereditary was challenged as men who had no known family history or predisposition had broken mentally while at war or on return to their communities. It was anathema to their families and friends that the best of the nation's manhood, fit young men who had volunteered to serve their country, to be placed in institutions with lunatics and tarred with the social stigma associated with mental illness. With the realisation that this form of mental illness could afflict any one irrespective of predisposition or environment, there was a re-evaluation within society of the position of the mentally ill.

New Zealanders that served in World War Two were raised in a society that had lionised the men of the New Zealand Expeditionary Force (NZEF). Memorials to the 'Glorious Dead' of the Great War were the centrepieces of Anzac Day celebrations. Irrespective of their original motives for enlisting, their communities believed that their men had done 'something special' for New Zealand. The Returned Soldiers' and Sailors' Associations (RSSA) was notably apolitical in the inter-war years, but focused on welfare issues for returned servicemen and their families, staunchly protecting the rights

and importantly image of New Zealand servicemen.[2] In time the image was embedded in public memory of heroic actions in bloody battles that had established New Zealand as a nation in its own right. This image became central to remembrance of the Great War in New Zealand. The environment of support for those who had served and played their own part in forming their country was reinforced yearly with dawn parades and services at monuments to the communities' dead.

Most research on war neuroses has focused on the victims themselves, and their inter-relationships with the systems and people they came in contact with once afflicted, whether medical, military or social. How psychological casualties were seen by their peers has not been examined in a New Zealand context, but has been considered from the perspective of the effects on the afflicted men, and their relationships with their families and the mechanisms of the welfare system. Alison Parr's *Silent Casualties: New Zealand's Unspoken Legacy of Second World War* concerns itself with the consequences of psychological injury on repatriated individuals and their families.[3] John McLeod looks at the morale of New Zealand soldiers of 2nd New Zealand Expeditionary Force (2NZEF) and its effect on the mental aspects of combat stress as a part of his thesis and subsequent book *Myth and Reality: The New Zealand Soldier in World War II*.[4] *Myth and Reality* removes the aura of invincibility that nationalistic public memory placed around New Zealand soldiers by contending that 2NZEF had representatives of all sorts of individuals, good and bad, in the same way they are present in society. *Myth and Reality* does not, however, examine the attitude of the men themselves toward psychological casualties.

Most material available that relates to psychological casualties in World War Two focuses on British and American soldiers. Ben Shephard's opus work, *A War of Nerves,* untangles the complexities of

[2] For discussion of this point see Gwen Parsons, '*The Many Derelicts of War?': Repatriation and Great War Veterans in Dunedin and Ashburton, 1918 to 1928*, (PhD Thesis, University of Otago, 2008) and Russell Clark, *'Not Mad, But Very Ill'; The Treatment of New Zealand's Shellshocked Soldiers 1914 to 1939,* (MA Thesis, University of Auckland, 1991). For an Australian perspective on politicisation of the R.S.L. see Marilyn Lake and Henry Reynolds, *What's Wrong With Anzac?: The Militarisation of Australian History* (University of New South Wales Press, 2010), p. 18.

[3] Alison Parr, *Silent Casualties: New Zealand's Unspoken Legacy of the Second World War* (Tandem Press, 1995).

[4] John McLeod, *Myth and Reality: The New Zealand Soldier in World War II* (Reed Methuen, 1986).

military psychiatry in western nations from the Great War until the Vietnam War and explains the influences of psychiatrists and psychologists on the advancement of treatment and definition of traumatic stress.[5] John McManus gives an excellent overview of the attitudes and motivations of the American soldier in *The Deadly Brotherhood; The American Combat Soldier in World War II*.[6] Using material from the European and Pacific theatres, McManus argues that personal bonds within small units maintained morale and combat effectiveness. More academic, Robert Ahrenfeldt in *Psychiatry in the British Army in the Second World War* also argues for the importance of morale in maintaining unit cohesion, but also notes the effect discipline had in prevention of psychological casualties. This was associated with psychological evaluation of potential recruits to minimise the selection for combat duties of men who exhibited predisposition to nervous disorders.[7] A major work on psychological casualties during World War Two is Copp and McAndrew's *Battle Exhaustion: Soldiers and Psychiatrists in the Canadian Army, 1939-1945*.[8] Presenting the relationship between the army and the psychiatrists and psychologists who served with Canadian forces, *Battle Exhaustion* provides background on stresses incumbent on combat soldiers as well as comparative psychological casualty figures in Canadian theatres of operation. This is again, however, a top down history and does not examine the views of the men on the ground.

New Zealand's armed forces during both world wars were citizen armies based around a small professional cadre as the core of volunteer forces. There is more similarity to the American armed forces in this regard than with the British Army with its permanent establishment of regimental units. However, the close affinity with Britain in organisation, equipment and tactical doctrine places the New Zealand army in a unique position.[9] The factors that influenced the attitudes of New

[5] Ben Shephard, *A War of Nerves* (Jonathon Cape, 2000)
[6] John C. McManus, *The Deadly Brotherhood; The American Combat Soldier in World War II* (Presidio Press, 1998).
[7] Robert H. Ahrenfeldt, *Psychiatry in the British Army in the Second World War (*Routledge & Keegan Paul, 1958).
[8] Terry Copp and Bill McAndrew, *Battle Exhaustion: Soldiers and Psychiatrists in the Canadian Army, 1939-1945* (McGill-Queens University Press, 1990).
[9] The size of the Australian and Canadian forces in both world wars places them in a different position again.

Zealand soldiers are unique to New Zealand's situation and the changes in New Zealand society that occurred from 1914 to 1945 are not exactly present elsewhere.

This paper will examine the attitudes of serving New Zealand soldiers towards psychological casualties during World War Two, using the diaries and letters of the soldiers serving overseas. Focusing on the 2nd New Zealand Division (2NZ Div) in North Africa, the Mediterranean and Italy, it will explore the views of the men towards those among their comrades who succumbed to the psychological stresses of combat, how these views were shaped and how they differed from the men who served in the Great War. Exploration of the attitudes of soldiers towards a particularly insidious occupational hazard will shed some light on the gap between the public myths and associated social memories of the war with the actual realities of the existence of combat troops.

Chapter One outlines briefly the development of theories relating to shell shock and war neurosis prior to the Great War, including historical references to psychological injury noted in pre-modern wars and conflicts. The intertwining relationship between psychoneurosis in a martial context and hysteria in a civilian context complicated the development of an effective treatment for shell shock victims in the early years of the Great War. Charcot and Babinski in France and Freud in Austria (and later London when he fled Nazism) had limited influence on the thinking of British (and therefore New Zealand's) psychiatric medical practice, although they were the leading experts on hysteria and its treatment in a civilian context. Militarily, the regimental system and the relatively low status of the Royal Army Medical Corps (RAMC) within the army, in both Britain and New Zealand, did not create an environment conducive to advanced medical thinking. Thus, on the cusp of the outbreak of the Great War, the New Zealand Army was unprepared for the emergence of psychological casualties.

Chapter Two will examine shell shock as a phenomenon in the Great War, how it was viewed initially and how it was dealt with conceptually as a morale and disciplinary issue. 'Shell shock' transforms from a term attempting to define the multiple and varying symptoms of psychological casualties to a

catchall public phrase referencing all forms of psychological illness resulting from war service; and in the process became a term with greater meaning in the public domain than in the military sphere. The three parties concerned with shell shock and its manifestation; soldiers, military authorities and public, all had different views of it and treated the victims in different manners. In many ways shell shock transcended the medical context of its origin and entered the public lexicon as an entity in its own right.

Chapter Three examines the attitudes of New Zealand soldiers during the Great War towards psychological casualties and how these differed from those of the public and military command. Defining how soldiers viewed shell shock and psychological damage during the Great War is important because of its influence on the manner in which society viewed mental trauma through the inter-war years. Soldiers did not consider psychological casualties in the same manner as their leaders in a time of war; and in many ways differently from the public that saw their husbands, sons and brothers returning home mentally broken. The perception of the relationship between generals and soldiers, viewed from today, differs from that during the Great War. Generals responsible for winning (or at least not losing) the war had to keep soldiers in the lines facing the enemy; the soldiers in the lines looked towards little but being able to remove themselves from the hazards they were experiencing.

Chapter Four will examine social and military attitudes towards mental illness during the inter-war years and how these attitudes influenced the men who became the soldiers who served in New Zealand forces in World War Two. Reintegration of returned servicemen mentally damaged in the Great War had an effect on New Zealand society and was a factor in change in public attitudes towards mental illness and institutionalisation. The mechanism of public communication during this period was overwhelmingly the medium of newspapers, with the addition in the later 1920's of radio broadcasting and talking movies. How these mediums portrayed shell shock and the influence they had on how psychological casualties were viewed in World War Two is examined. The development

of a sense of New Zealand nationhood, wrought through the deeds of the Anzacs, engendered a legend regarding the actions of New Zealand soldiers during the Great War that made the exposure of the realities of the human cost of the war difficult to express or explain publicly. Art and literature became a medium for attempting to answer questions society had about the realities experienced by New Zealand servicemen while they were overseas. The dichotomy of public memory and the actualities of war came into direct opposition through the reaction to the 'war book craze' of the early 1930's. The influence of this outpouring of literature and art on the formation of the attitudes of servicemen in World War Two is examined. Additionally, most of the leadership of New Zealand's armed forces in World War Two had served in the Great War. Their attitude to shell shock influenced the manner in which they managed it in their areas of responsibility, through training and command methods.

Chapter Five will explain the attitudes 2NZEF combat troops had towards psychological casualties and how these views changed through the duration of the war as the conditions in the war zones and their homes in New Zealand altered. The furlough schemes put in place to rotate long service men to New Zealand for leave began to create grievances amongst those left behind, especially as those that did return to 2NZEF brought stories of conditions and behaviour of people in New Zealand. The effect this had on morale and changes of attitudes in the theatre of operations to men who could not 'do their bit' is looked at in the light of men that had not been home for years. The view that the people in New Zealand were not taking the war seriously once the Americans had nullified the threat of Japanese invasion, and therefore tended to marginalise the men in Italy, began to take hold in 2NZEF. This in turn hardened the attitudes of the soldiers towards those considered to be 'not pulling their weight', who were seen as prolonging the war and therefore delaying the return home of the 2NZEF men.

The majority of primary sources for this paper are letters and diaries of soldiers written while they were on active service. Use of primary sources written during overseas service ensures accurate

recall untainted by time and the influence of social pressure that could affect the veracity of stories retold in later years or as oral history. However, a number of oral histories have been utilised where there is corroborating evidence or the views are of specific interest in themselves.[10] In addition, a number of contemporary reminiscences are utilised. These were written entries for a competition sponsored by the *NZEF Times*, the weekly newspaper published by 2NZEF Headquarters.[11] Entries were required to be verified by the writer's commanding officer as accurate in detail and fact. An additional source is 2NZEF Field Censor Section reports which provide a unique view of the thoughts and issues that concerned New Zealand soldiers. The newspapers published during the inter-war years are utilised to examine the attitudes of the public towards mental illness and shell shock in that period, as well as gaining an insight into the influences affecting the young men who volunteered for service in World War Two.

Letters, despite their value as primary sources, do have some limitations due to censorship. Censorship occurred on two levels among New Zealand troops posted overseas; official censorship that restricted comment or communication relating to military matters, and a form of self imposed censorship that restricted comment that would offend or upset the recipients of the letters. The small town nature of New Zealand in the first half of the twentieth century - where it was likely that a whole community would hear news from the letters of their overseas troops –meant few soldiers wrote critically of their companions in case of giving offence to their relatives or friends.[12] Stigma associated with mental illness will not have encouraged discussion of psychological casualties. The small community characteristic was still evident during World War Two amongst New Zealand troops overseas, where it was common to write of meeting acquaintances and friends in neighbouring units or of receiving the community gossip in letters from home. The provincial nature

[10] For in depth discussion of the problems of using oral history, especially when recounted a long period after the events, refer to Michael Roper, 'Re-remembering the Soldier Hero: the Psychic and Social Construction of Memory in Personal Narratives of the Great War', *History Workshop Journal,* Vol. 50, (2000).
[11] Archives New Zealand [Hereafter Archives NZ], WAII 1 349, DA 447.2/1 to DA 447.2/10, Eyewitness Statements.
[12] Jock Phillips, Nicholas Boyack and E.P. Malone (eds), *The Great Adventure: New Zealand Soldiers Describe the First World War,* (Auckland, 1988), p. 6.

of the battalion organisation within the 2nd New Zealand Division (2NZ Div) ensured that men were often placed in units with their neighbours or people they were acquainted with before the war.

Alongside the restrictions that influenced the communications of the men overseas with their homes was the unspoken notion that those in New Zealand would not understand the realities of what they were going through, even if they could find words to describe it in the first place. Letters tended to be comforting or flippant in describing only the lighter moments, rarely describing the horrors the men were actually facing, and references to men who had died or had been wounded were mentioned briefly or as generalities in terms that were euphemistic or vague. The use of euphemism is a common human technique to deflect pain or grief and is common amongst soldiers, or in fact any group of people who are regularly dealing with unpleasantness.

The censorship regime utilised by 2NZEF from 1939 to 1945 precluded inclusion of any reference to sickness or casualties in letters written home. Regulations allowed only references to personal or family matters when discussing casualties. Perforce these meant references to psychological casualties were fragmentary or were in contravention of regulations and missed by the censoring process. The efficiency of the censor process in 2NZEF was audited by the Field Censor Sections, which reported regularly to 2NZEF and 2NZ Div. Headquarters on general security in correspondence, the topics the men were writing home about and commenting on their general morale and views of the course of the war.[13]

One of the themes running through letters and diaries of soldiers is that the unpleasant can happen to anyone in the combat zone, and the longer one is in combat, the more likely they are to become a casualty, either physically or mentally. This fact does not filter through the reminiscences of army commanders or technical descriptions of battles. The overview of a battle is the territory of commanders who direct the forces or the historians who write about it later. The aspect seen by

[13] All copies of the reports of the two New Zealand Censor Sections, and the reports of the British Army Field Censor Units that conducted this work before the formation of the New Zealand Sections in 1940, are available at Archives NZ, WAII1 462 DA508/2 and DA508/3 Field Censor Reports.

those who actually do the fighting is limited to what they are able to see under restrictive conditions, such as smoke, darkness, being in earthworks or under cover, and all encompassed by fear and stress and noise. The other experience the combat soldier has of battle is the emotional, what he feels and how he relates to those immediately around him when under enemy (and sometimes 'friendly') fire.

How the soldier relates to those around him is an important characteristic in the context of mental breakdown in battle for two main reasons. Firstly is the morale and *esprit de corps* that binds a man to his comrades and his unit. This sense of pride in being part of the group and pride in the group itself is an important factor in helping prevent mental breakdown of men in combat. The other characteristic is the sense of comradeship towards those within the group, knowing that under the most trying and difficult circumstances small group unity is to be relied on and knowing that the group will work to ensure the survival of the individual as much as possible, just as the individual will return that loyalty to the group in the same manner. It is the loss of this bond through battle casualties breaking down unit cohesion that most seriously affects the morale of individuals and units. The unity with the group is also a major factor in the feelings of guilt that casualties, psychological and physical, endure following their removal from the group.

Defining psychological injury in the two World Wars is made difficult as advances in medical knowledge changed the manner in which 'shell shock' and its antecedents were categorised and treated. The existence of psychosomatic illness in many cases saw the characterisation of psychological illness as physical injury or sickness, especially in the area of cardiology.[14] The symptoms for psychological injury had a number of similar characteristics but ancillary symptoms could vary radically from man to man. Different men could manifest totally different symptoms, dependent on predisposition, the manner of the trauma they suffered and the nature of the support

[14] See Chapter Three for discussion of the diagnosis and reporting of DAH in the British and New Zealand Armies in the Great War. See also Archives NZ, CAJM W5726 22889, I i/26 1942, Medical Administrative Instructions by the DDMS, 2NZEF, Number 5, 27 Mar. 1941, p. 1.

they received in the immediate aftermath of the presentation of symptoms. Shell shock became a catchall term in the early war years to define any psychological illness related to military service. When shell shock was superseded as an official medical definition, it had already established itself as an entity in its own right in the public lexicon.

For the purposes of simplicity I will be using the term 'shell shock' or 'shell shocked' to describe the illness and condition of afflicted men when discussing the Great War and the inter-war years and I will use 'psychoneurosis' when discussing psychological casualties in World War Two. Shell shock was the most commonly used term during the Great War to describe psychological injury, even after its discontinuation as an official medical term, as it seemed to encapsulate all the characteristics inherent in the condition. It continued in the public arena, however, and is still recognisable in public memory as a term that describes the psychological damage resulting from war service. The not unpleasant alliteration of the term 'shell shock' is likely to have contributed to its longevity after it had ceased to be used in its original environment, and it took on a life of its own in the community to describe any and all mental effects war had on the individual's mind, irrespective of the cause and symptoms. While overtaken by Post-Traumatic Stress Disorder (PTSD) in current times as a description for the mental condition immediately following trauma in both military and civilian applications, shell shock is still commonly used by the media to describe the stunned condition of people following a shock or surprise. There is evidence that the term 'shell shock' was being used in this manner even before the end of the Great War.

There are a number of other terms utilised by doctors, psychologists and psychiatrists to describe the mental illness resulting from war. Understanding of the exact nature of the effects of trauma on individuals was not encapsulated into a single disease entity until the introduction of Post-Traumatic Stress Disorder (PTSD) into the psycho-medical lexicon in 1980. There is still debate on the exact

nature of PTSD and its symptoms are still being refined with each new edition of the Diagnostic and Statistical Manual of Medical Disorders (DSM) series.[15]

In the context of 2NZEF, during the early months of the deployment of 2NZEF in North Africa the reports from the Director of Medical Services (DMS), the officer controlling medical arrangements within 2NZ Div., to the Director General of Medical Services of 2NZEF (DGMS) referred to the numbers of 'Functional Nervous Disorders' for psychological casualties.[16] By the end of 1942 military medical authorities in 2NZEF and in New Zealand were using the term 'anxiety neurosis' or 'psychoneurosis' as a formal diagnosis, often interchangeably, although DMS reports to the DGMS still quantified all men suffering any of these specific maladies under the heading of 'Functional Nervous Disorders', presumably for ease of collation.[17] The symptoms and causes were identical to shell shock, but medical knowledge of the causes and course of the illness in the afflicted men had advanced since the beginning of the Great War. The part that fatigue played in the onset of mental breakdown in combat troops was now recognised and the creation of processes and treatment for physical exhaustion were put in place to avoid the onset of irredeemable mental breakdown. Anxiety Neurosis as a term did not take off in the public arena in the same manner as shell shock, although numbers of victims were generally comparable and the severity no less than that in the Great War. There was a more pragmatic approach to psychological casualties in World War Two due to a more realistic appreciation by military leadership of the mental stresses that combat soldiers would endure. In no way minimising the seriousness of their condition or needs, the return of 'mental' casualties was not as much of a surprise to the community as a whole as it was in the Great War.

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[15] *Diagnostic and Statistical Manual of Mental Disorders - DSM III* 3rd Ed. (American Psychological Association, 1980)

[16] Archives NZ, WAII4 2 2, DMS Reports to DGMS Jan. 1940 to Dec. 1942.

[17] For example, see Archives NZ, CAJM W5726 22899 E.8/3 Brigadier J.M. Twhigg – Papers and Files – Neuropsychiatry, Letter dated 15 February, 1944 from the Director General of Health, Mr M. K. Watt to Brigadier I.S. Wilson, Acting DGMS, NZ Army Headquarters using 'psychoneurosis' in a formal reference to the treatment repatriated psychological casualties. See also Captain M.H. Aiken , 'Psychoneuroses in the Second New Zealand Expeditionary Force', *New Zealand Medical Journal*, 40:220 (December 1941), p. 345.

Chapter One.

'fled not bodily, to be sure, but spiritually, for their senses seemed to have left them...'[1]

A Brief History of Psychoneuroses before 1914.

In 1980 Post-Traumatic Stress Disorder (PTSD) was included for the first time in the psychological diagnostic manual, DSM- III, as a generic term for mental disorders that result from exposure to traumatic events that cause mental disorders amongst participants and witnesses.[2] PTSD encapsulated the various names that were previously used to describe the multitudinous physiological and psychological symptoms of stress reactions, both in civil and martial contexts. Symptoms of irregular or rapid heartbeat, inability to sleep, unresponsiveness, shivering, abnormal limb movements, tics or twitches, loss of selective sensory function, loss of speech, excessive nervousness, being easily startled and loss of appetite, amongst others, could present in any combination simultaneously in a patient.[3] The variety of possible combinations of symptoms did not through earlier stages of history allow a definitive definition of the malady. The Great War was therefore the first instance in which sufficient numbers of victims were available to enable psychoneurosis to be studied in an organised manner and allow a fuller understanding of the illness.

Understanding of psychoneurosis as a phenomenon during the Great War required the intersection of diverse areas of research and events, a meld that had not occurred until that time. Prior to the Great War each pioneering doctor was working in a field new to them and with only tenuous connection, if any, to any work carried out before them. Each 'new' discovery created different definitions and terminology and doctors, unaware of work being carried out by others, developed unique treatments for the combination of symptoms they found themselves confronted with in their individual situation. Doctors from each nation tended to focus on their own particular environments with no significant international collaboration, creating a multiple set of research areas that developed in isolation. Interaction between the threads of development of trauma terminology and treatment in the military context and the sometimes similar, and sometimes dissimilar, development in the public sphere also adds to the number of cords that are woven into the field. Interleaved

[1] Major Cavalie Mercer, *Journal of the Waterloo Campaign Vol. 1* (William Blackwood, 1870) Accessed from http://www.archive.org/details/journalofwaterlo01mercuoft,
[2] *Diagnostic and Statistical Manual of Mental Disorders* 3rd Ed., (American Psychiatric Association, 1980)
[3] *Ibid,* p. 238.

through the tangle of terminology and definition is the gradual general acceptance of the existence of a malady that leaves no physical wound but was nonetheless physically debilitating.

References to specific stress reactions in soldiers can be found dating from the seventeenth century in literature and history. It is also possible to apply the vision of hindsight to many earlier literary works, ranging from Homer's *Iliad* to the works of Shakespeare, which suggest references to PTSD from the descriptions of the thoughts and emotions of their protagonists. The haunting of soldiers reliving their experiences was commonly accepted in popular memory but has been assumed to centre on distaste at killing or death of comrades in horrible circumstances. The concept that a soldier could suffer psychological illness from their individual fear was counter to the heroic vision the public held of their own nation's armed forces. Any such manifestations were ascribed to individual weakness or cowardice. Men who had broken down under the stress of combat were often disgraced as deserters or cowards and dealt with through military disciplinary systems.

Non-military references to suffering the after effects of traumatic incidents are not as commonly recorded. Samuel Pepys records in his diaries of his suffering 'dreams of the fire' in the months following the Great Fire of London in 1666.[4] Later, Swiss doctor Johannes Hofer coined the term *nostalgie*, to describe a collection of symptoms including homesickness, melancholia, heart palpitations, stupor, fever and digestive tract problems amongst Swiss expatriates in Prussia and Austria.[5] McCann notes that cases of crime by servant girls circa 1795 were attributed to nostalgia and or homesickness, an early instance of the recognition of a link between behaviour contrary to the norms of society and mental abnormality related to stress.[6] Literacy and social status determined who wrote and what was written about so examples of such post-traumatic stress were therefore infrequent. It is not until the nineteenth century that references become more common in detailing PTSD-like symptoms in the public arena. This can be attributed to a combination of increases in literacy through the industrial age and the advent of the newspaper as a universal medium for the communication of ideas.

Since growth of mass media through improved literacy and reduction in the cost of transmission of information, communication of ideas has increased exponentially, not only across class boundaries within nations, but also across international boundaries and classes. As a medium, however, the press is reliant on being able to distribute information that the public wants to see to survive

[4] Michael R. Trimble, 'Post-traumatic Stress Disorder: History of a Concept', in Charles R. Figley, (ed) *Trauma and its Wake: The Study and Treatment of Post-traumatic Stress Disorder* (Brunner/Mazel, 1985), p. 7.
[5] Willis H. McCann, 'Nostalgia; A Review of Literature', *Psychological Bulletin* (March 1941), Vol. 38, No. 3, p. 167.
[6] *Ibid*, p. 167.

commercially. The reporting of conflicts, accidents and 'the goings on' of other people sells newspapers, leading to sensationalism to fit the public's expectations. In this context the reporting of railway accidents, which were relatively common in the mid to late 1800's in Britain, involved generally the middle and upper classes, as they were who could most easily afford to travel by train. Court cases relating to compensation from accidents therefore involved these classes and provided a useful object for the print media to sell.

In the public arena the advent of passenger railway services from the 1830's, and the accidents associated with an activity that was somewhat dangerous in its early years, exposed the general population to the possibility of the then ill-defined and awkwardly long-term disability known as 'Railway Spine'. Railway Spine, so called because of debilitating aches in the back and neck that were common symptoms, was seen at the time as being ostensibly the result of the physical strain associated with a railway accident. This was not immediately connected with the visions of mutilated fellow passengers but attributed to the shock of sudden deceleration and erratic movement from railway cars behaving in an unnatural manner. Multiple claims for compensation from passengers involved in accidents led the railway companies to try to minimise losses by attempting to refute compensation claims where there was no obvious physical injury.[7] By 1885, the medical profession had become divided on the concept of railway spine, with advocates determining it had physical or organic origins with 'shock' damage to the spinal nerve system and others believing it a more latent functional disorder. [8] The open argument regarding the physical or psychological origin of railway spine, often sensationalised by the print media due to the novelty of the railway, status of the passengers affected and the dramatic nature of railway accidents, created in the public mind a picture of trauma resulting from adverse incidents.[9] In Britain, in concurrence with the introduction of workmen's compensation acts of the early 1900's, which provided for injured industrial workers, suspicions created through the physical / psychological argument relating to the origin of railway spine was clouded by railway companies and their medical consultants through accusations of malingering or fraud on the part of claimants.[10] This was mirrored in the United States, although more forcibly by the railway companies than in Britain, where emphasis was placed on repudiation of the need for compensation for psychological harm. Railway spine in any case placed the possibility into the public consciousness of being able to be mentally damaged as the result of being in an accident or witnessing one.

[7] Shephard, *A War of Nerves*, p. 16.
[8] Roger Luckhurst, *The Trauma Question* (Routledge, 2008), p. 21.
[9] Shephard, *A War of Nerves*, p. 16.
[10] Luckhurst, *The Trauma Question,* p. 24.

What we recognise now as psychoneurotic symptoms similar to those exhibited by soldiers in the Great War and World War Two were recorded as early as the middle of the 17th century. Amongst conscripted Spanish troops in Flanders it was recorded that some were in a state of 'deep despair', unfit for further service and having to be repatriated and discharged.[11] French physicians during the Revolutionary Wars attempted to determine the causes of a *maladie du pays* which afflicted conscripts posted to camps far from their homes, noting that it affected country lads much more frequently than recruits from the cities. Incidences were common in all military camps over all of France, but French Army surgeons noted that rates reduced with French victories and rose during periods of military reverse.[12] Major Cavalie Mercer of the Royal Horse Artillery mentions in his reminiscences of the Waterloo campaign a regiment of Brunswick infantry who would have 'fled not bodily, to be sure, but spiritually, for their senses seemed to have left them...' if their officers and sergeants had not physically held them in place.[13] Mercer describes their somnambulant reactions to their situation under French artillery fire at Waterloo, which read now as classic symptoms of psychoneurosis. Mercer also recalled the same regiment fleeing in disorder at Quatre Bras the previous day.[14] The dull reactions and sense of looming panic that afflicted the troops in the regiment as the unit's leadership fought to keep their men in a semblance of control during prolonged periods of hostile fire are recognisable symptoms of psychoneurosis.

From the end of the Napoleonic Wars, until the United States Civil War, 'nostalgia' as a mental disease seems to have become an exclusively civilian entity. The only major conflict between these two wars, the Crimean War, did not produce much recognisable evidence or comment regarding the mental breakdown of troops in battle conditions, despite the prolific public reporting that accompanied the campaign.[15] Watson in 'War on the Mind' notes the rates of what he terms 'combat fatigue' in the Franco-Prussian, Spanish-American and Boer Wars to be in the vicinity of two or three per 1000 serving troops.[16] Edgar Jones notes in 'History of Post-Combat Disorders' the presence in Crimean War veterans of heart palpitations, later defined as Disordered Action of the Heart (DAH).[17] DAH, colloquially known over the following decades as 'soldier's heart' or Da Costa's Syndrome in the United States was a significant medical factor in the American Civil War, causing the

[11] George Rosen, 'Nostalgia: A 'Forgotten' Psychological Disorder', *Psychological Medicine* (1975), Vol. 5, p. 341.
[12] *Ibid*, p. 347.
[13] Mercer, *Journal of the Waterloo Campaign,* p. 168.
[14] Frank M. Richardson, *Fighting Spirit: Psychological Factors in War* (Leo Cooper, 1978), p. 62.
[15] Captain Hugh J. C. J. L'Etang, 'A Criticism of Military Psychiatry in the Second World War', *Journal of the Royal Army Medical Corps,* (1951), 96:1*,* p. 316.
[16] Peter Watson, *War on the Mind* (Basic Books, 1976), p. 233.
[17] Edgar Jones, 'Historical Approaches to Post-Combat Disorders', *Philosophical Transactions: Biological Sciences* (April 2006), Vol. 361, No. 1468, p. 535.

hospitalisation and discharge of several thousand of Union soldiers.[18] British forces in the Boer War had several thousand men rehabilitated and pensioned as a result of cardiac irregularities attributed to DAH. Originally thought to be caused by constriction of the chest by tight webbing straps of the soldier's equipment, the connection between DAH and combat stress was not recognised until well into the Great War. Medical discharges from service for DAH were occurring in British and Commonwealth forces until late in the war, with cardiac specialists estimating that merely 10% of these discharges were actual cardiac problems and the balance were most likely to be psychological or psychosomatic.[19] Whether DAH was used by doctors as an 'honourable' means of securing the discharge of psychological casualties is open to conjecture.

In the United States the predominant focus on military psychology in the 19th century is the Civil War, with no mention in any literature reviewed of psychological issues during the Spanish-American or Indian Wars. Rosen indicates the re-emergence of 'nostalgia' as a battle wound in the U.S. Civil War but shows it described as a severe form of homesickness, rather than related to trauma or combat stress, which initiated a policy implimenting a minimum age for conscription and recruitment.[20] Da Costa, writing in 1871, describes how he used a series of drugs to relax the over-stimulated 'special nerve centres' at the base of the heart to cure men who exhibited heart palpitations, dizziness, fainting spells and shortness of breath.[21] Shephard points out that the rest out of battle that accompanied the men's treatment was probably more beneficial than the cocktail of narcotics Da Costa was plying them with.[22] Da Casta assumed the cause of the heart palpitations was a form of infection, his reasoning reinforced by cases he observed in the civilian environment.[23] Accurate numbers of psychological casualties are unknown as nostalgia and Da Costa Syndrome were not recognised as purely psychological issues at the time, neither was the possibility of somatic illness.

[18] Anthony Babington, *Shell-Shock; A History of the Changing Attitudes to War Neurosis* (Leo Cooper, 1997), p.23.

[19] Edgar Jones and Simon Wessely, 'The Impact of Culture on Medically Unexplained Symptoms', *Medical History* (Jan 2005), 49:1, p. 56.

[20] Rosen, 'Nostalgia: A 'Forgotten' Psychological Disorder', p. 351.

[21] Kenneth C. Hyams, F. Stephen Wignall and Robert Roswell, 'War Syndromes and Their Evaluation: From the U.S. Civil War to the Persian Gulf War', *Annals of Internal Medicine* (1 September, 1996), 125:5, p. 398

[22] Shephard, *A War of Nerves*, p. 65.

[23] Hyams, *et al*, 'War Syndromes and Their Evaluation: From the U.S. Civil War to the Persian Gulf War', p. 398

The Time of Neurosis

"…the nerves of modern men were often put to a heavier strain than nature intended them to bear."[24]

The official German medical history of the Franco-Prussian War of 1870 dedicated one of its eight volumes to mental or nervous disorders, a strong indication that the issue was significant in the German army. Martin Lengwlier argues in 'Psychiatry Beyond the Asylum' that there was a symbiosis created between the German military and the psychiatric discipline in Wilhelmine Germany as the new medical discipline attempted to gain credibility in the martial society and found a connection with the prestige of the army a useful conduit.[25] A sense of national unity resulting from the success of the 1870-71 war saw the army become embodied as the national standard of virility and strength. That the German soldier could be made neurotic as a result of their service was anathema to this concept and the psychiatric profession was able to gain professionally from the premise that those affected by war neuroses were already suffering from hereditary predisposition to mental illness. This theory also suited the army, which denied military service could cause mental illness. Industrial compensation was introduced in Germany in the 1870's, long before Britain, and the medical issues surrounding entitlement for victims, noted previously, were correspondingly debated much earlier.[26] The involvement of psychiatry in the court system also increased following the unification, which had a corresponding influence on military courts, as judges, who had previously made their own assessments of the mental capacity of defendants, began to call on expert advice where psychological assessment was required of defendants.[27] Compulsory military training for all German males provided a pool of men far in excess of the capacity of the army or the budget to accommodate them, in spite of expansion of the armed forces in the decades either side of the turn of the century. Thus, the army was able to select better potential candidates for recruitment and could afford to set higher standards than previously in recruit selection. As predisposition to neurosis was already considered the cause of the breakdown of men in war, rather than military service or war itself, psychological and mental capacity were determined as a component of the recruitment process, which included lists of released mental patients being provided to the military authorities.[28] A symbiosis developed between military and civil psychiatry resulting from the view of

[24] Quoted from *Spectator* magazine, 1894, in Shephard, *A War of Nerves,* p. 7.
[25] Martin Lengwiler, 'Psychiatry beyond the Asylum: The Origins of German Military Psychiatry before World War 1', *History of Psychiatry* (2003), 14:41, p. 47.
[26] Shephard, *A War of Nerves,* p. 97 and Jan Goldstein, *Console and Classify: The French Psychiatric Profession in the Nineteenth Century* (Cambridge University Press, 1987), p. 346.
[27] Richard F. Wetzell, 'Psychiatry and Criminal Justice in Modern Germany, 1880-1933', *Journal of European Studies,* (2009), 39, p. 272.
[28] Lengwiler, 'Psychiatry beyond the Asylum', p. 52.

neurosis as counter to the image within society of the 'manliness and virility' of the soldier which helped the emergence of psychiatry as a stand-alone discipline within medicine in Germany.[29] Thus, in effect, psychiatry and psychology were a function of the state apparatus, upholding the ideal and showing deviancy from that standard as an individual matter and not as the result of experiences in the service of the state.

The psychiatric environment in France through the nineteenth century was one of individual achievement and enterprise. Napoleonic laws forbidding associations unless under government surveillance made the formation of a medical association difficult and encouraged fragmentation, at least until after the upheavals of 1848.[30] From its formation in 1847 the *Société Médico-Psychologique* was ineffectual as an influence on the progress of psychiatry in France. The senior doctor in each of the institutions held sway and as the profession was based around these separate institutions there was little incentive for co-operation. This situation was still apparent in the early years of the 1914-1918 war, even though institutions were funded by the central government.[31] Defeat in the Franco-Prussian War was seen by the French as the result of inferior scientific achievement, where Germany had usurped France's technological hegemony, creating an environment post - 1870 in which scientific advancement was nurtured. This allowed the introduction of new reforming ideas in the medical profession generally and went some way to breaking down the hold individual institutions had on psychiatric care, including neurasthenia and neurosis.[32] However, in the period just prior to the Great War the French mental health environment was again factionalised, with the 'patron and circle' staffing system in institutions forming the core of each group proffering their own particular theories and remedies.[33] This system created several different individualised theories in treatment that were carried out competitively in separate facilities, and were defined by the personal attributes and whims of the chief doctor of each school.

Despite this fragmentation, the French were seen as leaders in the treatment of hysteria, mostly through the work of Jean-Martin Charcot, director of the Salpêtrière asylum in Paris for 30 years until his death in 1893. Charcot linked railway spine to hysteria and showed that hysteria as a disease could manifest in men where before it was seen as a purely female mental affliction. Charcot still saw the onset of hysteria as related to 'inherited biological weakness' but noted that the fear or

[29] Lengwiler, 'Psychiatry beyond the Asylum', p. 58
[30] Goldstein, *Console and Classify*, p. 339.
[31] Shephard, *A War of Nerves,* p. 98 and
[32] Jan Goldstein, *Console and Classify,* p. 348.
[33] Shephard, *A War of Nerves,* p. 98 and Jan Goldstein, *Console and Classify,* p. 342.

fright felt at the moment of the incident was an important part in the creation of the disease itself.[34] By recognising the genetic factor in the incidence of hysteria, Charcot attempted to explain the onset of disease in some victims and not in others. Both Babinski and Freud studied under Charcot in Paris. Babinski became influential in the treatment of French psychological casualties during the Great War and while Freud was less influential until after the war, outside Austria at least, his theories were significant in developing effective treatment for psychoneurosis following the 1930's.[35]

The differentiation of hysteria and neurosis in a gender context was a factor in inhibiting the development of psychological medicine in the British Army in the years between the Boer War and the Great War. Hysteria and neurasthenia were seen as female maladies in Britain despite debate resulting from Charcot's work at the end of the previous century. Most British medical practitioners were distrustful of 'continental' medicine and treated the disease as hereditary, organic or environmental in origin, which basically tainted the patient with a hint of moral failure.[36] At the same time, the staff and officers of the British Army were on the cusp of changes that would force alterations to their conception of military service and the army as a lifestyle. Tim Travers in 'The Killing Ground' argues that the Edwardian values imbued in the officer class, associated with inherent anti-intellectualism and social-Darwinist views, coloured their attitudes towards social class and values and made the officer class very conservative.[37] Additionally, the sexual component of Freud's theories offended Edwardian sensibilities so there was little support for this approach in British military or civilian psychiatric spheres. Military medicine was often the haven of those who could not survive in the realm of private medicine or were too young to be able to generate their own private clientele.[38] The RAMC was a relatively new organisation within the army structure and was lacking the reputation and influence it later gained. As members of a male dominated social cohort that disdained intellectualism, women's mental diseases were of no interest to army doctors and where mental illness was seen as somehow unmanly or showing a lack of the sense of duty expected of the British Soldier, there was no incentive to study psychology in a military setting.[39] As such there was a tendency for military doctors to have little comprehension of the psychological issues confronted by troops in modern combat, in addition to pressure to conform to the demands of army policies relating to nervous disorders. Social Darwinism influenced their views of soldiers

[34] Luckhurst, *The Trauma Question*, p. 35.
[35] Refer to Chapter Four for further expansion on this subject.
[36] Peter Leese, *Shell Shock: Traumatic Neurosis and the British Soldiers of the First World War* (Palgrave Macmillan, 2002), p. 17.
[37] Tim Travers, *The Killing Ground: The British Army, the Western Front and the Emergence of Modern Warfare 1900-1918* (Allan and Unwin, 1987), p. 38.
[38] Shephard, *A War of Nerves,* p. 23.
[39] Fiona Reid, *Broken Men: Shell Shock, Treatment and Recovery in Britain, 1914-1930* (Continuum Publishing, 2010), p. 12.

recruited from working-class urban areas, who were seen as uncommitted to upholding the values of the British Empire and likely to surrender or sue for peace at the earliest opportunity.[40]

The observations of Anthony Bowlby while treating the sick and wounded from the Boer War does not seem to have been noticed widely. His work has subsequently been shown to be prescient in determining the psychosomatic characteristics of many of the symptoms shown in nervous cases, such as DAH, indicating continuous service in stressful situations can cause long term debilitation.[41] Bowlby recognised no difference between military and civilian neurasthenia he encountered, a recurring point throughout the history of the development of treatment of psychoneurosis and PTSD. The Boer War is the first major conflict where sufficiently accurate and complete records are kept for army personnel, allowing a reasonable analysis of the causes and outcomes of the illnesses and injuries troops were exposed to. Jones and Wessely's survey of personnel records of soldiers discharged during or after the Boer War shows that of 6200 cases medically discharged, only 11 cases were for actual psychological reasons (not including a further 26 discharged for psychosis or depression).[42] However, another paper by the same authors showed a further 4305 soldiers returned home for rheumatism of 24,460 hospitalised, specifically pain in the joints and or headaches. [43] DAH or other heart ailments were another cause of hospitalisation or discharge during the South African conflict with 3461 soldiers hospitalised, of which 1489 were returned to Britain for discharge. The Royal Army Medical Corps units had very high comparative incidences of heart problems, thought at the time to be caused by 'arduous route marches', although the "ill-fed, anaemic and under-sized and somewhat neurotic lads, of which the larger cities produce so plentiful supply as compared with the sturdy, somewhat lethargic country lad" also seemed to produce a fair number of patients.[44] Jones and Wessely argue that although there were documented examples of shell shock from the Boer War, as it was understood in the Great War, most of the soldiers discharged for non-battle wounds had somatised their trauma and were discharged for these symptoms.[45] In any case the physiological symptoms of mental stress were treated, rather than the unrecognised psychological causes.

By 1914 a pattern had developed between nations in the attitude and treatment of mental diseases in both a civilian and military context. The public, military and medical communities of Britain,

[40] Travers, *The Killing Ground*, p. 39.
[41] Edgar Jones and Simon Wessely, 'Psychiatric Battle Casualties: An Intra- and Interwar Comparison', *The British Journal of Psychiatry*, (2001), Vol. 178, p. 242.
[42] Jones and Wessely, 'Psychiatric Battle Casualties: An Intra- and Interwar Comparison', p. 242.
[43] Jones and Wessely, 'The Impact of Culture on Medically Unexplained Symptoms', p. 66.
[44] Edgar Jones, Ian Palmer and Simon Wessely, 'War Pensions (1900-1945): Changing Models of Psychological Understanding', *The British Journal of Psychiatry* (2002), 180, p. 375.
[45] Jones and Wessely, 'Psychiatric Battle Casualties: An Intra- and Interwar Comparison', p. 242.

France, Germany and the United States each had their own individual national attitudes to mental health and the breakdown of soldiers in battle.[46] Treatment in the early years of the Great War was accordingly ineffective and suited the preconceptions the medical fraternity held within each of those societies, compounded by the differing attitudes each nation's military had of psychoneurosis. The Great War bought the presence of psychological casualties into the public consciousness in a manner that had not occurred in previous conflicts, both through the sheer numbers afflicted and the seeming randomness of possibility of falling victim to a psychoneurotic wound, irrespective of personal social status or history. Symptoms of psychoneurosis have been found in many old military writings, both contemporaneous with the conflict being described and in later reminiscences, though in most cases there has been little conformity in nomenclature and as little consistency in describing the symptoms themselves. In tracing psychoneurosis through past history the variety of terminology that arises in describing the symptoms makes the symptoms themselves the common link between the instances recorded over the years. Variety of symptoms and the number of combinations of these symptoms that are possible with psychoneurotic disease, coupled with the circumstances and timing of their presentation, make definition difficult in itself for modern writing, let alone recognition in historical works.

[46] Paul Lerner and Mark S. Micale, 'Trauma, Psychiatry, and History: A Conceptual and Historiographical Introduction' in Mark S. Micale and Paul Lerner (eds.), *Traumatic Pasts: History, Psychiatry, and trauma in the Modern Age, 1870-1930* (Cambridge University Press, 2001), p. 22.

Chapter Two

Psychoneuroses in World War One

"He could not walk in a straight line, he had violent trembling of the whole body with twitching."[1]

The Beginning of the War

As this paper is focusing on the responses of New Zealand troops in World War Two to those amongst their comrades who manifested signs of nervous disorder, it is fitting that there is a concentration on the British and Dominion development of medicine in relation to psychoneurosis and post-traumatic stress. It is, however, impossible to isolate the Commonwealth when discussing the development of the science in relation to shell shock and cognizance must be taken of developments in other nations and any affects these have in relation to Britain and the Dominions. Each major nation had largely developed their own theories regarding neurosis, as outlined in the previous chapter, which influenced the manner in which each approached psychological casualties during the Great War. Recognition that the symptoms and onset of neuroses following trauma in a civilian setting were the same as that following exposure to combat was slow as it challenged preconceptions of mental illness in a military setting. The sheer numbers of psychological casualties that emerged from the Great War provided incentive, through necessity, to meld the military and civilian stands of theory together into a single conceptual entity.

New Zealand military medicine was firmly rooted in the processes and institutions of the British army. After 1908, the New Zealand Medical Corps was organised on the lines of the RAMC and followed British practices in the processing and treatment of shell shocked men through the Great War. This had distinct advantages for New Zealand troops as they had access to resources, hospitals and expertise that would not otherwise be available. As a nation able to provide and support only a single infantry division New Zealand did not have the resources or expertise to provide completely independent logistical and administrative services, so was reliant on British Army resources. The medical and surgical personnel of the NZMC were not regular soldiers but peace-time doctors and surgeons who were members of the Territorial Forces or who had volunteered their services following the outbreak of war. Few if any military doctors had any specialist training in nervous disorders or mental diseases and any who had experience in psychology had gained that from their

[1] Carbery, *The New Zealand Medical Services in the Great War,* (Whitcombe and Tombs, 1924), p. 110.

own civilian practice.[2] There was some effort to provide training in military medicine to the New Zealand Territorial Force medical staff before the war, but difficulties of geographical distance and the lack of a full time instructor in the NZMC restricted the effectiveness of any training.[3]

Unlike the Territorial Forces which were the basis of the New Zealand Army, the British RAMC was a permanent arm of the army, formally established following the high disease rates experienced during the Boer War. However, the Medical Service in the British Army prior to the Great War emphasised welfare of the unit before the welfare of the men. The RAMC was a new organisation and did not have the tradition or access to the 'old boy's network' that older arms of the services had developed.[4] Also, before 1914, military medicine was often the haven of those who could not survive in private practice or were too young or inexperienced to be able to generate private clientele.[5] Few if any military doctors had any specialist training in nervous disorders or mental diseases.[6] Recruitment of 'hostilities only' medical staff following the outbreak of the war diluted the regular army medical officers with medical men who were less imbued with the attitudes of the old army and challenged existing attitudes, including those held towards psychological casualties.[7] The extent to which this influx of new ideas is instrumental in affecting changes in attitude towards psychological casualties within the RAMC hierarchy is unclear. However, none of the leading experts in the psychological care of shell shocked patients throughout the Great War were regular army doctors.

RAMC personnel at the start of the Great War considered neurosis in a civilian environment to be a different entity to the mental illness assaulting a soldier. Soldiers were expected to manfully face the dangers inherent in their calling and 'do their bit' for King and Country. To regular army doctor's neurosis as a disease was akin to hysteria and therefore only concerned women and 'effeminate' men. Psychological training for army doctors was geared towards detecting malingering, which they were expected to report to their commanding officer's.[8] During the war, Medical Officers (MO) could be caught between the imperative of returning sick men to duty and their duty of care to their patients.[9] Hostilities only doctors were more open to an assessment of conditions that was not tempered with the regular officer's ingrained suspicion of the soldier's propensity for shirking at any

[2] Myers, *Shell Shock in France* (Cambridge University Press, 1940), p. 17.
[3] Carbery, *The New Zealand Medical Services*, p. 12.
[4] Shephard, *A War of Nerves,* p. 23.
[5] *Ibid,* p. 23.
[6] Myers, *Shell Shock in France,* p. 17.
[7] Shephard, *A War of Nerves,* p. 42
[8] Bourke, Joanna, *Dismembering the Male: Men's Bodies, Britain and the Great War* (University of Chicago Press, Chicago, 1996), p. 92.
[9] Luckhurst, *The Trauma Question,* p. 51.

opportunity, but while sympathetic military doctors did exist, they were pressured to conform to expected norms by the military hierarchy.[10] The combination of limited specialist psychological training of medical officers and confrontation with an unknown phenomenon meant the initial response to 'nervous' casualties provoked a similar reaction to that of malingering and other disciplinary infractions.

The British Army encountered combat related psychological casualties from as early as September 1914 and by early 1915 they were presenting in numbers that exceeded expectations and understanding. The lessons from the Boer War were ignored or misunderstood by the army, as were reports from officers observing the Russo-Japanese War and the Balkans War of 1913.[11] Initial treatment of those evacuated from France in 1914 was as if they were insane and psychological casualties were admitted to mental asylums which quickly filled to capacity.[12] Causes were initially assumed to be the results of the concussive characteristics of high explosives acting on the nervous system, and the term 'shell shock' was coined from the assumption of 'shock' or concussion from the detonation of a shell damaging the nervous system.[13] However men also appeared with similar symptoms that had not been in the proximity of shell-fire or near the front lines. The major issue in being unable to adequately explain shell shock, its causes and an effective treatment that satisfied the army was lack of agreement amongst psychologists as to which of the number of different and competing theories of its manifestation was accurate.[14] Class prejudices, a characteristic of the pre-war British Army, were challenged through both officers and other ranks falling victim, seemingly indiscriminately, whilst presenting similar symptoms. The army combined a traditional outlook that saw nervousness as a loss of moral control, with no definite understanding of the cause and treatment amongst the medical profession, and so continued treating shell shock victims with suspicion as potential malingerers.

Until the end of 1915 there were contradictory definitions of 'shell shock' but there was tenuous agreement that the hysteria that accompanied it was a form of neurosis and could be treated as such, despite there being a number of divergent and often anachronistic opinions.[15] Varied approaches were frequently centred on differences between psychiatry as practiced in existing mental institutions and the burgeoning support for a more psychoanalytical approach to shell shock

[10] Bourke, *Dismembering the Male*, p. 92.
[11] The observing officer the Imperial War Office sent to observe the Japanese forces in Manchuria during the Russo-Japanese War was General Sir Ian Hamilton, General Officer Commanding the Gallipoli Campaign.
[12] Babington, *Shell-Shock*, p. 43.
[13] Myers, *Shell Shock in France 1914-1918,*p. 13.
[14] Luckhurst, *The Trauma Question*, p. 53.
[15] Leese, *Shell Shock,* p. 39.

that gained reluctant acceptance as it showed more signs of successful treatment.[16] In mid-1916, Dr Harold Wiltshire disproved the physical causation of shell shock and showed that there was a psychological cause, usually brought upon by cumulative mental strain and fatigue.[17] The establishment of new facilities in Britain to accommodate the growing numbers of psychological casualties from France brought prominence to psychologists who were applying psychoanalytic methods with increasing success, such as Dr William Rivers at Maghull and Craiglockhart hospitals, and Dr Arthur Brock. Dr Rivers especially rose to prominence for his success with psychoanalytic treatments, but was considered by the regular RAMC as a 'rebel' for his methods.[18] Rivers work was based on Freudian theory that shell shock was internal conflict in the mind of the patient, not based on sexual origins as per Freudian concepts, but on the conflict between the sense of duty held by the individual and the instinctive urge for self-preservation. This had several important ramifications. Edwardian sensibilities were no longer offended by the sexual component of psychoanalysis, removing some opposition to the theory and making it a more socially accepted practice. Linking shell shock to a mental conflict in the individual between self-preservation and a strong sense of duty made it less unappealing, especially to the families and relatives of victims and removed some of the stigma associated with mental illness.

Medical Developments

"(ii) Shell Shock, Shell Concussion, Neurasthenia, Inability to stand Shell Fire. These terms are not to be used under any circumstances. The diagnosis will be written "N.Y.D.N.""[19]

The work published in 1915 by the American physiologist Walter Cannon on the endocrine system showed the effects hormones, especially adrenalin, had on the body when it feels itself in a state of danger. Physiological effects were increased heart rate, blood sugar levels and breathing rate, all of which are intended to enable the 'fight or flight' mechanism. Automatic production of adrenalin as part of the 'fight or flight' response, when coupled with the requirement to stay immobile under shelling and while fatigued, has been suggested as a major contributor to psychological

[16] Martin Stone, 'Shellshock and the Psychologists' in *The Anatomy of Madness: Essays in the History of Psychiatry, Volume II, Institutions and Society*, eds. W.F. Bynum, Roy Porter and Michael Shepherd (Tavistock, 1985), p. 245.
[17] Shephard, *A War of Nerves,* p. 31.
[18] Stone, 'Shellshock and the Psychologists', p. 264.
[19] Colonel D. McGavin, 'Notes For R.M.O.'s of the New Zealand Division', Appendix 1, in Carbery, *The New Zealand Medical Service in the Great War 1914 – 1918*, p. 10.

breakdown.[20] A 'hunt or be hunted' situation created less psychological damage because it was a more natural event and the participant had a measure of control over their destiny. This proved evident particularly in rear echelon troops falling victim in numbers that matched or exceeded those of front line troops who had at least occasional opportunity to retaliate.[21] In 1917, Dr F.W. Mott raised the question of what occurred in the mind and body when the body was unable to do either of these things, as when sheltering under shell fire for sustained periods of time.[22] The lack of control over circumstances in time of acute stress accentuated the feeling of helplessness, creating mental trauma. Inability to react, to either move away from the danger or to remove the source of it, coupled with knowledge of the consequences of remaining in the danger zone was a major trigger for the onset of debilitation in many shell shock victims.[23] Recognition of Wiltshire's theory that the effects of poor food and conditions, fatigue and constant stress were contributing factors towards mental breakdown in soldiers made the term shell shock redundant in describing nervous disorders that afflicted troops.[24] Shock was not strictly applicable in describing the effects of long term stress and physical deprivation that accompanied the normality of trench warfare for front line troops.

In May 1916, Myers suggested the creation of specific treatment centres for psychological casualties in each Army Area to centralise the specialists separate severe and mild cases and avoid intermingling with the physically wounded in hospitals and clearing stations.[25] Myers had toured French Army psychiatric treatment centres close behind their front lines, where men were kept under military discipline within the sound of the guns.[26] The rates of return of men to their units were higher in the French system than that used in the British area of operations at that time. To overcome the initial resistance of British Army commanders, Myers used the argument that malingerers would be identified earlier in the treatment process and be returned to their units more quickly. Myers did not agree with the French methods, specifically their use of coercive persuasion as part of the treatment, based on the assumption that most, if not all, shell shocked men were

[20] Bourke, *Fear; A Cultural History* (Shoemaker & Hoard, Emeryville, CA, 2005), p. 206.
[21] Roper, Michael, *The Secret Battle: Emotional Survival in the Great War* (Manchester University Press, 2009),p. 248.
[22] Shephard, *A War of Nerves*, p. 112.
[23] Luckhurst, *The Trauma Question,* p. 54.
[24] Sophie Delaporte, 'Military Medicine', in *A Companion to World War I*, ed. John Horne, Oxford, 2010, p. 302.
[25] Myers, *Shell Shock in France*, p. 87.
[26] Marc Roudebush, 'A Battle of Nerves: Hysteria and Its Treatments in France During World War 1', in Mark Micale and Paul Lerner (eds.), *Traumatic Pasts: History, Psychiatry, and Trauma in the Modern Age, 1870-1930,* (Cambridge University Press, 2001), p. 263. See also Marc Roudebush, 'A Patient Fights Back: Neurology in the Court of Public Opinion during the First World War', *Journal of Contemporary History,* 35:1, Special Issue: Shell-Shock (Jan., 2000), for a description of the ramifications of a specific case that threw the issue of coercive methods of treatment into the public spotlight in France.

prolongateurs.[27] But the positioning of treatment centres close to the front lines allowed the immediate treatment of milder cases and their return to their units after several days. Placing men in institutions was seen as legitimising their illness and recovery from institutionalised care was significantly lower than that of the forward treatment stations. Only cases that could not be dealt with at the forward treatment centres were sent further back to hospitals that were struggling with capacity.[28] The introduction of Army Area treatment centres ensured a much higher rate of return of men to their units than previously achieved.[29] The 'PIE' system (proximity, immediacy, expectancy) was utilised, soldiers being treated in 'proximity' to the front lines, 'immediately' they began to exhibit symptoms, and they were treated without allowing any 'expectancy' that they would be evacuated with physically wounded men.[30] With minor modification this system became the basis for the treatment of psychological casualties in British and Commonwealth armies until the cessation of hostilities and again during World War Two.

It is in early May 1916 that the term 'exhaustion' is used regularly for the first time to describe the condition of men who were deemed to be mildly shell shocked and by the end of 1916 the term 'shell shock' was officially abolished for use by Regimental or other Medical Officers. Only specialists at the base hospitals were authorised to use shell shock as a diagnosis. This diagnosis was reserved for those men who were sent back to base hospitals as they were injured beyond the capacity of the forward treatment facilities to treat them effectively.[31] Shell shock was replaced with terms such as 'functional nervous disorder' and 'war neurosis'.[32] Medical officers were instructed to use 'NYDN' in their patient notes, as shorthand for 'Not Yet Diagnosed, Nervous', until a more formal diagnosis could be made at Neurological treatment centres.[33] In any case the systems were designed to treat the symptoms, to keep as many men as possible in the lines rather than evacuate them. This created a situation where many men were discharged suffering untreated or semi-treated psychological effects of trauma in the belief that removal from the source of trauma would remove the problems.[34] There was by the end of the Great War, however, a differentiation in meaning between the military, medical and public spheres of their understanding of the phenomena of shell shock which affected how it was perceived by each of these parties.

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[27] Myers, *Shell Shock in France*, p. 88. See also
[28] Myers, *Shell Shock in France,* p. 88 and Roudebush, 'A Battle of Nerves', p263.
[29] Myers, *Shell Shock in France,* p. 92.
[30] Nigel C. Hunt, *Memory, War and Trauma* (Cambridge University Press, 2010), p. 22.
[31] Clarke, *Not Mad, But Very Ill,* p. 14.
[32] Shephard, *A War of Nerves,* p. 31.
[33] Carbery in *The New Zealand Medical Service in the Great War* refers to NYDN as an acronym for 'Not Yet Diagnosed, Non-efficient' but Myers indicates 'Not Yet Diagnosed, Nervous'. Whether 'Non-efficient' was the term used by the NZMC in the Great War is unclear. Refer Myers, *Shell Shock in France*, p. 97, and Carbery, *The New Zealand Medical Service in the Great War*, p. 321.
[34] Hunt, *Memory, War and Trauma,* p. 22.

'Wastage' was the term used to describe the continual losses caused through the attrition of trench warfare in World War One. By 1916 shell shock cases were presenting at the level of 40% of casualty rates following heavy fighting in British forces.[35] Aside from losses through major offensive and defensive battles, there were constant losses through the normal process of trench warfare as sniping, artillery, trench raids, sickness and aerial bombing took their toll. For British and Dominion commanders finding sufficient replacements began to be problematic. Psychological casualties proved a vexing problem as not only was a shell shock victim unable to take his place on the line or in his unit, he was seen as a source of disciplinary breakdown by being a poor example to his peers.[36] Incidences of shell shock were also considered as a sign of poor disciplinary control by junior officers.[37] There was also found to be a connection between morale and the rate of incidence of shell shock in a unit as lowering morale increased numbers of men reporting psychological injury as well as higher sickness rates.

The numbers of men being returned to England and the Dominions for psychological injuries or illness were high enough to force the subject to public attention. It was not only the lower ranks that were succumbing, i.e. the lower classes, but the sons of the upper classes and gentry, as officers, who suffered also. That it was affecting the so-called 'ruling' classes aided efforts to understand the illness as wealthier families were more able to exert pressure within the establishment to look for remedies. Minimisation of the issue of shell shock from both a disciplinary and a public relations viewpoint significantly altered the official attitude towards shell shock victims, influencing policies in dealing with repatriated casualties and treatment in field units and military hospitals.[38] However, there was little change in the manner in which the army disciplinary system processed the men charged with desertion or cowardice. The disciplinary ramifications of shell shock in the British Army, and in the NZEF by association, were the result of the High Command fearing the use of psychological injury as a means of escape from duty and they therefore determined to make examples at regular intervals.[39]

Shell shock as a term developed a popular meaning different to that intended by its originators once it entered the public domain. Proximity and ease of communications between England and the Western Front allowed a measure of public opinion to be inculcated in the views of British and Dominion troops in France. Relatives frequently sent newspapers and magazines to family serving

[35] Stone, 'Shellshock and the Psychologists', p. 249.
[36] Shephard, *A War of Nerves,* p. 46.
[37] Leed, *No Man's Land: Combat and Identity in World War I,* (Cambridge University Press, 1979), p. 167.
[38] Leese, *Shell Shock,* p. 57.
[39] Gerard Christopher Oram, *Military Executions During World War 1* (Palgrave MacMillan, 2003), p. 65.

overseas or men maintained subscriptions to be delivered directly if their circumstances allowed.[40] The term shell shock had taken on a life of its own through dissemination in the public realm via newspapers and was used as a common catch-all to describe the hysteric and neurasthenic injuries suffered by the wounded repatriated home. References and articles in print media relating to shell shock as a term and as a phenomenon for the first years of the war meant a familiarity with it was exhibited by the later drafts sent to France from Britain and the Dominions.[41] New Zealand troops were also aware of the possibility of psychological damage through publication in local newspapers of articles describing the effects and symptoms of shell shock as a form of wound. Even before the end of the Gallipoli campaign articles were printed in New Zealand newspapers explaining the causes, as understood at the time, of shell-shock and its effects and treatment.[42] The New Zealand Division was using the term shell shock in its own manner by the time it had reached the Western Front through the sanctioned magazine *Shell-Shocks - New Zealanders in France*.[43] *Shell-Shocks* indicated the shift of the term 'shell shock' from purely medical use into the vernacular of the troops which coincided with the usage by people at home, tinged with the irreverence associated with military humour.[44] Public familiarity with the term shell shock, and often personal acquaintance with repatriated victims, differentiated the victims from those who suffered mental disease in the community.[45] Public attitudes to victims of psychological wounds ensured they were looked at with significantly more sympathy than mental patients and the sense of shame or condemnation associated with having relatives suffer mental disease in the community was not present to the same extent with shell shock victims.[46] Associations and societies representing returned servicemen attempted to ensure that mentally wounded men were not thrown into the New Zealand mental health system without support or aid from these societies or their families.[47] There remained, despite the removal of 'Lunatic' and 'Asylum' as official terms following the Mental Defectives Act of 1911, use of the words as headlines in newspapers and terms in the community, indicating the existence of the stigma associated with mental illness in New Zealand.[48] Later drafts of troops from New Zealand had ample opportunity to become acquainted with the meaning of 'shell shock'

[40] Paul Fussell, *The Great War and Modern Memory,* (Oxford University Press, 1975), p. 65.
[41] Shephard, *A War of Nerves*, p. 28.
[42] 'Effects of Shell-Shock', *The Ohinemuri Gazette,* September 17, 1915, p. 8.
[43] Dion Clayton Calthrop, *Shell Shocks; By the New Zealanders in France* (Jarrold, 1916)
[44] John Weaver and David Wright, 'Shell Shock and the Politics of Asylum Committal in New Zealand', *Health and History*, vol. 7, no. 5, 2005, p. 21.
[45] Luckhurst, *The Trauma Question,* p. 53. Refer also to Chapter Four in this paper, 'The Inter-War Years', which expands on the public use of the term outside a military context.
[46] Russell Clarke, '*Not Mad, But Very Ill': Treatment of New Zealand's Shellshocked Soldiers 1914 to 1939,* MA Thesis, University of Auckland, 1991, p. 85.
[47] Weaver and Wright, 'Shell Shock and the Politics of Asylum Committal'*, Health and History*, Vol. 7, No. 5, (2005), p. 20.
[48] Clark, *'Not Mad, But Very Ill'*, p. 59.

through the media which contributed to a different attitude towards psychological casualties than towards mental patients in asylums in New Zealand.

Chapter Three

Attitudes to Psychological Casualties in New Zealand Combat Units in World War One.

"The stress of living here is so great upon a man that it is difficult to say if after the war he can recover completely his previous state of health."[1]

This chapter examines the attitudes of New Zealand soldiers towards psychological casualties in the Great War. That some could not cope mentally with the stress of combat, or even the thought of combat in some cases, was only reluctantly acknowledged publicly by military authorities. Military leadership that had obtained its martial experience in conflicts that did not include industrial methods of warfare considered the advent of psychological casualties within the frame of reference of their own exposure to combat. Their experience saw men breaking down as either a physical injury or a moral failure, therefore mental breakdown was a moral failure and should be subject to military discipline. The fact that psychological casualties would occur whatever measures were taken in prevention, process and treatment was only slowly acknowledged in British and Dominion forces. A belief that neuroses and fear in soldiers was 'unmanly' persisted through the greater part of the war and deterrence through the military disciplinary process was often resorted to. However, those exposed to the stress of combat in the New Zealand Division recognised that there was no moral component in the process of mental breakdown; that it was possible for any man to eventually succumb to the mental pressure of warfare. The differences between the expected view of what the soldier thought of psychological casualties and what they actually did think of them is the focus of this chapter.

The British regimental system by its nature instilled *esprit de corps* in the members of each unit. The long history of regiments in the British Army was celebrated through memorial days, traditions and parading of battle honours that increased the sense of pride the soldier had in belonging to his unit. The officer corps was made up from the public schools and the upper classes (with only a few exceptions – some of which were notable) and was very conservative in nature. In the years immediately before the Great War there was an impetus for change to accommodate modern weaponry and tactics but the officer corps remained essentially based in traditional methods and ethos.[2] The Victorian and later the Edwardian vision required officers to be gentlemen and have high

[1] Auckland War Memorial Museum [Hereafter AWMM], MS873, Dansey Collection, Captain Harry Delamere Dansey, Letter to Patricia Baxter [henceforth Dansey letters], 29th October 1917.
[2] Travers, *The Killing Ground,* p. 5.

moral standards, epitomising the chivalric virtues and mores. The disadvantage of the regimental system was twofold; tradition inspired resistance to change in doctrine and maintenance of unit standards and traditions was difficult in periods of heavy casualties requiring constant replacements. In a New Zealand context the regimental system was based around the geographically recruited Territorial unit, with each regiment in the 1st New Zealand Division originating from a single recruiting area, Auckland, Wellington, Canterbury or Otago. The New Zealand system had more similarity to the British Kitchener Army, made up of volunteer units created from geographical regions than to the British regular regiments. As a new unit created since the outbreak of the war there was not the old tradition that restricted the outlook of the officers or instilled unwarranted discipline on the men.

Popular memory in New Zealand has lionised the Anzac as the epitome of the nation's manhood, but there was also a legacy of physical and mental injury that healed only slowly, which reinforced the public vision of the sacrifice made by New Zealand soldiers.[3] Few veterans talked about their experiences with any other than their fellow soldiers after returning home, feeling only those who were there would understand.[4] The introduction to *The Great Adventure* notes the heroic was emphasised in writings and memorials eulogising the actions and suffering of New Zealanders in the Great War and realities of war were buried beneath nationalistic fanfare that accompanied the triumphant return of soldiers.[5] This is borne out by the carefully restrained rhetoric contained in the Official Unit Histories published in the years following the Great War, which remained the only openly available source of information regarding New Zealand units during the war until the end of the following decade. The absence of words from the veterans themselves did nothing to counter the strength of the public legend that had grown enough to later withstand modification that more reflected the realities of the war.[6] The reluctance of veterans to talk about their experiences was a result of their inability to adequately describe the realities of their war to those who had not seen it themselves. They retreated into association with their own kind, those who had shared the ghastliness of their time and understood why they did not want to talk about it.[7] Lack of personal stories meant the enduring view of 'shell shock' in the public memory as a legacy of the Great War

[3] See Eric Leed, 'Fateful Memories: Industrialised War and Traumatic Neuroses', *Journal of Contemporary History*, vol. 35, no. 1, (January 2000), p. 86 for a general discussion and Christopher Pugsley, *On the Fringe of Hell; New Zealanders and Military Discipline in the First World War*, (Hodder & Stoughton, 1991), p. 293, and Russell Clarke, '*Not Mad, But Very Ill',* Chapter Three, for comment from a New Zealand perspective.
[4] Phillips, *et al, The Great Adventure*, p. 3.
[5] *Ibid,* p. 5.
[6] See Chapter Four below and references to Arts and Literature in the Inter-War years.
[7] Joy Damousi, *Living With the Aftermath; Trauma, Nostalgia and Grief in Post-War Australia* (Cambridge University Press, 2001), p. 100

was often derived from literary sources, and then only long after the men had returned and often after time was beginning to take its inexorable toll.[8]

The experience of soldiering in the Great War is not extensively understood by most New Zealanders. Psychological trauma as an inherent part of Great War combat experience had not appeared on the same scale and frequency in any conflict New Zealand had been involved in prior to 1914 and so was little understood by New Zealand's public and military.[9] Newspaper articles and the return of troops suffering psychological trauma informed many New Zealanders about the condition of shell shock relatively early in the war, with many later newspaper articles discussing the various treatments and theories that were developing in Britain and France. For example the two following excerpts from newspapers in September 1915 show the methods used to treat shell shock victims at the time. "The problem is psychological and clearly demands the most careful and minute study of the evolution of character."[10] Also, "As the hypnotic treatment quite failed to improve the patient's memory when not in a state of hypnosis, it was discontinued."[11] Later Reinforcements to the New Zealand Division in France were aware of the public conception of shell shock, if not the conditions in which it would manifest itself.

Coupled with censorship, the small town nature of New Zealand in the early twentieth century - where it was likely that a whole community would hear news from the letters of their overseas troops and where letters were sometimes published in local newspapers –meant few soldiers wrote critically of their companions in case of offence to relatives.[12] Even these, however, must be viewed with the realisation that many men would write in tones reassuring to their families and would spare the reader the more unpleasant details of their experiences. Also, a natural reticence in discussing highly personal issues of comrades in arms means there are few references to the thoughts of the writer about the mental health of a companion. Similar to issues like prostitution, venereal disease and alcoholism in the service, shell shock has only recently been openly discussed in any great depth in relation to the legend of the Anzac. As with letter writers from the NZEF, interviewees in oral history collections can also be influenced in what they reveal in attempting not to offend the sensibilities of relatives and friends or upset public memory of past events and legends.[13] However,

[8] Jay Winter, 'Shell Shock and the Cultural History of the Great War', *Journal of Contemporary History* vol. 35, no. 1, (January 2000), p. 10.
[9] John Weaver and David Wright, 'Shell Shock and the Politics of Asylum Committal', p. 23.
[10] 'Effects of Shell Shock', *The Ohinemuri Gazette* 17 September, 1915, p. 2.
[11] 'Dual Personality', *Hawera & Normanby Star* 18 September, 1915, p. 3.
[12] Phillips, *et al*, *The Great Adventure*, p. 6.
[13] Peter H. Liddle and Matthew J. Richardson, 'Voices From the Past: An Evaluation of Oral History as a Source for Research into the Western Front Experience of the British Soldier, 1914-18' *Journal of Contemporary History*, vol. 31, (1996), p. 654.

Liddle and Richardson emphasise that oral histories do give a different insight into the events of the past by revealing nuances that are not possible to obtain through standard historical writing.[14] While acknowledging the limitations of researching and writing about comrades succumbing to shell shock, in relation to the sensibilities often felt by the storyteller, there is, nonetheless, sufficient material available to gain an insight into the views soldiers had towards their friends falling victim to mental collapse.

There is an assumption that shell shock and war neurosis encountered by New Zealanders during wartime was identical to the condition experienced by other Commonwealth and British Empire military forces. There is nothing to suggest that this is incorrect. What differed in the New Zealand experience is the manner in which it was managed and how it was seen by New Zealanders, both on active service and at home. Great War historiography discussing shell shock generally focuses on its onset, developments in diagnosis and treatment, treatment of victims and the permutations of the official views. There is a strong component of social responsibility towards treatment and care of victims following their demobilisation and the cessation of hostilities. Peter Leese's *Shell Shock: Traumatic Neuroses and the British Soldiers of the First World War* is a comprehensive examination of the treatment of British soldiers, political infighting and the medical machinations that accompanied the development of treatment. Leese comments that soldiers 'intuitively' understood the psychological ramifications of warfare but could not help looking on shell shock as a 'shameful condition' whereby victims had 'let down' their comrades. The guilt arising from this sense of shame ensured psychological casualties did not communicate their issues and suffered in silence.[15] Joanna Bourke has written extensively on fear and trauma in the context of war and life. *Dismembering the Male,* examines how the British view of masculinity was altered through the crucible of the Great War and at the contest between officialdom and casualty in legitimising shell shock as a war wound.[16] Her article 'Effeminacy, Ethnicity and the End of Trauma: The Sufferings of 'Shell-shocked' Men in Great Britain and Ireland, 1914-1939' treats the onset of shell shock as a reaction to the inability to 'get back' at the enemy when under fire or alternatively submitting to aggression and then being unable to cope mentally with killing. Like Leese in *Shell Shock,* Bourke touches on the sense of shame felt by shell shock victims and the 'unmanly' way they felt at being unable to cope with combat and letting their comrades down.[17] Bourke further argues in *Fear: A Cultural History,* that suppression of the 'fight or flight' instinct contributes to anxiety neuroses and shell shock

[14] Liddle and Richardson, 'Voices From the Past: An Evaluation of Oral History as a Source for Research into the Western Front Experience of the British Soldier, 1914-18', p. 659.
[15] Peter Leese, *Shell Shock*, 2002, p. 33.
[16] Joanna Bourke, *Dismembering the Male*.
[17] Joanna Bourke, "Effeminacy, Ethnicity and the End of Trauma: The Sufferings of 'Shell-Shocked' Men in Great Britain and Ireland, 1914-39", *Journal of Contemporary History*, vol. 35, no. 1, (January 2000), p. 58.

symptoms.[18] While Bourke deeply examines aspects of the causes and manifestations of shell shock and anxiety neuroses there is little in her work illuminating the attitude of comrades to shell shock victims. Michael Roper's *The Secret Battle: Emotional Survival in the Great War* is a close examination of the means by which British troops coped with the mental stresses of the Great War.[19] However, none of these works look in any detail at the attitude of the individual soldier to victims of shell shock.

Publications relating to the experience of New Zealand troops in the First World War have not extensively dealt with shell shock or how troops viewed it. Little writing has sought to understand the changes in the minds of soldiers under the conditions of combat in a New Zealand context, barely challenging the mythical aura surrounding the invincibility of the Anzac. Jock Phillips' *A Man's Country* peels away some myths surrounding the virtue of New Zealand soldiers overseas to frankly discuss drunkenness and sexual behaviour during the war but makes only passing mention of shell shock.[20] Christopher Pugsley's *Gallipoli: The New Zealand Story* mentions the psychological cost of New Zealand's involvement in the Dardanelles campaign almost as an afterthought. However, in an illuminating passage Pugsley relates the bitterness of the broken men returning home to a country, for which they had helped create an identity, the fruits of which they were unable to partake of due to their need to recover from the effort, and this is the reason he ascribes for the silence of veterans in the following years.[21] Pugsley deals with discipline and desertion in *On the Fringe of Hell: New Zealanders and Discipline in the First World War* and touches on shell shock but not the attitudes of individual soldiers to its affects and what they saw it as, although the dichotomy between the views of army authority and the reality of trench warfare is starkly contrasted in relating the execution of shell-shocked Victor Spencer for desertion in 1918.[22] The extent to which there were similarities between the official view of shell shocked soldiers and the view of the soldiers serving with these men has not been examined in any detail in a New Zealand context. Examination of letters and diaries of New Zealand troops reveals a different attitude to shell shock than is seen through works examining the official and army medical views. Bourke and Leese mention a sense of shame felt by shell shock victims that they had 'let the side down' but this is not reciprocated in the writings of their comrades. Mostly, as will be demonstrated below, front line troops viewed the psychologically wounded with empathy and envy; empathy or pity for their condition and envy that they were getting out of the front lines.

[18] Joanna Bourke, *Fear: A Cultural History*, p. 205.
[19] Michael Roper, *The Secret Battle*.
[20] Jock Phillips, *A Mans' Country: The Image of the Pakeha Male, A History* (Penguin, 1986).
[21] Christopher Pugsley, *Gallipoli: The New Zealand Story* (Sceptre, 1990), p. 355.
[22] Pugsley, *On the Fringe of Hell, p*. 261.

There was an element of surprise amongst senior New Zealand commanders and medical personnel in Gallipoli at the discovery that New Zealand soldiers were breaking down mentally, although there were psychological casualties in the BEF being evacuated from France as early as September 1914 and mental casualties among French and British troops in Cape Helles in the Gallipoli campaign. Writings from Gallipoli that described the psychological casualties amongst New Zealanders in the campaign do not use any of the medical terms that were in use in France by mid-1915. Charles Myers was using the term shell shock in February 1915 in an article published in the 'Lancet' and describing the symptoms as 'functional dissociation'.[23] A Regimental Medical Officer (RMO) described the condition of a soldier at Anzac Cove in August 1915, noting,

> "Private … aged 18 undersized, was in one attack on the afternoon of the 26th [Hill 60]. He went forward with his platoon commander and 10 men. They took cover under a hedge" [probably the boy's statement] "the officer told them to fire a few rounds but private… could not discharge his rifle, nor even put it to his shoulder; he was told by his officer to crawl back, which he did. On the evening of the 28th his pulse was 120 his temperature 100 degrees. He could not walk in a straight line, he had violent trembling of the whole body with twitching. He was holding both hands tightly clenched together and on making him loosen them they both shook violently. He cannot sleep, every shot makes him jump or twitch; he says he can never face fire again. This boy may be called a coward, but it is to be noted that he advanced under heavy machine gun fire and did not retire until ordered. I believe his nervous system, like his body, weak in the first place, has been permanently shattered."[24]

Writing as if he is encountering an unknown condition, this RMO is not using terminology associated with functional nervous disorders or other neuroses. In many ways this separate 'discovery' encapsulates the diversity of opinion and multiplicity of the sources of knowledge surrounding shell shock that delayed a definitive medical approach to treatment.

The extent to which knowledge of shell shock was officially imparted through the New Zealand Division is questioned in a 1988 interview with Lieutenant-Colonel Lawrence Morris Blyth, who began his war in 1916 as an enlisted man in the New Zealand Rifle Brigade during the Somme campaign. When asked if he was aware of shell shock during the war he replied: 'No I don't think I was. Not immediately during the war, but... right after the war, when we could sort of think and look

[23] Myers, *Shell Shock in France,* p. 12.
[24] Carbery, *The New Zealand Medical Services,* p. 109.

around'.[25] This response suggests there was no official information given to men in the ranks and that if information about shell shock was available in the newspapers in New Zealand it was not universally or officially disseminated. In light of the distribution of the division magazine *Shell Shocks* and the time Blyth spent in the front where men definitely did succumb to shell shock, to profess no knowledge of shell shock as a possibility in combat raises the question of whether his recollection was related purely to official information he received. That information was not provided to troops relating to the possibilities of psychological injury is not unexpected in consideration of the reluctance of military authorities to legitimise any method of a man being able to remove himself from his unit. Other comments made during the interviews, noted below, indicate Blyth believes he had an understanding of the causes of shell shock and its spread that show more than a rudimentary knowledge during his time in the lines.

Simplistic familiarity amongst troops with the term shell shock and its symptoms through the medium of newspapers inevitably created concern amongst authorities that incidences of malingering through shell shock would increase. The army considered this more likely amongst units where discipline, morale or *esprit de corps* was weak.[26] Charles Myers refers in *Shell Shock in France 1914-18* to complaints by medical officers where individuals used shell shock as a reason to avoid duty. Myers' calls in 1916 for the abolition of the term 'shell shock' coincided with the army's realisation it needed to tighten discipline to minimise the spread of shell shock, as a disease, through units.[27] Malingering and cowardice were anathema to discipline, and there was a tendency for authorities to ascribe shell shock to avoidance of duty. There was concern that 'shell shock' was contagious and that 'hysteria' could be transferred from man to man throughout a unit. Witnesses to the 1922 War Office Inquiry into Shell Shock under Lord Southborough referred to how poor discipline and a tendency for shell shock to occur in 'clusters' in units highlighted the army's view that shell shock was a weakness within a unit rather than as a hazard of war.[28] The need to keep units up to strength, especially in periods where there were heavy losses, made the removal of men from fighting units who had no physical injury an action to be discouraged. The possibility that psychological trauma not accompanying physical injury could be categorised as a legitimate war wound was only recognised very reluctantly by the military hierarchy. Officially, therefore, shell shock remained a condition able to be manipulated into an escape from combat for the weak,

[25] Alexander Turnbull Library [Hereafter ATL], OHInt-0006/12, World War 1 Oral History Archive, Lieutenant Colonel Lawrence Morris Blyth, interview 28th September 1988 and 20th October 1988.
[26] Eric J. Leed, *No Man's Land*, p. 166.
[27] Myers, *Shell Shock in France* p.95.
[28] Luckhurst, *The Trauma Question,* p. 54.

fearful or 'unmanly' and an indication of poor unit discipline.[29] Generals were responsible for keeping as many men as possible in combat and military discipline was used to make examples of those who failed to fulfil their orders.[30] Shell shock was not an accepted excuse or mitigating factor for desertion or other military crimes.

During the Great War the NZEF followed the British Army in organisational and disciplinary practice. The NZMC was developed on closely similar lines to the RAMC following a 1908 review of medical services to the New Zealand Contingent in the Boer War. Psychiatric treatment of NZEF psychological casualties during the Great War also followed the British model, with a reliance on British resources in treatment and processes until patients were repatriated.[31] Official reluctance to release men from combat required medical officers to follow strict guidelines in treating psychological casualties, meaning sick men were kept in their units and not evacuated for treatment. Pugsley notes the view of British commanders in 1916 was that disciplinary measures were to be applied wherever possible to those who had "medical diagnoses of 'Shell shock' or 'Neurasthenia' or 'Inability to stand shell fire'."[32] Leese notes that military commanders and senior medical officers "rejected" shell shock because of the threat to discipline and the effect it would have on morale in small units and the army as a whole.[33] Pugsley observes that by 1917 the French Army was suffering from outbreaks of mutiny in combat units following the failed Nivelle offensives and that the British High Command was resorting to harsher disciplinary measures against deserters and malingers to avoid mutiny spreading into British and Dominion armies.[34] Copying the British model for management of psychological casualties, the ADMS for the NZEF adopted a restrictive definition of shell shock, instructing medical officers that physical damage conducive to proximity to explosives must exist for an individual to be suffering legitimate psychological damage.[35] This attitude is criticised in *The New Zealand Medical Service in the Great War 1914-1918* as being contrary to best medical practice and Carbery goes further in noting that the premise that shell shock required injury was disproved by Wilshire by the beginning of 1916, prior to the ADMS issuing this restrictive policy.[36] The men retained had to be utilised in any way possible, allocating psychologically damaged men to support or logistics roles less onerous than full duty. However, this was done in an ad hoc manner dependent on each unit's circumstances and the personal attitudes of commanding officers.

[29] Bourke, *Dismembering the Male*, p. 112.
[30] Pugsley, *On the Fringe of Hell,* p. 296.
[31] Carbery, *The New Zealand Medical Services*, p. 8.
[32] Pugsley, *On the Fringe of Hell,* p. 182.
[33] Leese, *Shell Shock* p. 30.
[34] Pusgley, *, On the Fringe of Hell* p. 205.
[35] Weaver and Wright, 'Shell Shock and the Politics of Asylum Committal', p. 23.
[36] Carbery, *The New Zealand Medical Services,* p. 319.

Shame

"…seems afraid of himself that he will not be able to hang out'."[37]

Army command, at best, saw shell shock as a nuisance and threat to discipline and at worst as an opportunity for malingering and cowardice. Shephard quotes Sir Hubert Gough, the Reserve Army Commander in 1916, as saying that it was "inconceivable" that men could "degrade themselves" and show an "utter want of manly spirit and courage" by succumbing to shell shock.[38] Anzac commanders, as early as August 1915, had concern about the number of fighting men unable to function effectively but not ill enough to be evacuated.[39] In Gallipoli manpower was an issue and in France maintenance of discipline and morale was an additional concern. A means by which the army attempted to counter shell shock was through instillation or reinforcement of 'masculine virtues' which bonded the individual soldier to their comrades.[40] Bourke in *Dismembering the Male* indicates that pride in the reputation of one's unit was a means of keeping soldiers from desertion or self-mutilation.[41] This translated into a pride in being a New Zealander in the NZEF and this was used by General Andrew Russell as a means of engendering *spirit de corps*, and in an attempt to make 'shirking' a transgression against the group as a whole.[42]

Leese writes that both army authorities and individual soldiers saw shell shock, or any form of mental disintegration, as shameful.[43] Shame is a common emotion in psychological casualties, from the thought that through some form of personal weakness the victim has let their friends down. Shame was a response encouraged as a traditional means of pressure originating from within the unit in maintaining conformance to the standards of the group and to maintain unit cohesion and discipline. There is, therefore, evidence that the use by senior officers of *esprit de corps* and discipline as a means of minimising psychological casualties was manifested by utilising an individual's sense of shame.[44] The realities of combat however, proved that shame, as well as disciplinary measures, were ineffective in preventing psychological casualties.

Soldiers treated shell shock as a normal hazard of combat in the Great War. It was considered that there was no less of a chance of breaking down mentally than there was of being killed or wounded

[37] Archives NZ, Wellington, MS8794, Horne Collection, Lieutenant Walter Horne, letter to Family [henceforth Horne letters], 4 December, 1916.
[38] Shephard, *A War of Nerves* p. 43.
[39] Carbery, *The New Zealand Medical Services,* p. 109 .
[40] Leese, *Shell Shock*, p. 30.
[41] Bourke, *Dismembering the Male*, p. 97.
[42] Pugsley, *On the Fringe of Hell*, p. 185.
[43] Leese, *Shell Shock* p. 45.
[44] Shephard, *A War of Nerves,* p. 25.

by enemy fire. There was a sense of normalcy about the possibility of a psychological wound in the circumstances of trench warfare and victims were treated no differently by the men in the lines than were the physically wounded. Desertion or self-inflicted wounds were a desperate resort but these were counter to the instincts of most men, whose comradeship and sense of duty kept them in their units. Therefore the shame of letting their friends down meant that a wound was the only chance of respite from the situation in which they found themselves. In *Troop Morale and Popular Culture in the British and Dominion Armies 1914-1918,* Fuller discusses the bonds that held a man to his unit, wherein membership in a group became the overriding means of keeping men in the lines in order not to let the group down.[45] Leaving the lines without a physical wound caused shame in the individual who was leaving the group unit to carry on without him. However, there is evidence to suggest that any sense of shame was held only by the psychological casualty, and was not necessarily reciprocated by those left in the lines. It was recognised that all men have a breaking point and that the conditions of war pushed men to that point. Pugsley quotes the diary of Captain G. A. Tuck of the Auckland Infantry Battalion: "tis[sic] a knowledge of these things, and of seeing good men flinch... when their nerve is gone – that hangs like a waiting beast on its opportunity".[46] The arbitrary nature of the onset of shell shock precluded holding individuals in contempt for breaking down as there was a probability that any individual could succumb at any time.

The attitudes of soldiers to psychological casualties were generally sympathetic on the basis that in the front line there was as much chance of one man getting wounded, in whatever manner, as another. Captain Harry Dansey writes in 1917, to his fiancé: "The very idea of returning home broken down in health & perhaps in spirits too are conditions I sometimes dwell upon with feelings of profound dread... I have been more than fortunate certainly for had I not come to the corps I must have broken down in the trenches."[47] Dansey continually exhibits a high moral stance and often seems to be pleased that he has not lowered his personal standards. For him to determine that he is potentially able to become broken in health or spirit, the same as the next man, gives an indication of the frequency and normality of the possibility of succumbing to shell shock. Also in 1917, but prior to Passchendaele, Lieutenant Walter Horne writes to his family of being sent to a rest home for 'war worn officers' after being on the 'border of collapse':

> "Word came through Brigade that two war worn officers were to be sent here for a couple of days spell each & as two were expecting to go on leave shortly, it fell to Mr

[45]J.G. Fuller, *Troop Morale and Popular Culture in the British and Dominion Armies 1914-1918*, (Oxford University Press, 1990), p. 22. This is discussed further in Chapter Five.
[46] Pugsley, *On the Fringe of Hell,* p. 184.
[47] Dansey letters, 29th October 1917.

> Ashbys & my lot to come here & as we were both on the border of collapse (?) [sic] We tossed for it & I lost so he has been down for his & gone back & now I am here. I thought it would be a good chance to get through some of my correspondence…"[48]

While Horne is being slightly ironic in tone in this letter, he indicates no shame nor is he indignant that he was judged as mentally 'collapsing'. There is a matter of fact tone in his writing in relation to combat stress, even when making allowances for the possibility he is sparing his family's feelings by making light of his situation. Lance Corporal Henry Thomas Norton of the Otago Infantry Regiment writes in July 1916, of Dan Flour 'cracking up'. "He has not got strong nerves & is highly strung. I feel so sorry for him, poor beggar he tries hard to hide it".[49] Norton himself holds a positive attitude and a determination to fight the enemy. He notes with sympathy the breakdown of his friend and the lack of help he received from the officers of his unit, who themselves were newly arrived in France and do not know Dan Flour or his past record. Corporal Claude Wysocki of the 2nd Rifle Brigade said when interviewed in 1988 that "You often heard instances of chaps you knew go fairly off the rocker."[50] Wysocki is describing the means by which his unit dealt with a shell shocked soldier: "They didn't know what to do with Cormack. Cormack was given the job of batman to Major Murphy.... They eventually did the right thing and sent him back to base."[51] Assigning Cormack to a relatively soft role as batman rather than initiating harsher measures suggests there was sympathy towards afflicted men. Horne also writes sympathetically of his friend Herb Bellamy in December 1916, who "cannot get some of the sights of the push off his mind & seems afraid of himself that he will not be able to hang out".[52] There is no condemnation of psychological casualties from any of the men writing to their families or friends and the possibility of succumbing to shell shock is treated as a fact of life by those under bombardment.

Envy

[48] Horne letters, 2nd July 1917.
[49] AWMM, MS2004/16, Norton Collection, Sergeant Henry Thomas Norton, letter to Wife, 2nd July 1916.
[50] Claude Shennan Wysocki, Interview 22 October 1988, Oral History Archive, ATL, OHInt-0006/84.
[51] *Ibid.*
[52] Horne letters, 4th December 1916.

"Cheero, and long live the men who go home with neuralgia."[53]

Letters from junior officers and enlisted men who were in the front lines suggest there was no difference in the way they felt about the 'luck' of men getting a 'blighty' wound compared to shell shocked men being evacuated. The tone of soldiers referring to those sent home for psychological wounds, in fact most wounds, was almost one of envy that they had managed to 'work' their passage out of battle. Horne wrote: "When a man hears of a chap being sent to N.Z. it almost makes him envy him his weak constitution".[54] The concept of envying the wounded was not uncommon in men looking to get away from the stress and horror of combat. Bourke quotes British soldier Bert Conn stating in his memoirs that: "many men would willingly have sacrificed an arm or leg to have been able to get out of it."[55] Dansey writes to his fiancé in June 1918, following the German offensive, that "as you said in one of your letters "everything seems so wired up". It is no wonder many valiant fellow [sic] loses his power of reason & it is much easier sometimes to die than to live. Certainly oblivion is a veritable paradise to many."[56] While hoping for death was an extreme response, there was nevertheless often envy on the part of those troops remaining behind for those who had sustained a 'blighty', a wound or illness serious enough to require repatriation home but not severe enough to seriously or permanently incapacitate the man. Considering Dansey is writing to someone whom he presumably wants to see him as manly and valiant, for him to write of others contemplating ending their own lives rather than carry on in the circumstances, shows how wretched the situation had become, and that getting a 'blighty' was considered a comparatively good way out. Private Morton of 2nd Wellington Infantry Regiment writes in October 1918, of his pal Frank Andrews being repatriated to New Zealand: "I believe he worked it on his heart" and "the last time I was with him there did not seem much wrong. Good luck to him anyhow and I hope I will soon be able to follow his lead."[57] Envy at leaving France is obvious, despite the serious nature of the illness Andrews suffered. Owen alludes to this in 'The Chances' with the lines "Now me, I wasn't scratched, praise God Almighty, (Though next time please I'll thank 'im for a blighty)."[58] Horne writes a passage in December 1916 that encapsulates a range of the views inherent in the writings of troops who are there to do what they see as their duty but would be happy to be elsewhere:

[53] R.C. Sherriff, *Journey's End* (Brentano Publishers, 1929), Act 1.
[54] Horne letters, 4th December 1916.
[55] Bourke, *Dismembering the Male*, p. 63.
[56] Dansey letters, 13th June 1918.
[57] AWMM, MS92/24, Martin Collection, J. Morton, Letter to Montague Martin, 16th October 1918.
[58] Owen, 'The Chances'.

> "but I suppose we ought to be jolly glad we are strong enough to do some more for the country but when you sit in the bottom of a trench when theres [sic] a strafe on you feel inclined to envy a crossing guard or anybody at all as long as hes [sic] out of it."[59]

A soldier's compulsion to remain in the face of danger was explained through the desire of the individual not to forfeit the sense of belonging they felt as part of a group unit and betray the trust of their comrades. If a man had shown he was willing to face the dangers the group was subjected to he was treated with understanding and sympathy if he broke down. Those that did not attempt to do their duty, by contrast, were condemned by their peers. Dansey writes of his disdain for stragglers in a letter in April 1918, "Stragglers... are men who in times of stress are found with their backs to the enemy... while those who do their duty are left to fight or die."[60] In this instance Dansey is discussing British troops retreating during the *Kaiserschlacht* of March and April 1918. In the same passage Dansey also notes; "there were four N.Z'ders [sic] & when trial [sic] by Court Martial were let off because it was a legitimate case of losing their whereabouts." In this letter Dansey writes of the poor material the British Army was enlisting at that stage of the war, making a poor comparison to colonial troops in France. Those who carried on despite their fear were not derided but looked at with sympathy. Martin Brown of the Auckland Infantry Battalion writes to his mother that he felt "[it] was really grand to see the way some fellows...although frightened and nervous do their best to disguise the fact and carry on to the best of their ability."[61] In conjunction with the attitude that men can break mentally at any time under the stress of combat there was no shame directed at those who could not stand the strain as long as they attempted to do so and took their chance the same as those they left in the lines.

William Hutchison, interviewed in 1988, relates how he was pushed into reporting sick by his gun crew and resisted because of the number of physically wounded men there were at the dressing station at that time. This followed an action as Hutchinson relates that there was a 'fifty yard' line of stretchers outside forward dressing station. "Well I couldn't very well push my frame in and say hey what's wrong with me? But it was obvious to the rest of the crew that there was something wrong with me."[62] Dansey refers to a Captain Ball breaking down after a short time in France and being surprised as "I felt quite sure he would be quite a success", then notes that it is "exceedingly strange

[59] Horne letters, 4th December 1916.
[60] Dansey letters, 24th April 1918. Harry Delamere Dansey later became Mayor of Rotorua in 1941, a year before his death in 1942.
[61] AWMM, MS1176, Brown Collection, Martin Brown, Letter to Mother [henceforth Brown letters], 20th June 1917.
[62] William Norman Hutchinson, Interview 20 September 1988, Oral History Archive, ATL, OHInt-0006/41.

how men from whom one would naturally expect to do well in war fail dismally" and "others who in peace days receive but the most uncharitable comments become moral giants."[63] Private Wilfred Davies of the Otago Regiment recalls in an interview in 1988 "some chaps couldn't take it like others you could see. Well it didn't affect me... I used to get a bit scared".[64] Davies hints at being a little pleased that he was not afflicted but shows no contempt for those that did suffer. None of these men recorded exhibiting any approbation towards their companions if they broke down after a period of action.

The army attempted to weed out the mentally unfit during the recruit training process to avoid placing psychologically unsuitable individuals in combat units, within the constraint of the constant need for reinforcements. The vetting process was not always effective and some unsuitable men were sent overseas as they had not broken down in New Zealand or were included as they were needed to make up numbers.[65] British psychological medical practices initially differed in the treatment of officers and men, as they did in the New Zealand forces, where social class differentiated diagnoses and treatment, leaving the probability that treatment was dependent on a man's social position prior to the war.[66] Attempting to translate traits and personality prior to military service into the likelihood of succumbing to war neuroses was a process tinged with 'socio-cultural' subjectivity.[67] This contrasts with ordinary soldiers who believed that any man could fail dependent on the circumstances in which they found themselves. Notwithstanding this, there are several references in letters to 'highly strung' people being susceptible to psychological trauma, where they were known to the writer before combat or enlistment. Tahu Rhodes, a staff officer in New Zealand division Headquarters writing to his mother in January 1917 about the repatriation of his friend Charlie Shaw, notes that 'I don't think war suits very musical people, they are too highly strung for it.'[68] Myers suggested that men who had a 'feebler intellect' had less resistance to emotional stress than the 'highly intelligent person'.[69] Lawrence Blyth, a Lieutenant in 1918, was asked in 1988 if there were many people who couldn't cope with trench warfare and replied: 'Confined in a narrow place, subjected to all this bombardment...If your nerves are not good or if

[63] Dansey letters, 21st August 1918.
[64] ATL, OHInt-0006/21, Oral History Archive, Wilfred Davies, interview 4th December 1988.
[65] Pugsley, *On the Fringe of Hell*, p. 217.
[66] Bourke, 'Effeminacy Ethnicity and the End of Trauma', p. 62.
[67] Bourke, *Dismembering the Male*, p. 112.
[68] MacMillan Brown Library, MS148, Rhodes Collection, Tahu Rhodes, Letter to Mother, 1st January 1917. Then Lieutenant Tahu Rhodes was assigned as *Aide-de-Camp* to Lieutenant-General Sir Ian Hamilton on his inspection tour of New Zealand armed forces in 1910. Rhodes also served on Godley's staff during the Gallipoli Campaign, being evacuated with enteric fever in July 1915.
[69] Myers, *Shell Shock in France,* p. 38.

you are a type that just can't take it, you break up on the thing.'[70] This view allows for a man who had been previously strained or wounded to be as likely to succumb to mental strain as the man who was naturally predisposed to nervousness. Martin Brown writes home in June 1917 that: "The front line is the place to see what a man is like. Men who are wild and thoughtless in training pull themselves together and often make the very best of mates in the firing line."[71] The argument that prior characteristics determine a likelihood of succumbing to war neuroses seems dependent on the circumstances of the trauma the individual undergoes, precluding a tendency of any particular character type to break down. The normalcy of war neuroses as a cause of casualties was not officially accepted by authorities, causing attempts to combat its spread to seem unnecessarily harsh.

There is a dichotomy between the views of war neuroses reflected in the official position, which focused on keeping enough men in the fighting lines to win the war, and the actual realities of war neuroses for the men who are struggling to stay alive in conditions of extreme mental stress and fear of life and limb. Both of these points of view are legitimate in a time of war and national crisis. Attempts to use traditional methods of discipline and instilling e*sprit de corps* into newly volunteered or conscripted units failed to hold back an increase in the incidences of shell shock. Living in the same conditions as those who could not cope, seeing men who were solid fall to pieces under repeated bouts of stress, gave the soldier a conception of shell shock that was not available to those who had not experienced those conditions. *Esprit de Corps* and military discipline could only partially work with a literate and informed soldiery, as the concept of shell shock was in the public domain before many of the men enlisted and were actually exposed to the conditions that engendered mental breakdown. A sense of shame held by the victim in being 'shell shocked' was not reciprocated by the men left in the unit as they recognised that it was inevitable that some would break down mentally. Any sense of shame was left for the individual, who only knew themselves whether or not they had given their full measure.

Those remaining in the lines did not exhibit signs of betrayal or disappointment towards those who were sent back for mental reasons. There was an expectation from high command that a unit should have a sense of shame some of its members were breaking but this expectation was not met by the troops themselves. Despite shell shock being a relatively modern phenomenon it was soon apparent that it was an inherent part of combat in the Great War. 'The Chances', written by Wilfred Owen who was killed in action in November 1918, encapsulates the normality of mental trauma as a

[70] ATL, OHInt-0006/12, World War 1 Oral History Archive, Lieutenant Colonel Lawrence Morris Blyth, interview 28th September 1988 and 20th October 1988.
[71] Brown letters, 20th June 1917.

component of the Great War, expressing shell shock – "feeling mushy" – as an equal chance of the outcome of combat as survival, death, physical wound or capture.[72] In expressing shell shock as just another means of becoming a casualty in a set of possible outcomes Owen provides a clue to the views of the ordinary soldier that is not coterminous with that of the official histories of the Great War or the memoirs of commanders.

[72] Owens, *The Chances.* See Frontspiece for complete poem.

Chapter Four

Between the Wars

Introduction.

"It would astonish the public, just as it astonished the military authorities, and even the medical profession generally, to find how deeply the psychological factor has bitten into the disability framework, and how widely it has ramified through its manifestations."[1]

New Zealanders that volunteered on the outbreak of war in 1939 were products of their society and while their motivations for enlisting were varied and complex, they carried with them the attitudes of their communities. The attitudes that these men formed towards psychological casualties originated from a combination of the prevalent views in their communities towards mental illness and the products of their training and service in the armed forces. The Great War was still within living memory in 1939 and recollections, both private and collective, were still relatively fresh. Society's perceptions of returned soldiers, and those who had not returned, changed little through the inter-war period. The public glorified the dead and returned soldiers were lauded, even through the social disruption of their poor assimilation back into their communities that was often signified by judicial activity. The general perception New Zealanders held of their veterans was, by the end of the 1930's, a reverence for the achievements of the 'glorious dead' buttressed by misunderstanding of the realities of their experiences. The veterans did not speak clearly for themselves, leaving their stories to be told by the official histories or the generals and politicians. The legend of the Anzac was entrenched in public memory by the time of World War Two and the men who went away to that war were generally unaware of the realities of the experiences of the previous generation. Any discussion of New Zealand psychological casualties in World War Two must, therefore, be rooted in the effects the Great War had on the psyche of the nation as a whole.

There are several major themes associated with 'shell shock' following the Great War that affected the attitudes of 2NZEF soldiers. Firstly, shell shock as a disease entity contributed to changes in the manner in which mental illness was viewed and treated in New Zealand. Publicising of poor facilities for treatment of returned men, developments in treatment and problems of reintegration of veterans back into their communities meant that shell shock was frequently in the public forum.

[1] 'Treating Shell Shock. The Psychological Factor', *Hawera and Normanby Star,* 3 January, 1920, p. 3.

Shell shock forced a re-evaluation of public attitudes towards mental illness as realisation developed that it was not determinate on heredity, upbringing or class. Freudian theory grew in popularity within the medical fraternity, and with the public, as it became less suspect for its sexual-conflict basis and non-British origins. Successes in treating afflicted soldiers proved the effectiveness of psychoanalytic treatment of shell shock and raised its status as a branch of medicine.

The second theme is the interest of families and friends of soldiers in their experiences during the Great War in order to understand changes in the men themselves. There was little in the art or literature that emerged immediately following the armistice that showed the actual life of a soldier other than official histories or reminiscences of generals and politicians. Newspaper reports extolling the heroism of their men were not sufficient explanation for the mental or physical condition in which many soldiers returned home. The men themselves seldom spoke of their time away other than to those who had served with them. Not until the end of the 1920's did any significant literature emerge that opened this closed world. By then, however, these works were a challenge to the public image of the 'Anzac hero' that had been established in the meantime.

Thirdly, because less than a generation had passed between the two World Wars, there was a 'personal connectivity' between the men of NZEF and 2NZEF, affecting the manner in which psychological casualties were viewed in 2NZEF. Men who led 2NZEF had either served in the Great War or were descendants of men who had. The leadership of 2NZEF and the New Zealand Defence Staff leadership had been junior officers during the Great War and had experience of the psychological stresses soldiers encountered in combat. Additionally, those men who were descendants or relatives of Great War veterans had seen the physical and mental effects of service. The combination of these three factors; social change resulting from public conceptualisation of shell shock, the influence of literature and art emanating from the Great War and personal contact with Great War veterans, must be assessed for their effect on determining the attitudes towards psychological casualties in 2NZEF.

The Southborough report was significant because it was the first authoritative official paper made available to the public describing shell shock, how it affected soldiers, how the authorities treated it and how it could be avoided. The formation of the inquiry and its conclusions were reported extensively in New Zealand newspapers, with editorial views and depth. The *Evening Post* printed an extensive summary of the report's main points.[2] The report specifically noted that contraction of shell shock was not related to class or upbringing, which eroded the argument that predisposition

[2] 'Shell Shock', *Evening Post,* 4 November, 1920, p. 10.

was based on heredity or environment.[3] When officers began breaking down in proportionally greater numbers than their men, who were ostensibly from the lower classes, there was greater realisation that causes of neurosis was not dependent on class or social standing. [4] Recommendations for prevention included improving training to maintain morale, psychological screening of recruits and the provision of specialist training for military doctors in the study of psychological disorders. The report also noted routine rest was necessary for minimisation of psychological injuries, and that men who were showing signs of nervous breakdown or exhaustion were to be rested and convalescent units established.[5]

Taking a more socialist viewpoint the *NZ Truth* reported the enquiry briefly but emphasised the point that the report noted that execution of shell shocked men for cowardice was justified, even if it was beyond the individual's control.[6] Alternatively, the *Northern Advocate* reported aspects of the report that confirmed the theories of predisposition to nervous disorder in victims; "An enormous proportion of those who broke down, said Dr. F. B. Fanning, had been neurotics previously and resented military service…" and "… that the stress of fear rarely produced insanity in the stable man, but that it acted as a factor upon those with a predisposition."[7] These newspapers edited the report to highlight specific issues that supported their own political or editorial viewpoints.

Shell Shocked Men Returned to New Zealand

"The stigma is not one that should be applied to returned soldiers..."[8]

Prior to the Great War mental illness was believed to be predominantly a hereditary trait, causing families to carry the stigma of a mentally ill family member within the community. Peter Boston addresses this in his thesis *A Bacillus of Work,* which argues that views of hereditary predisposition suited both the army, which held that predisposition limited the liability of war service for

[3] Ted Bogacz, 'War Neurosis and Cultural Change in England, 1914-1922', p. 249 and Stone, 'Shellshock and the Psychologists', p. 251

[4] Shephard, *A War of Nerves,* p. 75. This is further explored in Ted Bogacz, 'War Neurosis and Cultural Change in England, 1914-1922: The Work of the War Office Committee of Enquiry into 'Shell-Shock'', *Journal of Contemporary History,* 24:2, (April, 1989), p. 250, where the implications on the upper classes of mental breakdown of the public school educated 'leadership' being no different to those that were the 'led' are discussed.

[5] 'Shell Shock', *Evening Post,* 4 November, 1920, p. 10.

[6] 'Shell Shock', *NZ Truth,* 7 October, 1922, p. 1.

[7] 'Shell Shock a Misleading Term", *Northern Advocate*, 27 October, 1922, p. 7.

[8] 'Shell-Shock Cases', *Poverty Bay Herald,* Issue 14980, 6 August 1919, P. 9.

psychological injury, and the public, who did not have to consider that the 'epitome of New Zealand manhood' could succumb to mental stresses.[9] Mental health authorities in New Zealand believed that hereditary factors were the major cause of neuroses. The 1919 report of the Inspector General of Mental Hospitals, Frank Hay, states,

> ''Past experience has demonstrated that a man of sound mind, fighting honestly for a cause, will face dangers and undergo great privations without losing his mental balance. He may pass through terrible anxieties, but they are seldom for himself, and he is maintained by a normally reacting mental and moral exaltation, which sweeps away petty vanities and vexations, widens his horizon to include his comrades, and directs his thoughts and energies for the general good. It is different with those predisposed to mental disorder. Even with the best of intentions on their part, one expected, especially where this predisposition was marked, that the adjustment to unexpected changes of environment, possibly short of service at the front, would prove a disturbing factor. With instability of lesser degree many may come through all right, but they are playing with gunpowder."[10]

Psychiatric medicine, not psychology, dominated mental health treatment in New Zealand. Boston makes the point that hereditary predisposition towards neurosis as a concept was bolstered by the fact that the psychiatric doctors were usually from the wealthier classes within New Zealand, while patients were not – "the working class were more easily afflicted".[11] Gwen Parsons' paper 'The Construction of Shell Shock in New Zealand, 1919-1939: A Reassessment' shows that the psychiatrists in New Zealand's mental institutions resisted psychoanalytic therapies as a threat to their methods and systems.[12] The return to New Zealand of doctors trained in psychotherapy enabled the treatment of afflicted veterans in newly established specialist shell shock centres in Auckland, Seacliff and Hanmer in the methods that had evolved during the war. The compromise of separation of civilian and military patients enabled psychotherapeutic treatment to be administered to military patients without compromising treatment offered to civilian patients in the same facilities.

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[9] Peter J. Boston, *The Bacillus of Work: Masculinity and the Rehabilitation of Disabled Soldiers in Dunedin, 1919 to 1939* (BA(Hons) Thesis, University of Otago, 1993), p. 27.
[10] Mental Hospitals Department, 'Annual Report', *Appendices to the Journal of the House of Representatives* (Wellington, Government Press, 1919), H-7, p. 27. Hereafter references to the *Appendices to the Journal of the House of Representatives* will be abbreviated to *AJHR* followed by the title, year, section and page number.
[11] Boston, *The Bacullus of Work*, p. 28.
[12] Gwen A. Parsons, 'The Construction of Shell Shock in New Zealand, 1919-1939: A Reassessment', *Social History of Medicine* Advance Access (September 2012).

Separation of military and civilian patients in mental facilities was maintained not only to separate the method of treatment but to appease the sensibilities of patients' families. Stigma attached to having a mental patient in the family was felt strongly due to connotations of hereditary cause. The RSA and regional Patriotic Societies lobbied persistently to have returned soldiers separated from the general population of mental facilities. By 1917, facilities were established in both islands to exclusively to treat veterans.[13] Exceptions to isolated treatment were "only with a few civilian patients in a like mental condition and companionable" in Karitane House at Seacliff Mental Hospital.[14] Use of psychoanalytic therapies for civilians suffering neuroses indicates recognition of the benefit of this methodology and the similarity of the illness in military and civilian contexts. The return of psychological casualties to New Zealand drew attention to the condition of mental facilities and the status of wounded soldiers in the community. Admission of shell shocked soldiers into general wards of mental institutions was abhorrent to their families and the nascent RSA.[15] However, the admission of shell shocked men into the mental health facilities exposed the staff to psychotherapy and a means of gauging its effectiveness.[16] This had later ramifications in advancing psychotherapeutic methods in a civilian context, especially following admission of civilian patients to military wards at Seacliff.

The stigma associated with mental illness was broken somewhat by the view that volunteer soldiers, seen as the epitome of the nation's manhood, should be sheltered from association with the institutionalised mentally ill. Placement in separate facilities made clear the differentiation between those who had become 'national icons' through heroic military service and the stigmatised mental patient.[17] Specialist facilities for treatment of shell shocked men had been established in main centres during the war but Queen Mary Hospital in Hanmer was established as the single treatment centre by the end of 1921.[18] Queen Mary was used to treat only those likely to recover and so had a relatively high turnover of patients as those not responding to treatment were committed to mental hospitals under the Mental Health Act.[19] Treatment at Queen Mary was based on psychotherapeutic methods pioneered in the Great War. Staff were trained at Maudsley Hospital and other facilities in Britain using psychoanalytic methods for treatment of neurosis as opposed to traditional psychiatric

[13] Weaver and Wright, 'Shell Shock and the Politics of Asylum Committal in NZ', p. 20.
[14] Susan Fennell, *Psychiatry and Seacliff: A Study of Seacliff Mental Hospital and the Psychiatric Milieu in New Zealand, 1912 – 1948* (BA(Hons) Thesis, University of Otago, 1981), p. 38. Also in *AJHR*, Report on Mental Hospitals, 1919, H-7, p. 27.
[15] Weaver and Wright, 'Shell Shock and the Politics of Asylum Committal in NZ', p. 19.
[16] Fennell, *Psychiatry and Seacliff*, p. 38.
[17] Gwen A. Parsons, '*The Many Derelicts of War?*', p. 107.
[18] Parsons, 'The Construction of Shell Shock in New Zealand, 1919-1939', p. 7.
[19] Between June 1919 and December 1921, 1,134 military patients had been treated in Queen Mary Hospital. In 1922 the average length of stay was 71 days with a total of 480 individuals admitted for treatment and 82 remaining at the end of the reporting period. *AJHR*, Department of Health Annual Report, H-31, p. 19.

methodology used in mental facilities in New Zealand.[20] The Southborough report raised the profile of Freudian theories of psychoanalysis in public, ironically by rejecting it as a basis for treatment of neurosis, but at the same time promoting treatments that were to all intents and purposes Freudian in method.[21] The high success rate in Queen Mary strengthened acceptance of psychotherapy as a treatment method for neuroses. By the end of 1922, military patient numbers had reduced to a level where administration of Queen Mary Hospital was transferred from the Department of Defence to the Department of Health and civilian patients were being accepted.

Newspapers

"'Oh, shell-shock has died by this time, surely?" quoth his Honor."[22]

Newspaper articles in New Zealand relating to shell shock mostly consisted of two main types; features relating to the medical aspects of shell shock which touched on treatment methods or scientific progress, and articles that reported re-assimilation issues of shell shocked veterans though the courts, suicides or human interest stories. Both types of article were overwhelmingly sympathetic and their overall effect was to normalise shell shock as a consequence of war. Newspapers provide a useful insight into how New Zealand society viewed the veteran and those suffering mental illness resulting from their war service. All major urban centres had at least one daily newspaper and rural and provincial centres had papers covering local interest and often copied or edited articles from the major dailies. The *New Zealand Yearbook* of 1920 records 240 newspapers or magazines being printed in New Zealand in 1919, comprising 62 daily editions and the balance being printed from thrice-weekly to monthly.[23] Newspapers comprised the most important means of dissemination of public information until radio transmission became generally available to the public from 1926.[24] Issues arising from using newspaper articles as a source are the possibility that bias, if any, of the newspaper's owners and editors are generally undeterminable unless there is a specific pattern in the reports emanating from a particular journal. Most of the provincial newspapers utilised as sources in this paper repeated stories, occasionally edited, from the major city dailies.

Several of the specific interest newspapers had national distribution. The *Maoriland Worker* was produced by the socialist wing of the Labour Party, taking a radical view of politics and social issues

[20] Weaver and Wright, 'Shell Shock and the Politics of Asylum Committal in NZ', p. 32.
[21] Ted Bogacz, 'War Neurosis and Cultural Change in England, 1914-1922', p. 250.
[22] 'Shell Shock', *NZ Truth,* 17 February, 1923, p. 1.
[23] *New Zealand Official Yearbook*, 1920, Section 14, Postal and Telegraphic, Newspapers. Accessed from http://www3.stats.govt.nz/New_Zealand_Official_Yearbooks/1920/NZOYB_1920.html
[24] *New Zealand Official Yearbook*, 1927, Section 14, Postal and Telegraphic, Newspapers. Accessed from http://www3.stats.govt.nz/New_Zealand_Official_Yearbooks/1927/NZOYB_1927.html

until its demise in 1924.[25] *NZ Truth,* published in Wellington, focused on politics in a tabloid format that targeted corruption and "reported the unseemly aspects of life in immoderate prose."[26] Although there were different areas of focus in the various newspapers published in New Zealand, there is little difference in their general stance to the rehabilitation and treatment of returned soldiers. The tone of newspaper articles was overwhelmingly sympathetic towards psychological casualties. Frequent references in the court pages of barristers utilising shell shock as a mitigating factor helped normalise, through repetition, shell shock as a consequence of war service.

The theme of sympathy belies modern memory that portrays veterans struggling to secure welfare rights. Gwen Parsons illustrates the difference between this perception and reality in 'The Construction of Shell Shock in New Zealand', arguing that difficulties shell shocked men had in recovering and readjusting were more the result of an administration overwhelmed by the scale of the problem than lack of intent.[27] This view is supported by the lack of condemnation from within the community towards mental illness suffered by veterans. As evidenced in the attitudes of soldiers towards shell shocked comrades, any shame and guilt attached to the mental illness aspect of shell shock was held more by the victim than others and this is repeated in the community.

Newspaper reports of New Zealand veterans who had committed suicide appeared regularly from 1919, as did sensational suicides from overseas.[28] The *Observer,* in December 1920, noted the RSA Dominion Executive had highlighted the rate of suicides amongst veterans and "that the proportion of suicides and sudden deaths among returned men has been above the civilian rate. It is a very sad thing but inevitable."[29] Newspapers reporting that suicides were veterans, irrespective of its relevance to the story, gave prominence in the public mind that veterans were more susceptible than the general population. The Observer article reporting the RSA Dominion Executive continued, "The public does not realise how many returned men there are who, without much outward sign, are suffering daily on account of their war service."[30] This sentiment was also reflected in the *Maoriland Worker* of 28 April 1920, which called for creation of the system voluntary committal to mental institutions of the veteran "...with unfortunate results to his bodily and mental condition..."

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[25] Papers Past website, *Maoriland Worker* thread, URL: http://paperspast.natlib.govt.nz/cgi-bin/paperspast?a=d&cl=CL1.MW&essay=1&e=-------10--1----0--

[26] Papers Past website, *NZ Truth* thread, URL: http://paperspast.natlib.govt.nz/cgi-bin/paperspast?a=d&cl=CL1.NZTR&essay=1&e=-------10--1----0--

[27] Parsons, 'The Construction of Shell Shock in New Zealand. 1919-1939: A Reassessment'.

[28] For example; The *Evening Post* of 13 October, 1924 (also the *Auckland Star* and *Hawera and Normanby Star*) a murder – suicide was reported from Queensland, Australia involving a shell shocked veteran. Also, the *Auckland Star* of 26 April 1930 reported in detail on the inquest of the suicide of the veteran son of English peer.

[29] 'Suicides and Sudden Deaths', *Observer*, 11 December, 1920, p. 20.

[30] *Ibid,* p. 20.

from war service.[31] This *Maoriland Worker* article also notes the need for specialised care to ameliorate the high rate of suicides amongst returned servicemen. However, there was doubt whether there was a higher rate of suicide among veterans than in the general population. In his autobiography, Major-General Fred Bowerbank, DGMS of the NZMC, records that he was requested in 1919 to compare the suicide rates of veterans against rates within the general population and found there was no statistical difference.[32] Despite doubts as to the accuracy of high suicide rates of veterans, it was highlighted it as an issue in the public mind and the call in the *Maoriland Worker* and other publications for a system of voluntarily admittance on a temporary basis predates its actual introduction by several years.

Shell shock as a legacy of war was regular subject matter for newspapers, and was covered with sympathy because the public realised the mental consequences of war hindered veteran's re-assimilation back into their communities. Pugsley relates the difficulties veterans had in reclaiming their old place in society, notably with employment difficulties and broken marriages.[33] Often disillusioned that they could not reclaim their lives from the point of their enlistment, they were now trained in military skills that were mostly irrelevant to civilian employment, a conclusion the Ex-Soldiers Rehabilitation Commission Report of 1930 reached. [34] These conclusions are very similar to the Pensions Department Annual Report of 1924.[35] The *Ashburton Guardian* and the *Auckland Star* carry an article from the British *Daily Mail* from December 1919 relating to the number of crimes attributed to shell shocked veterans, indicating the perception is exaggerated.

> "Many of the men now mentally upset and perhaps committing offences against the law, went into the war without believing in its necessity. In them there was a continuous psychological contest going on and they became victim of 'shell-shock'. But if such a man … had a powerful reason for fighting and probably would have escaped 'shell shock'….my conclusion is that the only remedy is to let the law take its course. Too much sympathy is destructive of moral fibre: only fear will keep the after-war neurotic on a straight course." [36]

[31] 'Shell Shock Cases', *Maoriland Worker,* 28 April, 1920, p. 4. This article refers to an ex-soldier who had been seen behaving erratically and was later found dead in Auckland harbour. The man was reported to the police but was unable to be held or committed as he was insufficiently ill to be detained under existing legislation.
[32] Major-General Sir Fred Thomson Bowerbank, *A Doctor's Story* (Wingfield Press, 1958), p. 160.
[33] Pugsley, *Gallipoli: The New Zealand Story*, p. 355.
[34] *AJHR*, Report of the Ex-Soldiers Rehabilitation Commission, 1930, H-39, p. 4.
[35] *AJHR*, 'Twenty-Sixth Annual Report of the Pensions Department for the Year Ended 31st March 1924', H-18, p. 9.
[36] '"Shell Shock" Crimes', *Auckland Star*, 28 February, 1920, p. 19

The *Ashburton Guardian* edited the article and added "The common theory regarding the influence of shell shock on crime was largely exaggerated."[37] The inference in this article is that predisposition is a factor in contracting shell shock was commonly held and a hard line should be taken with 'neurotics' who could not maintain requisite moral fibre. That the British legal system is also dealing with many maladjusted veterans indicates rehabilitation is relevant to more than just New Zealand.

A major aspect of the term shell shock is that although the term itself had been discontinued in an official context from 1916, there were articles using the term well into World War Two. That shell shock is referenced for that long in an 'unofficial' manner reinforces the indication that it had taken on a public meaning of its own. In January 1939, the *Auckland Star* published a report of Japanese casualties in China that postulated "…but there are no figures to show the enormous number, perhaps almost equal, who suffered from shell shock…"[38] The *Evening Post* of 25th February 1939, published a report from a meeting of the Left Book Club with a speaker describing the suffering "...from horrible wounds and shell shock..."of civilian refugees fleeing the Spanish Civil War.[39] From one of his voluminous letters to his mother in August 1943, Gunner Lawrie Birks states "...as they're all wounded or shell-shocked or ill ..."[40] The use of 'shell shock' as late as August 1942 frin within men of 2NZEF shows either Birks' desire to be empathetic with his mother's terminology or that the term was natural to him. It indicates the manner in which the term was imbedded into New Zealand society, with the people having their own understanding of the term in relation to their society.

Shell shock had taken on a meaning quite different from that at its creation. In moving from an attempt to define a phenomenon nebulous and overwhelming in its manifestation, 'shell shock' acquired a meaning for the public that defined the quite different and disparate emotions and states of mind of all veterans with psychological or emotional problems. In 1920 an article reporting the status of the Bank of New Zealand in the economic recovery following the war, the *Hawera and Normanby Star* wrote "One message rings out clearly throughout – that as a nation it is our duty to work hard for the restoration of the world, which is suffering so terribly from what Mr Lloyd George termed "shell shock"."[41] Later, in September 1920, the same newspaper quoted Mr W.H. Trigg, of the New Zealand Legislative Council, as saying "that the world was still suffering from shell shock...[42] These articles use the term to define a form of mass social emotional condition, rather than relating to an individual's illness. In a lighter vein the *Observer* in 1920 published in a humour column that

[37] 'General Cable News', *Ashburton Guardian,* 2 January, 1920, p. 5.
[38] 'The Beginning of the End for Japan', *Auckland Star*, 28th January, 1939, p. 19.
[39] 'Spanish Refugees', *Evening Post*, 25 February, 1939, p. 7.
[40] AWMM, MS1431, Birks Collection, Birks Letter [Henceforth Birks letters], 2 August 1942 p. 2.
[41] 'Critical Days to be Faced'*, Hawera and Normanby Star*, 19 June, 1920, p. 4.
[42] 'Legislative Council', *Hawera and Normanby Star,* 17 September, 1920, p. 5.

"The Chief Justice (Sir Robert Stout) will be grieved to hear that an alcoholic stimulant perpetuating his name is called "shell shock." It consists of Stout and port wine."[43] Following the Napier earthquake of 1931, the *Auckland Star* ran an article reporting the need for evacuees to return to aid in reconstruction. "Even some of the younger men were suffering from what could be termed "shell shock."[44] The public had begun the process of redefining 'shell shock' in terms of what it meant to them and their society. This continued of the process of 'demilitarisation' of the term 'shell shock' where the term itself began to develop a meaning in the public mind separate to the now obsolete military definition.

That a man was shell shocked following war service was portrayed in New Zealand media as a normal consequence of that service. Even where it was irrelevant to the article, it was commonly reported if the veteran had suffered shell shock. Reports of celebrities suffering shell shock, such as Charlie Chaplin's mother succumbing following air raids in England, depict shell shock as an emotional state to be expected following trauma.[45] With the winding up of the Patriotic Societies following the war, extensive discussion ensued regarding the means of disbursing accumulated funds. Need of long term care of psychological casualties was recognised publicly and a welfare scheme was developed to provide long term assistance to veterans and their dependants.[46] The RSA also saw the need for long term funding for men who broke down again after release from hospitals or for those who broke down during rehabilitation after discharge from the services. Addressing the Wellington RSA, General Birdwood indicated the need for long term funding for relief work for soldiers who "might work well for a month or so, then break down temporarily."[47]

Official recognition of latent financial and social cost following repatriation is published in 1924 in the annual Pensions Department report which highlighted the stress of reassimilation, employment and financial issues subsequent to discharge were causing relapses of psychological problems encountered by men during the war.[48] Both social and official acceptance of recurrence or delayed onset of psychological illness in veterans is a strong indication of sympathy which men were afforded in the community.

It was seen as normal for a veteran to suffer psychological injury, even if he had not actually been diagnosed. Shell shocked soldiers became a butt of humour in society and unusual social behaviour

[43] 'They Say', *Observer,* 27 November, 1920, p. 5.
[44] 'Call For Men Wanted Back in Hawkes Bay', *Auckland Star,* 18 February, 1931, p. 8.
[45] 'Suffering From Shell Shock', *Hawera and Normanby Star*, 30 March, 1921, p. 5.
[46] 'Patriotic Funds Suggested Nationalisation', *Hawera and Normanby Star*, 2 March, 1920, p. 5.
[47] 'The Returned Soldiers' Association', *Observer*, 19 June, 1920, p. 26
[48] *AJHR*, 'Twenty-Sixth Annual Report of the Pensions Department for the Year Ended 31st March 1924',H-18, p. 9.

was explained away as the result of war service.[49] A letter to the editor of the Evening Post of 23 November 1933, bemoans the effect Territorial artillery exercises in the Basin reserve and Mt. Victoria had on the local pets, who were "suffering from "shell shock"..."[50] Similarly, in October 1936, an article in the *Auckland Star* reported the pursuit by a policeman of individuals who threw "lighted fireworks at the feet of pedestrians. Men suffering shell shock have been severely affected by shock arising from such thoughtless acts."[51] The shell shocked man had become a person who belonged to the previous generation by the end of the 1930's and was treated with sympathy by the community at large but generally not seen by the new generation in the same manner.

Medical features in newspapers throughout the inter-war years exhibit a wide range of information relating to the treatment and care of shell shock victims. From advertisements for patent medicine to sooth nerves to articles extolling bee venom as a cure for shell shock, there were many alternative curatives available for the public.[52] More academic features included discussion of benefits of psychoanalysis and hypnotism, which were becoming more acceptable into the 1930's as a treatment for neuroses.[53] The gradual increase in influence of psychoanalysis in the treatment of neuroses is not reported specifically. Numbers of articles increased that referred to psychoanalytic methods but even these were irregular and the shift from psychiatry to psychoanalysis as the predominant treatment for neuroses is not obvious to those not involved in the practice of medicine.

[49] Humour columns regularly included jokes at the expense of confused veterans who were shell shocked, refer to 'Personality of the Week', *Auckland Star,* 28 December, 1929, p. 6 for example.
[50] 'Cats, Dogs and Cannon', *Evening Post*, 27 November, 1933, p. 8.
[51] 'Crack! Crack!', *Auckland Star*, 24 October, 1936, p. 8.
[52] See the *Auckland Star*, 18 January, 1921, p. 4 for an article explaining the method for curing rheumatism, with a side effect of being cured of shell shock, through bee stings. Advertisements for 'Cassels Tablets' or 'Fospherine', both sold to restore shaken nerves, abounded in the early 1920's. The similar pronunciation of Fospherine and Phosgene, the gas used during the war, may have created interesting reactions from veterans.
[53] Dean Rapp, 'The Reception of Freud by the British Press: General Interest and Literary Magazines, 1920-1925', *Journal of the History of the Behavioural Sciences,* Vol. 24, April 1988, p. 191. For a New Zealand context covering a greater period of the inter-war era see Clark, *Not Mad, But Very Ill*, p. 13.

Arts and Literature.

"The drama "Journey's End," which has had such a successful run in England and the Continent, and is now in our own midst, must leave a peculiar taste in the mouth of every soldier."[54]

Almost universally the memories of combat veterans were only reluctantly recalled to people who had not served themselves. Their relatives wanted to understand what their men had gone through. This need was not met by censored newspaper reports which tended to focus on patriotic heroism or censored letters which highlighted the humorous, mundane or trivial. Publications from the politicians and generals emerged quickly following the war but were not relevant to the majority of soldiers.[55] Profusions of war themed literature began to emerge toward the end of the 1920's, written by the ordinary soldier who recalled the experience of soldiering and life in the lines. Eric Leeds argues this outpouring of literature is the result of people being reduced in the Great Depression's industrial landscape to the 'microcosmic proportions' of the soldier during the Great War, enabling the public to understand the condition of soldiering during modern warfare.[56] The sense of shame held by the psychological casualty often restrained their desire to publicise their condition.[57] Hence, the psychological casualty rarely wrote about it and other writers focused on generalities to avoid offending individuals they had served with. The depiction of shell shock in art, film and literature was as a plot device which was merely depicted to fit mental disintegration into the story to arouse empathy towards a character. The reality of shell shock was generally not visible in fiction and was rarely seen in non-fiction for fear of besmirching the memories or myths that emerged of the 'glorious dead' or the 'Anzac hero'. The outcome of exhibiting shell shock in this manner was that it had an undue influence on the perception of those readers or viewers who did not understand the reality of the disease entity itself.[58] Examples of films that screened in New Zealand showed shell shock affecting a single veteran still afflicted after the war, not shell shocked during the war.[59] There were three versions of the comedy film *Three Live Ghosts* made between

[54] 'To the Editor; Realities of War' *Evening Post*, 20 November, 1929, p. 13.
[55] While not strictly relevant, a quote from Winston Churchill explains the immediacy of generals and politicians publishing immediately following wars – "History will be kind to me for I intend to write it."
[56] Leed, *No Man's Land*, p. 192.
[57] Leese, *Shell Shock,* p. 33.
[58] Mark Osborne Humphries with Kellen Kurchinski, 'Rest, Relax and Get Well: A Re-Conceptualisation of Great War Shell Shock Treatment', *War & Society* (October 2008), 27;2, p. 110.
[59] Examples are; *The Trembling Hour,* Dir. George Siegmann, Universal Film Mfg. Co., (1919), which has the hero return home shell shocked and is blackmailed for it. *Shootin' for Love*, Dir. Edward Sedgwick, Universal Pictures (1923), where the shell shocked rancher's son is spurned as a coward until he recovers and 'makes good'. *The Silent Stranger*, Dir. Albert S. Rogell, Harry J. Brown Productions (1924), a silent western where the star pretends to be deaf and dumb from shell shock to outwit a gang. *The Unholy Night,* Dir. Lionel Barrymore,

1922 and 1936, all adapted from a stage script of the same name originally copyrighted in 1918.[60] The popular comedy has a shell shocked character and while openly identified as such, the portrayal could be any form of illness that allows the character to be both amnesiac and kleptomaniac. The character as a shell shock victim, however, is portrayed as if it was a normal condition for some veterans following the war and the plot has the character instantly cured by a blow to the head. The 1929 and 1932 versions were advertised extensively throughout New Zealand and the 1936 version ran in cinemas from September 1938 until September 1940, notably long for the high turnover of movies exhibited in New Zealand at the time. The exposure of this portrayal to large audience numbers of shell shock as a comic foil is likely to have diminished the seriousness of the condition to the audience.

Non-fictional literature that portrayed shell shock in New Zealanders was not common, even with the release of large numbers of war reminiscences and war themed novels from the late 1920's. Importations of literature grew through the 1920's until the Great Depression affected the economic strength of New Zealanders.[61] Aside from many Official Unit Histories, there were a number of non-fiction works published in the early 1920's, mostly by generals and politicians explaining their actions. These works were advertised for sale in New Zealand, including some that explored the medical aspects of the war.[62] The entity of shell shock featured in a number of publications that purported to provide cures from mental illness through 'alternative' medicine.[63]

Two seminal works of fiction appeared towards the end of the 1920's, Erich Maria Remarque's book *All Quiet on the Western Front*[64] and Robert Cedric Sherriff's play *Journey's End*, in the beginning of what was termed the 'War Book Craze'. These were the first of many literary works that portrayed the war without the romance that had accompanied previous war stories, encompassing fiction and non-fiction, that began to show life in the frontlines and motivations of combatants very differently

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MGM (1929), has a shell shocked ex-officer as one of the victims of an inheritance plot. *A Bill of Divorcement,* Dir. George Cukor, RKO Radio Pictures (1932), has hereditary madness within a family explained as 'shell shock' to generate audience sympathy for the lead character. *A Bill of Divorcement* was remade in 1940, Dir. John Farrow, RKO Radio Pictures (1940). *Tom Brown of Culver,* Dir. William Wyler, Universal Pictures, (1932), has the child hero's father return after long absence and 'shell shock' is the explanation.

[60] Frederick S. Isham, *Three Live Ghosts: A Comedy in Three Acts* (Samuel French, 1922). The motion pictures were *Three Live Ghosts*, Dir. George Fitzmorris, Famous Players – Lasky British Producers, (1922), a silent movie, *Three Live Ghosts,* Dir. Thornton Freeland, Feature Productions, (1929) and *Three Live Ghosts*, Dir. H. Bruce Humberstone, MGM, (1936). The cast for the 1929 and 1936 movies were essentially the same.

[61] *New Zealand Official Yearbook*, years 1924 to 1940.

[62] 'Books and Authors', *Dominion*, 24 April, 1920, p. 11 which reviews Major-General Sir Wilmot Herringham, *A Physician in France* (Edward Arnold, London, 1920), which has a section on shell shock that simplifies the symptoms of the illness to loss of speech and extols the occasional cure of afflicted men through hypnotism.

[63] See C. Harry Brooks with Emile Coue, *Practice of Autosuggestion*, (Quinn & Beben, New York, 1922) as a form of self-help book.

[64] Erich Maria Remarque, (Trans.) A.W. Wheen, *All Quiet on the Western Front* (Little, Brown & Co., 1929).

to the image created by the 'Anzac heroes' myth.[65] *All Quiet on the Western Front,* in book and film formats, had a large public profile, as much for the content as for the publicity surrounding the battle distributors had with censorship authorities in both New Zealand and Australia.[66] Although the book was released by the New Zealand censor, the motion picture was initially banned and only after significant public pressure released for screening with cuts.[67] Ironically the book *All Quiet on the Western Front* was banned in Australia but the film was released, a reversal of the New Zealand situation.[68] Neither the book nor film of *All Quiet on the Western Front* shows shell shock as a central component. The significance of *All Quiet on the Western Front* lies with the central character's motivation being mere survival, not higher motives such as patriotism or glory.

Journey's End, as a stage play, and a film in 1930, was reported in entertainment columns of newspapers before it was staged in New Zealand and was much anticipated following its success overseas.[69] The *Auckland Star* published the play as a serial in 1930 and the script was advertised on the bestseller lists for sale as a book.[70] Staged in New Zealand for the first time in Auckland in October 1929, the play attracted "a large and fashionable audience" before continuing to run through other major centres.[71] The film version did not have the success of the stage play, nor was it as successful as the film of *All Quiet on the Western Front.* The stage version, however, was immensely successful, with extended runs around the world.[72] The popularity of *Journey's End* and *All Quiet on the Western Front* was that they garnered supportive audiences from two diverse factions; those that wished to know the 'realities' of trench warfare and those supporting the cause of world peace. But opposition also gathered from those who objected that the works denigrated the myths of New Zealanders in the Great War

Both *Journey's End* and *All Quiet on the Western Front* were available as literature and visual arts simultaneously and so had extensive exposure. Consequently newspapers carried a huge variety of letters and features regarding the accuracy, merit and meaning of the two works. Despite the success of 'realistic' war stories available at that time, there was sufficient diverse opinion for the themes of the works to be lost in the debates. Although publication of *All Quiet on the Western Front* preceded the release of *Journey's End*, there was less public contention directly relating to the lack of 'nobility' in the characters in *All Quiet on the Western Front*, possibly because of the German

[65] R.C. Sherriff, *Journey's End*.
[66] *All Quiet on the Western Front,* Dir. Lewis Milestone, Universal Pictures (1930).
[67] 'Ban Lifted', *Evening Post*, 5 August, 1930, p. 5, and 'Film Ban Lifted, *Auckland Star,* 6 August, 1930, p. 9.
[68] 'Censor Says No', *Evening Post*, 12 July, 1930, p. 10.
[69] *Journey's End,* Dir. James Whale, Gainsborough Pictures (1930)
[70] 'Literary', *Auckland Star,* 29 June, 1929, p. 2.
[71] 'Journey's End', *Auckland Star*, 31 October, 1929, p. 12.
[72] 'A World Play', *Auckland Star*, 29 January, 1930, p. 6.

perspective. Veterans and their relatives wrote to newspapers decrying that *Journey's End* "illuminated by a cruel light, picking out the bad patches, focusing on the rare, the grotesque and unusual, and featuring them as "fair average quality"..."[73] This writer to the *Evening Post* signed himself 'A.I.F.', acronym for Australian Imperial Force, Australia's equivalent to 'NZEF'. 'N.Z.E.F.' wrote the next day in support and noted "It seems to me important that those who did not enjoy the privilege of fighting for their country should be told that the neurotic types were in a very definite minority.[74] Responding to 'A.I.F.' through the letters page, M. Jones stated:

> "We are living now in a period when old traditions are being scrapped holus bolus; a new era has dawned; and those living to-day may see the dawn of a wonderful civilisation...And yet to-day after all the tragedy and suffering we see people making every effort to dress up and glorify warfare..."[75]

Many veterans and families of the fallen saw the stripping away of nobility in the actions of New Zealand soldiers by "dragging down the heroism of our men – into the dirt" as "utterly false and vile."[76] The backlash from those determined to maintain the reputation of the veteran diminished the popularity of the war book, aided by declining quality of writing itself as the craze continued, as quantity replaced the quality of writing of the earlier seminal works. "We are submerged by a flood of so called war books which depict the men ... as brutes and beasts, living like pigs and dying like dogs." The article continues, " ...these books were conceived in dirt and published for the profit that dirt will bring."[77] The argument was put forward by Jessie Mackay, New Zealand Poet, feminist and freelance journalist, in 1930 that;

> "...it is a bankrupt kind of morality that refuses to face, even the worst of these harsh remembrances, written by those who were where we were not. The psychology of war is reflected freely as far back as in the plays of Euripides. Shakespeare was not sparing of allusions to it, and if our few rags of war glorification have survived the mordancy of Siegfried Sassoon and the balanced admissions of men like T. E. Lawrence and Sir Ian Hamilton himself, we have been slow indeed in the uptake..[78]

[73] 'Realities of War. To the Editor', *Evening Post*, 20 November, 1929, p. 13.
[74] *Ibid*, 21 November, 1929, p. 8.
[75] *Ibid*, 21 November, 1929, p. 8.
[76] 'A Nation of Cowards?', *Evening Post*, 9 August, 1930, p. 25.
[77] 'War Books Conceived in Dirt', *Auckland Star,* 4 February, 1930, p. 7.
[78] 'Journey's End's Place', *Auckland Star,* 19 February, 1930, p. 21.

By 1933, the war book craze had receded into the past as something almost disrespectful and by 1935 westerns and crime fulfilled the public need for sensationalist writing.[79] Events in Europe through the mid to late 1930's reduced the effectiveness of the pacifist movement.

The proliferation of war books had subsided within a few years but had created a large amount of interest at the time, especially in conjunction with motion pictures produced to take advantage of a receptive market. As indicated by Jessie Mackay, there were references to the psychological burden of soldiering in existing literature. From a New Zealand perspective Ormond Burton's *The Silent Division*[80], published in 1935, was the first of the non-fiction works to state, even if rather obliquely, the mental stresses of warfare applied to the troops of the NZEF, but did not threaten the 'Anzac legend' that had been built up through the 1920's and defended through the war book craze. Reference to shell shock and mental trauma on the part of New Zealand soldiers was muted throughout *The Silent Division*. The word shell-shock is written once in the entire work.[81] There are a few references to the mental strain the men are under and references to men 'going mad' or suffering nerves. Overall *The Silent Division* attempts to uphold the reputation of the 'Anzac hero' rather than substantially explain any more than was written in the unit histories of the early 1920's.

The boys who would grow to fight in World War Two had their own literature in the form of Boy's Magazines, which held adventure stories, puzzles and games targeted at the boys of early to mid-teen age. Mostly imported from Britain, titles like *Champion*, *Startler*, *Boy's Own*, *Triumph, Magnet* and *Ranger* were readily available and sold cheaply.[82] The Boy's Magazine's message was one of comradeship, sacrifice and heroism.[83] Adventure, sporting or war stories extolled the virtues of comradeship, sacrifice and courage in the face of heavy odds. Writers such as W. E. Johns (of 'Biggles' fame), entertainer Arthur Askey, and author J. M. Walsh contributed stories of 'derring-do', glory and heroism.[84] Adventure stories with titles such as 'War Wings'[85], 'Cowards Courage!'[86] or 'Whizz-Bang Bob; Terror of the Touchline'[87] promulgated the virtues assumed to appeal to the youth of the day.[88] Their popularity in New Zealand is attested by the volume imported during the inter-war period, a million copies annually by 1936, by then including numbers of American crime and

[79] 'Modern Reading Trends', *Evening Post*, 17 March, 1936, p. 10.
[80] Ormond E. Burton, *The Silent Division* (Angus & Robertson Ltd., 1935)
[81] *Ibid,* p. 178.
[82] 'Objectionable Cheap Magazines. Reply to Criticism. Views of Booksellers.' *Auckland Star*, 17 January, 1936, p. 5.
[83] Dan Todman, *The Great War: Myth and Memory* (Hambledon and London, 2005), p. 23.
[84] British Juvenile Story Papers and Pocket Libraries Index website. URL: http://www.philsp.com/homeville/BJSP/0start.htm#TOC
[85] 'War Wings', *Chums,* 12 July, 1928, p. 12,
[86] 'Cowards Courage!' *The Magnet*, 16 November, 1929, p. 2.
[87] 'Whizz-Bang Bob; Terror of the Touchline', *The Skipper*, 11 Febuary, 1933, p. 146.
[88] Todman, *The Great War,* p. 25.

romance magazines.[89] The number of titles imported and how well they were known is indicated by a competition run in the Evening Post children's puzzle section in 1934 requiring children to un-jumble the names of boys' magazines.[90] The effect of the magazines on young people is hinted at by Harry Delamere Barker Dansey, the son of Great War veteran Harry Delamere Dansey, who writes to his mother before embarking for overseas service, "And if I should not come back it will be the finest way of going that a real man can hope for. … if someone can sing "Tama ngakau marie [sic]" that wonderful hymn for me then I will rest content."[91] This language reads as if it is straight out of a boy's magazine itself. The letters of Harry Dansey snr., quoted in Chapter Three, are more reflective of the darker aspects of war and this leads to the conclusion that he was not communicative about his Great War service with his children following his return.

The novels, art and film produced between the wars varied from authentic realism that was incomprehensible to non-participants to blatant anti-war propaganda, with all possible content in between. The backlash following the war book boom negated much of the peace message as it too deeply challenged the legend of the Anzac. *The Silent Division* restored the equilibrium of public memory that had existed in the early 1920's. As the minimum age for military recruitment in New Zealand remained the same as in the Great War at 21 years of age, that placed the age of recruits in 1939 as early teens in 1930. This is an age that generally would not read serious literature unless compelled through schooling. It is hard to imagine a teacher who was old enough to be a veteran presenting *All Quiet on the Western Front* as required classroom reading.

The effect of literature and arts through the inter-war period on enlistees at the beginning of World War Two is uncertain. Bowerbank writes in his autobiography of New Zealand recruits for the RAF being fit but needing better education, being remedied by the inclusion of classical literature in the ships library carrying the recruits to England.[92] Although this refers to the Greek classics, the inference is that these men were intelligent enough for the RAF but they were narrow in their breadth of reading. Wellington's Chief Librarian notes an increase in the issue of books relating to the Great War and Europe as tensions in the northern hemisphere increased, after a lull in the middle of the decade as the public became less interested in books relating to war.[93] Motives encouraging individuals to enlist in World War Two were complex and few that have recorded their motives give simple answers. Angus Ross, later commanding 23Bn, writes he enlisted "because I had

[89] 'Objectionable Cheap Magazines. Views of Booksellers.' *Auckland Star*, 17 January, 1936, p. 5.
[90] "Think Twice' *Evening Post* 6 October, 1934, P. 19, with answers on 13 October, 1934, p. 20.
[91] Dansey Letters, 29 March 1944, p. 8.
[92] Bowerbank, *A Doctor's Story*, p. 208.
[93] 'What People Read', *Evening Post,* 16 March, 1936, p. 10.

become utterly convinced that "Appeasement" and similar policies had ... failed completely.[94] Captain John Williams, of 24Bn, indicates that "I had of course read about the resurgence of Germany's military might and Nazism and could see the threats that posed."[95] Both of these men infer they were well read enough to form an opinion of the events in Europe and decide to enlist. William Allan Pyatt, of 19Bn, was a theology student and training towards ordination on enlistment, notes some foreknowledge of conditions under which he would be expected to serve,

> "We did not go singing Tipperary, to kill Germans. It was much more simply putting their bodies in front of terror & violence. It was NOT [emphasis in original] a matter of heroics (I was 2/Lieut of infantry, & our only experience of an infantry officers [sic] life expectancy was from World War 1 - about two weeks."[96]

Acknowledging that these notes were written following the war, there is an indication within them that Lieutenant Pyatt was aware of the conditions confronted by junior officers in the Great War and had anticipated that these would be repeated. Casualty rates were disproportionately high for junior infantry leaders during the Great War, and were to prove so again.[97]

The effect of literature and art on recruits in World War Two is difficult to gauge in relation to their understanding of shell shock. Public memory of the Great War became a combination of the memorials, recollections of veterans and the images created by the art, film and literature between the wars. These images led many of the soldiers in World War Two to believe that the conditions under which they were serving were less onerous than those of the men a generation earlier in the Great War. Lawrie Birks writes to reassure his mother following the Greek campaign that,

> "… the casualties must have been insignificant compared with the slaughter of Gallipoli or Passchendaele, for instance. I suppose the papers made a lot of it, but there really wasn't much to it." … "However, since you want to know about it, here it is. But don't expect any 'All Quiet' touches."[98]

Comparing the Greek campaign to battles of the Great War placed it in a context in which his mother can relate, and affirming the idea that the conditions in the war he fought would not be as horrific.

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[94] Brown, *Going to War and Battle Experience*, p. 124.
[95] *Ibid*, p. 93.
[96] *Ibid*, p. 82.
[97] Deaths of junior leadership in the Great War (i.e., Sergeant, 2nd Lieutenant and Lieutenant) were approximately 1 per 17 casualties where the ratio of officers to men was 1 to 30. The casualty (killed) ratio in the Second World War was approximately 1 in 9. Figures vary with sources. These figures are from totals derived from the Official histories and themselves vary between units.
[98] Birks Letters, 25 March, 1941, p. 6.

Birks is confirming the influence of the public memory and war book writing on his view of the war he is involved in.[99] The comparison between the two wars showed that soldiers of 2NZEF did not believe that they would suffer as much from the conditions in which they fought as those of NZEF. Such a belief arose from the vision they had of the conditions in the Great War.

Leadership

"I consider him much superior in experience and command …"[100]

The leadership of 2NZEF had experienced the Great War first hand. While there is no evidence suggesting any of the leadership group of 2NZEF had suffered significant psychological problems from the Great War, they had almost all been in positions where they had likely witnessed men succumbing to shell shock. General Freyberg had been a battalion commander during the Great War, a position noted as the highest military command where it is possible to know all the men in a unit.[101] Freyberg was quoted in the *Evening Post* in February 1930, in response to the release of *All Quiet on the Western Front* and *Journey's End* as saying that he "did not believe a solitary man was shot for cowardice."[102] There is a fine point of contention in this statement as most men executed during the war were tried for desertion rather than cowardice. As many of those executed were veteran soldiers and in some cases decorated for valour, compelling evidence exists that they were executed as examples during periods of heavy casualties.[103] This is ironic as one of the only three British officers shot for desertion in the Great War, Sub-Lieutenant Edwin Dyett, was convicted for failing to reinforce Freyberg's battalion in the same action Freyberg was bestowed the Victoria Cross in 1916.[104] In any case Freyberg expressed a determination that his leadership, in relation to morale and casualties, would not repeat those of the last war. Freyberg is quoted in Richard Holmes' 'Five Armies in Italy 1943-45' as stating, just prior to Cassino, "Reminds you of Passchendaele, doesn't it?

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[99] Sheffield, 'The Shadow of the Somme', examines this concept in relation to British soldiers of the Second World War and the influence their forebears had on their conceptualisation of their war.
[100] Mcleod, *Myth and Reality,* p. 172, referring to Deputy Prime Minister Peter Fraser's cable to Prime Minister Michael Savage recommending Bernard Freyberg as commander of 2 New Zealand Division.
[101] Major-General Aubrey Newman, *Follow Me III: Lessons on the Art and Science of High Command,* (Presidio Press, 1997), p. 99.
[102] 'The Wrong Angle', *Evening Post*, 13 February, 1930, p. 9.
[103] Oram, *Military Executions During World War One,* p. 64.
[104] For a summary of Dyett's court martial and execution see Oram, *Military Executions During World War One,* p. 64. Freyberg's Victoria Cross citation is available at URL: http://www.teara.govt.nz/en/1966/freyberg.

But we'll have no more Passchendaeles."[105] McLeod in *Myth and Reality* provides a critique of Freyberg's generalship, balancing his strengths and weaknesses but positively acknowledging his ability in maintaining unit morale and unity.

The lessons imparted from the Southborough Report regarding the importance of food and rest were applied under Freyberg's leadership of 2NZEF. Freyberg insisted on rations similar to New Zealand staples, regular mail and rest facilities exclusively for New Zealanders.[106] Food was a preoccupation in letters of servicemen for several reasons. Censorship restricted subject matter in letters and being well fed reassured families. Meals for soldiers were communal and a common subject at hand was the food, so it was ingrained into the soldier in the field as a highlight of the day. The references in New Zealanders letters were often about the type of food as well as the quantity. By improving the quality of the food available to New Zealand soldiers Freyberg made a positive contribution to morale. Both the leadership of the division and the troops made references to the type of food available in their letters. Brigadier William Gentry, on Freyberg's staff and later CO of 9th Brigade, makes several references to the availability, and sometimes the lack, of specific food types that were staples in New Zealand but unobtainable on service, as does Private Lawrie Birks. "…normally everyone is well fed except for fish and there is nothing on these lines to be got around here."[107] "By the way, if they're just as easy to get, you might send wholemeal or wholesome if you're sending any more biscuits, as I seem to remember they're more wholemealy [sic] than the Wheaten Wafers..."[108] The provision of rest facilities exclusively for New Zealanders and provision of food tempered to the New Zealand palate were innovations from Freyberg that had a material impact on morale. Freyberg's support for the New Zealand Forces Club bolstered the morale of the men as they had places from which to base their tours of the cities of Italy when leave became available.[109]

Commanding medical arrangements on the New Zealand Defence Force Staff was Frederick Bowerbank, a Brigadier General at the commencement of World War Two, and Major-General in 1944. Bowerbank had served as a doctor in No. 1 NZ General Hospital in Egypt during the Gallipoli campaign, then Brockenhurst hospital in England when the NZEF transferred to France, before being stationed at Etaples from January 1918.[110] Brockenhurst included shell shock annexes, under the

[105] Richard Holmes, 'The Italian Job: Five Armies in Italy, 1943-45' in *Time to Kill; The Soldier's Experience of War in the West 1939-1945*, eds. Paul Addison and Angus Calder (Pimlico, London, 1997), p. 207.
[106] McLeod, *Myth and Reality,* p. 71.
[107] Sally Mathieson (ed.), *Bill Gentry's War 1939-1945*(Dunmore Press, 1996), p. 49
[108] Birks letters, 25 March, 1943, p. 3.
[109] McLeod, *Myth and Reality,* p. 129.
[110] Bowerbank, *A Doctors Story,* p. 130.

care of Major R. H. Hogg of Invercargill, who became a friend of Bowerbank.[111] Following the armistice Bowerbank spent time on medical grading boards and several months with the British Pension Board as medical advisor, experience which was useful in the 1924 inquiry into the New Zealand war pensions system, and membership of the War Pension Appeals Board.[112] Bowerbank had first-hand experience of shell shock cases through the Great War as a medical doctor, so was not specifically treating psychological casualties. However, his autobiography contains observations that "in Egypt how frequently men suffering from even severe gunshot wounds were so much brighter and more cheerful than those suffering from a medical disease".[113] Two points of interest are contained in this statement. Firstly, that injuries caused by enemy activity do not cause guilt in wounded men, inferring that psychological injury does. Secondly, that using the term 'medical disease' in relation to shell shock indicates that he considered shell shock to be a medical condition beyond the control of the individual. These conclusions, which Bowerbank developed through the Great War and after, had ramifications in the manner in which the NZMC and 2 NZEF administered anxiety neurosis through World War Two.

Of the leadership group of 2NZEF nearly all had experienced combat conditions in the Great War. The DMS of 2NZEF, Brigadier Kenneth MacCormick, was a Great War veteran who had served as the RMO of 4Bn, NZ Rifle Brigade from April 1916 to August 1917 then as CO of 2 NZ Field Ambulance. MacCormick served through the NZEF involvement in the Somme campaign at Flers and then through Messines, earning a DSO for bringing in wounded under fire at Bellvue Spur in October 1917. As RMO, MacCormick was responsible for the initial treatment of psychological casualties and transfer of those unresponsive to treatment.[114] The period of 1916 to 1917 was where British and Commonwealth medical corps began to shift from the view of shell shock as an individual's willpower issue to one where a treatment for physical and mental exhaustion overcame most symptoms, in the short term at least.

The 1st Echelon of 2NZEF arrived in Egypt in February 1940, with a Divisional Headquarters unit, comprising headquarters staff and four infantry battalions, Divisional Cavalry unit, an artillery regiment and field ambulance units. The brigade commander, Brigadier Edward Puttick, was a Great War veteran who commanded a battalion in the New Zealand Rifle Brigade during the Passchendaele battles.[115] Of the commanders of the battalions in Puttick's Brigade in 1940 only one

[111] 'New Zealand Army at Home', *Wanganui Chronicle*, 30 December, 1918, p. 6.
[112] Bowerbank, *A Doctors Story,* p. 165.
[113] *Ibid,* p. 119.
[114] Carbery, 'The Duties of the RMO in the New Zealand Division', Addenda, *The New Zealand Medical Service in the Great War.*
[115] Lieut-Col W.S. Austin, *The Official History of the New Zealand Rifle Brigade* (L. T. Watkins, 1924), p. 250.

had not served in the NZEF. Kippenberger (20Bn), Inglis (27(MG)Bn), Pierce (Div Cav) and Varnham (19Bn), were all officers in the Great War, only Gray of the 18th Battalion had no combat experience.[116] Similarly the commanders of the Second Echelon had combat experience from the Great War.[117] Of these Major Les Andrew, commanding 22Bn, had a Victoria Cross from 1917 whilst a Corporal in the Wellington Regiment.[118] Lieutenant-Colonel's Macky, Falconer and Dittmer, commanding 21 Bn, 23 Bn and 28 (Maori) Bn respectively, had all been decorated in the Great War whist serving with New Zealand forces.[119] As leaders with combat experience the senior officers of 2NZEF had opportunities to teach their subordinates lessons from their own experience in the Great War. Men who returned to the colours in also shared their experiences with the younger soldiers. Lawrie Birks describes his friend James Grimsley, who is referred to "as 'Old Jim' though actually he can't be more than about 45, as he went through the last war, joining at 17, so he says."[120] Birks goes on to say "Of course, his age, and I suppose even more his experiences 25 years ago, tell against him now, and he can't stand up to the life to the extent that the rest of us can..."[121] The inclusion of Great War veterans in the units of 2NZEF provide lessons on the mental stresses of war from both a theoretical and practical standpoint.

[116] Biographical details of New Zealand servicemen and servicewomen in both World Wars are available at the Auckland War Memorial Museum Cenotaph Database, www.aucklandmuseum.com/databases/cenotaph
[117] 'Principle Officers', *Evening Post,* 15 January, 1940, p. 8.
[118] W. H. Cunningham, C. A. L. Treadwell and J. S. Hanna, *The Wellington Regiment (NZEF) 1914* – 1919 (Ferguson & Osborn, 1928), p. 199.
[119] 'Principle Officers', *Evening Post,* 15 January, 1940, p. 8.
[120] Birks letters, 2 August, 1942, p. 1. Birks refers to Gunner Bernard James Grimsley, who served with British forces in the Great War and emigrated to New Zealand to become a grocer in Rotorua between the wars..
[121] *Ibid*, p. 1.

Chapter Five

"It stands to reason that no man can serve for any length of time in the present war and be just the same man at the end of it."[1]

Introduction

There are parallels between the two world wars in the chaos of enlistment in New Zealand, where recruitment systems could not efficiently process volunteer numbers. Lessons learned from the Great War regarding shell shock were not entirely forgotten, but the NZMC had been run down with the Regular Force and relied on civilian doctors for medical examinations of recruits. However, 2NZEF as a whole benefitted from the lessons of man-management and medicine derived since the Great War. Maintenance of morale bolstered the ability of soldiers to withstand psychological breakdown and periods of rest, removing the division out of action to recover and assimilate replacements, benefitted the psychological health of the men. Sports and activities on intra-unit and inter-unit levels, such as the Freyberg Cup, kept the men occupied during rest periods and broke up the monotony of training.[2] The team activities also assisted in team bonding, bonding new members of units into the team before they were exposed to the stress of combat. Furlough schemes were implemented for those who had been overseas for three years, giving the men something to look forward to other than continual combat. For a series of reasons that included influences in New Zealand, the schemes did not work as intended, but, despite perception of its mismanagement, it allowed some hope of visiting home.

Japanese entry into the war caused a number of issues within 2NZEF. The formation of another New Zealand infantry division, 3rd NZ Division for service in the Pacific, stretched the nation's capability to adequately man both infantry formations entirely with volunteers and also maintain industrial and agricultural production. Arrival of American forces in New Zealand created a number of social issues that exacerbated the problems of homesickness and isolation in 2NZEF. Conscripts were not seen completely positively by 2NZEF in North Africa and Italy and debate about their commitment in comparison to volunteer members of 2NZEF was continued long after the war. In New Zealand the relative proximity of the Japanese, even after fear of invasion was dispelled, made 3NZ Division a popular topic for newspapers and newsreels and it seemed to 2NZEF that they were side-lined and forgotten, causing disgruntlement amongst many soldiers. News of industrial unrest by workers who

[1] 'Ex-Servicemen', *Evening Post*, 30 August, 1944, p. 3.
[2] The Freyberg Cup is mentioned in almost all of the unit histories of 2NZEF during the Second World War, indicating the passion it created throughout the division.

2NZEF saw as taking the jobs they left behind to serve their country added to the isolation and created anger in some quarters.

The sense of isolation led to a discernible change in attitude in NZEF towards men who were not seen as 'pulling their weight', as homesickness and war weariness accrued. Hardening of attitudes towards psychological casualties is discernible in the letters and diaries from 1944. When the diagnosis of 'physical exhaustion' was introduced it generated a tangible reason for mental breakdown and rapid recovery. Those that did not recover and were evacuated to New Zealand were not always seen with the same sympathy as psychological casualties had been previously. A significant indicator of a hardening attitude was a change in the language used by soldiers to describe the psychological casualty. As with any specific group there is a certain language that develops within the group that signifies in-group belonging. The language used describing psychological casualties became more disparaging in letters after 2NZEF moved into Italy, which also coincided with the emergence of difficulties with the furlough schemes and the introduction of conscription. Notably however, the change in language also coincided with a decline in overall morale in 2NZEF following Cassino. Significantly, this period was where 2NZEF experienced cold and mud that were most closely reminiscent of the conditions of the Great War.[3]

Recruitment

"It is more difficult to assess mental than physical ability and the psychologists must try to estimate what a man will be like in three or four months' time."[4]

Recruitment processes in New Zealand at the start of World War Two were based on physical characteristics of volunteers and mental capacity was only a peripheral consideration. Civilian doctors, generally with only rudimentary understanding of military psychology, conducted the medical examinations where only obvious signs of mental unsuitability caused rejection. Medical staff predominantly believed predisposition was the major contributing cause in anxiety neurosis cases in 2NZEF up to March 1941, thereby focusing attention on this factor rather than any specific

[3] See Sheffield, G. D., ' The Shadow of the Somme: The Influence of the First World War on British Soldiers' Perceptions and Behaviour in the Second World War', in *Time to Kill; The Soldier's Experience of War in the West 1939-1945*, ed. Paul Addison and Angus Calder (Pimlico, London, 1997), p. 36.

[4] Archives NZ, New Zealand Military Forces – [Medical] Reports, 1940-1942, CAJM W5726 22899, Report of Section of Epidemiology and State Medicine, January 23, 1942, 'Man-power – Medical Aspects in a World Army Today'.

mental capability of the individual for military service.[5] Only after repeated demands from the medical cadre of 2NZEF in Egypt were checks carried out of the mental history of candidates from late 1941, where recruits names were checked with the Department of Health against lists of former mental patients.[6] From the outbreak of hostilities British selection processes were intended to prevent men with predisposition to neurosis being enlisted. The Southborough Report noted the preponderance of men with prior mental health issues in psychological casualties.[7] The question of predisposition was an important aspect of the pension system in both Britain and New Zealand. A history of neurosis shifted the onus from military service as a cause towards the man having a pre-existing condition that was exacerbated, at worst, by service and was therefore reduced entitlement to disablement pensions. This policy was tightened in New Zealand and treatment before discharge was initiated and less than 5% of discharged psychological casualties were granted pensions. [8] No additional facilities were established following the outbreak of the war to deal with psychological casualties in New Zealand than existed before pre-war.[9] The intention was that psychological casualties would, as far as possible, be treated within existing military facilities before return to New Zealand.[10]

Peacetime service in New Zealand armed forces was at all times constrained by the willingness of the incumbent government to allocate defence funds. Especially following the period of the depression of the early 1930's, which was still being felt in New Zealand at the end of the decade, defence expenditure was parsimonious at best. Recruitment was on a replacement basis of personnel who left the service and during times of economic hardship few left a service that assured employment. Management issues of the armed forces aside, the army found itself in 1939 with men in positions of responsibility who were no longer fit for active service.[11] Not having a selection process in place that considered mental capability to withstand the strains of war and personnel who were no longer fit, 2NZEF found itself in the early months of the war of having some men in

[5] Archives NZ, CAJM W5726, 22889, Twhigg Papers and Files – Neuropsychiatry, Report of Board Appointed by DDMS 2NZEF, p. 2.
[6] Archives NZ, CAJM W5726 22899, E.8/3, Twhigg Papers, Letter from Gray to Stout, 9 April, 1948, p. 1.
[7] Ahrenfeldt, *Psychiatry in the British Army*, p. 29
[8] Archives NZ, CAJM W5726 22899, Twhigg Papers, Neuropsychiatry, Policy of Ministry of Pensions in Regard to Cases of War Neurosis, 31 Oct. 1943, p. 1.
[9] Archives NZ, , CAJM W5726, Papers of Sir Frederick Thomas Bowerbank, Memo from Minister of Health to Director of Organisation of national Security, 14 March 1940.
[10] Stout, *War Surgery and Medicine*, p. 631.
[11] Mellor, *Casualties and Medical Statistics,* p. 84.

Egypt who should not have been there. Men were returned to New Zealand for psychological reasons following medical boards even before major units of the Division had experienced combat.[12]

***Esprit de Corps* and Morale**

"In addition to the ordinary sources of morale, such as justice of cause, pride in regiment, and supremacy in the use of weapons, etc., there is one thing that assists morals very highly— good food and good care taken of the men."[13]

Mechanical weapons and high explosives dispersed the twentieth century battlefield. Standing in closed ranks was acceptable for gunpowder warfare and the soldier took comfort from the proximity of comrades when under fire. Dispersal and cover from fire is necessary for survival where mechanical weapons exist so trust in the others in the group, being confident of the support of comrades, became a critical element in unit cohesion when spread out under fire.[14] Being a member of a cohesive group was what kept men to their duty when they were seemingly alone and isolated. To be there 'for their mates' was a deep driving force in holding soldiers to duty under periods of danger and exposing themselves to the possibilities of death or injury. *Esprit de corps* and unit morale were separate but intertwined influences in keeping an individual bound to their group. Where morale declined, the incidences of psychological casualties rose within the New Zealand Division.[15] The organisation of the New Zealand Division was based around battalions sourced from regional military districts within New Zealand and was an important factor in creating an *esprit de corps* within the division. Company troops were generally from the same provinces within those districts, for example 23Bn was recruited from the South Island and within the battalion A Company was from Canterbury, B Company from Southland and so on.[16] Men from the same towns and regions were frequently known to each other and this eased their integration into units as they were formed or posted as replacements. While there was risk that heavy casualties in a unit could disproportionately affect a single community, the advantages familiarity with others within a unit was a strong component of morale, especially for replacements.

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[12] Archives NZ, CAJM W5726, 22889, Twhigg Papers and Files – Neuropsychiatry, Report of Board Appointed by DDMS 2NZEF, p. 1.
[13] 'Shell Shock', *Evening Post*, 27 September, 1922, p. 11. Testimony of General Lord Horne to the War Office Enquiry on Shell Shock (Southborough Report).
[14] S. L. A. Marshall, *Men Against Fire: The Problem of Battle Command* (University of Oklahoma Press, Norman, 2000), p. 45.
[15] Archives NZ, WAII4 5, DMS Reports to DGMS, August 1942 and December 1944.
[16] McCleod, *Myth and Reality*, p. 66.

A significant proportion of men who broke down did so in their first experience of combat. An examination of unit morale, 'Combat and Morale in the Eighth Army' by Jonathan Fennell, shows that unit training garnered self-confidence which translated into mutual confidence between the men in the unit.[17] The corollary to this was that the men themselves were bonded together and the feeling of belonging to the group became a critical factor in their individual morale. Loyalty to the group was strengthened once the unit entered combat through the experience of shared dangers and deprivation.

Shared experiences at war bonded men in a manner that lasted much longer than the duration of combat. Unit cohesion and group belonging translated into group loyalty that was akin to a 'them and us' feeling in regard to other units. The group solidarity this encompassed was apparent at all levels of the army organisation and was generally applicable to all armies and formations to some extent.[18] The small unit group that was the basic unit of a military formation in combat, the infantry section, the tank or gun crew and so on, was the primary group the individual directed their loyalty towards. Hew Strachan utilises the term 'primary group theory' to describe how the individual's loyalty was held towards the men in their units.[19] As the individual saw his own group as his means of survival, both in a context that it provided his primary needs and also as something that can be relied on for physical and psychological support in times of extreme stress, it is natural to view anyone that is not undergoing the same trials as the group as outsiders.

Primary group theory affected the combatant soldier's view of the non-combatant soldier. The close comradeship of the primary group aroused pride in the individuals within the group about their ability to withstand the conditions in which they found themselves, which generated a sense of 'uniqueness' regarding the group, to the exclusion of others.[20] This was not a simple 'them and us' equation though, as there was often an interchange of personnel between forward and rear echelons. Personnel who were placed before a medical board in 2NZEF, and downgraded from

[17] Jonathan Fennell, *Combat and Morale in the North African Campaign: The Eighth Army and the path to El Alamein*, (Cambridge University Press, 2011), p. 219.

[18] For an in depth examination of the concept of unit cohesion and loyalty to the small unit before the larger group see John C. McManus, *The Deadly Brotherhood; The American Combat Soldier in World War II* (Presidio Press, 1998), Edward J. Shils and Morris Janowitz, 'Cohesion and Disintegration in the Wehrmacht in World War II, *The Public Opinion Quarterly*, 12:2 (Summer 1948) and Martyn Thompson, *Our War: The Grim Digs; New Zealand Soldiers in North Africa 1940-1943* (Penguin, 2005). The statistical survey conducted by Samuel A. Stouffer, *The American Soldier: Combat and its Aftermath, Vol. 2* (Princeton University Press, Princeton, 1949) also indicates the strength of the primary group loyalty in combat veterans.

[19] Hew Strachan, 'The Soldiers Experience in Two World Wars: Some Historiographical Comparisons', in *Time to Kill; The Soldier's Experience of War in the West 1939-1945*, ed. Paul Addison and Angus Calder (Pimlico, 1997), p. 371.

[20] John Ellis, *The Sharp End of War: The Fighting Man in World War Two* (David & Charles, 1980), p. 335

Grade 1 to Grade 2 or 3, were not returned to New Zealand but utilised where possible in the base camps or sedentary roles within the Division, such as Lines of Communications (LOC) staff, administrative roles or in necessary trades at base camps. Private W.D. Dawson of 23Bn writes in October 1943, just prior to the New Zealand Division being shipped to Italy, of his visit to a friend in No. 1 NZ General Hospital,

> "...who is very down in the mouth poor chap, because the quack had told him that he is definitely unfit for the battalion on account of his crook back & will have to get a base job. Well, Roy is taking that hard. His first words when he saw me were "Take a good look at me – I'm a bludger", in a tone of deep disgust."[21]

To understand the generation of a coterie amongst combat troops within an army it is necessary to realise that the vast majority of a modern army does not actually come into contact with the enemy; neither does a sizeable proportion come enemy fire, bombardment or air attack. A mechanised army requires an enormous logistical apparatus to function and as many as ninety per cent will not have first-hand experience of combat.[22] John Ellis argues this is a component in the feelings of 'apartness' that is felt between combat troops from Base units and Line of Communication troops.[23] While there was a feeling of apartness in New Zealand troops, the proportion of LOC troops in 2NZEF was smaller than the other Allied armies, mostly due to the reliance on British and American supply lines that were needed to provide for only a single division and were outside of New Zealand's ability to resource.

The New Zealand Division in World War Two was an infantry division initially, of three brigades comprised of three infantry battalions, but later one brigade was converted to armour. As a generalisation, artillery, medical and engineering units were split between those directly supporting the infantry battalions and those units that were back from the line and provided a more overarching support role, such as heavy artillery, road engineering, transport, supply or hospital medical services that were out of range of enemy fire. In an infantry division the infantry battalions are the one who are actually in contact with the enemy for any extensive period of time, a battalion being roughly 700 men in the New Zealand Army. The average strength of the 2nd New Zealand Expeditionary Force was 30,000 men with nearly half of those serving as base personnel. At full strength, a rare situation following combat, there were just under 2,000 infantry in the division, not including armour, engineers or artillery. Infantrymen generally account for 90 per cent of combat

[21] ATL, MS-Papers-1621, Dawson Collection, Letter 19 October 1943.
[22] Paul Fussell, *Wartime: Understanding and Behavior in the Second World War* (Oxford University Press, 1989), p. 279.
[23] Ellis, *The Sharp End of War*, p. 332.

casualties in an infantry division, a rule of thumb that holds for New Zealand, British and United States armies.[24] Clem Hollies, an officer of 21Bn promoted from the ranks following the Tunisian campaign in 1943, wrote in his reminiscences that,

> "It is not widely appreciated that 90 per cent of all casualties in battle are suffered by the infantry, ie. the "cutting edge." The New Zealand division had a total strength of 14000; the fighting strength – infantry, armour, artillery and engineers – was 5200; but the infantry strength was 1800. So if the Division suffered say 900 casualties in a fixed-piece battle, this was about 6 ½ per cent of the total strength, (which didn't sound much) but would be 50 percent of the rifle companies."[25]

Combat troops often manifested solidarity in the form of elitism, which was necessitated by the need for high *esprit de corps* in order to survive, tinged with a sense of resentment against those who were not suffering in the same manner they were, in other words rear echelon troops.[26] The individual soldier was bound to his group by mutual trust and reliance for survival and naturally saw all others as being outsiders that could not be trusted until they had proved themselves to the satisfaction of the group. An excerpt from the diary of private John Noel Atkinson, a signaller in 27 NZ Machine-Gun Battalion, records details of an impromptu debate on 'What the average soldier gained or lost in this war?' that was held in his hut in Italy in March 1944, noting, "Upon the credit side, we had experience with a capital 'E', comradeship of a type which cannot be found elsewhere, and which will last a lifetime."[27] In being part of a close group that was reliant on each other for survival in a hostile environment, the individual felt bound to that group by very strong ties of loyalty that they knew were reciprocated. For this reason the guilt that is associated with psychological casualties is felt keenly by the casualty themselves, but is not reciprocated by the group, as is shown by the soldiers of NZEF in the Greta War and is also the case in World War Two to almost the same extent.

[24] For British commentary see Ahrenfeldt, *Psychiatry in the British Army,* p. 172, for United States comments see McManus, *The Deadly Brotherhood*, p. 131, and the New Zealand Army Training Pamphlet 'Infantry in Battle', in W.F.Brown, *Going to War and Battle Experience – Views of Twenty-One Officers of the 2nd New Zealand Expeditionary Force,* Vol. 2, for a New Zealand view.
[25] New Zealand Army Museum, Waiouru, Accession 1996.222, Hollies Recollections, p. 71.
[26] McManus, *The Deadly Brotherhood*, p. 239.
[27] ATL, MS-Papers-5263-1, Atkinson Collection, Diary 2, Page 7.

Attitudes Towards Psychoneurosis

"Wounding of the mentality is far worse than the wounding of the body, and yet our army appears so little interested in it."[28]

The mental stresses on a soldier in a small unit in combat were shared by all those within the unit. As in the Great War, the possibility of sustaining a wound was as much a possibility for one man as another and, predisposition aside, the likelihood of one man breaking down mentally was the same as for any other. Sergeant William Stewart of the 18 Armoured Battalion writes in a letter home in May 1945 of the apprehension he felt before battle and how he believed it was a universal emotion for all men.

> "We are all influenced by the way we feel about things and its impossible to convey, for example, the feeling of apprehension one experiences before the start of a battle. This colours everything. No matter how light heartedly we may go about the ordinary everyday jobs that have to be done, no matter how unconcerned we may appear, we are all at one time or another (some of us, all the time) thinking of what might lie ahead."[29]

Each man dealt with that fear differently. Captain Leonard Thornton, Adjutant of 5 New Zealand Field Regiment at the start of the war, writing in early 1980 in response to a question regarding the strength of religious feeling amongst men on the eve of battle notes "...I agree men seek comfort and reassurance from any source...Some men fall back on superstition, some on their friends, some on gallows humour, and so on."[30] Private F.L. Newcombe, of B Company, 4 NZ Field Ambulance, writes in his diary following the Greek campaign in 1941, "...one would expect differences in reaction, and so it was from the man who only once felt his heart go pitter-pat to the boy who sobbed by himself...and wished they would get him and end it all."[31] The recognition of the individual reactions to stress and how each individual reacted to it contrasts with the image of a unit of soldiers as a homogenous group with a single motivation.

It is where men have not shown that they are willing to play their part in the group that there is any sign of negativity towards those displaying psychological symptoms. The three following excerpts are from letters of two officers and an enlisted man. They give contrasting views; sympathetic to those who were psychologically damaged or unfit for combat and unsympathetic to those who were

[28] Shinnick Collection, Diary, p. 29
[29] New Zealand Army Museum, Waiouru, Accession 2007.922, Stewart Collection, Letter 22 May 1945.
[30] Brown, *Going to War and Battle Experience,* p. 34.
[31] Archives NZ, DA 447.21/10, Statements and Eyewitness Accounts, Pte Newcombe Diary.

unwilling to face battle. Major John Bartrum, a doctor in 4 Field Ambulance in 1944, writes in his diary in March 1944, while at Cassino, of "Quite a steady stream came through including many exhaustion one case of sheer cowardice (a fellow who had deserted twice in the last month) and one a SIW through the foot (at least I am sure he is)."[32] Use of the word 'sheer' indicates a sense of effrontery that such a thing could occur. An entry in Major Bartrum's diary from November 1943,

> "26.XI.43 [26/11/43] Very busy morning had just finished my ward round when we were inundated with 11 nerve cases from the MDS for whom accommodation had to be found since we had then only 2 empty beds. However we got it all jacked up OK by lunch time."[33]

An entry 2 days before Major Bartrum encountered his case of cowardice, on 18 March 1944 noted that "At 1030 had a batch of 9 cases, all slightly wounded a case of nervous exhaustion from 6 Brigade."[34] Major Bartrum does not indicate anything out of the ordinary in the receipt of exhaustion cases, nor comments other than to record them. As the New Zealand Division was at Cassino, there was an understandable increase in the numbers of exhaustion cases coming into the Field Ambulances and Forward Dressing Stations. There were a mere 16 recorded cases of self-inflicted wounds in the New Zealand Division throughout the whole war so this event in itself is notable.[35] It was not seen as unusual to receive exhaustion cases in the Field Ambulances, needing no special comment by Major Bartrum, indicating that exhaustion was seen as a normal occurrence under the circumstances.

Two excerpts from the letters of Captain Arthur Allen, New Zealand Engineers give contrasting views of two individuals, one of whom left a convoy to Egypt in 1941 for what were seen as suspect motives, and the other regarding a man who had been returned to New Zealand after 'doing his bit'. Captain Allen writes to his wife in May 1942 that,

> "I was quite surprised to hear that a chap called Hammond that used to be attached to us... had called. Your impression sums him up in a nutshell. He came over as far as Bombay and then disclosed that he suffered from an ulcerated stomach or something and was sent back home. Everyone took a poor view of it." [36]

In the same letter a page later Captain Allen notes, "I am glad to hear that Wally Newth is back home safe & sound". Again in September 1943, to his wife, Allen comments positively of repatriated

[32] New Zealand Army Museum, Waiouru, Accession 2005.708, Bartrum Collection [hereafter Bartrum Collection], Diary 5, 20 March 1944.
[33] Bartrum Collection, Diary 5, 26 November 1943.
[34] Bartrum Collection, Diary 5, 18 March 1944.
[35] Archives NZ, WAII4 25 31, Medical History Statistics, 2NZEF, 1939-1945.
[36] AWMM, MS 99/31, Allen Collection, Letter 29 May 1942, p. 3.

another man, “I hope he is lucky enough to get boarded as he is not at all well and anyway he has done his share.”[37] The contrast in attitude could be explained as a consequence of gaining some insight into human nature under stress, as noted in the excerpts from Private Atkinson and Newcombe above, but two of Captain Allen’s observations are from the same letter before he entered combat. Lawrie Birks writes to his mother in August 1942 of a repatriated friend who “When he began to crack up, as they should have known he would, they had of course to send him back here.”[38] Later, in March 1943, Birks again writes of an acquaintance that,

> “So thats [sic] apparently where he’s been all this time, in what used to be called a “cushy job” in the last war, well away from the fireworks... Not that I blame him for that, of course, there are plenty out there who would be only too pleased to take the job if they had the chance, and anyhow I expect Kealy would be Grade 2, which would keep him away from the battlefield in any case. He’s welcome to it as far as I’m concerned, anyhow, I’d be sorry to take a job of that sort as a contribution to the war effort.”[39]

The contrasts that exist in the views of Private Birks and Captain Allen can be viewed in two ways. Firstly, Allen, as an officer and educated man (a civil engineer before the war), may hold disdain for anyone not matching his own personal moral standards. Birks takes a more charitable view of Kealy’s shortcomings, possibly because he does not have to match an officer’s personal example. The second possibility explaining the difference may be because Allen’s view was formed before he had seen combat and had little idea of the effects combat had on an individual. Roger Spiller, in ‘In the School of War’, quotes Charles E. Montague, “War hath no fury like a non-combatant” and argues that sympathy for psychological casualties was stronger nearer the front lines than the rear, “where facile moral judgements” about courage were made in ignorance about conditions in combat.[40] The preconceptions of battle those yet untried often bore little connection with the realities of combat.

The letters of Harry Delamere Barter Dansey, an NCO in the 28 Maori Battalion, and son of Major Harry Delamere Dansey who is quoted in Chapter Three, writes in two of his letters to his mother of his high expectations of his behaviour and later how he hates war and wants to leave. The first was written in March 1944 while still in training camp in New Zealand and states “And if I should not come back it will be the finest way of going that a real man can hope for... if someone can sing

[37] AWMM, MS 99/31, Allen Collection, Letter 19 September 1943, p. 4.
[38] Birks letters, 2 August, 1942, p. 1.
[39] Birks letters, 13 March, 1943, p. 4.
[40] Spiller, *In the School of War* (University of Nebraska Press, 2010), p. 41

"Tama ngakau marie" that wonderful hymn for me then I will rest content."[41] In May 1945, days after the end of the war Sergeant Dansey writes that,

> "...war is horrible.... God has been kind to me and I know that the prayers of you all were answered. On two occasions in the last couple of weeks of the battle it could have been nothing but the hand of God himself that saved me. When Jack Heketa was killed I did not believe in Him anymore but now I think that perhaps Jack's work here was over though it is hard to see. It is more than good luck when four poor fellows are killed within a few feet of me and I have not even a scratch."[42]

The difference in attitude exhibited by Harry Dansey in these two excerpts show the change from an eager but immature young man dreaming about a hero's death to a more mature man who has seen reality. In a survey conducted by General Kippenberger of veteran 2NZEF officers in 1956, and reprinted in W. Brown's thesis in 1986, the replies noted that fear responses were most pronounced in those taking part in their first actions and among those who had become 'stale' through too long a period in combat.[43]

Changing Attitudes: 1944.

"I've had enough of this war already, and was a fool to come back… My real trouble is that I'm terribly homesick…, and also my nerve and keenness for the panoply of war as 'twere, is definitely not what it was three years ago – in other words I've had enough. There is one thing I am sure of – the calibre of the men in this Coy and Bn (mostly conscripts) will never equal that of the old Bn."[44]

The language used when referring to psychoneurosis changed over the course of World War Two, indicating a change in attitude towards it as an entity as well as a change in their view of psychological casualties. Euphemism was a means of showing membership of a group, sometimes

[41] Dansey letters, 29 March, 1944, p. 8.
[42] Birks letters, 10 May, 1945, p. 4.
[43] Brown, *Going to War and Battle Experience,* Vol. 2, Section 10.
[44] Archives NZ, WAII1 462 DA 508/2 and 508/3 Field Censor Reports., 2 NZ Field Censor Report, Period 23 Apr., 1944 to 29 Apr. 1944, p. 1. This is an excerpt from a letter of an officer who had recently returned to Italy after a furlough in New Zealand.

utilising language that was unintelligible to the uninitiated.[45] Private Coughland of 5 Field Ambulance wrote of transporting a body to the base morgue, "Brought him back with us to the ice-house. A stiff ain't good company for a man…"[46] Slang, though, is used in a wider group setting and terms can enter into general use by transcending the professional boundary.[47] 'Shell Shock' is an example of where a professional term has entered into the general lexicon, and in this case outlasted the life of the term in its original use. 'Up the monk' or 'out the monk' became 2NZEF slang, with indefinable origin but exclusive use, to describe anything disorganised or messy.[48] Slang was also found to reduce fear by trivialising it and removing any mystique.[49]

The terms used to describe psychological casualties by troops altered through the war, although 'shell shock' was used throughout in letters. Private Newcombe uses the term 'badly shaken' to describe soldiers badly affected by bombing in Greece.[50] Corporal T.G. Bain uses the term 'nerves… shot to shreds' to describe two "Tommies" who were at Dunkirk and had broken down under air attacks during the retreat through Greece.[51] In Crete, Corporal H.M Adams of 18Bn uses the term 'hysterical' to describe those who broke under continual air attack.[52] Also from Crete, although from a narrative written in 1990, Private Raymond Kennedy of 22Bn, relates how "The German's [sic] were now using large mortars and the noise and thump...was nerve shattering, no wonder the dogs suffered from shell shock."[53] Lawrie Birks writes to his mother in August 1942, just before El Alamein, "We see the chaps who come back from the blue every now and again after they've been through hospital... as they're all wounded or shell-shocked or ill..."[54] In the same letter Birks refers to Jim Grimsley, graded to New Zealand for psychoneurosis, who "… began to crack up, as they should have known he would..."[55] Birks refers to Jim Grimsley in a number of letters in terms that were consistantly friendly. Sergeant Ian McNeur of 23Bn, in November 1943 "...a bomb...took the end out of a mans [sic] slit trench about three inches from his head... he was O.K. apart from ringing ears but left a few hours later with shell shock."[56] Using the term shell shock at this time, with the efficient

[45] Ann P. Linder, 'Magical Slang: Ritual, Language and Trench Slang of the Western Front', URL: http://www.firstworldwar.com/features/slang.htm
[46] New Zealand Army Museum, Waiouru, Accession 2007.977, Coughland Collection [Hereafter Coughland Collection], Diary, entry for Friday, 17 March 1944.
[47] Amanda Laugesen, 'Australian First World War "Slanguage"', *Journal of the Australian War Memorial*, Vol. 38 (Apr. 2003), p. 2.
[48] ATL, MS-Papers-1621-3, Dawson Collection, Letter January 19, 1945.
[49] Shephard, *A War of Nerves,* p. 37
[50] Archives NZ, DA 447.21/10, Statements and Eyewitness Accounts, Pte. Newcombe Diary.
[51] Archives NZ, DA 447.21/9, Statements and Eyewitness Accounts, Cpl. Bain Diary.
[52] Archives NZ, DA 447.2/35, Statements and Eyewitness Accounts, Cpl. Adams Narrative.
[53] ATL, MS-Papers-7439-06, Kennedy Papers, Letter to Archivist 1990.
[54] Birks letters, 2 August, 1942, p. 1.
[55] Birks letters, 2 August, 1942, p. 2.
[56] McMillan Brown Library, MS 1695, 23 Battalion Collection, McNeur Biographical Folder, p. 4.

use of exhaustion centres attached to the Field Ambulances in the New Zealand Division and anxiety neurosis as a semi-official designation for psychological casualties, further highlights the depth of its attachment in the public mind and memory.

By the end of 1943 other terms were being used to describe psychological casualties. Letters were being written using slang terms that reflected the interpretations soldiers themselves placed on events that caused mental injury to their comrades. Private Denham Dawson of 23Bn describes in a letter in May 1943 how, "I saw Archie Austin, who was in the throes of recuperation after going out with concussion from a shell-burst – "bomb-happy", to use the Army term."[57] The term is self-explanatory, probably enhancing its use in the same manner, but to a lesser extent than 'shell shock'. In recalling Italy in April 1945 Gunner W. Patterson of 5th Field Regiment wrote how, "Snipers gave me the creeps, a healthy dose of anxiety NZ'..."[58] The connotation of "anxiety NZ" is that it is a means of return to NZ. At the stage of the war Gunner Patterson is writing 2NZ Division was moving rapidly through northern Italy in the last days of the war and there were significantly fewer cases of anxiety neurosis being diagnosed and removed from the combat zone than in the previous two years.[59] New Zealand troops showed greater depth of feeling at this time regarding members of the population who were seen to be not making the same effort to finish the war and allow the men in the service to return home. Coupled with this was a feeling that the standard of men that were being sent from New Zealand through conscription was not up to the standard of the volunteers of the earlier echelons and reinforcements. There is a tinge of resentment in the term 'anxiety NZ' that is not present in the terms 'bomb happy' or even 'shell shock', as there was more impatience to be home than was exhibited previously.

From the time the NZ Division landed in Italy in October 1943 references to psychological casualties regularly began to be based around the word 'nerve'. Major Bartrum uses the term 'nerve cases' in his diary in November 1943.[60] Several months later there are references to 'nervous exhaustion' and 'exhaustion' in his diary from 18 and 20 March 1944.[61] Using two specific terms in a short space of time indicates he sees them, and therefore diagnoses them, as separate entities. Private Cecil Coughland of 5th Field Ambulance writes in his diaries using the terms 'cracked up', 'exhaustion' and 'nervous cases' with a two month period, again highlighting the differentiation in understanding

[57] ATL, MS-Papers-1621, Dawson Collection, Letter 20 May 1943.
[58] New Zealand Army Museum, Waiouru, Accession 2005.18, Patterson Reminiscences, p. 11.
[59] Stout, *War Surgery and Medicine*, p. 655.
[60] New Zealand Army Museum, Waiouru, Accession 2005.708, Bartrum Collection, Diary 5, 26 November 1943.
[61] New Zealand Army Museum, Waiouru, Accession 2005.708, Bartrum Collection, Diary 5, 18 and 20 March 1944.

between psychological injury and physical exhaustion.[62] A soldier at war expected to suffer discomfort and deprivation and the introduction of exhaustion centres was recognition that human endurance was not unlimited. There is also the realisation among that manpower has to be conserved, not necessarily strictly for humanitarian reasons, but for the fact that as the war progressed replacements for casualties were not inexhaustible. Therefore reducing wastage through psychological causes was a means of easing manpower demands. In the context of New Zealand itself this also meant the ability to maintain industrial and agricultural production by minimising demands on the workforce through conscription.

From the end of 1943 exhaustion as a diagnosis was introduced, and was used by troops themselves to describe what was occurring in their units. The concept and use of 'exhaustion' as a possible official diagnosis and treatment stream within the NZMC had coincided approximately with the end of the Tunisian campaign.[63] The shift in tone of references to psychological casualties that occurred at about this time coincided with the introduction of 'physical exhaustion' for what were previously designated 'anxiety neurosis'. Harder attitudes arose against those who were thought to be 'not doing their share'. Complaints in letters about strikers in New Zealand, furlough men not returning, and reference to the poor standard of conscripts meant malingerers were viewed with less sympathy than previously. An excerpt from a March 1944 report from Colonel Boyd, Consulting Physician in 2NZEF Headquarters, notes that more men are succumbing to 'Exhaustion' from recent drafts than from long serving veterans. Colonel Boyd states that he considers the reinforcement drafts into 2NZ Division contain low quality men and goes on to highlight the likelihood that they will be maladjusted in their new environment and therefore have a high chance of breaking down.[64] In the circumstances where men are broke down easily and before they had an opportunity to meld into the small unit group, there was not, as noted above, the same empathy from other members of the unit as there was towards more established members of the group. The introduction of a term like 'anxiety NZ' into the vernacular infers a measure of derision towards the victim that was not present prior to the campaign in Italy.

Exhaustion cases were returned to their units after three or four days, following a sedated sleep, hot food, rest and an explanation from a clinician to the man why he was ill and the physiological processes that occurred to caused his problem. If there was no response at this stage the man was sent back from the Exhaustion Centre to No. 3 NZ General hospital where he was placed into the grading process that either returned him to his unit after convalescence, or boarded as medically

[62] Coughland Collection, Diary. Entries for 5 May, 19 May and 30 July, 1944.
[63] Archives NZ, WAII4 5, DMS Reports to DGMS, August 1943.
[64] Archives NZ, WAII4 5, DMS Reports to DGMS Jan 1944 to Dec 1944.

unfit and allocated base jobs or returned to New Zealand. Men leaving their units with exhaustion were not admitted to hospital unless they did not respond to early treatment, they were only listed in unit diaries as being sick.[65] The process of using exhaustion centres afforded a quick recovery and returned men as soon as possible to their units, allowing them to keep their self-respect as they did not have the ignominy of a record of psychological breakdown on their medical records.[66] The dissemination of the physiological and psychological processes that placed a man in an exhaustion centre did, however, provide an expert view of the difference between exhaustion from combat and mental illness for laymen which reinforced any existing prejudices against mental illness.

By the end of 1944 there was a significant desire within men of 2NZEF to return to New Zealand. They did not believe the government had lived up to the promises it made for the furlough schemes. Letters home began to mention issues that the men saw as having a direct influence on the length of time they would be serving overseas. "The Gov't is to blame" and "Electioneering racket" were typical comments reported by field censors for men who were anxiously waiting their turns to return home.[67] The men did not blame the furlough men who stayed in New Zealand and commented negatively on their treatment by authorities. They also realised that by not returning they were jeopardising the chances of furlough of those still overseas. A gunner writes in February 1944, "By all accounts there is quite a bit of bother at home with the furlough chaps. I don't blame them either, but at the same time if they don't come back we won't get home till the war is over."[68] However, there was real resentment against fit men in New Zealand who would not enlist. A further concern for 2NZEF troops were fit men in New Zealand who were in jobs in essential industries that the veterans believed could enlist and replace long service men. "I'd like to see the Gov't weed out a lot of essential industries in NZ and send overseas some of the 35000 fit men there in the country doing nothing and making no sacrifices."[69] Comments reported from troops letters include the comments"… that there are too many people in NZ who do not know there is a war on" and "who are not pulling their weight"; people at home are labelled as "smug complacents" and the only ones who are considered to realise that "there is a war on, are those with husbands, sons and brothers serving overseas".[70] The depth of feeling is exhibited in a letter written in March 1944, during Cassino, by a Staff Sergeant responding to a Westcoast strike for an increased butter ration, "I would like to get cracking with a Tommy gun around Reefton or some place like that".[71] That a person in a

[65] McMillan Brown Library, Item 81926, 23 Battalion War Diary
[66] Shephard, *A War of Nerves*, p. 224.
[67] Archives NZ, WAII 462 DA 508/2 and DA 508/3, Censorship Report No. 84, 30 April to 6 May 1944.
[68] Archives NZ, WAII 462 DA 508/2 and DA 508/3, Censorship Report No. 16, 11Mar. 1944 to 6 Mar. 1944, p. 2.
[69] Archives NZ, WAII 462 DA 508/2 and DA 508/3, Censorship Report No. 14, 20 Feb. 1944 to 26 Feb. 1944, p.3.
[70] Archives NZ, WAII 462 DA 508/2 and DA 508/3, Censorship Report No. 8, 9 Jan. 1944 to 14 Jan. 1944, p. 3.
[71] Archives NZ, WAII 462 DA 508/2 and DA 508/3, Censorship Report No. 16, 11Mar. 1944 to 6 Mar. 1944, p. 2.

responsible position felt it necessary to consider and communicate the idea of utilising automatic weapons on strikers indicates the strength of the feeling held on this matter.

In a small team, where each member had to trust each other for their survival, psychological casualties were a danger to all. Major C.F.S. Caldwell of 20 Armoured regiment recalls, "On one occasion I had a crew member who developed mild 'shell shock'. We were extremely pleased to have him replaced although we regretted his problem."[72] There is sympathy in this statement but there is also the realisation that it was necessary to remove the man from the crew. Major Caldwell exhibits sympathy but also shows relief that the psychological casualty was removed. Corporal Cecil Shinnick of 25Bn wrote in his diary of a man in his platoon who 'lost his nerve' from artillery with delayed action fuses which "...buried themselves deep in the ground before exploding, causing a severe earthquake in the vicinity" and,

> "...from a big fourteen stone strapping specimen of manhood, he became a whimpering hulk of a man. One minute he had to be restrained from shooting himself, and the next he was reading his bible. He was so helpless that he messed his trousers."[73]

Corporal Shinnick received a cash prize for winning an essay competition run by the *NZEF Times* for a story written about his experiences in the Cassino battle and used it to get his diaries typeset.[74] That this 'whimpering hulk' had to be restrained indicates men were distracted from their duty to do so, and if the unit was in action this endangers all those around him.

In relating events after Cassino, Shinnick describes in less than flattering terms several men who broke down, decrying one as "...always developing a crucial attack of nerves when he was most needed."[75] He later describes an incident where another man panics at night and starts shooting wildly and "left us shortly after, graded for nerves."[76] The tenor of these quotes is less charitable than those seen previously. In both cases Shinnick has described these men's breakdowns occurring in depleted units while under threat of contact with the enemy. More extreme, Major Bartrum's use of the words "sheer cowardice" to describe a man during the Cassino battles is a harsh term rarely used in correspondence, indicating either or both stress on the user and exasperation that a man would leave his mates at such a time.[77]

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[72] Brown, *Going to War and Battle Experience,* p. 34.Note the use of the term 'shell shock' from comments made in 1956 by an ex-officer.
[73] Shinnick Collection, Diary, p. 29.
[74] Shinnick Collection, Diary, Preface.
[75] Shinnick Collection, Diary, p. 79.
[76] Shinnick Collection, Diary, p. 85.
[77] New Zealand Army Museum, Waiouru, Accession 2005.708, Bartrum Collection, Diary 5, 20 March 1944.

The arrival of conscripts in large numbers from late 1943 highlighted a number of existing issues in 2NZEF. Concerns within 2NZEF regarding fit men in New Zealand not volunteering did not lead to a unanimous welcome for conscripts. The critical need to fit new men into teams for mutual survival overcame any individual animosity or concern. However, there were concerns about the standard of men. Major Tuan Emery of 23Bn, stated in 1959 that,

> "All the volunteers were there because they wanted to be; not all of the conscripted soldiers would have been present if they could have avoided it. Their zest for battle reflected this … The coincidence of late arrival of reluctant soldiers with the obvious coming of the end of the war, made the latter [conscripts], even more determined to survive, to the detriment of the quality of their service."[78]

General Gentry noted, also in 1959, that,

> "I have sometimes said that we never fought again with the élan of the 1941 Libyan campaign (volunteers all), but what we lost in élan we made up for in skill and experience later in the war. It is difficult to make comparisons between the performances of volunteers & conscripts. They both performed well with good leaders."[79]

McLeod notes there was no real animosity between conscripts and volunteers in 2NZEF as the original volunteer numbers were depleted through repatriation or casualty rates and conscripts increased in proportion.[80]

> "I've had enough of this war already, and was a fool to come back… My real trouble is that I'm terribly homesick…, and also my nerve and keenness for the panoply of war as 'twere, is definitely not what it was three years ago – in other words I've had enough. There is one thing I am sure of – the calibre of the men in this Coy and Bn (mostly conscripts) will never equal that of the old Bn."[81]

Overall there was no real decline in the standard of men, only a decline in the willingness of the men to place themselves in harm's way when they saw the war as nearly over and that they had no advantage in being away from their jobs and communities. As Major Caldwell noted it was in the interests of the veterans, who were quickly becoming a conscript majority themselves, to assimilate recruits into their crews and sections as quickly as possible for their own survival. It was the

[78] Brown, *Going to War and Battle Experience,* p. 200.
[79] Brown, *Going to War and Battle Experience,* p. 16.
[80] McLeod, *Myth and Reality,* p. 24.
[81] Archives NZ, WAII1 462 DA 508/2 and 508/3 Field Censor Reports., 2 NZ Field Censor Report, Period 23 Apr., 1944 to 29 Apr. 1944, p. 1.

‘dodgers’ that gave the majority a bad name and as with any social group it is the extreme elements that receive the most notice.

Conclusion

"We are always scared as Hell. It's a case of fighting fear. If you win, you are all right. If not, you are done."[82]

There were a number of obvious similarities in the attitude of New Zealand soldiers in the two Expeditionary Forces towards psychological casualties, as there were a number of differences. Geography, science and social change through the period of the Great War and the following years created influences that caused attitudinal differences towards shell shock and psychoneurosis. There is juxtaposition of attitudes towards psychological casualties between military authorities and soldiers at the beginning of the Great War to the end of World War Two. Shell shock was an unexpected entity at the beginning of the Great War and it was several years before military and medical authorities were able to understand and manage the illness without unjust treatment of the victims. Troops who were experiencing the circumstances that generated shell shock had a different perspective of it than their commanders, viewing psychological injury as a natural hazard of their situation, not as personal failure or malingering. Their experiences indicated that any man subjected to the conditions of the front lines during the Great War was susceptible to psychological injury and was therefore deserving of the same sympathy as those who were physically wounded. However, it took several years of war before there was any official recognition that psychological casualties were not willing victims and were treated with any form of equanimity. By the end of the Great War treatment for shell shock, through PIE units, had become sufficiently efficient to be the basis for the exhaustion centre treatment method used in World War Two. Military medical knowledge advanced between the wars to the point where by the end of 1944 treatment was effective, and importantly for the maintenance of unit strengths, efficient enough to return the majority of men to their units within days, without the stigma associated with mental illness.

By the time the exhaustion centres were working effectively, troops in 2NZEF were becoming less sympathetic towards men who were proving incapable of sustaining any will to stay in their units while in the combat zones. The responses to psychological casualties in 2NZEF in the early years of World War Two, till approximately the time the division moved to Italy, mirrored those of NZEF in

[82] Archives NZ, WAII1 349 DA 447.21/10, Statements and Eyewitness Accounts, Pte F. L. Newcombe, March – April 1941, Greek Narrative, p. 72. This quote is from a discussion between two 2NZEF officers on their thoughts on fear following the Greek campaign.

the Great War. A portion of the treatment for psychoneurosis was an explanation of its physiological causes and the effect these had psychologically on the individual. This separated in the minds of the troops the mental aspects of physical exhaustion from the mental causes of neurosis.

Homesickness and war weariness affected the morale of New Zealand troops through the Italian campaign as it dragged on through 1944. New Zealand's inability to maintain sufficient replacements for casualties in 2NZEF meant those who were overseas were unable to gain leave periods or be returned home, causing grievance as a sense of isolation grew. Subsequently there was less patience with men who were unable to stay with their units and were repatriated to New Zealand. Men leaving their units for psychological reasons received less sympathy from those they left in their units, especially if they did not have strong bonds with members of the unit.

The military attitudes towards shell shock and psychoneurosis, at both command and combat level, were not held in isolation from the public sphere. From the time their young men were returning home mentally broken there was concern in the public arena. Even if the causes and treatments were unsure, there was a will to provide for these men who had gone overseas to serve their country. Public sympathy was extensive and this transferred to the government departments dealing with pensions and rehabilitation. Difficulties in rehabilitation were not the result of lack of desire to help but were primarily the result of limited resources as sheer numbers overwhelmed the administrative capacity of government departments. There was a determination from families that their men were not to be institutionalised in 'asylums with lunatics'. Public understanding of shell shock differed from the military and medical definition, becoming a universal term to describe any mental issues resulting from service in the armed forces. Coupled with the success of psychotherapeutic methods of treatment for shell shocked veterans, which were conducted in isolation from the psychiatric institutions, a differentiation was established in the public mind between neuroses associated with war and mental illness in the community. Successful treatment following amalgamation of military and civilian neurotics helped establish psychotherapy as a viable medical science, which by the beginning of World War Two was well established in New Zealand.

Attitudes towards psychological casualties held by 2NZEF soldiers changed through the period of World War Two. At the beginning of the war soldiers had the attitudes that were held by NZEF soldiers at the end of the Great War, exhibiting sympathy and some envy in their removal from the danger of combat. By the end of World War Two there was still sympathy and envy, but there was less patience for men who were malingerers or who were not prepared to actually make an effort to face battle. The causes of these changes were the result of two major contributing factors, the

perception troops in 2NZEF had of New Zealand society during the war and personnel issues in maintaining the strength of 2NZEF through the length of the war.

It was expected that attitudes to psychological casualties would be influenced from troop's comprehension of shell shock and what it meant to them as civilians in New Zealand between the two wars. The evidence seen in researching this paper does not indicate that the men of 2NZEF had any accurate knowledge of shell shock or psychoneurosis when they entered World War Two. Their expectations were formed from public memory of the Great War and the view that their war could not be as bad as the war their fathers experienced. Their influences were their literature, the magazines they read as teenagers and not the books from the war book era of the late 1920's.

What seems more certain is that the views of the late 20th Century were more influenced by 'war books' than the men who actually fought in World War Two, as our conception of the Great War today more closely matches that of the works of Remarque and Sherriff than it does of the letters of the soldiers themselves. Public memory of the Great War has highlighted the "dirt on the end of the stick", as General Sir Ian Hamilton put it, in representing the scenes of horror and fear in the Great War as the sum total of the soldiers' experiences.[83] The actualities of soldiers' lives at war were not exposed, where the writing took a position on either extreme of the middle truth, highlighting the ghastly, or emphasising the glory. Rarely, if at all, was the boredom interrupted by terror, comradeship, discomfort, pleasure and relief of leave, confusion and all the other minutiae of a soldier's life in wartime expressed in art or literature. The silence of the veterans, used to talking only amongst themselves, meant their defence was taken up by public memory and what that meant to New Zealand as a nation, creating the situation where the challenge to public memory became a challenge to New Zealand nationhood. As the Great War became fogged in myth and fiction, it gave those who served in World War Two little accurate conception of what they were going to face once in combat.

It is not remarkable that the attitudes of 2NZEF soldiers showed the same compassion and sympathy towards psychological casualties as the men of NZEF. Despite their belief that their war was different from that of their fathers, World War Two soldiers found that the outcomes of combat on their

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[83] 'Men Who Make Wars', *Evening Post,* 1 May, 1930, p. 18. The full quote is from a speech General Sir Ian Hamilton made to a British Legion meeting regarding the League of Nations. "I can tell you that the result of trying to present war to the public as you might push the dirt end of a stick under a man's nose and pretend that was the stick, the whole stick, and nothing but the stick—the result of this is, ethically speaking, so great a failure already that our younger generation are in danger of becoming Jingoes."

minds were the same, that the only difference was the scale of numbers engaged at any one time. And in the circumstances of combat where the view of the battlefield is limited to the range of the individual's vision, often face down under cover, in smoke or at night, scale of numbers was irrelevant as local intensity of combat was the same in both wars. What differed were the external influences on the attitudes of the soldier. The main focus of communications was with New Zealand for 2NZEF, not Britain as with NZEF, so events in New Zealand were more immediate and relevant. The lessons of the Great War regarding leave meant there was an opportunity that was not present in NZEF, but also meant there was a line of communication regarding events in New Zealand that addressed the concerns of men in 2NZEF directly, not filtered through government information services. These were the mechanisms that caused the changes in the attitudes held by 2NZEF towards psychological casualties.

A skein of rope could be an apt simile for the history of the psychological casualty. As in a rope, each fibre is not continuous, as is the events, personalities and discoveries that create the thread of this story. From the earliest recognition of nostalgia to the most recent use in popular media of the term shell shock instead of PTSD, there has been a mix of military, medical and public contribution to the story, each of which entwine to supply a strand of the rope, reliant on its neighbouring strand for unity and continuity. Railway spine focused the public attention to hysteria as a direct consequence of trauma and the military supplied ample hysterical cases to develop Myer's shell shock theories. Freud suggested the direction of effective treatment for neuroses that led Wiltshire and Rivers, *et al* to question the dominance of asylum psychiatry in treating shell shock. Public interaction with the military in New Zealand determined how returned soldiers were seen and treated within the community. And so on, as each facet of neurosis and shell shock, of cause and treatment, of effective and spurious cures and attitudes combine to provide the background to the attitude of men in combat to their comrades breaking down.

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