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## **The Psychology of Killing: The Combat Experience of British Soldiers during the First World War**

In recent years revisionist historians have offered a new and potentially disturbing reason why most soldiers survived the experience of trench warfare without becoming psychiatric casualties. In *The Pity of War*, Niall Ferguson argued that for many combat was not a devastating experience but exciting, adventurous and fun, precisely because of the danger. Furthermore, he suggested, ‘many men simply took pleasure in killing’ and proposed that Freud’s death instinct might be revived ‘to explain the readiness of millions of men to spend four and a quarter years killing and being killed’.<sup>1</sup> Ferguson took the radical position that the first world war was, in part, prolonged by the British soldier’s joy of combat: ‘Men kept fighting because they wanted to’.<sup>2</sup> In *An Intimate History of Killing*, Joanna Bourke acknowledged that recruits expressed an inherent resistance to killing and that this had to be overcome by training. However, once civilians had been turned into effective soldiers many found that killing was associated with ‘intense feelings of pleasure’.<sup>3</sup> Because commentators were struck with the ‘ease with which men were able to kill’, she concluded that ‘men unable to cope with killing were an aberrant group’. Troops in support roles immediately behind the front who were denied ‘an outlet for aggressive tendencies’ were at heightened risk of psychological disorders, so that ‘more men broke down in war because they were *not* allowed to kill than under the strain of killing’.<sup>4</sup>

The revisionist case was not entirely new as Glenn Gray, an American philosopher, had argued that ‘many men both hate and love combat’, enjoying not only the ‘delight of comradeship’ but also the ‘delight of destruction’.<sup>5</sup> Whilst not an infantryman himself, Gray as a member of a counter-intelligence unit during the second world war had been attached to fighting units in Italy and southern France. He recalled that ‘soldiers who cherished concrete

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I would like to thank Professor Ian Palmer, Dr Steve Weiss, Professor Simon Wessely, Christopher Seton-Watson and Professor Catherine Merridale for their help and advice. The comments of the two anonymous referees are also gratefully acknowledged.

1 Niall Ferguson, *The Pity of War* (London 1998), 358.

2 *Ibid.*, 357.

3 Joanna Bourke, *An Intimate History of Killing* (London 1999), 13.

4 *Ibid.*, 248, 249. Emphasis in the original.

5 J. Glenn Gray, *The Warriors. Reflections on Men in Battle* (New York 1970), 135, 28, 29.

emotions found the moral atmosphere of the front so much more endurable than in rear areas that they willingly accepted the greater strain and personal danger of combat'. Conceding that there were some soldiers who simply 'endure war', Gray concluded:

Happiness is doubtless the wrong word for the satisfaction that men experience when they are possessed by the lust to destroy and kill their kind. . . . Thousands of youths who never suspected the presence of such an impulse in themselves have learned in military life the mad excitement of destroying.<sup>6</sup>

More recently, support for the hypothesis that soldiers enjoy killing came from Theodore Nadelson, a psychiatrist who treated US ex-servicemen at the Boston Veterans Administration Hospital.<sup>7</sup> Based on the testimony of 24 anonymized cases, Nadelson concluded that true killers in Vietnam were 'ordinary men' before enlistment. He argued that once an initial resistance had been overcome in training, soldiers became addicted to the excitement and sense of freedom created by the licence to kill, while the act itself could assume the quality of sexual arousal or drug-induced ecstasy. Given that the veterans he had interviewed all suffered from intractable psychiatric disorders, including post-traumatic stress disorder, Nadelson implicitly rejected any suggestion that killing protected against mental illness.

The 'joy of war' case stands in contrast to S.L.A. Marshall's observations of US forces engaged in north-west Europe and the Pacific. He estimated that only 25 per cent of infantry fired to good purpose during combat.<sup>8</sup> Roy Grinker and John Spiegel, two American psychiatrists who treated US troops in North Africa, also concluded that few soldiers 'anticipate pleasure from destruction or killing, and, although some chronically hostile, aggressive individuals may be fascinated by the prospect of getting all the fighting they want, they frequently find it impossible to adapt their habitually irascible personalities to the controlled environment of teamwork and coordination necessary in battle'.<sup>9</sup> Subsequently, Dave Grossman suggested that increasingly realistic training was needed to overcome the natural reluctance of recruits to kill. Techniques of desensitization and conditioning (including the replacement of bullseye targets with human representations that fell back on being hit) eroded any resistance a serviceman might feel towards shooting the enemy. As a result, a firing rate of 55 per cent was observed in Korea, rising to 90 per cent in Vietnam.<sup>10</sup>

This article re-evaluates the accounts of soldiers and their doctors, and examines new evidence from shell-shock treatment units to identify the causes

6 Ibid., 52.

7 Theodore Nadelson, *Trained to Kill. Soldiers at War* (Baltimore, MD 2005).

8 S.L.A. Marshall, *Men against Fire. The Problem of Battle Command in Future War* (New York 1947).

9 Roy R. Grinker and John P. Spiegel, *Men under Stress* (London 1945), 43.

10 Dave Grossman, *On Killing. The Psychological Cost of Learning to Kill in War and Society* (Boston, MA 1995), 34–5, 251–8.

of psychiatric breakdown on the battlefield. Admissions for shell shock have been recorded to test whether the incidence of psychological disorder changed in response to different phases of battle. This data may help us answer the long-debated question as to whether soldiers ceased to function because they had been worn down by the gradual attrition and physical hardships of trench warfare or because they had been subjected to the greater risks of going over the top. In addition, the units from which patients were referred have been analysed to find out whether front-line or combat-support troops were particularly affected by the stress of battle.

During the first world war commanders and military psychiatrists believed that soldiers broke down, or succumbed to shell shock, because they had not been sufficiently 'hardened'. The 1922 *War Office Committee of Enquiry into 'Shell-Shock'*, chaired by Lord Southborough, concluded that civilians did not make natural warriors and that much effort was required to turn them into competent soldiers: 'Training must be simple, continuous and varied, and men must be trained with one purpose, viz., to fight.'<sup>11</sup> W.H.R. Rivers, a medical anthropologist who treated cases of shell shock at Craiglockhart, thought that war neuroses arose when an adaptive form of repression failed. Because most troops were not regulars but had volunteered or been conscripted into the army and trained in great haste, they had not had the time to build up an effective mechanism to deal with fear and anxiety. Faced with 'strains such as have never previously been known in the history of mankind', Rivers wrote, it was 'small wonder that the failures of adaptation should have been so numerous and severe'.<sup>12</sup> Captain F.G. Chandler, a front-line medical officer, concurred with this interpretation:

There is the horror of seeing men and animals wounded and maimed and mutilated, or torn to pieces or lying dead in some grotesque attitude . . . One has to inhibit nausea and disgust, and the feeling that one may oneself be like that in a few minutes' time, and I believe that it is these inhibitions that constitute the chief strain of this kind of warfare . . . Much mental and emotional inhibition is necessary to preserve one's reason.<sup>13</sup>

Whilst Rivers placed the emphasis on the changed nature of warfare, others, such as Moran, a medical officer with the Royal Fusiliers, proposed a constitutional explanation. He believed that the soft youth of the cities lacked the resolution and toughness of what he called the 'yokel soldier' who had been the traditional recruit of the armed forces. Farm hands, he believed,

. . . were blessed by natural courage — that the armies of long ago were recruited, broadly speaking from men who did not feel fear. Their courage seems to have had its roots in a

<sup>11</sup> Lord Southborough, *Report of the War Office Committee of Enquiry into 'Shell-shock'* (London 1922), 150.

<sup>12</sup> W.H.R. Rivers, 'The Repression of War Experience', *Lancet*, 1 (1918), 173.

<sup>13</sup> F.G. Chandler, *Memories of August 1917. Extract from a Doctor's Diary*, *London Hospital Gazette*, 1918, 4, Imperial War Museum (hereafter IWM).

vacant mind. Their imagination played no tricks . . . Phlegm, that was the yokel's virtue as a soldier, it was the distinctive quality of his race.<sup>14</sup>

In addition, contemporaries drew a distinction between officers who broke down in battle and their men. Frederick Mott, a neurologist who attempted to find an organic cause of shell shock, reflected the views of many of his contemporaries when he argued that psychiatric disorder was the price that educated and reflective men paid for assuming the role of command. He believed that officers were more prone to the symptoms of neurasthenia because of the pressure of responsibility for others:

Worn out by the prolonged stress of war and want of sleep, [this] causes anxiety lest he should fail in his critical duties. He fears that his memory may fail him at a critical moment, and anxiety weighs heavily upon him; mental preoccupation leads to a continued struggle to overcome such doubts and fears.<sup>15</sup>

Major General Wilmot Herringham, consulting physician to the Third Army, also believed that officers were 'much more open to the effects of worry, such as sleeplessness, fatigue and dyspepsia' than their men.<sup>16</sup> According to Robert Graves, who fought at the first battle of Ypres, the continual stress of trench warfare gradually eroded even the best officer's ability to command in action: 'At six months he was more or less all right; but by nine or ten months . . . he usually became a drag on the other company officers. After a year or fifteen months he was often worse than useless.'<sup>17</sup>

The proposition that civilians had the capacity to enjoy combat ran contrary to military doctrine during the preamble to the first world war. The increase in firepower, caused by industrialization and the expectation of heavy casualties in attacking troops, led staff officers to emphasize the need for an offensive mentality. Morale and training were given a pre-eminent role in what was called the 'psychological battlefield'.<sup>18</sup> Urban youths, unaccustomed to killing animals and living off the land, were considered intrinsically weak. The dilemma, therefore, was how to transform such recruits into a 'sharp fighting machine' with the determination and resilience to overcome the carnage inflicted by modern weaponry. Staff officers were divided between 'optimists' who believed that training and high morale would inculcate the necessary offensive spirit, and 'pessimists' who argued that the solution lay with the development of more powerful artillery to make the task of attacking troops less onerous. All were agreed, however, on the need to instil an aggressive mentality. Hence, bayonet practice during basic training was designed not

14 Charles Wilson [Lord Moran], *The Anatomy of Courage* (London 1945), 6.

15 Frederick Mott, *Neuroses and Shell Shock* (London 1919), 131.

16 Wilmot Herringham, *A Physician in France* (London 1919), 141.

17 Robert Graves, *Goodbye to All That* (London 1929), 143.

18 Tim Travers, *The Killing Ground. The British Army, the Western Front and the Emergence of Modern Warfare 1900–1918* (London 1987), 43–51.

so much to prepare soldiers for hand-to-hand combat but to ‘arouse the pugnacity of the men’.<sup>19</sup>

Letters, diaries and memoirs written by soldiers lie at the heart of the case for an excitement of killing. Ferguson, for example, quoted correspondence from Julian Grenfell, a cavalry officer, who wrote: ‘I *adore* war. It is like a big picnic without the objectlessness of a picnic. I’ve never been so well or so happy.’<sup>20</sup> As evidence of ‘joyful slaughter’, the autobiographical account of Henry de Man has been cited:

One day . . . I secured a direct hit on an enemy encampment, saw bodies or parts of bodies go up in the air, and heard the desperate yelling of the wounded or runaways. I had to confess to myself that it was one of the happiest moments of my life.<sup>21</sup>

However, the very nature of killing, an act that in peacetime is regarded as murder and carries fundamental implications for the character of the perpetrator, requires us to look closely at sources that relate to combat. When an author writes about killing, rather than a less emotive subject, can we be sure that he is sending a straightforward message?

An infantryman fighting for his life did not have the time or inclination to record his thoughts and feelings. As a result, diaries and letters were written between battles or during quiet periods of front-line service. They formed part of the soldier’s attempt to make sense of what he had gone through. For some they may have been a rationalization of what they had done or thought that they should have done. Given the high attrition rates among the infantry, diaries were a way in which a soldier could leave an enduring record for close friends and family.

The letters of Captain Cosmo Clark of the Middlesex Regiment may serve to test the nature of this evidence. A 17-year-old volunteer in 1914, Clark wrote regularly to his parents in Chiswick once he had been deployed to France. Referring to a battle in December 1917, he wrote in a positive vein:

We have had a fight and a very successful one too. Poor Stansfeld is missing and wounded — I am inclined to think he is killed . . . We were quite near the wood he [father] mentioned. Literally thousands of Hun were killed. One of our officers who was killed is being recommended for the VC. I am very happy and confident — my men behaved splendidly.<sup>22</sup>

Yet in an earlier letter of 6 July to his parents, Clark expressed quite different sentiments: ‘My dear mother and father you must not worry much about me

19 Richard Holmes, *The Firing Line* (London 1985), 390.

20 Quoted from Samuel Hynes, *The Soldiers’ Tale. Bearing Witness to Modern War* (London 1997), 39. For a similar description of combat (‘I have never enjoyed anything so much in my life — flames, smoke, SOSs, lights, drumming of guns, swishing of bullets’), see Denis Winter, *Death’s Men. Soldiers of the Great War* (Harmondsworth 1978), 181.

21 Henry de Man, *The Remaking of a Mind. A Soldier’s Thoughts on War and Reconstruction* (London 1920), 198–9; quoted by Bourke, *op. cit.*, 31.

22 Cosmo Clark, *The Tin Trunk. Letters and Drawings 1914–1918* (London 2000), 63.

. . . Everybody has a jolly good chance out here and the number of days one isn't in the danger zone greatly exceeds the number one is.<sup>23</sup> Knowing that parents would be fearful, to what extent did correspondents sanitize their letters to protect their relatives? Correspondence with pals or girlfriends at home may have been embellished to create an heroic image designed to impress. Some of the bravado was probably a mask to hide the terrors of war and the real prospect of death or mutilation. Furthermore, authors knew that their letters would be read by officers empowered to censor passages that might damage morale or give away information of value to the enemy.

The caveats about letters also apply to diaries, which the author knew would fall into the hands of close relatives if they were killed. As regards published accounts, it is important to ask for whom were books written and with what purpose? In an age when heroism was valued and the stiff upper-lip was the cultural norm in the UK, there was little mileage to be achieved from writing about fear and the failure to achieve military objectives. Among the best-selling books on war published during the interwar period were the adventures of Biggles by Captain W.E. Johns, unashamedly patriotic and gung-ho stories of combat. An account of the wartime experiences of an infantryman in the Honourable Artillery Company, written by Arthur Lambert under the title *Over-the-Top* (it is not certain whether the double meaning was intended) revealed the self-censorship. In the foreword, the author declared:

Every effort has been made to disguise disgust at men and systems that were insults to intelligence, and to tone down descriptions of scenes inconceivably ghastly. Little attempt has been made to reproduce the emotions that filled the mind and heart of every private soldier . . . and none whatever to foster the delusion that men went cheerfully to battle. On the other hand, every possible instance of bravery and cheerfulness has been recorded.<sup>24</sup>

How soldiers recounted their experiences after the war was often at variance with their conduct during battle. The psychoanalyst Wilfrid Bion, himself a decorated officer in the Royal Tank Corps, recalled meeting a former comrade who had not been trusted by his fellow officers and had been suspected of hiding in a shell crater during a hazardous attack. Meeting him by chance in a swimming pool after the war, Bion was taken aback when the veteran declared:

'Those days of the war — when I look back at them', he said, 'were the happiest days of my life.'

'Impossible', I replied.

'They were. I enjoyed every moment of it.'<sup>25</sup>

The evidence of psychiatrists has also been cited to support the contention that

23 Ibid., 93.

24 Arthur Lambert, *Over-the-Top, A 'PBI' in the HAC* (London 1930), xi.

25 W.R. Bion, *The Long Week-End 1897–1919, Part of a Life* (London 1986), 140.

soldiers enjoyed killing.<sup>26</sup> In 1918, John T. McCurdy concluded that although a soldier ‘must be more or less a natural butcher’, the transformation from a law-abiding civilian was relatively easy:

At the present time there are millions of men, previously sober, humdrum citizens, with no observable traits of recklessness or blood thirstiness in their nature, and with a normal interest in their own comfort and security not only exposing themselves to extraordinary hazards, but cheerfully putting up with extreme discomforts, and engaging in inflicting injuries on human beings without the repugnance they would have shown in performing similar operations on the bodies of dogs and cats.<sup>27</sup>

It is questionable how much credence should be attached to the opinions of doctors whose acquaintance with the military was at second hand. Although McCurdy, a lecturer in medical psychology at Cornell during the first world war, had visited British military hospitals at Maghull and Craiglockhart, he had not treated soldiers in war zones, nor was he closely acquainted with the culture of British servicemen. Contemporaries acknowledged how difficult it was to return soldiers hospitalized in the UK to active duty in France. Gordon Holmes, consultant neurologist to the BEF, recalled that base hospitals in France achieved return-to-duty rates of between 30 and 40 per cent, while those in the UK were as low as 4–5 per cent.<sup>28</sup> Hence, evidence about combat experience gathered from patients with both conscious and unconscious wishes to remain in a place of safety should be treated with caution.

Similar reservations apply to Abram Kardiner, the New York psychoanalyst who treated veterans during the 1920s, latterly becoming an influential figure in military psychiatry.<sup>29</sup> Kardiner had not served in the US army and treated ex-servicemen who were in receipt of benefits directly related to the severity of their mental state. For a veteran to have lost his war pension in times of economic hardship was a significant loss. Kardiner did not state how his anonymized cases were selected and we cannot assume that these narratives were typical or without bias.

Psychiatrists who practised in war zones were better placed to give an opinion on the effects of battle on soldiers’ minds. Some had earlier service as regimental medical officers in the trenches, while others were deployed to shell-shock treatment units — the euphemistic ‘Not Yet Diagnosed Nervous’ (NYDN) Centres set up ten miles from the front.<sup>30</sup> Among those who had seen

26 Bourke, *op. cit.*, 113, 248.

27 John T. McCurdy, *War Neuroses* (Cambridge 1918), 129, 11.

28 Gordon Holmes, ‘Report of a Conference’, 10 November 1939, Public Record Office (hereafter PRO), PIN15/2402/15B, 12; see also Ben Shephard, ‘The Early Treatment of Mental Disorders. R.G. Rows and Maghull 1914–1918’ in H. Freeman and G. Berrios (eds), *150 Years of British Psychiatry* (London 1996), 434–64.

29 Abram Kardiner, *The Traumatic Neuroses of War* (New York 1941); see also Ben Shephard, *A War of Nerves. Soldiers and Psychiatrists 1914–1994* (London 2000), 154–7.

30 Edgar Jones, ‘Doctors and trauma in World War One. The Response of British Military Psychiatrists’ in P. Gray and K. Oliver (eds), *The Memory of Catastrophe* (Manchester 2004), 91–105; E. Jones and S. Wessely, ‘Forward Psychiatry in the Military. Its Origins and Effectiveness’, *Journal of Traumatic Stress*, 16 (2003), 411–19.

at first hand the effects of battle were Captain Edward Mapother, Major William Brown and Captain Frederick Dillon.<sup>31</sup> Mapother, who later became medical superintendent of the Maudsley Hospital and psychiatric consultant to the Ex-Services Mental Welfare Society, argued that shell shock was the outcome of 'chronic and persisting fear'.<sup>32</sup> However, he did not consider killing, or the release of sadistic impulses, an antidote to the terrors of warfare. Brown, who was psychoanalytically orientated, suggested that the 'essential therapeutic agent' in the treatment of war neurosis was 'abreaction, or the working off of the repressed emotion caused by the shock [of the shell explosion]'. Killing, as a traumatic act, would only have added to the soldier's anxieties and provided further need for psychological defences.<sup>33</sup> Dillon, who commanded the NYDN Centre for the Third Army at No. 6 Stationary Hospital,<sup>34</sup> also believed in the value of abreaction to uncover unconscious conflict caused by both killing and the fear of being killed.<sup>35</sup> Dillon reported the following events:

The patient began to mumble and shortly afterwards began struggling and shouting 'Kill all men with white faces to-night' (the faces of the raiding party were blackened). He gave the impression that he saw Germans running away for he kept struggling and shouting 'Bomb them, bomb them! Don't let them get away!' He also attempted to strangle the man next to him. As his pockets were full of bombs he had to be held down.<sup>36</sup>

The act of killing, therefore, was an integral element in the soldier's breakdown and the fact that he had been given licence to slaughter Germans had not protected him from the stress of combat.

The evidence of Brigadier G.W.B. James was important. A regimental medical officer, he had worked at the Maudsley, a 'neurological clearing hospital' for shell shock, in the latter stages of the first world war. Selected to run army psychiatry in the Eighth Army during the Western Desert campaign, James possessed both military and clinical credibility: 'The award of the Military Cross and bar gave him an intimate knowledge of the soldier, the stress and squalor he endured in the forward positions.'<sup>37</sup> James, who had both subjective and objective knowledge of military psychology, observed that prolonged

31 Shephard, *op. cit.*, 46–51.

32 Southborough, *op. cit.*, 28.

33 William Brown, 'The Treatment of Cases of Shell Shock in an Advanced Neurological Centre', *Lancet*, 2 (17 August 1917), 199.

34 War Diary No. 6 Stationary Hospital, 11 July 1917, PRO, WO95/4100; War Diary No. 3 Canadian Stationary Hospital, 3 July 1917, WO95/4109.

35 F. Dillon, 'The Analysis of a Composite Neurosis', *Lancet*, 1 (11 January 1919), 57–60; see also Frederick Dillon, 'Neuroses among Combatant Troops in the Great War', *BMJ*, 2 (1939), 66; Colin Russel, 'The Management of Psycho-neuroses in the Canadian Army', *Journal of Abnormal Psychology*, 14 (1919), 29.

36 Frederick Dillon, 'Treatment of Neuroses in the Field. The Advanced Psychiatric Centre' in Emanuel Miller (ed.), *The Neuroses of War* (London 1940), 122.

37 Anon., 'G.W.B. James', *BMJ*, 4 (2 November 1968), 333; H. Ellis and R.A.L. Leatherdale, 'Obituary G.W.B. James', *Lancet*, 2 (26 October 1968), 920–1.



exposure to killing and the threat of being killed wore men down, and by late 1942 there was 'a complete and utter exhaustion which recalled some of the days in the 1914–18 war, when men coming out of the line would look wrinkled, yellow and apathetic'.<sup>38</sup> Troops, he suggested, 'got tired of fighting', while brief periods of rest 'did little to restore the cumulative effects of constant mental strain'.<sup>39</sup>

In reality, hand-to-hand fighting was rare during the first world war and most killing was impersonal. Fifty-nine per cent of casualties were a result of artillery, and three times as many men were killed by shells as by bullets.<sup>40</sup> Gunners did not aim at individual soldiers. Batteries were given a grid reference and ordered to put down a 'box barrage'. For example, 100 shells fired from a British 60-pounder gun in quick succession without any change to their direction would fall anywhere within an area 39 yards long by 4.5 yards wide.<sup>41</sup> To operate any form of artillery required teamwork, which spread the responsibility beyond any single soldier. Even the machine-gunner did not aim at a single individual. As part of a battery of guns designed to create a concentrated field of fire,<sup>42</sup> each gunner set his Vickers to fire two feet from the ground and swept from side to side according to pre-set limits. In this way men were shot in the legs, causing them to fall so that their head and torso were then exposed to bullets. Towards the end of the war, offensive tactics were designed to concentrate intense fire on a restricted front not so much to kill as to neutralize and disorientate, allowing the attacking forces to pass through with the maximum element of surprise.

There were, nevertheless, instances of individual soldiers' choosing to kill in cold blood, sniping being an obvious example. However, there was a considerable difference between shooting a man at 400 yards, at which distance the damage caused by the bullet to his body was largely unseen, and cutting a man's throat or bayoneting him in the guts.<sup>43</sup> Distance made killing less troubling as bomber crews found when flying raids over Germany in the depth of night. In many units snipers were not welcomed simply because they invited retaliation. Often battalions adopted the 'live and let live' system of going through the motions of fighting unless compelled to engage in offensive warfare.<sup>44</sup> Deployed to the Laventie area of the front for the winter of 1915–16, C.P. Blacker, a decorated officer in the Coldstream Guards, later recalled

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38 G.W.B. James, 'Narrative, Résumé, Comments and Conclusions Concerning the Middle East Force from September 1940 to July 1943' (typescript 1955), 57.

39 *Ibid.*, 98.

40 Gary Sheffield, *Forgotten Victory. The First World War. Myths and Realities* (London 2001), 111.

41 Robin Prior and Trevor Wilson, *Passchendaele, The Untold Story* (New Haven, CT 1996), 11, 13.

42 Hew Strachan, *European Armies and the Conduct of War* (London 1983), 138.

43 Grossman, *op. cit.*, 99–106.

44 Tony Ashworth, *Trench Warfare 1914–1918. The Live and Let Live System* (London 1980).

. . . tacit conventions as to the places shelled and the times at which they were shelled which grew up imperceptibly on both sides. 'The old Hun puts a few into the town hall round eleven on most mornings. Keep away from there about that time' was a type of remark one might hear . . . Such conventions suited everyone except the fire-eaters in red hatbands living in chateaux well back.<sup>45</sup>

Some have argued that the goal for most soldiers was simply survival: doing nothing that would expose them to unnecessary dangers, while doing as much as possible to protect themselves. Based on his experiences in the Royal Welch Fusiliers, a regiment that liked to dominate its sector, Graves observed that experienced soldiers worked out a 'formula for taking risks':

In principle, we would all take any risk, even the certainty of death, to save life or to maintain an important position. To take life we would run, say, a one-in-five risk, particularly if there was some wider object than merely reducing the enemy's manpower; for instance, picking off a well-known sniper or getting fire ascendancy in trenches where the lines came dangerously close.<sup>46</sup>

Quoting the experience of Private J. Ellis of the Royal Welch Fusiliers, Ferguson argued that 'soldiers in the most exposed positions were rarely those whose morale cracked'<sup>47</sup> and therefore were less likely to suffer from shell shock. This conclusion echoed that of the 1922 Southborough *Report* which endorsed the observation of Lord Gort, who had won the Victoria Cross, that shell shock was practically non-existent 'in first-class divisions' and that prevention was a matter of 'training . . . strong morale and *esprit de corps*'.<sup>48</sup> Although some regimental medical officers recognized that 'humanity has only a certain limit of endurance',<sup>49</sup> it took the second world war and careful studies of tours of duty to show that all men, however brave and well-trained, have their breaking point.<sup>50</sup> Indeed, Swank and Marchand's study of US infantry in north-west Europe showed that after 60 days of continuous combat, 98 per cent of surviving soldiers were likely to have become psychiatric casualties of some kind, whether of combat exhaustion, acute anxiety state or depression. In the remaining two per cent, who were capable of enduring a

45 C.P. Blacker, *Have You Forgotten Yet?* (Barnsley 2000), 59.

46 Graves, op. cit., 112.

47 Ferguson, op. cit., 366.

48 Southborough, op. cit., 50.

49 See the evidence of Lt. Colonel J.S.Y. Rogers, regimental medical officer to the 4th Black Watch, to the shell-shock enquiry, Southborough, op. cit., 65–6.

50 G.W. Beebe and J.W. Apple, 'Psychological Breakdown in Relation to Stress and Other Factors' in *Variation in Psychological Tolerance to Ground Combat in World War II, Final Report* (Washington, DC 1958), 88–131; G.W. Beebe and M.E. DeBakey, *Battle Casualties. Incidence, Mortality, and Logistic Considerations* (Springfield, IL 1952); A.J. Glass, 'Lessons Learned' in A.J. Glass and R. Bernucci (eds), *Neuropsychiatry in World War II. Zone of Interior*, vol. 1 (Washington, DC 1966), 735–59.

sustained period of combat, they encountered a predisposition to an 'aggressive psychopathic personality'.<sup>51</sup>

If soldiers did, indeed, enjoy killing, how can we explain breakdown in battle and the epidemic of shell shock? Bourke suggested that the highest rates of breakdown were recorded among support troops who were subject to the fear of being killed without the opportunity to hit back at the enemy: 'an absence of any outlet for aggressive tendencies put soldiers at risk of psychological disorders'.<sup>52</sup>

An examination of the admission and discharge books of No. 4 Stationary Hospital, the 'Not Yet Diagnosed Nervous Centre' (NYDN) for the First and Second Armies, is instructive.<sup>53</sup> Set up in December 1916 at Arques about ten miles from the front line, it was designed to treat psychiatric casualties quickly with the expectation that the soldier would return to active service. Observations of shell-shock cases at base hospitals, both on the French coast and in the UK, had suggested that symptoms tended to multiply the longer a man was an in-patient. During the first three months of its operation, a period of routine trench warfare, admissions to the shell-shock unit were steady and at a relatively low level with 107 new cases in January, 80 in February and 110 in March. These have been analysed by unit to show whether they were in front-line units or combat support roles (Table 1). Virtually all admissions to the shell-shock division were from units directly engaged in combat, the majority being infantrymen. Combat support troops (Army Service Corps and Labour battalions) and non-combatant medics were scarcely represented.

TABLE 1  
Admissions for shell shock to No. 4 Stationary Hospital, Arques, during 1917

Type of unit	1-31 January	1-28 February	1-31 March	1-30 June
Infantry	101 (94.4)	69 (86)	92 (83.6)	733 (64.6)
Artillerymen	4 (3.7)	7 (8.9)	10 (9.1)	247 (21.8)
Engineers	1 (0.9)	2 (2.5)	6 (5.5)	56 (4.9)
Sub-total	106 (99.1)	77 (97.5)	108 (98.2)	1036 (91.3)
Combat support	1 (0.9)	1 (1.3)	1 (0.9)	87 (7.7)
Medics (RAMC)	0 (0)	1 (1.3)	1 (0.9)	12 (1.1)
Total	107 (100)	80 (100.1)	110 (100)	1135 (100.1)

Figures in brackets are percentages.

Source: Admission and Discharge Books for No. 4 Stationary Hospital, 24 January 1917-2 July 1917, PRO, MH106/1465-1478.

The attack on Messines Ridge brought a rapid increase in the incidence of shell shock. The detonation of 19 mines on 7 June led to initial gains, though

51 R.L. Swank and W.E. Marchand, 'Combat Neuroses. Development of Combat Exhaustion', *Archives of Neurology and Psychiatry*, 55 (1946), 236-47, 244.

52 Bourke, *op. cit.*, 249.

53 Admission and Discharge Books for No. 4 Stationary Hospital, 24 January 1917 to 12 March 1917, PRO, MH106/1465-1467.

the attempt to advance further was responsible for most of the 25,000 casualties. Admissions for shell shock escalated. On 7 June alone, over 50 cases were referred followed by 100 the next day. Ten days later there were 1011 cases of shell shock in No. 4 Stationary Hospital, and one month after the first attack 1800 psychiatric casualties had been admitted.<sup>54</sup> To some extent the dramatic rise in the number of admissions reflected the increased number of troops deployed for the attack. The pattern of admissions to No. 4 Stationary Hospital (Table 1) reflected the offensive nature of warfare. The attack was preceded and accompanied by artillery barrages, which in turn inspired counter-barrage from German gunners. As a result, the percentage of gunner patients rose dramatically from 9.1 per cent in March to 21.8 per cent in June. Royal Engineers in combat roles were needed in greater numbers to maintain communications and the flow of munitions, though their admission rates did not rise significantly. The number and proportion of combat-support troops rose but represented only 7.7 per cent of all admissions. These figures suggest, therefore, that front-line combat troops, those most exposed to danger and those best placed to kill the enemy, were the most likely to break down.

There is further evidence, albeit from the second world war, to suggest that soldiers in support roles immediately behind the front were not at heightened risk of psychological disorders. An unpublished survey by James of psychiatric casualties in the Western Desert showed that combat-support units suffered lower rates than would be expected from their numbers. Infantry, exposed to the greatest dangers, had higher rates as did members of the Royal Armoured Corps and reconnaissance units (Table 2). James believed that support troops broke down because they often operated in isolation, and unit cohesion was less developed than in well-trained combat units.

TABLE 2  
Psychiatric casualties from a sample of 3724 British troops of the Middle East Force, 1942–43

Type of unit	Psychiatric casualties		Average strength by arms	
		%		%
Combat-support including medics		32		37
Infantry		22		17
Artillery		20		22
Armoured and reconnaissance units		12		9
Engineers		9		9
Signals		5		6
Total		100		100

Source: G.W.B. James, 'Narrative, Résumé, Comments and Conclusions concerning the Middle East Force from September 1940 to July 1943' (typescript 1955), 106.

During the first world war, contemporaries reported an increased likelihood of breakdown during offensive operations. William Johnson, a decorated regi-

54 War Diary of No. 4 Stationary Hospital, July 1915 to October 1919, PRO, WO95/4099.

mental medical officer who ran the NYDN Centre for the Fifth Army during the battle of Passchendaele, estimated that 5000 cases of shell shock were admitted to his unit between August and October 1917, and that they represented about one per cent of the troops engaged.<sup>55</sup> Brown believed that the early admissions to the NYDN Centre for the Fourth Army at 21 Casualty Clearing Station in Corbie during the battle of Cambrai in November 1917 were simply old soldiers 'who had lost their nerve . . . or else men constitutionally weak of nerve and lacking the power to pull themselves together in the face of an emergency'.<sup>56</sup> This evidence suggests that the opportunity to attack and kill the enemy did not lead to reduced rates of breakdown.

Furthermore, it has been shown for a number of modern wars that psychiatric battle casualties fluctuated in direct relationship with the killed and wounded rate.<sup>57</sup> Because offensives usually led to far higher physical casualties than defensive operations,<sup>58</sup> breakdown was more common when soldiers were given the opportunity to express aggressive instincts. Indeed, a retrospective study of four US infantry divisions in Italy over nine months to April 1945 showed a short initial peak in the breakdown rate when inexperienced units were first cast into an attack. Once vulnerable soldiers had been evacuated and the remainder habituated themselves to combat, psychiatric casualties fell, only to rise again when the unremitting stress of battle began to wear down men who had coped well in battle.<sup>59</sup> Killing did not appear to protect either group. These findings contradicted the Southborough *Report* which had concluded that the highest incidence of shell shock occurred in periods of 'monotonous trench warfare, with its inaction and depressing circumstances', while 'open warfare with scope for activity and change of scene' saw cases of shell shock 'diminished'.<sup>60</sup>

There is a fundamental difference between killing in combat and shooting prisoners of war. To kill in battle a soldier usually has to expose himself to the risk of death. Attacking troops often suffered appalling rates of attrition, while the soldier who shot an unarmed prisoner did not usually feel threatened.

55 Southborough, *op. cit.*, 80; see also the evidence of Squadron Leader W. Tyrell, a highly-decorated veteran, who argued that shell shock was most likely to be produced at 'the height of battle, the hour before going over the top [and] the evening before going back to the trenches after a rest period' rather than in periods of routine trench warfare; *ibid.*, 34.

56 William Brown, 'War Neurosis. A Comparison of Early Cases Seen in the Field with Those Seen at the Base', *Lancet*, 1 (17 May 1919), 833.

57 Beebe and DeBakey, *Battle Casualties*, *op. cit.*; C.G. Blood and E.D. Gauker, 'The Relationship between Battle Intensity and Disease Rates among Marine Corps Infantry Units', *Military Medicine*, 158 (1993), 340–4; E. Jones and S. Wessely, 'Psychiatric Battle Casualties. An intra- and inter-war comparison', *British Journal of Psychiatry*, 178 (2001), 242–7.

58 Hew Strachan, *The First World War* (London 2003), 159–61.

59 S.A. Stouffer, Arthur Lumsdaine, Marion Lumsdaine, Robin Williams, M. Brewster Smith, Irving Janis, Shirley Star and Leonard Cottrell, *The American Soldier. Volume 2, Combat and its Aftermath* (Princeton, NJ 1949), 453–4.

60 Southborough, *op. cit.*, 150.

Whilst there is no doubt that prisoners of war were summarily shot during the first world war, no accurate evidence exists to say how many died in this way. The scale of this form of killing remains unknown and as such has become part of the mythology of warfare. As Ferguson demonstrated, there is no single explanation for these acts.<sup>61</sup>

On the Western Front in December 1915, Sergeant-Major Ernest Shephard of the Dorset Regiment recorded that if the enemy chose to desert, they were 'allowed to advance singly with their hands up, but if they attempted to return to their own lines they were to be shot'.<sup>62</sup> Occasionally a soldier would make a concerted attempt to kill an enemy to avenge the death of a close friend or relative. If a soldier had himself been traumatized by combat, his agitated mental state could provide the drive to avenge a death. Bion described a tank driver who 'broke under the strain' of having fought in the battle of Cambrai. On seeing a group of German prisoners carrying two stretchers with wounded,

'You bloody bastards', he screamed. 'You bastards, killed my brother.' He had drawn his revolver and was blazing away at the stretcher party. Luckily O'Toole and I managed to disarm him, still fighting violently. . . . He was frothing at the mouth. No one had been hit and his ammunition was exhausted.<sup>63</sup>

Referring to the German spring offensive of 1918, Richard Holmes concluded that the 'remarkable thing . . . was not how many British soldiers were killed while trying to surrender, but how few'.<sup>64</sup> Given the opportunity to kill out of hand, German troops were scrupulous about accepting surrender in battle.

Some prisoners were shot for a military reason. When attacking troops overran a position, it was safer to kill captured soldiers than leave them unattended where they could resume fighting. In the latter stages of the conflict, the Germans were adept at concealing machine-gunners to shoot soldiers who had advanced beyond them. Equally, officers were sometimes reluctant to assign trained infantry to escort duties when they were needed to push forward. Some units may have encouraged a policy of no prisoners to heighten the aggression of the men.

However, many prisoners of war were shot when the general tenor of fighting had become brutalized. During the second world war, for example, both Russian and German troops recognized that if they surrendered, their chances of being taken alive were slim, each side using the other's behaviour to justify their own actions. Anthony Beevor has argued that the brutality observed on the Eastern Front was because both the nazis and Stalinist regimes had taught their respective forces to both hate and fear the enemy; atrocity stories were deliberately spread to encourage acts of revenge killing.<sup>65</sup> A similar code could

61 Ferguson, *op. cit.*, 373–84, 447–8.

62 Shephard, *op. cit.*, 81.

63 Bion, *op. cit.*, 137.

64 Holmes, *The Firing Line*, *op. cit.*, 382.

65 Anthony Beevor, *Berlin. The Downfall 1945* (London 2002), 170, 176; see also Catherine Merridale, *Night of Stone. Death and Memory in Twentieth-Century Russia* (London 2002).

be observed between the Japanese and Americans fighting for Pacific islands where racial and ideological factors may have increased bitterness between the combatants.

In his analysis of Reserve Police Battalion 101, a unit that systematically murdered Jewish Poles during the second world war, Browning estimated that at most only 20 per cent refused to engage in the killings.<sup>66</sup> Although members of the unit were not specifically chosen for their ruthlessness or ideological commitment, they had been selected by default, being ‘the “dregs” of the manpower pool’ — middle-aged men, mostly working-class and keen to avoid being drafted into the army.<sup>67</sup> The battalion was also subject to high rates of turnover and reassignment. Military policemen were subjected to a deluge of racist and antisemitic propaganda, and psychological distancing and the use of alcohol played important roles in enabling them to overcome inhibitions about killing and take a sadistic pleasure in these acts.

Bourke and Ferguson rightly identified the highs of battle, short periods of what today would be called an ‘adrenalin rush’. The suggestion that war is ‘the most dangerous of all excitements’ had been expressed by General Robert E. Lee, who also observed that ‘it is well that war is so terrible — we would grow too fond of it’.<sup>68</sup> Arthur Osburn, a regular medical officer, recalled in his memoirs that in spring 1915

. . . I had begun to enjoy being frightened. The rolling thunder of heavy gunfire, like the sound of real thunder or of ocean breakers, is to me very stimulating. When we were any distance back from the front line it always felt so dull.<sup>69</sup>

Drawing on his own experience as an infantry officer during the first world war, Liddell Hart wrote in the *Sunday Express* in March 1940: ‘In comparison with the tediousness or triviality of normal existence it, the war, gives people a fresh interest in life.’<sup>70</sup>

However, part of the excitement of military service related to the youth of the combatants. At the age of 18, soldiers were living away from home for the first time, experimenting with alcohol and perhaps exploring their sexuality. In the way that students looked back on their university years as a period of self-discovery, so veterans went through an intense period of change. For the teenage George Coppard, a private in the Machine Gun Corps,

66 Christopher R. Browning, *Ordinary Men. Reserve Police Battalion 101 and the Final Solution in Poland* (New York 1992), 159, 168; see also Daniel Goldhagen, *Hitler’s Willing Executioners. Ordinary Germans and the Holocaust* (New York 1996), 239–80.

67 *Ibid.*, 165.

68 Quoted from Theodore Zeldin, *An Intimate History of Humanity* (London 1994), 214–15; Gray, *op. cit.*, 31.

69 Arthur Osburn, *Unwilling Passenger* (London 1932), 219–20.

70 Basil Liddell Hart, ‘The Psychological War’, *Sunday Express*, 3 March 1940.

. . . the first few months, trench warfare had been a kind of dangerous fun to me. Although only a boy I had lived with grown men, sharing their fears and dangers. It was still fun when not in the trenches. Up in the front line, however, anything approaching merriment was dead . . . The dreadful winter, coupled with the constant fear of death and insufficient food, produced a yearning for England and home.<sup>71</sup>

Perhaps the much-quoted passage in which Julian Grenfell describes the thrill of sniping can be understood not so much as enjoyment in killing but as competing when the stakes were at their highest. Sniping, as Bourke has suggested, has become part of the warrior myth: the clean kill, a skill akin to big game hunting.<sup>72</sup> Grenfell wrote in his diary:

I crawled on to the parapet of their [the Germans'] trench. It was very exciting. . . . I peered through their loophole, and saw nobody in the trench. Then the German behind put his head up again . . . I saw his teeth glisten against my foresight, and I pulled the trigger very steady. He just gave a grunt and crumpled up.<sup>73</sup>

Samuel Hynes, himself a veteran of the Korean War, commented of this passage that there is actually no feeling for the man that has been killed nor are there any inflating terms, nothing of the 'glory' or 'heroism' of war. Grenfell may have used the psychological defence of denial to bring himself to kill. If a soldier thought too long about the consequences of his actions, the fact that he might deprive a small child of his or her father or a mother of her treasured son, it might have become too difficult to pull the trigger. The common analogy drawn by soldiers between combat and sport implied a form of distancing, that killing was merely a game or that their prey was an unwanted pest. Infantrymen commonly dehumanized opposing troops, calling them 'the Hun', 'Bosche' or simply 'the enemy' as a way of bypassing inhibitions about killing.

Small-unit cohesion, or comradeship, are acknowledged sources of morale and motivation for the infantry. Caught up in the intense battle for Hill 60 in May 1915, Shephard recalled coming across Sergeant-Major Sam Shapton who had successfully disciplined the most unruly company in the battalion. Shapton was in tears: 'He had been digging his men out and attending the wounded, and was simply exhausted, terribly cut up at losing so many of his "boys"'. Such men as he hold men together, enabling them to stand any test.<sup>74</sup> Coppard recounted the compelling personal loyalties experienced at the front:

Of my memories of life in the trenches, the one thing I cherish more than anything else is the comradeship that grew up between us as a result of the way of life we were compelled to lead — living together under the open sky, night and day, fair weather or foul, witnessing death

71 George Coppard, *With a Machine Gun to Cambrai. A Story of the First World War* (London 1980), 62.

72 Bourke, *op. cit.*, 50, 61–2.

73 Hynes, *op. cit.*, 40.

74 Ernest Shephard, *A Sergeant-Major's War. From Hill 60 to the Somme* (Marlborough 1988), 75.



or injury, helping in matters of urgency, and above all, facing the enemy. Such situations were the solid foundation on which our comradeship was built. It has been said that such comradeship died when the war ended.<sup>75</sup>

The intensity of the soldiers' experience was often so great that it is difficult to imagine anything in civilian life that came anywhere close to these bonds.

Killing in war has remained largely taboo and Bourke and Ferguson are commended for exploring this emotive issue. There is, perhaps, something inherently unknowable about combat; knowledge denied to all apart from those who took part. Historians can, of course, seek approximations through oral testimony and contemporary accounts but there are few certainties in the issue of killing. Whilst soldiers who took pleasure in such acts undoubtedly existed, it is far from certain that they were typical. It is also undeniable that troops found periods of excitement in the adventure of war and the camaraderie of combat. Fear, as Bourke argued elsewhere, was 'the most dominant' emotion of battle and 'if any enjoyment was achieved it was due to the remarkable resilience of the human imagination'.<sup>76</sup>

Killing did not protect against shell shock. Soldiers given an opportunity to slaughter others were more likely to suffer from psychological disorders than those who occupied defensive positions. Because rates of psychiatric casualties mirrored those for physical wounds, a soldier was at greater risk of breakdown from the moment he advanced into no-man's-land because, as Strachan has shown, trenches 'protected flesh and blood from the worst effects of the firepower revolution of the late nineteenth century'.<sup>77</sup> Siegfried Sassoon, who demonstrated a combative spirit as an infantry officer, argued, albeit with the benefit of hindsight, that battle could be an 'uplifting experience'.<sup>78</sup> Of the build-up to the Battle of Arras in 1917, Sassoon later wrote:

Why should I feel elated at the prospect of battle, I wondered. . . . Last year, before the Somme, I hadn't known what I was in for. I knew now; and the idea was giving me emotional satisfaction! Was it some suicidal self-deceiving escape from the limitless malevolence of the Front Line?<sup>79</sup>

According to his own memoirs, Sassoon killed a number of Germans but this did not prevent him from experiencing a breakdown, characterized by exhaustion, tremor, difficulty in sleeping and nightmares. Recuperating in the Kent countryside, he was only able to embark on his life story in 1926.<sup>80</sup>

Both Bourke and Ferguson have drawn attention to the disjunction between

75 Coppard, op. cit., 172–3.

76 Joanna Bourke, *Fear. A Cultural History* (London 2005), 199.

77 Strachan, op. cit., 159–60.

78 Siegfried Sassoon, *Memoirs of an Infantry Officer* (London 1930), 128.

79 Ibid., 142.

80 Paul Fussell, *The Great War and Modern Memory* (Oxford 1975), 91.

what recruits imagined military service to be and what they actually experienced.<sup>81</sup> Young men enlisted in the army, or later were conscripted, largely in ignorance of what was involved. Volunteers were inspired by old-soldiers' tales, popular warrior culture as depicted in novels and films, and by patriotism. Some may have imagined themselves performing heroic acts which involved killing scores of enemy troops. However, as Bruce Newsome demonstrated, the motivation to join the armed forces was different from the motivation needed to sustain a man through combat.<sup>82</sup> Doubtless much of the disillusionment expressed by veterans was due to the dissonance they experienced between the expectations and ideals that had led them to the recruitment office and the realities of active service.

In general, the highs of war were outweighed by the lows. Most servicemen sought rapid demobilization at the end of both world wars even though the adjustment to civilian life proved difficult. As Bourke has shown, many found themselves cut off from the friends and relatives they had left behind by the knowledge that they had killed, and this led to an enduring sense of estrangement.<sup>83</sup> Veterans were left with the dilemma of how to reconcile acts of behaviour that in peacetime were regarded as among the most heinous of crimes, but for which they had been trained and then encouraged to perform.

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81 Bourke, *An Intimate History of Killing*, op. cit., 44–68, 103–38, 345–68; Ferguson, op. cit., 197–211.

82 Bruce Newsome, 'The Myth of Intrinsic Combat Motivation', *Journal of Strategic Studies*, 26 (2003), 24–46.

83 Joanna Bourke, 'Remembering War', *Journal of Contemporary History*, 39, 4 (October 2004), 473–85.