

THE REVOLUTIONARY THERAPUTIC QUALITIES IN THE WAR POETRY OF
WILFRED OWEN AND SIEGFRIED SASSOON

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INTRODUCTION

At the end of the Great War, or World War I, different nations were left with many of their male citizens as statistical casualties of what is known as one of the world's bloodiest wars, having an overall death toll of 9.5 million men, who came from countries including Russia, France, Turkey, Italy, Romania, Serbia, Great Britain and the United States (Meyer 705). The First World War is known as an obviously very tragic war, but also a conflict that was completely unwarranted and avoidable (Keegan 3). This great war was when the military world was first introduced to the new idea of "trench warfare," a style of combat that consisted of each side having its own dugout "trenches" or shelters, guarded by barbed wire, in which the soldiers could have a shelter narrow enough to protect them from artillery fire (Keegan 175-6). These trenches became very important with the advancing war technology of the time, including the first wartime use of tanks. Although this new war technology was supposed to be an advancement past traditional soldier-on-soldier combat, many WWI soldiers have described the experience of these new war technologies of tanks, automatic weapons, aircrafts and trenches in manners very similar to those of which many past soldiers had described battlefield exposure (Leese 25). Soldiers who fought in WWI and were exposed to the new trench warfare compared the forceful and imposing shell-fire to the physical effects of seasickness or anesthetic injection (Leese 25). These soldiers also describe feelings of immense mental and physical exhaustion, along with a resulting loss of self-identity (Leese 25). Although

the 9.5 million soldiers who experienced these new war technologies and their excruciating mental and physical pains were killed during WWI, there was still an extraordinary number of men who survived the war, all of whom were left with its damaging effects. However, many of the countries that these soldiers called “home” were not prepared to adequately support and treat these men in matters of the varying degrees of mental health issues that arose after this war. These thousands of forgotten and muted men were in desperate need of a voice that could present and begin to explain the tragedies of the battlefield to the general public back home in England. There were a few men, although not widely accepted by the military, that slowly began to expose the horrors of combat during the war, through protest, writing and art.

In his account of WWI, *A World Undone*, G. J. Meyer states that although the Great War was ended with an armistice on November 11, 1918, anything but peace resulted. The astronomical 9.5 million dead that was mentioned above does not include the fifteen million men who were left wounded and nine million who became prisoners of war (Meyer 705). The armistice was nothing more than a technicality, leaving not only a lack of peace, but also these twenty-four million men with nothing to build off of when they returned home, or more simply, a complete absence of any sense of hope (Meyer 705). However, many of these “broken” soldiers, more specifically for the purpose of this study, British soldiers, were not treated with proper psychological and rehabilitative care in order to feel comfortable with becoming productive and contributing members of society once again. This inability to feel a sense of purpose for these returning soldiers was an issue of demoralization because in Britain during this time, there was a great

expectation for men to be physiologically superior to women, especially in order to provide for their families, both financially and structurally.

A lot of these soldiers were suffering from different types of mental illness that the world had never seen before, which the military doctors blindly named “neurosis” or “shell shock,” but these terms really meant nothing, as there was no one centrally accepted and clear definition of either of these disorders, as the symptoms that the soldiers were displayed varied and unexplained (Jones and Wessely 22-23). The only thing that the medical and military personnel were sure of at the time was that they needed to find an easy solution to cure these soldiers in order to return them quickly to the battlefield (Jones and Wessely 22). There was a complete lack of compassion for the quality of life and mental health for these soldiers coming from the military and medical worlds during the time of the Great War.

To better understand this study, one must understand and appreciate the differences between the definitions, contexts and connotations of the terms “neuroses” and “shell shock” during and shortly after the Great War, and how we currently understand these terms. The term “Posttraumatic Stress Disorder” is now used frequently to describe or to diagnose some of the symptoms similar to what the soldiers of the time were experiencing when they had what was referred to at the time as “neuroses.” In the present day, people are more familiar with the term PTSD and some of the causes, along with perhaps some of the symptoms associated with the mental disorder. However, the term “neurosis” is quite archaic to most people, and they may not fully understand the

way that the term was used, along with the connotations associated with the term during the time in which it was being used in the medical world.

Alfred Adler was a great American psychologist who practiced during the first World War. He is known for his groundbreaking ideas during a time of such drastic change in the world (*Alfred Adler Revisited* 1). He was not only a psychologist, but also an author and a professor, and he wrote on many different psychological phenomena that were posing problems at the turn of the century, into the early 1900s (*Alfred Adler Revisited* 1). Adler wrote on the confusing subject of “neurosis” and exactly what the term implied and what caused the various symptoms that went with the vague diagnosis. Many of his writings about matters of psychological health were put into a collection called *Alfred Adler Revisited*, and in this collection is an essay that Adler wrote about neurosis at the time. However, even as revolutionary and compassionate of a man as Adler was, his definition of neurosis is quite harsh, especially when compared to our more accepting modern-day definition of PTSD.

Just as we are in the present unsure of what exactly neurosis is by definition, or what its causes are, the medical community during World War I was in the same state of uncertainty with the term, even though it was a term that was commonly used as a diagnosis (*Alfred Adler* 198). There were many different theories at the time, Adler explains, for what exactly the disorder “neurosis” was. Adler lists a wide variety of explanations, from irritability, to sensitive weakness (which is a very dated description in itself), a disease of the endocrine glands, and even some descriptions as far-fetched and out of the realm of a mental disorder as genital disease or an infection of the nose or the

teeth (*Alfred Adler Revisited* 198). Some explanations of this “disease” were quite derogatory and shameful, as some believed causes of neurosis were the suppression of certain sadistic and criminal impulses, along with “conflict with the outside world” and “the bad unconscious and the compromising conscious” (*Alfred Adler Revisited* 198). Some of the latter explanations of neurosis came with a sense that a person suffering from the disorder was inherently disposed to have a problem such as neurosis, as they had something about their psyche that was simply flawed.

Adler makes it very clear that the disorder was definitely an epidemic of the time, but that the scientific knowledge of neurosis was sparse, as he states, “most of the factors given in the foregoing list as explanations for neurosis are found more frequently, however, in the lives of people who are not suffering from neurosis than of those who are” (198). He realizes that a vast number of people suffer from the disorder, but very few are treated and that much scientific research must go into the search for any sort of answer (*Alfred Adler Revisited* 198). In his essay on neurosis, Adler writes that the world is at a halt as far as an understanding of the illness, as the scientific world cannot prove any sort of biological causes, and the current, more social definitions do not give any solutions to the great amounts of suffering people (199). Clearly, the world at the time was in dire need of reform in the field of mental health and mental health treatment, but they were left without answers for a problem that was affecting the social function of so many people at the time (especially people who one did not typically think would have mental health issues according to the prevailing ideas about mental health). Adler writes that “nothing has been said yet of the nervous state, of the way in which it has been

brought about, or of the factors which go into its formation [...] however, we are able to show the meager result of his life process in facing the problems of life” (200). He also makes reference to the fact that researchers believe that the disorder can be traced back to childhood, and that people who are not weak can avoid the lifestyle and development patterns that lead to neurosis (*Alfred Adler Revisited* 200). Again, at the time, the general understanding of this disorder that affected so many soldiers was that only inherently weak men suffered from such a condition.

For the purpose of this study, one can look at what might be the most accurate definition of “neuroses” during the time period when these soldiers were returning home. *The American Heritage Dictionary* reflects the popular understanding of the term when it defines it as “a psychological state characterized by excessive anxiety or insecurity, compensated for by various defense mechanisms and lacking evidence of neurologic or other organic disease” (1185). Compare this dated definition with its modern replacement, “posttraumatic stress disorder (or PTSD),” and the way that the *DSM-IV-TR* (*Diagnostic Statistical Manual of Mental Disorders* written by the American Psychiatric Association) defines the term: “A person has been exposed to a traumatic event in which both the person has experienced, witnessed or been confronted with an event or events that involve actual or threatened death or serious injury, or a threat to physical integrity of oneself or others and, the person’s response involved intense fear, helplessness, or horror (DSM Criteria for PTSD)”. There are many other criteria, including that “the traumatic event is persistently re-experienced” with either dreams or feelings that make one feel that the event is re-occurring, along with psychological distress (National Center for

PTSD). Other symptoms include avoiding stimuli associated with the trauma, hyper-arousal (difficulty sleeping or concentrating), and dysfunction in social, occupational and other environments, which alters a person's quality of life (National Center for PTSD).

As one can see, for the above definition and criteria of PTSD, I cited the National Center for PTSD, which is a branch of the United States Department of Veterans Affairs. Clearly, our knowledge and treatment of these "neurosis-like" disorders has greatly evolved, since the WWI epidemic of "shell shock" or "neurosis," when the medical world was not even sure what they were witnessing. One can also see that the parameters for determining the causes and symptoms of a "nervous" disease such as "neurosis" or "PTSD" are much more specific currently and that doctors have a clear system for diagnosis, unlike the vague guessing-game played during the Great War. Even the word-choice for the contemporary term depicting a nervous disorder (Posttraumatic Stress Disorder) indicates a more sympathetic and understanding conception of the disorder, being that the trauma and the stress are both indicated in the term. With "neurosis," one simply understood the term as a vague description for odd behavior. In the present day, PTSD is very widely understood, and also the specific terms of diagnosis for the disorder are very accessible.

One can see major differences between these two definitions that demonstrate the great fundamental differences in modern psychological medicine and the field of psychology directly after The Great War. When looking at the "traditional" definition of neurosis, one can clearly see the negative connotation that was associated with this diagnosis. The dated term marks patients by suggesting that they are coping with

inherent insecurity. This automatically puts a stigma or sense of shame on any person who may be diagnosed with the disorder. The definition also points out that there is no evidence of any sort of “disease,” either neurological or organic. This lends to the idea that someone who claims to be suffering from this disorder is simply imagining it or having an episode of hypochondria. The manner in which the medical world defined this anxiety/trauma disorder during the time of the war associated it with shame and weakness.

Ruth Rae wrote an article for the *International Journal of Mental Health Nursing* focusing on mental health treatment during the time of the Great War and how it progressed. Although the article focuses on advances in mental health medicine in Australia at the time, Rae mentions the British army quite a few times. Rae explains that during the early twentieth century, the scientific world was dismissing the archaic and religiously-influenced idea that mental illness was the result of moral missteps; however, “there was still uncertainty about how to differentiate willful behavior from neurotic or psychotic conditions” (268). One accepted doctrine at the time was that men who were “conscripts” to the army, as opposed to volunteers, were far more likely to be victims of shell shock, because it was commonly believed that service people who were *conscripted* already had cowardly tendencies, considering that they had not voluntarily enlisted (Rae 268).

The soldiers themselves even had their own system of determining when exactly a fellow soldier “deserved” sympathy when suffering from some sort of mental illness—acceptance of a mental disorder was definitely not something that was simply expected or

taken for granted. Soldiers would treat another serviceman suffering from neurosis with respect if they felt that the man suffering had shown courage during battle, and therefore had a justification for his suffering (Rae 267). However, if soldiers or perhaps an authority figure felt that a man suffering from neurosis was simply trying to avoid his duty and was being in fact a “coward,” then the soldier was treated any way but compassionately, and oftentimes, if desertion was suspected (which it often was when a man was being so “fearful” or “cowardly”), a public execution was ordered, for the purpose of “setting an example” for the other soldiers (Rae 267). This explanation of weakness for a disorder such as neurosis during the First World War was so widely believed that Carl Gustav Jung, who was living in Switzerland (a neutral country) during the time of the war, said that the “spirit of the age” (or the lack of tolerance and understanding for mental illness) was so debilitating that it actually lead to his own suffering of neurosis (Rae 268).

When looking at the present-day version of “neurosis,” one can see the advancing acceptance of such an anxiety disorder based on the medically determined causes and symptoms, none of which point to any sort of personal flaw as the cause. The present-day definition of the disorder is far more compassionate, as it recognizes that someone displaying these nervous or anxious symptoms is doing so because they have experienced a *traumatizing event*. The modern definition recognizes the fact that components to this disorder include flashbacks of the traumatic event, along with social withdrawal (National Center for PTSD). During wartime in Great Britain, battlefield WWI soldiers that were diagnosed with “neurosis” or “shell shock” complained of

fatigue, poor sleep, nightmares and jumpiness (Jones and Wessely 23). However, these symptoms were so varied and, at the time, unexplainable to medicine, that there was no true and clear-cut acceptable definition or diagnosis for what these soldiers were experiencing (Jones and Wessely 23).

The great contrast between the way that the medical world viewed the WWI soldiers suffering “war neurosis” or “shell shock” and the way that PTSD is treated and recognized now is something that is critical to understand in order for this study to have any purpose. Something changed or evolved from the time when medical doctors had no possible explanation of the symptoms that these soldiers were experiencing and being “inborn [with] an acquired disposition to emotivity” was pointed to as a cause of this neurotic condition, to the 1980s and on where military psychology was no longer a made-up, laughable term, and PTSD was openly talked about (Jones and Wessely 24, Shephard 385). The world of psychiatry was advancing and becoming more open to the idea that traumatic life events, such as rape, child abuse or in the specific case of this study, civilian disasters or combat, were seen as a direct cause of anxious behaviors that were classified as the archaic “shell shock” or present-day PTSD (Shephard 385).

Because the medical world at the time of WWI had no experience with or explanation of the symptoms that these soldiers were manifesting, a lot of explanation and blame was pointed toward a soldier’s individual personality, rather than the true epidemic that was a direct result of combat experience. Instead of looking at these new disorders and symptoms as having common physiological ground from soldier to soldier, there was a large emphasis on treating these soldiers as if they had some dysfunction in

their masculinity. Soldiers who had a more difficult time mentally adapting back to life outside of the theater of war were considered cowardly or weaker men (Harris 290).

In his article “Compulsory Masculinity, Britain and the Great War: The Literary-Historical Work of Pat Barker,” Greg Harris quotes historian Joanna Bourke:

[U]nder the discipline of psychology, neurasthenia came to be treated as though it were a disease of the “will,” rather than of “nerve force.” This had important ramifications for the mentally ill as it made men increasingly blameworthy for their own illnesses. Conventional cures stressing the need for rest were jettisoned on the grounds that they could encourage laziness—ultimately destructiveness of manliness. (290)

Neurasthenia was a vaguely-defined medical term popularly characterized by fatigue, headaches, lassitude and irritability and as stated above, was normally medically treated with rest (*Oxford American Dictionary*). Neurasthenia was normally associated with emotional disturbance (*OAD*) and could probably be equated with modern-day anxiety disorders. Currently, the medical and psychological world considers anxiety a psychological disorder with possible unavoidable biological and genetic causes, along with physical symptoms. Again, one can see the contrast between the archaic definition of “neurasthenia” as a disorder influenced by a “weak” personality, and the modern-day idea that any sort of anxiety disorder is essentially either a matter of heredity or triggered by a traumatic event. During the First World War, having any sort of neurotic symptoms was seen as either a soldier being cowardly, or as trying to get sent away from combat, or both (Rae 268). However, it is now known that these thousands of cases of shell shock

and neurosis were not simply staged creations of inadequate soldiers, but were the results of these men being exposed to brutal and traumatic events. Because soldiers were not openly accepted in any form of outward expression of their trauma, many were led to psychological issues that endured for the rest of their lives. However, there were a few soldiers who were able to privately write poetry as a way to emotionally cope with and sort out their unorthodox reactions to what they had witnessed on the battlefield.

Although this poetry was not immediately accepted as a proper form of treatment for neurosis by medical officials, the work of these soldier-poets did indeed have great influence on the medical world's view on the importance of therapy through expression and confrontation of emotions as the issue of shell shock advanced, and carried on into future wars, such as World War II. This war poetry also served as a way for common citizens on the home front to have a window to the experiences of the soldiers on the battlefield, as poetry not only set a scene of war, but also a stage for the emotion that came with combat.

World War I produced a large body of war-based poetry that is heavily studied in the present. Not all of the "war-poets" of the time were writing during and/or after combat, but many of them were. The majority of the most well-known war poetry of the WWI period not only came from mainly British soldiers, but also mainly dealt with and made reference to symptoms of what modern psychology would term PTSD. We now can understand that the writings of these poets were influenced by their "neuroses," which we now know was very well-warranted considering the tragedies they experienced during the war. Daniel Hipp wrote a work entitled *The Poetry of Shell Shock: Wartime*

Trauma and Healing in Wilfred Owen, Ivor Gurney and Siegfried Sassoon. In his work, Hipp makes the point that although these three men were poets before entering the war, the poetry that they wrote while serving and also after “served as the way in which they could inscribe continuity into their lives to retaliate against the war’s propensity to render the lives of the participants discontinuous” and also “enabled the men to bring themselves back from psychological breakdown to a state of stability” (9). In this study, I will make connections between the war-poets who were writing during the time after the Great War, specifically Wilfred Owen and Siegfried Sassoon, and the advancement of psychological theory and medicine. Whereas Hipp focuses more on how shell shock affected the work that was produced by these three poets, I will be focusing more on connections that can be made between the “cries for help” that we see with the poetry of Owen and Sassoon and the changes that we eventually see in the world of psychological medicine. What sets Sassoon and Owen apart from thousands of other WWI soldiers is that these two men had a craft that allowed them to break through the barrier between the ignorant and conventional military doctors who did not see the connection between shell shock and the practice of mental health therapy, and the ill-informed average citizen who did not have the resources to comprehend the epidemic of shell shock.

In this study, I focus a lot on British soldier-poets, the British military, and British psychology during the WWI period. I do this for a few different reasons. First, the British are historically known in this war for having had a “shell shock epidemic,” which they dealt with negligently by taking measures to return men to the battlefield as quickly as possible as a way of curing them (Jones and Wesseley 21). However, exactly how

effective these measures to “treat” this pandemic were is an entirely different question (Jones and Wesseley 21). This lack of proper treatment is where the connection between the famous poetry of these soldiers and the lack of psychological advancement have a relationship. When looking at both the poems that were produced during the Great War, and the reactions that came slowly from the public once the poetry was released, there seems to be a strong case that the poetry of these broken soldiers served, eventually, as a cry to the field of psychology for more effective, specific and proper treatments for what millions of soldiers around the world were experiencing. Owen and Sassoon are such significant figures of the WWI time period because their poetic form was a way for the “behind-closed-doors” secrets of the poor and insufficient health facilities where shell-shocked soldiers were sent to be treated to be finally exposed and better understood by the general public.

Another reason that I focus mainly on Great Britain in this study has to do with the country’s beliefs and practices concerning psychology and psychological treatment at the time. A well-known doctor at the time of the war, Dr. W. H. R. Rivers, was a psychiatrist who treated both Wilfred Owen and Siegfried Sassoon (Harris 290). Rivers published his definition of “war neurosis” in an edition of *Mental Hygiene* magazine in 1918. Rivers states, “[War neuroses] depend upon a conflict between the instinct of self-preservation and certain social standards of thought and conduct, according to which fear and its expression are regarded as reprehensible” (Harris 291). In this definition, it is clear that social appearance and integrity were of utmost importance during the time of the war. Even knowledgeable doctors were not able to see past the influence of society

and understand that these suffering men were not simply insecure. Shortly after the war, however, Britain did make great strides in matters of treatment of returning soldiers, and also in compensating for what these soldiers had lost due to their mental illness (which the medical world was starting to discover was in fact caused by the strains of war, and not personality flaws). The British had a large problem with mentally ill soldiers, as directly after the war, there were 63,296 cases of mentally ill men under the Ministry of Pension (Leese 124). This number quickly grew to 74,289 in 1925, and even in 1930, nearly a decade after World War I, cases of mentally ill soldiers under these pensions were still increasing (Leese 124).

WILFRED OWEN

*Now, he will spend a few sick years in institutes,
And do what things the rules consider wise,
And take whatever pity they may dole.
Tonight he noticed how the women's eyes
Passed from him to the strong men that were whole.
How cold and late it is! Why don't they come
And put him into bed? Why don't they come?*

Wilfred Owen, "Disabled"

The above segment is from the poem "Disabled," written by the very well-known soldier-poet, Wilfred Owen. The young soldier was indeed a poet before his time serving in the Great War; however, his service time was, although short, extremely influential to his mental health and his writing life (Hibberd XVII). Most of Owen's war poems are the result of his first five months during 1917 of being in the service, only about thirty days of this time being in combat, and the good majority of six weeks being spent in a hospital (Hibberd XVII). Even though his actual in-action combat experience was very limited, it was certainly very traumatizing. During this period in 1917, Owen wrote to his mother describing the conditions of the trenches and the combat zone, and through his letters, his mental disturbance is blatant. He wrote in description of his experience on the battlefield: "I have not seen any dead. I have done worse. In the dank air I have perceived it, and in the darkness, felt" (Stallworthy 158). He had also written to his

mother that while on the front lines, he had “suffered seventh hell” (Hibberd XVII). From his endless dismal descriptions of his short time at war, to his eventual fate in the Craiglockhart War Hospital for Neurasthenic Officers, along with a few other hospitals that had been transformed into specialized facilities for the treatment of “shell shock,” Owen was a man held in low regard, suffering neurotic symptoms due to assumed “weakness” by the standards of the time (Hibberd 251). However, at one point in his life, Owen was extremely willing to enlist and fight the war that so soon led him to mental turmoil and his resulting morose WWI poetry that students universally read in their literature courses. Owen was a man who Adler would have considered unable to face the problems of life. However, what one must realize is Owen was aware of the devastation and grotesque nature of the war (as he made visits to military hospitals, which will be discussed), yet he still voluntarily enlisted into the war, feeling it was his civic duty. Although Owen displayed courage in this act, he was still placed in the same mental health facilities in which men were treated as weaklings and cowards.

Between the ages of twenty and twenty-one, toward the end of 1913, Owen was living in Bordeaux as a part-time teacher at the Berlitz School in Bordeaux, France (Stallworthy 93). As 1914 approached and the Great War began, Owen was initially staying in France; however, he had a sense of responsibility to serve, as he wrote in one of his letters that “[he] felt shamefully ‘out of it’ [in France], passing my time reading the Newspapers in an armchair” (Stallworthy 104). Owen was actually quite familiar with the atrocities of the war, as he made visits to the war hospital in Bagnères-de-Bigorre with his friend Doctor Sauvaître during the beginnings of the war (Stallworthy 109).

Again, Owen wrote in his letters about the crowding of the hospitals, along with the lack of proper facilities, and the general chaos, when he wrote about “Germans being treated without the slightest distinction from the French” (Stallworthy 110). Owen’s true desire to enlist and serve his country is quite obvious from his letters documenting his witnessing the “seventh hell” of war (which is a metaphor that he uses more than once), but still having the courage and drive to rightfully fight as others around him were doing.

It is now well-known that Owen is most celebrated and studied for the fact that he was a soldier who suffered from and was treated for what would modernly be termed as posttraumatic stress disorder in several mental institutions, yet he wrote amazingly heart-wrenching, horrifically beautiful war poems, which convey trench warfare in a way that not only forces an ill-informed audience to give attention to the epidemic of shell shock, but also presents the subject in a way that is both comprehensible and emotionally accurate. Owen’s horrific experiences with “shell shock” will later be discussed in this chapter, but one must preface that thought with the knowledge that Owen did in fact voluntarily enlist. The article mentioned in the introduction by Ruth Rae discussing “shell shock” and “neurosis” in Australia during WWI makes a distinction that at the time, it was thought that men who willingly went into the service would not suffer something such as “shell shock” because they clearly had very strong personalities. However, when looking at the case of Owen and the way that both his biographical and poetical “time line” progressed and changed, it is clear that there is no way that this ignorant assumption of the time could possibly be true.

. . .

When discussing Owen's poetry, his use of "irony" is often brought up, which directly parallels much of the irony that one can see within Owen's life itself. William Kevin Penny wrote an article for the periodical *Language and Literature*, which focuses on the different literary techniques that Owen used, irony being one of them, which all helped lend to his powerful poetic expression. Penny makes mention of the fact that Owen pulled from many different forms of writing and literature for his poetry, from military ideals, to the Classics and also the Romantic poets, which Penny claims created Owen's "own form of representation that resulted in patterns of meaning that mirrored the poet's contradictory and unsettled attempts at reconciliation between hero worship and a condemnation of war" (152). Penny talks about Owen's struggle with the mainstream glorification of war, which influenced him to enlist initially, and then his post-war traumas and negativity that led to many of his most famous and dismal poems. During Owen's time in military hospitals, men who were suffering from "shell shock" or "neurasthenia" were kept out of contact from other patients suffering from general physical wounds, in order to prevent any sort of negative connotation with the hospital (Hibberd 244). There was very much an sense of ignominy about being in the psychiatric ward, so much that Owen said very little to his mother about his reasons for being admitted into the hospital, in addition to telling his mother to keep what little she knew about his condition confidential (Hibberd 245). Owen's poetry is very clearly laced with irony, inspired by his physiological distress, which lines up perfectly with the facade that he had to create in order to maintain some amount of dignity while being treated for his shell shock/neurasthenia. Most ironic of all, however, is that Owen was a man who

wanted to defend his country with true patriotism, yet was shamed and accused of “cowardice.”

Owen’s poem “Miners,” written during his hospitalization, is a great example of both his complete psychologically destitute state, along with his signature irony. The poem is an extended metaphor for the “burning coals and embers” of his soul (the soldiers who he saw traumatically killed in combat) and how they will continue to burn in him, along with other surviving soldiers, although time will pass. The last few lines of the poem are as follows:

The centuries will burn rich loads
 With which we groaned,
 Whose warmth shall lull their dreaming lids,
 While songs are crooned;
 But they will not dream of us poor lads,
 Left in the ground. (29-34)

These few parting lines leave the reader with the feeling that Owen sees the world outside of these wounded, both physically and mentally, soldiers as on a linear continuum of time on which the traumas and mental debilitations of the soldiers of the Great War will eventually be forgotten. The general consensus of the population being that “weakness” and “cowardice” were the main causes for shell shock or neurasthenia was obviously very taxing on Owen, as seen through his poetry and his actions toward his mother. With this stress of social standards of acceptable soldier behavior, Owen also felt as if the

physiological distress that many soldiers (including himself) were suffering from was not recognized and unimportant in the lives of many non-military people.

In another famous poem written during his stay at the Craiglockhart hospital, “Anthem for a Doomed Youth,” Owen inquires into the proper honor that these young dead soldiers are not receiving, and writes: “What candles may be held to speed them all?/ Not in the hands of boys but in their eyes/ Shall shine in the holy glimmers of goodbyes” (9-11). These few lines make a reader feel that Owen believes that a soldier is left alone in his suffering and his death, and that the “shine in their eyes” after they are dead is the only bit of mourning or justice that they will receive. Siegfried Sassoon, another very well-known soldier-poet of the time actually helped Owen draft this poem, and gave the poem its title (Owen 76). It is clear that through the choice of the word “anthem,” both Owen and Sassoon believe that there is a clear injustice to the soldiers of the time, and that there is a disconnect or misunderstanding between non-combat citizens and the “doomed youth” who was left to die, and perhaps even worse, be improperly treated in military hospitals that were ill-equipped to treat any sort of mental illness.

This leads back to the idea of Owen’s use of irony in his work as a way to try to make sense of the contradicting world that he was attempting to survive in after his war experiences. When following Owen’s short biographical timeline, one can see the real-life irony that was manifesting as he developed from a young school teacher willing to enlist in the British Army, to a traumatized patient, treated as an overly-emotional weakling in different British military hospitals.

As stated earlier in this study, before Owen enlisted in the war, he was a very patriotic young man. However, one does see Owen's attitude toward the war and general fate significantly change after his short time of being enlisted in the War, which leads one to believe that he was not a tenuous, unpatriotic man, but instead a man who was altered by the terrors of a new and horrific form of warfare. As mentioned above, Owen was in combat for only a mere thirty days before he was rushed off to the Casualty Clearing Station at Gailly, a hospital turned into what was considered the notorious place to send "degenerates" suffering from shell shock (Hibberd 243-244). The great influx of mentally, not physically, injured men at this hospital was "forcing" the medical and military officials to start to thinking about changing the dogma of the time that only cowardly, weak, men suffered the symptoms of what was then defined as "shell shock," and soon a new term of "neurasthenia" was being used (Hibberd 244). Some physicians were still under the philosophy that this "disease" of shell shock was simply the manifestation of inner cowardice from men who had "an inborn or acquired disposition to emotivity," and in the same fashion of handling the situation of shell shock "with kid's gloves," other physicians believed that all a mentally ill soldier needed was "rest, good food and encouragement" (Mott 439, Herringham 135).

Even though in modern-day literary criticism, and even military history, Owen is seen as a very honorable soldier, who lived a short and tortured life due to his struggles with combat-influenced PTSD, there are still many questions in regards to his masculinity. In fact, a very common thought among many different literary critics is that Owen was actually a repressed homosexual (Williams 20). Merryn Williams writes in

her biography of Owen that the source of the rumor of Owen's possible homosexuality stems from a cancelled passage that a fellow British soldier poet Robert Graves has in his autobiography *Goodbye to All That*, which was published in 1929, eleven years after Owen's death (20). Although Graves believes Owen to be a homosexual, there is no clear indication that Graves sees Owen's sexuality as any sort of indicator of his masculinity, or his mental stability. However, there was a popular connotation during WWI between homosexual or deviant sexual behaviors and non-masculine tendencies of the soldiers who suffered from PTSD or neurosis type disorders. In fact, there was such controversy about the sexual behaviors of European men (soldiers, in particular), in relation to their mental health states that the German military during WWI enlisted doctors to research "sexual disorders that were felt to have undermined military efficiency" (Crouthamel 61). In other words, there was a common belief that straying away from heterosexuality, being a homosexual, affected one's ability to properly perform in a military setting (neurosis was seen as lack of combat efficiency). There was even a belief in the military science world that once a man had been exposed to traumatic experiences during combat, he would often resort to "deviant" sexual behaviors, such as homosexuality and masturbation (Crouthamel 61). In fact, the Crouthamel article comments on the fact that military doctors were baffled, as these homosexual and deviant behaviors were being expressed through men who normally had been seen as "masculine" and "normal" (61). The connection between "neurosis" (and combat trauma) with homosexuality is really a "chicken or the egg" type comparison; however, it is clear that homosexuality was viewed at the time as unnatural and also not masculine.

The fact that homosexuality had these undesirable qualities during the war time made its connection with the foreign “cowardly” condition of neurosis in these “seemingly strong” men appear very likely.

Misunderstandings of homosexuality until the past decade have been very similar to the ways in which doctors during the WWI period were treating and “understanding” neurosis. The DSM-II (or the Diagnostic and Statistic Manual of Mental Disorders) is the second edition of a psychological diagnostics manual created by the American Psychiatric Association, and is the earliest and only accessible (on an undergraduate research level) official document which states the accepted medical definition of homosexuality during the time. Like the way that neurosis was understood during the WWI period (which was not very well at all), homosexuality was very loosely explained in the DSM-II. There are only two simple entries relating to homosexuality in the DSM-II, which are labeled as “sexual deviations” and “sexual orientation disturbance” (DSM-II 44). Attraction to the same sex, along with other deviant sexual acts, such as necrophilia and pedophilia, are all put under the umbrella term of “sexual deviance” in the DSM-II (44). For this simple fact alone, it is clear that homosexuality was greatly misunderstood, along with being stereotyped and also put into a very shameful category. A statement that shows the complete lack of understanding, or even desire to understand homosexuality that is found in the DSM-II states, “Even though many [sexual deviants] find their practices distasteful, they remain unable to substitute normal sexual behavior for them” (44). This definition of homosexuality created by doctors gives the idea that homosexuality is a choice, that a person of little self-control consciously makes. From

this archaic understanding of homosexuality, one is able to see how the medical world made a connection between being homosexual and having neurosis. A man who suffered from neurosis was seen by the medical world during WWI as a person unable to make strong-willed decisions and efforts toward his personal behavior. This lack of self-control directly correlates with the accepted medical definition of what type of person engaged in homosexual behavior. Both the “weakness” of neurosis and the “deviance” of homosexuality were so closely related that the medical field could probably do no less than put the two in the same category. However, both diagnoses were extremely degrading and shameful to a man at the time, which led many men to have issues reintegrating themselves with the civilian world, and was often responsible for them being treated in mental hospitals. It was believed that these “neurotic” men were “transmitt[ing] the depravity and violence of the trenches to post-war domestic life, threatening social chaos” (Crouthamel 61). As these “neurotic” soldiers were sitting in make-shift military psychiatric wards, they were made to think that they were weak-willed and feminine, along with being so far removed from masculine qualities that they would not be able to ever integrate back into society. These soldiers were often assumed to be homosexuals, whether they were or not, which reflected a clear misunderstanding of both homosexuality and PTSD and other anxiety-related disorders.

Owen was one of the thousands of disenfranchised and misunderstood soldiers during the Great War, yet his poetry allowed him to have a sense of strength and a voice that the vast majority of the other soldiers were left without. Many everyday citizens who had no exposure to the actual combat during the war had no real opinion or

connection with the sufferings of the “neurotic” soldiers, as “the war experience remained sealed in people’s minds or ignored by those who had not been part of it” (Williams 48). The destitute soldiers of the post-war era were essentially without any form of solace or relief—which in contemporary times is offered by psychological therapy. However, Owen, and the other very few soldier-poets of the Great War era, did have their poetic expression to their advantage, as their poetry served as a sort of make-shift therapy. Because the soldier poets were writing during their time being treated for the misunderstood “neuroses,” “poems could be printed or passed around while the fighting was still going on,” unlike the novels and memoirs of the time, which would be published almost ten years later (Williams 48). Although the poetry coming from the soldier-poets of WWI may had not been completely understood or appreciated in a psychological context at the direct time that they were released, there was at least an ability for this small group of poets to express their experienced trauma over the new conditions of war. The therapeutic power of this poetry is very clear through the fervent poetry writing that occurred in military hospital such as Craiglockhart, with poets such as Owen, Siegfried Sassoon and also British war-poet Robert Graves. Even though the practice of poetry writing was not put in high regard from the main-stream military doctors, these young war-poets still felt the need to have an emotional outlet, which poetry provided for them in a private setting.

Even though a soldier’s poetry had the ability to be circulated almost immediately, the general public, along with the medical world, lacked any true understanding or any significant amount of compassion for the thousands of ill-treated

“neurotic” soldiers. Charles Myers, a British psychiatrist, was sent to France in November 1917 in order to evaluate the treatment of the “shell-shocked” soldiers (Shephard 74). What he found did not please him, as there was little to no progress in the treatment of the newly-discovered and puzzling condition of “neurosis” (Shephard 74). Although there was a public rise in general interest, or perhaps more of a selfish curiosity, concerning these neurotic soldiers, there were very few resources available for treatment (an estimated 24,000 cases of shell shock were reported and sent back to England in 1916, many of them left untreated or “lost in the paperwork”), and also, a very ignorant idea as to the causes of such a “disorder” (Shephard 74). In Peter Barham’s 2004 work, *Forgotten Lunatics of the Great War*, he cites one of the “leading authorities” in psychological medicine during WWI (Emil Kraepelin), who set a very ignominious tone for the scientific world when looking at possible explanations for the shell shock epidemic. Barham uses Kraepelin’s opinion on shell shock and explains the understanding and treatment of the epidemic at the time:

the ‘endless physical exertion and hardship’, the strain of a succession of shocking experiences with no prospect of a definitive outcome, had produced ‘a general war-weariness and the ever-growing desire to return from the toils and dangers of battle’ and ‘increasingly a morbid mental change, or *combat neurosis*, which above all afflicted the less stable, emotionally excitable, nervous and infirm personalities’. This illness, [...] was ‘the exact parallel to the accident neurosis (that is, the reluctance of weak-willed persons to return to work after suffering an injury) familiar to

us from peacetime and which has been spawned by pension legislation'. Under the pressure to expand the net of recruitment, 'more and more incompetent, mentally deficient, infirm and morally inferior persons had to be drawn into service' and 'after a short time many ended up in the lazarets, were carted from one place to the next, frittered their time away, and succeeded in disrupting the physicians work with their bothersome dissatisfaction'. The flight into hysterical attack is, he claimed, 'generally the last escape for those personalities who are underdeveloped, and ill-suited to ward off the dangers of day-to-day life. (139)

Kraepelin essentially believed that soldiers suffered from neurosis because they were inherently weaker personalities who became overwhelmed by the continuous, horrific combat of the war and ultimately developed or took advantage of the symptoms of the condition of shell shock in order to avoid returning to the monotonous work force.

Kraepelin's theory as to why there were so many shell-shocked soldiers was not explained by the development of more intense and devastating war weapons, such as tanks, but instead by the fact that as the war continued, qualified and "strong" men were losing their lives, forcing the military to recruit men who were weak, and who were using the traumas of the war to their advantage in order to avoid re-entering the "real world." Kraepelin was a leading psychologist at the time, which supports the idea that seeing neurosis as a fabricated disease was extremely common.

When looking at Owen's personal history, both before and after the war, there are quite a few events in his life that completely dispute the argument about shell-shocked

soldiers that Kraepelin is attempting to make. In late 1913, before the Great War was even conceived, Owen was only twenty years old and decided to move to Bordeaux, France in order to pursue a career in teaching language at a Berlitz School (Stallworthy 93). Owen had a very rich love for languages and literary arts, which undoubtedly led to his personal source of therapy, poetry. Even before Owen decided to enlist in the war, his time in Bordeaux being a young working man attested to his great amount of motivation and also skill. Although he suffered from poor eyesight, and also various spells of illness during his stay in France, he refused to return to England, as his mother wished (Stallworthy 95). Although Stallworthy does explain that Owen probably had “depicted his general condition worse than it was,” (95) the fact remains that Owen did endure through his hard times in Bordeaux as a young man, and was actually so prosperous in his career that he was not long after his arrival offered the position of director at the Berlitz School (97).

As a young adult, in his time in Bordeaux and obviously his short years during the war, Owen was very much in touch with his emotions, using the poetic form almost incessantly to express himself. Owen was also known as a dramatic person, and Kraepelin probably would not have been too surprised that such an expressive man as Owen fell under the category of a “neurotic soldier.” However, what one needs to remember, especially knowing in the present-day that PTSD is a legitimate disorder among people who have suffered traumas, is that before the war, Owen was an ambitious and hard-working man who clearly had no fear or lack of desire to be a contributing member of society (despite how Kraepelin may have described soldiers in his position).

In fact, Owen was very aware of the importance of being seen as a respectable man in society, and in one of his many letters, he writes, “I feel that I must first get some reputation of gallantry before I could successfully and usefully declare my principles” (Williams 32). Owen was very in touch with the fact that he had a duty as a useful man in society to be courageous and fight in the war to whatever extent may have been needed before he felt that he had any right to make any sort of anti-war statement, or to even leave the Craiglockhart hospital in general. Eventually, Owen was permitted to leave the military hospital in order to perform light duties, and the full-fledged extent of his disgust for the war became more apparent (Williams 33). Owen was not alone in his resentment of the war, as many soldiers felt a strong disconnect between the horrific events experienced on the front, and the practically unaffected people back home. Referring back to the famous British soldier Robert Graves, Williams cites his autobiography and “catharsis” of his war experience, *Goodbye to All That*, where he wrote “We [the soldiers] could not understand the war-madness that ran wild everywhere...The civilians talked a foreign language, and it was newspaper language” (34). What Graves is referring to is a phenomenon that many soldiers after WWI had to experience and suffer through. If a soldier was lucky enough to survive the war (or perhaps not lucky,) he had to return home where none of his fellow citizens could relate to the internal suffering that he was experiencing. These citizens based their understanding on written propaganda rather than lived experience. A surviving soldier, “neurotic” or not, was exiled to a place where he and his traumatic experiences were misunderstood by doctors including

Kraepelin and the general public, making it extremely difficult to re-integrate into society.

This disconnect between the “seventh-hell” of the military world was used by everyday citizens to criticize soldiers during and shortly after WWI. The work of the rare and few soldier poets was even more puzzling, and also despised, by the common man, especially the older generation. The actions and emotions affiliated with shell shock that were displayed in the soldier poetry were so misunderstood and foreign that even other non-soldier-poets saw the poetry as dramatic and unsubstantial. Sir Henry Newbolt, an older poet famous for his patriotism, was quoted saying, “I don’t think these shell-shocked war poems will move our grandchildren greatly” (Williams 49). This same lackluster attitude toward their work was common among the general population during the time of the war and also in the following few years.

There was a strong force of old military health professionals who held authority for treating the shell-shocked soldiers. Craiglockhart Military Hospital was staffed with some of the most well-known and highly-respected doctors of the time (Jones and Wessely 33). However, because many of the doctors at the time were already seasoned military doctors, and never had to really be military psychologists (the term was not even fully understood or used until after the war), many of the doctors had a very flawed opinion of the epidemic of shell shock, which became the consensus for the way soldiers in these mental hospitals had the disorder explained to them (Jones and Wessely 33). In Jones and Wessely’s *Shell Shock to PTSD: Military Psychology from 1900 to the Gulf War*, W. H. R. Rivers is cited as believing that “shell shock resulted when an adaptive

form of repression failed to operate efficiently” (33). Rivers believed that because the British army during the Great War was put together in such a hurry, “they had not had the time to build up an effective mechanism to deal with strong emotions” (Jones and Wessely 33).

However, even though the medical world was quite unsympathetic and outwardly ignorant to the sufferings of thousands of soldiers, the general public opinion appeared to be slightly more compassionate, perhaps because many in the general population had not yet been jaded by war. There was a public concern for more specified military hospitals, not simply general asylums for soldiers, and also a cry for improvement of the public mental health system (which was of extremely poor quality), in order to help reconstruct the sense of independence and citizenship that these soldiers once had (Barham 46). Unfortunately, the thousands of soldiers suffering from neurosis were not being medically treated by the tenderhearted and presumably younger generation of citizens back home. Instead, soldiers were stuck in a place of complete misunderstanding, where there was no proper form of therapy. Instead of a soldier meeting with a psychologist and working through mental rehabilitation, a soldier’s neurosis was treated in the exact same manner as a physical injury, with doctors suggesting that rest, sleep and graduated exercise, ending with “route marches” could cure the shell shock symptoms (Jones and Wessely 27).

Many doctors probably would have seen Owen’s poetry as quite melodramatic, attention-seeking or as a cop-out from returning back to the normalities of society. However, during his stay at Craiglockhart hospital, Owen encountered a doctor who

seemed to understand the connection between the symptoms of shell shock that Owen was displaying and the emotion-wrenching poetry that he was producing. This doctor's name was Arthur Brock, and he seemed to look more sympathetically at and have more of an open mind toward the concept of shell shock, unlike many of the other military physicians at the time. Brock believed that the only way that an organism can exist and be understood in the world is by its relationship to the world around it, or in other words, its function in life (Hibberd 254). Brock believed that the soldiers were suffering from a disconnect from nature that began before 1914, during the industrial revolution, and only continued to develop as the war and its technologies progressed (Hibberd 254). This unusual doctor believed that a person was able to return to an understood harmony and function in life, but that he had to do so by studying his surroundings, and all of the elements that made up his life, which included language, literature, the arts and other humanitarian subjects (Hibberd 254). Brock saw the Craiglockhart hospital as a place where doctors felt that patients were treated only with rest, which supported the common misbelief that these soldiers did not want to put forth the effort to "re-enter society" (Hibberd 254). Brock very much emphasized the therapy of "doing," which is why he made such an easy connection with Owen. Owen was using his form of poetic expression as a sort of private therapy for himself, and Brock was extremely supportive of the therapeutic qualities that Owen's poetry seemed to possess (Hibberd 255). Brock was enthusiastic about Owen's poetry, not because it had a lot of anti-war sentiments, but instead because of what the poetry did for Owen—it allowed him to explore and sort through his traumatic experiences in the war, giving these experiences more meaning and

function in his life (Hibberd 255). Poetry, for Owen, had become effective therapy, and Brock recognized this. Before Owen was sent to Craiglockhart hospital, where he spent most of his time, he was first sent to the Welsh Hospital at Netley for treatment (Hibberd 250). The medical board at the hospital did not seem to understand Owen at the level that Brock did, as they noted that there was ““little abnormality to be observed but he seem[ed] to be of a highly strung temperament”” (Hibberd 250). However, the doctors in Wales believed that he was unfit to return home for any sort of work (Hibberd 250). As Owen was shortly sent off to the Craiglockhart hospital for further treatment, it appears as though doctors were unable to make a connection between the traumatic events that soldiers were experiencing and the benefits of expression through different arts in order to help relieve the neurotic symptoms that the soldiers were experiencing. It is now quite obvious that Owen was very in touch with the healing abilities of artistic expression, although he may have not been aware of exactly what he was doing. Brock was also very advanced in his suggestion of the practice of artistic therapy, and he clearly saw the value of treating trauma with therapeutic expression.

However, there were still many people of the older generation of the time, such as Sir Henry Newbolt, who did feel that these “anti-war” poems would not affect any person in the long term. Yet, once the war ceased in 1918 and an armistice was decided upon, people were beginning to look more closely at what Owen was achieving with his poetry, in being able to convey the intense experiences that soldiers were encountering during the war. Unfortunately, it was in this year, and in fact days before Armistice Day, that Owen was shot and killed while leading the men in his company across Oise Canal (Stallworthy

285-86). Owen was only 25 years old, and even after his extensive period of time in Craiglockhart, he still returned to combat and did end up becoming a commander (Stallworthy 281). Again, it is clear that Owen was not inherently weak or lazy, as he was prescribed to not have any combat duty for six months during his “period of neurosis,” (which was the longest and most extreme break that a soldier could take), and yet Owen still managed to return to the front and be in command of a company of men (Hibberd 250). Owen really was just an ordinary young man, with typical ambitions and goals, who became swept up by the patriotic spirit of the British during the Great War, and enlisted. Due to the newer and more intimidating technologies of the war, thousands upon thousands of young men were suffering from strange “neurotic” symptoms that the medical world had seen before, but never quite understood. Owen was one of thousands of young men treated as “degenerates” by the medical world, one of the thousands of misunderstood and mistreated young men at the time; however, Owen is unique in that he is still discussed today, perhaps because he employed the poetic form as a way to express what made thousands of other soldiers speechless.

The shift in the public perception of Owen’s poetry began shortly after his death. In 1921, three years after the end of the war, Solomon Eagle reviewed a collection by Owen for a literature review magazine titled *Living Age*. At the point in time where Eagle was writing the article, Owen had already been dead for three years, and the reviewer was highlighting the uniquely powerful emotional elements of Owen’s poetry, that gave a reader a look into the war that they may have never had before. For this reason, Eagle puts Owen on a pedestal of great “immortal” poets, and considers him perhaps the most

outstanding of the few World War I soldiers that did venture into expression through poetry. Eagle tells the reader that Owen “has done what no one else has done so powerfully” and that “his work will live” (371).

What inspired Eagle was the fact that Owen did not avoid writing about the most horrific “abominations” that a soldier witnessed during the war, a subject from which most of the other war-poets strayed (371). Eagle did give other war poets a bit of recognition and understanding for their less-impressive poetry:

But a certain surprise has been manifested at the comparative absence, in the good war-poetry, of work reflecting the awful spectacle of human suffering at close quarters. Much was written in verse which was intended to display, to drive home to the smug, safe man, the appalling horror and cruelty and filth of war. Yet it was almost all (with the exception of some of Mr. Sassoon’s work) ephemeral and consequently will fail to preach its lesson to posterity. (371)

Eagle understood that many of the soldier-poets, and soldiers in general, had difficulty relating the gruesome details of the war to a person who was unaffected on the home front (371). Soldiers were also aware of the “apparent blindness,” as Eagle refers to it, that people back home experienced upon the return of the soldiers (371). Because of this lack of any sort of reference with which the soldiers could begin to explain the traumas that ultimately led to the development of shell shock, they continued to feel disconnected to their “once-world” when they arrived home, and they also struggled with their ability to present their horrific accounts of the war through poetry (Eagle 371). As Eagle writes

in his review of Owen, most poets of the time felt, as most soldiers did, that the tragedies of the war were “better not [thought] of too much” (371). In this aspect, Eagle believes that many of the aspiring war-poets of the time were not completely successful in their attempts at a sort of self-medicating therapeutic approach to the “neurotic” symptoms that they were experiencing because the subject that they were dealing with was too grave to bear through in a poem (371). However, perhaps if the medical world had been more compassionate toward the unexpected epidemic, along with being more educated in the mental health field in general, the public may have been more likely to relate to or at least attempt to empathize with the returning soldiers. Soldier-poets might have been more confident in their use of an artistic form as a type of therapy or expression. Due to the fact that during wartime in the make-shift mental facilities there was no true mental health or clinical counseling, soldiers, such as Owen, reached out to other therapeutic forms for mental relief, yet the abnormality of such therapeutic treatment seemed to discourage many who would have been aspiring war-poets.

Owen is remembered and talked about even in the present day because he did not fall into the category of another lost soldier-poet. Eagle shows quite a bit of admiration for Owen’s courage in his poetry, as Owen never failed to evoke the true emotions of the battlefield, even if they went past a reader’s comfort zone. Eagle writes that Owen’s two poems “‘Mental Cases’ and ‘Dulce et Decorum Est’ are horrible with a horror that only their art makes bearable” (371). At the end of the article, Eagle concludes that Owen is such a great war-poet because he dared to “step from his obscurity” and disregard the small-minded thinking of the physicians of the time (371). This suggests that in addition

to his acts in military service, his writing itself was also courageous. By composing poetry, Owen was able to give himself some sort of relief or satisfaction, and his writing had the power to explain the war front to the blind common man on the home front.

Owen's memory, and more specifically his poetry, did not simply fade away a few years after the war. Instead, it seems that with time, Owen's poetry began to grow more and more in respectability and power. Jones and Wessely talk about this post-war period, citing Merskey in his study of shell shock, concluding that "the maturation of psychiatry occurred in the course of World War One; it then became a speciality with potential for the community" (49). Essentially, there did appear to be a more raised awareness of the effects of shell shock and also the importance of treatment, which eventually led into more advanced military psychiatry and eventually the emphasis that the military now has on the treatment of PTSD. However, any sort of serious interest in shell shock research, or mental health education in general, for many of these military psychologists at the time was simply put to the wayside (Jones and Wessely 49). In fact, it actually appears that many of the military doctors were so turned off to any continuing study of shell shock due to the disillusionment of the war, and the traumatic effects that were placed upon themselves from even witnessing such an epidemic in the war hospitals (Jones and Wessely 50). C. S. Myers felt that his strenuous work in the mental facilities during the war were left unappreciated or recognized, which influenced the doctor to simply return to laboratory work (Jones and Wessely 50). Although the majority of the medical world put shell shock and other mental health issues relating to a patient's societal function behind them during and immediately after the war, Myers did later state

that he felt that psychology should not be simply research conducted in a lab, but instead a force brought into the work place and other aspects of daily living (Jones and Wessely 50).

When asked to help compile a guide to military psychiatry with the outbreak of World War II, Myers explained that his “long-repressed memories” had made his experience writing the volume far more difficult. The scientific world was finally starting to understand the enduring effects of shell shock and neurosis, realizing that the true causes were misunderstood and the correct treatments were also unknown. The “cry for help,” for a more effective therapy, is very clearly seen in much of the war poetry, especially Owen’s, and literary critics and everyday readers later realized the enduring effects of shell shock not only on a soldier, but on the public because of the poetry that some of these soldiers created in order to make sense of their mental turmoil. In honor of the ten year anniversary of Owen’s death, Charles Norman, a poet who eventually served in WWII, composed a memorial poem in honor of Owen, and his legacy left through not only his great service, but also his poetry.

Right from the beginning, Norman is extremely sympathetic and also generally aware of the trauma that the Great War presented for thousands of young soldiers. Norman is obviously grouping Owen into this category, and hopes to focus on his extraordinary accomplishments from his powerful poetry and bravery to write it during a time where being a strong-willed and unstoppable soldier was expected. Norman’s first few lines are as follows:

Into the sunset of their youth they strode,

Resolved to horror splendidly, and brave;
 Oh, brave they were upon war's final road
 To bring irresolution to the grave,

From the very start of his memorial poem, Norman acknowledges the fact that the young soldiers of WWI were forced to end their youth abruptly, and although they were very brave in their duty and service, their death and suffering brought very little justification to the youth that they lost. A few lines later, Norman writes that “the sad world forgot to weep,” (9) going back to his line about the soldiers’ death bringing irresolution to the grave. The young soldiers of the war were required to put their youth and freedom aside, and instead sacrifice their lives, or perhaps even worse, sacrifice their mental state. However, whether a soldier ended up dead or alive, there was a clear disconnect between a soldier that had experienced combat and the traumatizing experiences of trenches, bombings, death of comrades, and a person who had no context of such horrors back on the home front.

In the first stanza or so of Norman’s poem, one can see clear similarities to Owen’s poem, “Anthem for Doomed Youth.” Owen starts his poem out with the line, “What passing-bells for these who die as cattle?” Again, a reader can see the injustice that Owen felt being a soldier witnessing thousands of men dying with no glory or honor, and also the surviving soldiers who were being treated for shell shock having to endure the stigma and shame of such a “disorder.” Norman recognizes Owen’s feeling that thousands of soldiers died senselessly, and without proper respect when he writes that their death “brought irresolution to the grave,” (4) and that “the sad world forgot to

weep” (9). However, the image that both Owen and Norman use, a young soldier's lust for a young girl, very strongly conveys the innocence of the young soldiers and the corruption that the war created to such a wondrous and exciting age for these forgotten young men. Owen writes in “Anthem for Doomed Youth,” “The pallor of girls’ brows shall be their pall,” showing that the only form of justice or remorse these young boys will receive is from the girls that they had once courted before the war (12). A large part of a young man’s youth is courting a girl, and even that innocent act was completely stripped of these soldiers. Norman writes about the dying soldiers on the battlefield, saying that their “lips [were] too fond of kissing love to sleep,” and that they were “loathing their last mistress of moist mud” (11-12). Again, Norman is recognizing the innocence of many of these young soldiers, and in with that fact, the true tragedy of them being sent to war. Whether they never came back home, or they did but shell-shocked and disillusioned, these young boys were treated with complete injustice. However, one can see a change in overall opinions of the war and its effects on the soldiers, from the actual war period, when doctors were insisting that any soldier displaying neurotic symptoms was simply a more cowardly boy, who was not suited for the war, to a more accepting view as time passed. As doctors were the higher authority of the time, over any word from a soldier, the public was only exposed to the unsympathetic philosophy of the medical world concerning shell shock and neurosis during the war itself.

However, what one can see from Norman’s poetry is that Owen, (along with other soldier-poets), was able to create a connection between the naive public during the Great War, and the misunderstood shell-shocked soldiers, muted by their suffering, and

overpowered by the ignorant military doctors. Ten years after Owen's death, Charles Norman feels it necessary to honor a shell-shocked soldier-poet, and in his memorial poem, it is clear that the public was beginning to understand and recognize the tragedy and injustice that came from the disregard and lack of proper therapy for the thousands of youthful soldiers suffering from a disorder that is completely warranted from their terrible experiences.

Norman recognizes the irony of the supposed "honor" that these young soldiers obtained from fighting for their country, much like the sardonic title of Owen's most famous war poem, "Dulce Et Decorum Est Pro Patria Mori," which translates into "It is sweet and meet to die for one's country. Sweet! And decorous!" Although Owen's title is a very patriotic one, it is immediately refuted by the horrendous war imagery that he lays out in his poem. Norman has a stanza about the final days of the soldiers, dead or alive, on the battlefield, and uses this same tragic tone, mentioning "The glamorous treachery of bugles blowing," along with the "banner beating in [the soldiers'] hearts like flame" (38-39). Norman is well aware of the contradictions found in the military expectation during the war for patriotism and the immense sufferings of the young soldiers. The poetry of Owen and other soldier-poets allowed the public to become more aware of the epidemic of shell shock and neurosis that was being hidden behind closed doors at the military hospitals. Perhaps if there was no poetry or form of expression from these soldiers, the public would have never been made aware of the suffering of the soldiers, along with gaining the sympathy that appeared into the thirties, and also before

the Second World War fully commenced. In fact, Norman actually makes reference to the power of the artistic expression of some of the WWI soldiers.

In the second to last stanza of his ode to Owen, Norman writes that the young soldiers of the Great War “Are stilled forever” (50) and “Their ships of dreaming [are] foundered by the shore” (52). Essentially, whether Norman is referring to a soldier who survived the war or died during combat, it is clear that he believes the spirits of the young soldiers were destroyed by the horrific events that they were forced to witness. Whether their experience in battle led them to death, or perhaps even worse, being bed-ridden as one of a thousand neurotic cases, Norman is recognizing the fact that the Great War, with all of its new advancing in military technologies, left many young boys in complete despair, and without any sort of compassion or hope (as neurosis was so completely foreign to the general public). Yet, Norman seems to believe in the transcendent powers of the artistic expression of Owen, and other soldier-poets and artists alike, much like the sympathetic military doctor Arthur Brock saw the potential in Owen’s poetry writing.

In this same stanza where Norman explains his belief that all of the dreams and hopes of the young soldiers have been ultimately destroyed, he makes a strong testament to the power of the artistic expression that some soldiers took advantage of as a make-shift form of therapy. Norman writes that despite their “dreams being foundered by the shore,” the soldier-poets of WWI have successfully accomplished what they may have hoped, without even fully intending it—they allowed the common everyday person to have at least a glimpse into the horrors of the war, the traumas that lead to their neurosis, and they better understood PTSD. Norman writes about the different artistic work of

some of the soldiers, telling his audience that “Their songs and stories and their sculpturing,/ Blow with the wind from seas of evening,/ Painting, and all the arts of their distress/ Beyond the sea-towns of forgetfulness” (52-55). What Norman is trying to explain to his audience is that artistic expression is powerful, especially in its ability to create a legacy, specifically, in memorial of a forgotten generation of young soldiers. Norman realizes that the sorrowful works of some of these soldiers will endure (even though a lot of the older generation thought otherwise) and be a reminder to the average person of the traumatic events to which so many young soldiers were exposed. To disprove what people such as Sir Henry Newbolt believed, that the poetry of soldiers would not last into further generations, Norman and many other literary critics, writers, and even everyday readers, show that the poetry of Owen, as will also be seen with the poetry of Sassoon, had the ability to endure past the forgetfulness and ignorance of the everyday man of the First World War, and reinforce the intensity of the effects of such traumatic war experiences.

There were clear changes in the philosophy of military medicine as the world moved closer to the Second World War, as there was a significant decrease in cases of mental illness among soldiers, along with better treatment for those who did suffer from psychological distress (Jones and Wessely 67). Different theories from the areas of psychoanalysis and social psychology were now being taken from the scholarly world and actually being put to good use in real-life critical situations, especially during WWII where psychological screening processes were being set up, along with treatment centers located directly on different military bases (Jones and Wessely 67). It appeared that the

healing powers of poetry and other artistic forms not only spoke to the medical world and general population about the severity of mental illnesses induced by combat, but the use of artistic expression actually proved itself to be so beneficial to one's mental health that military hospitals were setting up different art and occupational therapy programs, along with more intense individual therapy (Jones and Wessely 67). The number of psychiatrists in the medical field in general jumped greatly from the First World War to the Second, and the ability of men to reenlist into the work force after serving in combat was becoming more common and successful (Jones and Wessely 67). Also during the late 1930s and early 1940s, psychiatry was becoming more and more an everyday part of medicine, as psychological treatment was available not only through private practice, but also in government-funded healthcare (Jones and Wessely 67).

Wilfred Owen had the courage to use his poetry as a way to explain the unexplainable and to put the tragedies of a war that were only known to the soldiers involved into a form that was concise, powerful, and most important, available to the common man who had no understanding as to why so many young soldiers were becoming neurotic. Charles Norman was well-aware of the fact that the epidemic of mental illness that came as a consequence of the most violent war in history was not something that could be hidden anymore. Norman saw poems from soldiers such as Owen as eternal reminders of the mental sufferings of these soldiers, and it appears that Norman felt that the world may never be able to live in the same ignorance in regards to mental illness that it once did. In his last stanza, Norman writes: "O slender shadows of the cross that hide/ The little grass upon lads' graves, but not/ The folly of our elders in

their pride/ Whose souls are crucified on gleams of thought” (60-63). In these few last lines, Norman is acknowledging the fact that the sufferings of the deceased soldiers are now concealed in their graves, but the continuing suffering due to lack of proper psychological treatment of those soldiers who survived continues to be brought to light, although they may try to hide their psychological problems for fear of being shamed.

Through the changes in psychology that one begins to see after WWI, along with the reactions of readers to the poetry of Owen and other soldiers, it is clear that the world of medicine, and the world in general, was more than ready for advancements in psychological treatment.

SIEGFRIED SASOON

*Everyone suddenly burst out in singing;
And I was filled with such delight
As prisoned birds must find in freedom,
Winging wildly across the white
Orchards and dark-green fields; on-on-and out of sight.*

Siegfried Sassoon, "Everyone Sang"

Alongside the "fame," or perhaps infamy, that Craiglockhart received from the release of Wilfred Owen's emotionally poignant war poetry, there was another rebellious neurotic war-poet that gave a face of suffering to the dismal hospital and its thousands of other more publicly silent patients. This soldier-poet was also very close to Owen, and acted as a mentor to Owen as his poetic career developed in the hospital. This poet is the now widely-celebrated and studied British WWI poet, Siegfried Sassoon.

Like his fellow poet Owen, Sassoon found himself at Craiglockhart in 1917, being treated by the same progressive Doctor Rivers (also Owen's doctor), who advocated more creative and expressive forms of therapy, such as poetic form (Wilson 10). Sassoon is a great example of mistreatment by the British army of men who may not have been as courageous and patriotic as they were expected to be during the war. Unlike many of the soldiers who were sent into various military hospitals as a result of displaying shell-shocked symptoms during combat, Sassoon was actually sent to Craiglockhart as a

neurotic after taking part in war protests that proposed that the working-class men of Britain were essentially sacrificial lambs to the war effort, and that even those who survived were left with much financial hardship and difficulty when re-entering the work force (Holmes 485, Wilson 10). Sassoon is now in the present-day very well known for his progressive actions toward the war, both in forms of protest and also through his poetry. An organization in England called the “Peace Pledge Union” is an organization that formed between common citizens and famous figures alike after the First World War who were trying to avoid another tragedy so grave. The organization’s website gives recognition to the tremendous and monumental work of Sassoon, as they write, “Siegfried Sassoon was one of the first writers brave enough to use poetry to describe war as it really is: brutalising, destructive, horrific, and an indefensible waste of human life” (Peace Pledge Union).

It is commonly claimed that Sassoon’s political efforts, coupled with the military’s assumptions of his insanity, and also the relationship that he built with both Owen and Dr. Rivers, combine to explain why Craiglockhart is such a well-known military hospital in history and literature alike (Holmes 485). Rivers was not a doctor of “tried and tested” medicinal purposes, but rather he was more keen on using experimental practices such as more artistic forms of therapy, along with recognizing the psychological role in the behavior of these shell-shocked young men (Roberts 115). Rivers was not part of the “pull-yourself-together” school of thought, but rather was more revolutionary in his ideas, which made many of the military authorities of the time weary of his work (Roberts 115). However, Dr. Rivers and Sassoon quickly became close friends during

Sassoon's stay at Craiglockhart, as Rivers very much encouraged and also helped develop Sassoon's strong and outward political views, that were well out-of-favor with the mainstream military authority (Wilson 10). Rivers began to really see the power in Sassoon's therapeutic writing, although he was also well-aware of the repercussions of Sassoon releasing his less-patriotic and more dismal poems, as Sassoon wrote in one of his letters to his friend Ottoline Morrell that his poem "Fight to Finish" was "dangerous" to send to *Cambridge Magazine* for publication (Hart-Davis 194). However, Rivers continued to be influenced by the psychoanalytic qualities of Sassoon's poetry writing into his later philosophies of psychiatric medicine, which eventually had effect on the initiatives taken during WWII concerning mental health among soldiers (Jones and Wessely 157).

As stated previously, the behind-closed-doors atmosphere in Craiglockhart made soldiers feel as though they should be ashamed of their weak condition, and it suggested to the public that these men were suffering in such extreme ways because of their own unpatriotic, uncourageous and feeble dispositions. Sassoon was sentenced to his time in Craiglockhart because of his extremist, liberal political views, and his affiliation in the hospitals with the already eccentric Dr. Rivers only made his case for insanity that much easier to defend on the part of the military. Rivers seemed to understand the activist ideas of Sassoon, and also the detrimental effects of war on a man, as Sassoon wrote in one of his letters that Rivers did not "pretend that [his] nerves [were] wrong," along with seeing that Sassoon felt such an inclination to act on his anti-war efforts because he had

witnessed the deaths of friends and fellow soldiers every day while in combat (Roberts 115-116).

Clearly, Rivers had a better understanding of the relationship between traumatic events that one experiences during war, such as death, use of violent weapons, and even being away from one's family and home life. When looking at Sassoon's diary entries, it seems that the soldier-poet understood the chaos of mental suffering that was abundant both on the battlefield and off, along with conflict between military authority and "weaker" working-class soldiers. Yet because his more progressive thoughts on issues of the war were frowned on and ultimately punishable, Sassoon resorted to writing, both poetically and in a personal journal, as a way to make sense of the neurotic world around him. In a collection of his journal writings, Sassoon mentions being with his brigade toward the end of the war, and he comments on the efforts of the military personnel to try to somehow boost the extremely poor morale of the soldiers. Although he tries to create a confident persona, Sassoon sees the complete hypocrisy in the military officials being so critical of any mental distress from a soldier, since many of the officers who are trying to keep morale strong are secretly struggling with their own personal battles.

On May 21, only about six months away from Armistice, Sassoon was actually able to remain as a captain in the army, and he writes about his overall experience with his fellow soldiers and also his commanders as simply "jolly," in a quite light-hearted manner (Hart-Davis 254). In fact, it is quite clear from Sassoon's journal entries that he was making a genuine effort to help his fellow soldiers and also officers carry through with the taxing combat, as on this morning, he made a speech to his men about "Morale

and Offensive Spirit” (Hart-Davis 254). However, although Sassoon does make what one could call a patriotic effort to continue to serve his country, along with supporting his fellow soldiers, the young soldier-poet did still feel and express in his personal life that there was quite a bit of irony in all of the half-hearted attempts at boosting the attitudes of thousands of worn-out and heart-broken young men. In this same journal entry, Sassoon talks about his Company Commander, who Sassoon explains is “suffering from nervous sexual repression, having been away from his young wife for twenty-seven months, and worried about his financial affairs at home” (Hart-Davis 254). What Sassoon was referencing, this particular commander struggling with homesickness and financial hardship, was exactly what led him to protest the war initially, leading to his classification as a neurotic, and his time spent in Craiglockhart. However, even the higher-ups in the military suffered what thousands of soldiers were going through every day; yet instead of acknowledging their situations, they tried to carry on and hide their mental distress, although the level of low spirit was very clear to Sassoon. This return to the warfront again shows the overall irony in Sassoon’s life, as he was both punished for his anti-war protest, along with forced to hide his revealing war poetry, but was among men who could not seem to cope with the situations of the war in their own personal lives, regardless of the facades they may have created.

Like Owen, Sassoon was never an outwardly enthusiastic patriot, gallantly entering battle at the army’s beck and call, but what the two men did have in common was their absolute empathy and respect for their fellow man fighting in battle, suffering from injuries both physical and mental. Just as Owen had spent much time at military

hospitals, witnessing the horrors of combat, before enlisting in the army, Sassoon was also well-aware of the tragedies that thousands of young British men were being forced to face every day, and for that reason, he protested, and eventually fought, even after his stay in Craiglockhart.

Sassoon actually first entered the war voluntarily toward the very start of the conflict, when the nation of England was still not completely united on the idea of its involvement (Roberts 58). However, at the beginning of the conflict, Sassoon felt that regardless of the nation's divided opinion, he had a duty as a male citizen to defend "King and Country," and therefore he enlisted with pride (Roberts 57-58). Sassoon's immediate willingness to enlist regardless of the stance of the entire nation clearly shows that the young soldier-poet was not simply an innately weak and cowardly man who used neurotic symptoms to find his way out of war. Sassoon had much initiative from the very start of the war, wanting to do his part as a patriot. Yet, it soon became an inevitable fact that it was not Sassoon's inborn personality that led to his later protesting of the war, but instead the tragedies that he soon witnessed as he entered the gruesome world of trench warfare.

Any glory that Sassoon may have associated with fighting for one's country did shortly fade away, as he saw a great deal of horrific tragedy during his time in combat, spending nearly a year and a half in the trenches, and witnessing both members of his company dying in battle, along with having to cope with the news of his brother Hamo passing during the war (Hipp 157). All of this exposure to death day after day for such a long time took a toll on Sassoon, as it clearly did on many other soldiers. However,

Sassoon was not admitted into Craiglockhart for displaying shell shock, but instead was diagnosed as neurotic because he protested the horrific happenings of the war (Hipp 157). The military medical authorities of the time believed Sassoon to be weak and cowardly in his protests, so much so that they categorized him in the same lot as the men who were displaying actual physical symptoms of shell shock. However, looking at Sassoon's activism with more compassionate eyes, it actually could be debated that Sassoon was being extremely honorable and courageous in that he was volunteering himself as a sort of martyr for the thousands of men who had no voice, or were perhaps too afraid to speak.

Douglas Higbee writes about the conflicting ideas of Sassoon being a war veteran and also an anti-war activist, and how these two identities of Sassoon "work[ed] in common cause" during his time of protest (289). Higbee gives an excerpt of Sassoon's protest, showing that his intentions were noble and selfless:

On behalf of those who are suffering now, I make this protest against the deception which is being practised on them. Also I believe that it may help to destroy the callous complacency with which the majority of those at home regard the continuance of agonies which they do not share and which they have not sufficient imagination to realize. (Higbee 288)

Sassoon felt a very strong bond with his fellow soldiers, as he "knew only too well the difference between the war as seen by combatants and that understood by civilians" (Higbee 288). There is really no justice in the accusations of cowardice and lack of masculinity toward Sassoon from the military authority that forced Sassoon into

treatment at Craiglockhart, as it is obvious from not only his vocal actions in protest, but also his actions before and after his hospitalization, and his poetry, that Sassoon made sacrifices for his fellow men, along with taking a leadership approach to defending the men in combat.

Sassoon was in fact so much the definition of masculinity as the military authorities of the time would have defined it, that despite all of his exposure to traumatic events, and his extreme exhaustion from the war, he never ceased to put his fellow men and their well-being much before his own. From looking at Sassoon's history, it does appear that he kept the spirits of the thousands of suffering soldiers in his thoughts at all times. Just as Owen was able to use his poetry to show empathy for his fellow soldiers, as well as to explain the trauma of the war to the public, Sassoon was also able to make quite an impact, both publicly, and also with fellow soldiers, including Owen and Robert Graves, who were both in Craiglockhart at the same time as Sassoon.

Sassoon was a figure of morale and hope to the soldiers for whom he protested, along with later holding the position of captain after his time in Craiglockhart, and he also became a supportive figure to Owen as he developed a very unique mentor relationship with the younger soldier-poet. Before Owen had even had the chance to be acquainted with Sassoon, the younger and more inexperienced poet had admired the way that Sassoon successfully presented the complicated emotions of the war in his collection of poems, *The Old Huntsman* (Roberts 121). Owen was hesitant about approaching Sassoon at first, but once he did, he became a loyal student, and Sassoon taught Owen that "poetry had a social purpose—to convince people of the brutish nature of the war"

(Roberts 121-122). Sassoon was completely warranted in this claim of poetic power, as seen from the public reactions to both his poetry and also the recognition that soon came to Owen. Richard Holmes in his account of the average WWI soldier *Tommy* attests to the power of war poetry, stating that in verse is “the only way of expressing the inexpressible” (609). Although it had taken Sassoon’s war poetry a longer time after the war to get recognition (perhaps Owen was more successful in this aspect because of his tragic death), there was a definite point of recognition when both the public and literary critics alike saw the power in Sassoon’s poetry to “express the inexpressible.”

Because Sassoon did not have as short of a life as Owen unfortunately did, the poet and activist was also able to expand his expressive outlets into novel writing, and in 1930, he published his novel *Memoirs of an Infantry Officer*, a fictional account of the war based off his experiences. With this self-inspired novel, Sassoon was able to make a greater and more multidimensional impact on the world and the way that it viewed the psychologically damaging effects of the war. Soon after *Memoirs of an Infantry Officer* was released, it was reviewed by Stanley Went in the *Saturday Review of Literature*, and his praise was more than exceptional toward Sassoon’s work. Went starts off his review of the novel in saying that “Finishing this volume one feels that one could be well content to let it stand at the finish of one’s reading of the present phase of war literature” (154). Went feels that the only reason why there was such a late public reaction to the work of Sassoon is for the simple fact that the author was so delayed in delivering such a powerful piece, which because it was a novel, had a lot more clear-cut and graphic details than some of his more vague poetry writing (154). Went writes that if Sassoon would

have released *Memoirs* earlier, when other WWI literature was first coming out (such as Owen's works), "it would have sprung into immediate importance because of the freshness of its revelation" (154). Sassoon's ability to properly express and explain the experience of the trenches to a common citizen, along with his constant protest for the rights of victimized soldiers, was completely astounding, and inspired both soldiers and commoners alike. Because of *Memoirs*, and for many other reasons, people were starting to see the *power*, the *courage*, and the *masculinity* that may have not been found behind the mask of mental illness, but was clear in Sassoon's ability to be the voice of millions of damaged men.

Perhaps it took Sassoon a little over ten years after the war had ended to actually go into narrative detail about the war because of the stigma that had been associated with non-conformity in the military, and especially the disapproval of the progressive, anti-war thoughts that landed Sassoon in the Craiglockhart hospital. However, Sassoon always found outlets of expression both during his time in battle and during his hospitalization, oftentimes through private journal entries or poems. Not only did Sassoon's poetry create a window for people at home in England to look through and understand the complexities of the warfront and its effect on the mind, but it also had a more noble purpose, in that it served as a form of justice and empathy for the soldiers.

As stated before, Sassoon was certainly a man that was ready and willing to enlist into the army and serve his country with patriotism, as he felt he should. Sassoon served as a lieutenant between when he first entered the ranks in November 1915, through April 1917 when he began protesting the war and the treatment of the soldiers, which led to his

admittance to Craiglockhart (Saks 594). However, before his protests, Sassoon was seen by general military authority as a “splendid officer” who always “did his utmost to ensure the safety, comfort, and dignity of his men” (Saks 594). During his first term of service in the war, Sassoon played the role of a motivating leader, living up to every expectation of a strong, courageous man in the military world. Sassoon even wrote quite a few patriotic poems early on in the war, before shell shock and neurosis became such a prevalent issue. A great example of Sassoon’s nationalistic qualities during the beginning of the war can be seen in his poem “To Victory” published in 1915. Sassoon starts out his poem with the lines “Return to greet me, colours that were my joy,/ Not in the woeful crimson of men slain,/ But shining as a garden; come with the streaming/ Banners of dawn and sundown after rain” (1-4). Of course, the colors that Sassoon is speaking of represent the colors of England, which he tells the reader “were [his] joy.” Sassoon was very clearly a man with love for his country, as he willingly enlisted at the very beginning of the war, before the nation was even fully on board with its involvement.

There is a very clear undertone of hope in Sassoon’s poem, which not only shows his nationalistic attitude, but also his very loyalist views toward his nation and his position to serve. Although he acknowledges the fact that there are “woeful men slain,” Sassoon says with optimism and faith, “I am not sad; only I long for lustre” and that he plans to return to his homeland soon “from the sea with breadth of approaching brightness” (9, 15). At the beginning of his time of service, writing motivating poetry such as this was not uncommon for Sassoon. However, once the traumatic experiences

began to pile up onto this ambitious and buoyant lieutenant, Sassoon's attitude began to shift, as "gone was the patriotism, optimism, and flowery metaphor of earlier work, to be replaced by an unsettling realism and visceral brutality" (Saks 595). When the times began to change, as war became more and more violent, involved and tragic, Sassoon's ability to conceal inner angst and conflict started to fade, leading to more morose poems and protest.

Before entering Craiglockhart, Sassoon was an avid journal-keeper; however, once he began his stay in the facility, he did not continue this pastime, perhaps because he felt that his "writing of poetry [was] enough to satisfy the most introspective episode of his life" (Hipp 169). The mental toll that the horrifically violent elements of combat took on Sassoon was perhaps so severe on his mind that he may have felt that such a personal and private form of expression such as journal-keeping was too dangerous to his sanity. Instead, Sassoon took full advantage of the poetic form while in Craiglockhart, much to Rivers' approval, which not only allowed the soldier-poet to work through the mental struggles resulting from the battlefield, but also allowed Sassoon to continue to protest in a more discrete, written way that while not as blatant as protesting publicly, had a greater chance of influencing others than his private journals did. Now instead of the military authority deeming him insane due to public protest, Sassoon was able to be less conspicuous and write powerful poetry. Poetry being a more personal and private form of expression than open public protest allowed him to be outside of the criticism of military authorities, who lumped his forward anti-war philosophy into a form of neurotic cowardice that was seen as the common reason for admittance into Craiglockhart.

Now labeled as insane, neurotic and shell-shocked, Sassoon no longer had to hide behind what had become the facade of a strong and patriotic lieutenant, and could freely express his opposition to the war and the effects that it had on soldiers, both on the battlefield and later at home. Sassoon was now writing poems such as “Repression of War Experience,” where he is far more cynical toward the ideas of honor and duty that the British Military so strongly promoted. Sassoon starts this sardonic poem with the image of a moth flying around the light of candle, to which the poet replies, “What silly beggars they are to blunder in/ And scorch their wings with glory, liquid flame” (2-3). One no longer sees a rallying leader, patriotic and hopeful in his cause, but instead a highly critical and jaded Sassoon, looking at the “moths” or soldiers who put themselves up to the “light” or sacrifice themselves for the “glory of the liquid flame.” This could be Sassoon making a statement about the irony in the number of young men that die for their “King and Country,” or perhaps the selflessness of these soldiers, and the poor treatment from the military that they receive in return. Whatever Sassoon’s motives may have been at this point, what is clear is that he was not trying to send home the same message of the glory of war that motivated him at the war’s start.

Sassoon continues on with his jaded approach to the idea of war in general, but he also goes farther into examining the medical world’s complete ignorance about the epidemic of shell shock. He tells his audience to simply not think of war, making such a task seem just that simple, as the naive doctors would have been telling their patients to do. Then he gives his audience the lines, “And it’s been proved that soldiers don’t go mad/ Unless they lose control of ugly thoughts/ That drive them out to jabber among the

trees” (6-8). He continues with his sarcastic pep talk to his fellow soldiers, telling them to “light [their] pipe” and look at their “steady hand” (9). Sassoon is commenting on the military medical belief that shell-shocked soldiers could simply concentrate on their physical selves and make a conscious decision that they were not experiencing any effects of trauma (because they did not exist). At this moment, as a forced patient in a mental hospital, Sassoon is trying to show the outside world the complete absurdity of the treatment of neurosis and shell shock, and soldiers in general. He was trying to break the wall between the medical authorities who simply swept the issue under the rug, and the people back home who really had no concept, much less control, of the situation.

Sassoon’s complete empathy for the neurotic soldiers of the war comes out at the end of his poem, which also shows the public the difficulty of keeping one’s composure in such a devastating and traumatic time, even for a strong lieutenant such as Sassoon. He ends with the last three lines: “Those whispering guns—O Christ, I want to go out/ And screech at them to stop—I’m going crazy;/ I’m going stark, staring mad because of the guns” (36-38). It is in these final lines that Sassoon truly admits with no remorse that he too is feeling the same traumatizing effects of war that thousands of other soldiers are also experiencing. Yet, to even further disprove the no-nonsense military philosophy of the time that felt that the mental patients were simply weak individuals that were less fit for combat, Sassoon made the difficult decision to return to combat, despite his personal reservations (Roberts 124).

Sassoon thought long and hard about his final decision to leave Craiglockhart and return to combat (Roberts 123). The conditions in the military hospital were clearly

completely horrific and unbearable, which partially explains his decision to leave (Roberts 124). However, Sassoon did not leave Craiglockhart without a trace of himself and his innovative and taboo creative therapeutic outlet. His revolutionary war-poetry and the popularity that it brought the young poet during his time at Craiglockhart left not only doctors such as W.H.R. Rivers with new ideas of the importance of therapy, but it also allowed other shell-shocked patients around him to be inspired, in particular, Wilfred Owen. When Sassoon eventually decided to leave the military hospital and return to the front, he left Owen, who looked to him as a mentor in his work as a poet, with the advice to “sweat [his] guts out with poetry” (Roberts 124). Sassoon and Owen had a very close relationship, and Sassoon’s support of Owen’s poetic expression, along with the approval of Rivers, allowed Owen to be more confident and outspoken about his experiences in war, which he believed to be so strongly influential to his mental health (Roberts 125). However, Sassoon being a bit more in touch with the less-sympathetic thoughts of the military medical world, he urged Owen to keep his writing more private—yet, Sassoon always made sure that Owen was able to fulfill his desires to write poetry, and he found private settings for them to write and discuss war experiences together (Roberts 125). In a way, Sassoon was becoming the proper psychologist that Owen never had, and Sassoon’s belief in the powerful strength and healing power of poetry not only influenced Owen, but also Rivers and his medical approach.

Although the majority of military and medical personnel at Craiglockhart did not believe Sassoon to be sane enough to re-enter the force, Rivers felt that Sassoon displayed no neurotic symptoms, and he also found plenty of medical evidence to prove

that the young soldier-poet was fully ready to be released, if he wished (Roberts 124). Rivers very much agreed with Sassoon's decision to return, and felt that his re-exposure to the battlefield would be the best sort of cure or remedy for the so-called neurosis that Sassoon was dealing with during his time in Craiglockhart (Roberts 124). Rivers was actually quite vocal about the fact that he felt that cases of neurosis did not derive from repressed sexuality or masculine weakness, but instead was very much convinced by the idea that neurotic soldiers were suffering due to the "terrifying internalized experiences from the battlefields of the Western Front" (Robertson 87). The eccentric doctor was very open with his belief that any painful thoughts of the war that may weigh on a soldier's mind, and therefore overall mental health, should be addressed directly. Of course, this is probably why Rivers was so accepting of Sassoon's and Owen's use of poetry as a form of therapy; it allowed the soldiers to face their traumatizing experiences, but in such a way that they could avoid any direct confrontation with the violence of war.

Rivers and Sassoon developed a very close relationship as doctor and patient, along with a good friendship; because of this, Sassoon was encouraged and inspired to write, and Rivers was influenced in his medical philosophy to integrate psychology into his work (Hipp 170). Rivers took the influence that Sassoon had on his medical philosophy, and allowed it to follow him through his medical career, eventually leading to his own influence on the world of psychology. Even during his time at Craiglockhart, Rivers was starting to form an interest in a certain type of therapy he referred to as "auto-gnosis," which worked best when used on "intelligent, educated patients, whom he led toward self-knowledge and self-analysis" (Shephard 87). The patient who was clearly

capable of being treated with such a practice was Sassoon, and the amazing ability for Sassoon to not only become more expressive in a constructive and slightly more acceptable way in his poetry (rather than in his other expressive forms, such as protest and journal writing), proved to Rivers that his method may work. Rivers was very much under the school of thought that suppression of one's angst, aggression, fears, etc. was not at all the correct method to treat any sort of out-of-the-ordinary, neurotic behavior that a patient might be displaying (Shephard 87). The Freudian influenced anthropologist turned psychiatrist Rivers saw the improvement through the poetry writing of Sassoon, which eventually led the doctor to believe it suitable for the distressed soldier-poet to return to the battlefield (Shephard 89). During an address that he made at a psychiatry convention in England toward the end of the war, Dr. Rivers explains the exact issue of neurosis/shell shock, along with its cause:

New symptoms often arise in hospital or at home which are not the immediate and necessary consequence of the war experience, but are due to repression of painful memories and thoughts, or of unpleasant, affective states arising out of reflection, concerning this experience. (W.H.R.

Rivers's 1918 Lancet Paper)

Rivers was able to work past any issues of repression that Sassoon may have had because he was so supportive of the soldier's poetry. Sassoon's ability to work past the "painful memories" in a poetically beautiful sense showed the world of military psychology what Rivers was claiming about repression of feeling may have been correct. In his history of neurotic/shell-shocked/PTSD disorders, Ben Shephard points out that Sassoon stands out

in the history and literature of WWI, as “he was not the typical patient” (89). In addition, Shephard points out that the vast majority of patients in the various military hospitals during the war were probably more “private soldiers,” that did not feel comfortable in the sort of expression that Sassoon was partaking in with Rivers, and were not encouraged to practice this form of expression, effectively leaving thousands of soldiers not properly treated, misunderstood, and essentially forgotten (89).

However, there were a few ways that the thousands of broken soldiers, damaged by their traumatic experiences in the war, and then stigmatized as shell-shocked, weak, cowardly soldiers, were able to be understood, at least to a certain extent, by future medical officials, and also the common public at home. A lot of this communicative power came from the poems of both Owen and Sassoon, but the very close and inspiring relationship that Rivers and Sassoon gives merit to the influence of Sassoon on the changes public and medical views of shell shock and neurosis *after* WWI, leading into the Second World War. It appears that even the modernist poets back in England, regardless of the fact that they were men who made their lives around poetic expression, seemed to have quite an issue with the poetry that soldier-poets such as Sassoon and Owen were producing during combat and during their stay in military facilities (Hipp 192). W.B. Yeats had “outright hostility” toward the poetry that came as a product of the war experience, as he felt that it “was limited in its impact to this historical moment” (Hipp 192). There was clearly an “unbridgeable psychological division between those in France and those who remained back in England,” even some of the British figures who

were supposedly more progressive in thought, such as Yeats, T.S. Eliot, and other modernist poets (Hipp 192).

Sassoon does appear to have had some effect on Yeats, however, as the Modernist poet did decide to put four of Sassoon's poems in *The Oxford Book of Modern Verse* that he was putting together at the time (Hipp 192). However, Yeats saw the poetry of Sassoon, such as his famous memorial poem entitled "On Passing the New Menin Gate," not in a way that was to recreate and allow the audience to experience the horror of war, but instead to make the deaths of thousands of young soldiers look glorious and symbolic (Hipp 193). However, war poetry was really a lot more powerful than a simple memorial poem that could be stored away in a history book; it was these soldier-poets attempt to "reverse the process of disintegration that the war brought about" and present the war through poetry in a way that recreated the experiences of thousands into one solid comprehensible presentation of their experience (Hipp 194).

Although it seems to have taken a little longer than the poetry of Owen, Sassoon's expressive writing was able to move past the stubborn and acrimonious viewpoints of well-established poets back in England and make quite an impact on the everyday citizen who knew nothing beforehand about the war beyond the cynical philosophies of modern poets, the dismissive reports of military doctors, and the jingoistic speeches of army personnel. Owen probably received more public recognition at a far hastier pace due to the fact that his death during combat was so unexpected and tragic. In fact, Sassoon was extremely influential in the popularity of Owen's poetry, as he was one of three editors who worked diligently on compiling a collection of Owen's poetry in hopes that his

poetry and its legacy was “not forgotten on the bloody fields of France” (*Poetry and Prose*). Sassoon was very adamant on the publishing of Owen’s works, as a guarantee that his name would be put into publication before he had a chance to be forgotten (*Poetry and Prose*). It is because of Sassoon’s efforts that Owen’s work was put into the public eye and became so widely read, and with Owen’s growing recognition, Sassoon also was able to get his war poetry published with ease, helping strengthen Sassoon’s agenda of building awareness of the horrors of war (*Poetry and Prose*).

However, Sassoon continued to use writing as a means to sort out his war experience, and many of his works past the time of the war were being produced as more autobiographical accounts than poetic pieces. Just as his poetry had the power to inspire expression in Owen as a form of therapy in Craiglockhart, and as it also had inspired the therapeutic philosophy of Rivers, Sassoon’s three volumes of autobiography “The Old Century,” “The Weald of Youth,” and “Siegfried’s Journey” use his writing and personal accounts to “charm” his audience at the time, which Ben Ray Redman claimed in his review of Sassoon’s work in the *Saturday Morning Review of Literature* nearly twenty years after the war (11). Redman explains that Sassoon’s ability to “engage simply” with his readers about a certain subject (most often war experience), and his “easy, modest demeanor” that he utilized allowed him to “convert his readers into sympathetic friends” (11). Redman praises Sassoon for his ability to present his experiences of the war in different and creative ways, with works such as “Memoirs of a Fox-Hunting Man” and “Memoirs of an Infantry Officer,” both of which feature a main character that Sassoon created as another medium of expression for the explanation of the tragedies of the war

and the misunderstood soldiers (11). In his review of Sassoon's autobiographical work, Redman does not see Sassoon's poetry as being a sign of inferiority or weakness, as military officials and influential poets of the time did. Instead, Redman believes that there was a "complex advantage" associated with being a soldier-poet, as it not only allowed a more cushioned arena for expression of repressed traumatic thoughts, but it also allowed the soldier to convey his unique experiences to those back in England who had no reference point for the reasons why a soldier may have been suffering from neurosis (11). In fact, Redman is very persistent with the fact that Sassoon used his poetry to the full extent in order to "emerge into public view" and then simultaneously "shock a civilian public into an awareness of what war was really like," and although Sassoon spoke "truthfully, bitterly, sardonically [and] even savagely," there is no one else during the time who had spoken more effectively about the severity of the war (11).

Sassoon's effect on the public perception of war and shell shock is made clear from the great amount of acceptance that finally came from both literature reviewers and the common man alike, as Sassoon continued to publish and receive great accolades. However, he also had an undeniable effect on the world of psychiatry itself, and essentially how military medicine decided to handle psychological epidemics during future wars, such as WWII. As that war approached, the Minister of Pensions, Herwald Ramsbotham, gathered a group of neurologists and other military/medical personnel in order to discuss their plan of action if another great epidemic of shell shock was to come about as a result of combat (Jones and Wessely 156). This venture to create a plan of attack for shell shock was a very half-hearted attempt, as the Ministry believed that the

public opinion was misguided and led by false information, and that the “disease” of shell shock was in no way to be seen as a reason for discharge from service” (Jones and Wessely 156). During the committee meeting concerning the issue of shell shock treatment during any future British military involvements, Edward Mapother, who was the superintendent of a military hospital during the First World War, argued that “inherited characteristics had been overemphasized” (Jones and Wessely 156). However, the members of the committee were not supportive of Mapother’s claim, and the meeting ended with not much resolution at all to the problem of shell shock (Jones and Wessely 157). Although this attempt was not a resounding success, other outside physicians who were not involved in the meeting came together to create a memorandum that they sent to the Ministry in hopes of some more advanced, compassionate and progressive forms of therapy (Jones and Wessely 157). This small group of physicians based their proposal off none other than the psychiatric philosophy of treatment for traumatic experience that Rivers had developed during his time at Craiglockhart, being deeply influenced by the freedom from repression that Sassoon’s poetry brought to him, and other soldier-poets, along with the psychoanalytic Freudian qualities that also arose in such a practice (Jones and Wessely 157). This therapeutic approach to neurosis and shell shock inspired by Sassoon’s private work observed by Rivers made an impact on the Ministry’s change in policy regarding the government’s payment for treatment of nervous symptoms due to “fear, anxiety, and other mental factors,” and the suppressing of emotional damage that inspired Sassoon’s poetry writing and protest for his fellow soldiers began to be accepted as a proven reason for cases of shell shock and neurosis (Jones and Wessely 157-158). In

fact, another change was made during the war that Sassoon was probably very pleased to see—men who could prove that they suffered nervous symptoms due to violent events during combat were able to receive pensions, which was enormously beneficial, as many had lost their jobs due to their incapacity to work after suffering mental distress (Jones and Wessely 158).

Siegfried Sassoon lived a long and accomplished life, passing away in 1967 at the age of 80, many years after he had survived his duty during the First World War (Wilson 418). Although many different scholars see Sassoon and his work, poetry, protest, autobiography, and fiction as noble, powerful, and influential, the elderly soldier-poet did not see himself as much of a prominent figure. A little less than a year before his death, Sassoon wrote a letter to Dame Felicitas Corrigan, a member of the Catholic church with whom Sassoon was finding a fair amount of solace regarding his chaotic life and false accusations of insanity, followed by endless years of painful war memories (Wilson 405). In this letter to Dame Felicitas, Sassoon writes that he “just [goes] on being told that [he is] a war-poet, when all [he] wants is to be told that [he is] only a pilgrim and a stranger on earth” (Wilson 405). Toward the end of his life, even after over forty years had passed since the Great War, Sassoon was still receiving the highest regards and recognition for his symbolic position as a great war-poet of a tragic war, a figure who truly was the only connection between the utterly devastating and misunderstood soldiers of the battlefield and the ill-informed and poorly influenced friends and family members that they had left behind in England.

AFTER THE WAR

During the time of the First World War, and even for a good deal of time after, any sort of nervous disorder or psychological unrest in a British soldier was seen as completely ludicrous—a young British man enlisting in the army was expected to “fight to a finish,” which Sassoon used as a title in one of his poems written during his time in Craiglockhart, which was sardonically written with commentary on the expectations of these young and damaged soldiers. These soldiers were expected to be relentless in battle, and proud of every moment, not doubting a single death that they may witness, as all of their dedication was out of love and respect for “King and Country.” The mantra of “*dulce et decorum est*” is one that Owen used to show the general nationalistic attitude of England of the time, and England expected its young men to become soldiers and view their duty as “sweet and fitting” as long as it is in the honor of their country. Although there was a heavy expectation on young British men at the time to go willingly into battle for the sake of their country, there was a great lack of compassion for the soldiers and the effects that the war had on them. Perhaps the military and medical world at the time felt unprepared and ill-equipped to properly treat such an epidemic, but there was also absolutely no willingness to look at various possibilities as to a cause of shell shock, or even a desire to look into different treatments for these suffering soldiers.

In Daniel Hipp's work *The Poetry Of Shell Shock*, which focuses on the poetry resulting from the neurosis of Wilfred Owen, Siegfried Sassoon and Ivor Gurney, Hipp finishes out by making a statement of the higher purpose to war-poetry:

When one re-envisions the poetry of these soldier-poets as emerging not simply out of the political context that Yeats found so limiting aesthetically but out of personal need to confront and resolve the crisis of psychology that manifested itself as shell shock, one can see the motivating principle behind composition for Owen, Sassoon, and Gurney as resembling the search for anchoring systems in the universe. (195)

What Hipp claims in this statement is that the work of these three soldier-poets was far more than an attempt at creating work that may be publicly accepted or easily published. In fact, it is completely obvious that these poets had a much different motivation behind their poetry than popular approval, as both Sassoon and Owen had to hide in private areas of Craiglockhart to have writing sessions. In addition, these two poets were well-aware that the subject of their poems, the psychological trauma resulting from war, was something that their military officers and medical personnel were not in support of in any regard. The public was also extremely naive about the sufferings of the thousands of neurotic and shell-shocked soldiers, which placed both Sassoon and Owen in a position to feel completely misunderstood and unaccepted on a general level. What Sassoon and Owen were doing, along with other war-poets, was something extremely powerful and brave—they were taking their trauma and despair into their own control, and managing it through their poetry. However, a few medical and military authorities saw what such

soldier-poets were doing, saw its power, and began to support it as a healthy and necessary way of dealing with the trauma of war.

The true test of the poetry of both Sassoon and Owen, along with other poets, is that it spoke to the public. Although public response was not immediate (as expected, since most common citizens were uneducated on the subject of neurosis and shell shock, largely due to the ignorance of the medical community at the time), the poetry of Owen and Sassoon was eventually seen as an important artifact of a greatly significant time in Britain's history, as these two men gave voice to thousands of soldiers who were left unheard. Wilfred Owen and Siegfried Sassoon should not be seen only as poets, but as revolutionaries in being the voice of a lost population of men, a voice to a world that did not understand, and a world incapable of seeing the effects of its own judgment and decision on these soldiers. Because of the courage seen through the poetic expression of Owen and Sassoon, psychiatrists reevaluated their practices, and the public finally had a chance to become aware of the tragedies of war that affected the *soldiers* and not the physicians who simply did not know how to treat a new epidemic such as shell shock. War-poets like Owen and Sassoon are the reason why the war-related psychological distress of the soldiers ever became known, as they were able to use their poetic abilities in a way to convey an emotion that was completely foreign to the common British citizen.

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