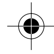


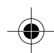
6

'Nameless dread'

> In war, as in air accidents, 'insides' are much more visible than it is normally well to imagine. (Paul Fussell, 1989[1])

When Lance Corporal Roland Mountfort was wounded on the Somme and hospitalised in Rouen, he scrawled a note to his mother. He had 'seen in 3 days more wonderful, more pitiful **+** more horrible sights than would suffice any ordinary mortal for 3 lifetimes'.[2] He was then moved to the Mile End Military Hospital in London, from where, four days later, he wrote again. He apologised for keeping his family in suspense but he had only just settled down and did not yet feel 'at home here.' There was 'a tremendous lot to tell you – so much in fact that at present I am not going to start on any of it.' He mainly described his trip back on the hospital ship Asturia, and his 'nice clean flesh wound', which caused him no pain.[3]

It was another three days before Mountfort felt able to write at more length, this time penning a twenty-page description of the days leading up to his wounding.[4] This, combined with the Battalion Diary, allow us to construct a detailed account of his part in the Battle of the Somme. His Battalion, the 10th Royal Fusiliers (Mountfort had joined the so-called 'Stockbrokers' Battalion', a 'Pals' unit, early in the war) went into trenches at 8pm on the evening of 9 July 1916, acting in support for 13th Rifle Brigade, who were preparing to attack Contalmaison. The dead, caught by machine-gun fire, 'lay about in great numbers' as they made their way forwards.[5] German snipers' rifles, grey blankets, Prussian helmets, clips of dum dum cartridges, and a postcard to '"mein lieber, lieber Hans" from "Deine Elise"' lay scattered about, but Mountfort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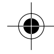

took nothing, for '[a]fter I had seen dead bodies lying on all sides in the weird attitudes of sudden death, souvenirs seemed a bit paltry.'

They huddled that night in first support-line trenches which had been badly battered by shelling. The next two days were spent, as the Battalion Diary put it bluntly, 'digging night and day to get some kind of cover', and suffering 'considerably' from enfilade fire (which came side-on to their trenches).[6] Mountfort reported that they were 'shelled often + had a good few casualties'. On 10 July they were put to burying the German and British dead around La Boisselle, who in Mountfort's words 'were lying all over the road + in the open square. They had been there some little while, + some were embedded in the mud or half buried in rubbish.' One had to be dragged up from a store shed, another from a dug-out. The Battalion buried around fifty bodies that day.[7]

On the evening of 10 July, already exhausted from their digging, they were pushed up to front-line trenches to relieve the 13th Rifle Brigade, which had lost four officers and around 400 men.[8] They ended up taking part in a confused attack, rushing over their own front line and almost to the German trenches amid machine gun fire: 'Men were going down every minute, + since there had previously been bodies lying all the way the place began to look a bit rotten.' Just as Mountfort became 'sure that there was nobody leading us + we should just go running on till there was no one left', an order came to retire. They spent the rest of the night holding a section of front-line trenches under heavy shelling. Mountfort was in a bay with a wounded Rifle Brigade man lying on the trench floor and another 'wounded in the throat + making gurgling noises, sitting on the fire step. Then a shell burst on the parapet + half buried us all.' Five men among the two sections crowded into the bay were hit, including Fredericks, in whom his sister 'Gwyneth was always interested. I saw him go down just in front of me.' When it became light the following morning (11 July) they were ordered to dig down but in the bay there was 'a German trouser + boot protruding in one place', which 'rather put us off making it as deep as we should have liked'.

On their second morning holding the front line (12 July) Mountfort was sent to carry rations up to twenty men who had been holding an advanced trench:

> For 500 yards it is paved with English dead. I don't know what happened, but they were evidently caught there by an awful shell fire – some say our own. In places you must walk upon them, for they lie in heaps. I went up with rations, + again to help carry down a casualty on a stretcher. I won't describe that trench until I have forgotten it a little.

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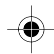

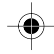

On the evening of 12 July the Battalion was moved back to the support line, having lost thirty-six men from shelling in 48 hours.[9] Mountfort and his comrades dug 'little cubby holes in the side + curled up like hedgehogs' to sleep. The man in the funk hole next to Mountfort tried to deepen it, struck some sacking, and 'went on + got as far as a blood-stained cap; + then he went to dig a new hole.' Mountfort found sacking in his hole too, but 'didn't trouble to move. What the eye doesn't see etc.'

At 9 a.m. on 15 July, after resting for three nights in the support trenches, they were ordered back to the front line for an attack on Pozières. Mountfort went over the top into what the Battalion Diary described as 'heavy machine gun fire'.[10] He ran with his head down for 200 yards or so before he felt a punch on the shoulder. He lay down in a shell hole with two other men, one wounded in the leg, the other with a 'bad wound' in the back. After an hour and a half, worried by the crumps that were falling around him, he made his way back through trenches 'full of dead' – this time German – to the aid post, and to the hospital at Albért where his wound was dressed before he was taken by hospital train to Rouen.

Mountfort's letter ended with a description of the wound on his shoulder:

> My wound is dressed twice a day, + is more painful every time – a sign, as I am assured, that it is healing up nicely. It has to be 'packed' at the lower entrance, which means that a few yards of bandage are poked up with a knitting needle, to keep it open + allow it to discharge. It consists of a little blue mark on the top of my shoulder where the bullet went in, + a long deep slit a few inches down my back where it came out. Possibly it turned a little in its course. The official diagnosis on my sheet is 'Gun shot. Small entry wound above right clavicle; large furrowed wound on scapular muscles at exit.'

For Mountfort, the most upsetting part of the battle was not his own wounding. It was a classic 'Blighty' and had got him back home without a permanent disability, unlike most of the 237 other casualties in the Battalion that day.[11] Nor was his distress wholly due to the scale of death and wounding he had seen. What affected him just as much was the way in which bodies had been mangled. There was the man who gurgled as his breath expired through the bullet wound to his throat. There were the German soldiers on the first night who lay 'on all sides in the weird attitudes of sudden death', and the English soldiers whose bodies, smashed by shell-fire, lay thick on the floor of the advanced trench. Mountfort was not even insulated from horror when asleep, for body

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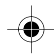
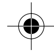


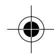


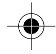
parts lay just beneath the funk holes. There was his own wound, with its neat hole on entry, flaring out beneath his skin into a cavity large enough to fill yards of bandage, and its furrowed exit. It could (with the aid of a mirror) be inspected close up, and described in detail, unlike the shell-blasted bodies he had walked over, about which he could say nothing 'until I have forgotten it a little'.

Despite the terrors he experienced at the Somme, Mountfort was well enough by October 1916 to be sent to train with the 6th Royal Fusiliers, a Reserve Battalion. In February 1917 he rejoined the war, this time in East Africa although, like many, he was hospitalised on numerous occasions with dysentery and malaria. After the war he worked in the legal department of the Prudential, and died of cancer in 1930 when he was just forty years old.[12]

Mountfort's wound may have been quick to heal but he did not escape unscathed from the Somme. He often felt low during his two-month stay in hospital. In early August he reported that he hadn't much to say; it was an hour to bed-time and he had been 'perseveringly [*sic*] doing nothing all day; with the result that I feel very limp **+** vacant.' Having fallen 'into a reverie till bed-time' that evening, he spent the next day 'in much the same way.' He grieved for his friends, a 'little fellow, a most delightful companion' and a solicitor from Yorkshire. 'I don't think the selection a good one', he stated bluntly, as both of them were 'much cleverer and more useful individuals' than he.[13] Shortly before joining the 6th Royal Fusiliers in Dover, he went on holidays to Llangollen with his mother: 'I wasn't being exactly brilliant, but I didn't seem to be able to help it.' He was dreading the prospect of return to Army life, which 'I still loathe with all the hatred of which I am capable.'[14] This was something he had not found it possible to declare until after he was back in Blighty. His half-brother recalls the veteran Mountfort as 'a most fastidious man particularly in regard to personal appearance and cleanliness'.[15] Army life tended to encourage fastidiousness such as this, but it may also have helped Mountfort hold himself together.

Mountfort was not alone in finding it difficult to convey the scenes of war that affected him most. Robert Graves claimed that his 'emotion-recording apparatus' failed after the battle of Loos, but horrific images played on his mind long afterwards. While recuperating at Harlech at the end of the war, shells 'used to come bursting above my bed at midnight.'[16] Sometimes a battle-stressed soldier might become deaf, mute, experience temporary blindness or lose his memory.[17] The psychologist

9780719079184_4_006.qxd 246  19/2/09, 12:04 PM



William McDougall described a shell-shock victim who 'showed no trace of comprehension of spoken or written language'.[18] The assault of violent experiences caused the mind to seal itself off from the world: it could no longer take things in. The emotional residues of violent experiences nevertheless gnawed away within the unconscious, unthought.

This chapter examines states of mind that felt beyond comprehension, and whose effects remained within the unconscious long after battle. It asks: what kinds of experiences brought men to the edge of madness? And what was it about the nature of trench warfare that could do this? Many soldiers suffered from periods of what has been called 'battle stress', although never becoming incapacitated to the point where they were withdrawn from the line. The frequency with which soldiers reported cases of war nerves among comrades, and the morally neutral tone some adopted, suggests how little they felt separated them from the victims. The subaltern Graham Greenwell, although remaining staunchly positive about the war throughout, did not judge men who broke down. In letters home to his mother in 1915 he noted one man 'gone a bit off his head'; and how, after a violent bombardment in their front lines shortly afterwards, a signaller was 'mortally wounded and one bomber broke down.'[19] During the battle of the Somme he was similarly uncensorious towards 'a poor chap who has suddenly gone groggy with shell-shock.'[20] As far as Greenwell and many other soldiers with long experience of trench warfare were concerned, men wounded mentally or physically were equally casualties.[21]

In its very genesis, the term 'shell-shock' related to soldiers whose mental functioning was so impaired as to 'incapacitate a man from the performance of his military duties.'[22] Studies of shell-shock have little to say about the majority who continued to carry out their military duties with at least a minimum of competence, but who suffered from periodic or even chronic emotional disturbances. The emphasis in the literature on shell-shock, moreover, has been on the aftermath of symptoms and treatment, rather than on the events that brought men into Casualty Clearing Stations and military hospitals in the first place. Ben Shephard, in his history of shell-shock, *A War of Nerves*, mentions how 'extreme and sudden horror and fright' could lead to its onset.[23] But this still begs the question: what sorts of experiences were most frightful?

In part, this focus on treatment rather than genesis reflects the practical concerns of contemporaries. W. H. R. Rivers, for example, charged in his capacity as a military psychiatrist with getting soldiers back to the front, said little about the events that had caused them to break down.

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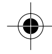

Lack of preparation was as much the problem as trench warfare itself. One of the 'chief causes' of 'nervous disorders', he believed, was that soldiers had been forced to endure 'hardships and dangers of unprecedented severity with a quite insufficient training'.[24] In treating these soldiers, Rivers concentrated on their tendency to repress their memories. His emphasis on the secondary mechanism of repression reflected the tension that military doctors sometimes experienced between humane impulses and military duty: Rivers could do something about how the memory of the event was handled, but not about the way the war itself was waged.[25] Freud's pre-war ideas did not help him much, for they also bypassed the traumatic event. Locked as psychoanalysis was into explanations founded on the sexual dramas of the infant, it seemed to have little to say about the shocking scenes being witnessed by grown men.

Military historians tend to adopt a rationalistic perspective when discussing the impact of violent deaths and injuries, assuming that they were frightful because they brought men face to face with their own mortality. Denis Winter argues that the sight of dead men occasioned horror because, 'at the back of the mind was the knowledge that the corpse was once a living man like oneself, in the same situation and therefore initially no more likely to meet death than oneself.'[26] There is truth in this. As Robert J. Lifton argues in *The Broken Connection*, contact with death is a central feature of trauma among survivors of war.[27] But more is at stake emotionally than a simple recognition that the body shattered on the trench floor could be one's own, an anxiety that is derived from the prospect of a premature end. Powerful irrational feelings were stirred by such sights. Certain types of death could threaten psychic disintegration, and hence it is important to understand what it was about the *manner* of death and violence, that made it disturbing.

So also, Joanna Bourke's *Fear. A Cultural History*, which is centrally concerned with the nature of trauma, tries to decentre the privileged place that 'psycho-history' has in the history of fear. Modern combat, she argues, is terrifying because it often immobilises the soldier, and in so doing frustrates his basic fight/flight instinct. He must passively take what comes at him; he cannot escape or adequately resist. Bourke is right to emphasise the effect of immobility. W. H. R. Rivers felt that the prolonged experience of danger without an 'ability to manipulate the world' was a principal factor in the onset of war neuroses, and soldiers in their letters and memoirs often commented on the stress caused by having to passively endure shelling.[28] Bourke argues that fear is

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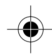

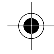

compounded by a further factor, the fear of fear itself. Men, and especially military commanders who had to show an example to the men, were afraid of being thought cowards and the need to keep a stiff upper lip added to the strain. But the kinds of symptoms presented by battle-stressed soldiers suggest that there was more to battle stress than neural reactions or the burden of manly performance. Bourke describes an American soldier who presented himself to his Battalion surgeon explaining that 'I can't stand them shells. My stomach hurts. They tear my stomach to pieces'.[29] His mental organisation had broken down. Although not physically injured, he was so profoundly disturbed by the violence around him that his anxieties were experienced, not as akin to, but actually *as*, flesh-and-blood wounds. Men often felt that the mental pressure of trench warfare was literally tearing their bodies to pieces. Lieutenant A. B. Scott wrote in his diary that he was 'going all to pieces'; a month later, he was 'slowly and surely . . . breaking up.'[30] Such states cannot be wholly comprehended as a matter of linguistic convention, social pressure or physiological reflexes.

Like many others, Mountfort was unable to describe mutilated bodies, the advanced trench littered with dead men along upon whom he had trodden to bring rations to the living. As these men were the victims of shell-fire, Mountfort might have seen limbs rent from torsos, faces smashed in and bodies gaping open. In his memoirs of the Somme, Norman Gladden intimates what Mountford could not; not just the sight, but the stench which brought him to the point of fainting:

> The dead man lay amidst earth and broken timber. It seemed like a sacrilege to step over him but there was no evading the issue. Never before had I seen a man who had just been killed. A glance was enough. His face and body were terribly gashed as though some terrific force had pressed him down, and blood flowed from a dozen fearful wounds. The smell of blood mixed with the fumes of the shell filled me with nausea. Only a great effort saved my limbs from giving way beneath me. I could see from the sick grey faces of the file that these feelings were generally shared.[31]

Imagine this body multiplied by the dozen, the smell the more pungent because of 'very warm' weather, and we can begin to sense what Mountfort could not tell his mother.[32] Sometimes it was not the obliteration of bodies but their life-like pose that caused distress. The Scots Grenadier Stephen Graham remembered two fellows in a shell-hole with frightened looks on their faces, crouched together as if one had been saying to the other "'keep your head down." Now in both men's heads there was

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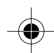

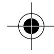

a dent, the sort of dent that appears in the side of a rubber ball when not fully expanded by air.'[33]

Wilfred Bion's memoir of his time as a tank commander, written in 1919, describes the cumulative impact of experiences like this. It recounts one horrific incident after another in forensic detail. By late September 1918 'I had lost my nerve. Everything I did was difficult; in action I had to force myself to do my mere job. I became more or less paralysed by the thought of action, and my brain would not work'.[34] His comment about patients in psychoanalysis: 'I say they *are* regressed' [italics his], had a point of reference in his own war. Though he was called up as an Army psychiatrist in the Second World War and worked at the Northfield Hospital with veterans who had broken down, Bion rarely wrote about war. When he did, comments his daughter Parthenope Bion Talamo, 'it was almost as though he were forced into doing so by external circumstances.'[35] Nevertheless, the distinctive psychoanalytic ideas that Bion developed during the 1950s speak to the extreme disturbances of battle-stressed soldiers.[36] War, says Bion Talamo 'formed part of the real personal emotional experience on which his theories lie.'[37]

Central to these theories is the concept of 'containing', which relates to the infant's anxieties and the mother's way of dealing with them. For Bion these anxieties at the most primitive level have to do with death, the infant's 'feeling, say, that it is dying'.[38] The baby finds these feelings unbearable and projects them into the mother for her to deal with, and to give back shorn of their terror. However, the mother often finds herself unable to take in the baby's distress. She might empathise so much that she becomes upset herself, or she may feel frightened and project anxiety straight back. A baby whose distress cannot be contained by the mother might experience what Bion calls 'nameless dread', a feeling that its anxieties are not only intolerable, but cannot be made sense of. Its anxieties fragment within the psyche, and are then felt to attack it, much like the American soldier who experiences his fear as splinters which are tearing apart his stomach.

Terror was a feature of trench warfare, even more than it is in the daily care of infants, where the mother is often able to soothe the baby by showing that the threat it perceives is not as great as it supposes. But on the Western Front, fear was a rational response: there really were splinters of metal flying about which would kill and maim. This fact taxed every soldier and most – even those who professed to enjoy battle – experienced moments of extreme distress. Charles Carrington is sometimes cited by military historians as a counter-example to the 'horror'

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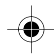

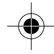

school of memoir-writing. At Ovillers-la-Boiselle, however, he came across a signaller in the cubby-hole of a trench wall. Carrington asked for directions but the man 'slowly raised his head and looked at me with blank appealing eyes. I saw that two rivulets of blood were running slowly from his throat into the collar of his tunic.' Carrington had to leave the man behind, but 'his face remained with me.'[39] The failures of containing described by the psychoanalyst Bion in the 1950s not only chimed with his own war experience, but with the experiences of many veterans.

Regression and containing

The stresses of battle affected men of the war generation particularly deeply because they were between childhood and adulthood. Their identities were divided between the image of soldierly prowess and manly responsibility, and the memory of home and childhood. They were, in Ben Shephard's apposite phrase, 'half men half boys'.[40] It was after battle that the trench soldier appeared most childlike. The Australian journalist C. E. W. Bean described men returning from battle as being 'like boys emerging from a long illness.'[41] Frederic Manning wrote of how men hid away in the 'warm smelly darkness of the tent', seeking through sleep the 'healing of oblivion'.[42] As soon as Mountfort and his comrades got back to the relative safety of the support trenches they curled up 'like hedgehogs', and slept. The tendency towards regression could be long-lasting: ten years after the war, Charles Carrington commented, he was still 'retarded and adolescent.'[43]

Regression was pronounced among the most serious cases of battle stress. The psychologist William McDougall noted a patient who had lost the ability to feed himself, and who insisted on the nurse tasting his food before accepting it from her spoon.[44] The behaviour of the soldier suffering from war strain, wrote G. E. Smith and T. H. Pear, having observed shell-shocked men at Maghull Military Hospital, 'presents a considerable resemblance to that of the child'; while the physician's approach should be 'precisely that which the sensible mother exhibits towards a child who exhibits sudden and unreasonable fear'.[45]

When men were in regressed states, they needed containing. This could show itself in the reports they gave of their difficulties in sleeping. We saw in Chapter 4 how Ernest Smith related his bad dreams to his mother just before settling down to sleep, as if he might stave off their reappearance by telling her. Erich Maria Remarque describes Paul Bäumer

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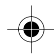

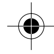

falling into a deep sleep after laying out barbed wire during the night. He awakens disorientated and distressed, thinking he has fallen asleep in the garden at home: 'I don't know whether it is morning or evening, and I lie there in the pale cradle of dawn waiting for the gentle words which surely must come, gentle and comforting – am I crying? I put my hand to my face; it is baffling, am I a child?'[46] What Remarque describes – and it is a refrain in the book – is a situation where men are thrown back into a child-like state of unbearable distress, yet where there is no mother to assuage their pain: the man who hovers above Bäumer as he awakens is not his mother, but his comrade Katczinsky. Men under stress might bring to mind times when they had been nursed by their mothers. In Edward Chapman's letter home from the Somme, he recalled that 'This time last year I was in bed with typhoid; what a very happy time that was for me, at all events'.[47] What had at the time been a serious illness was now, in the aftermath of battle, a treasured memory of maternal care.

Because conditions on the Western Front were so unsanitary, men often suffered from stomach problems. These made them miserable and in need of looking after, often when they were already feeling fearful or demoralised. Matt Webb attributed his diarrhoea to the long stint he had served on the Western Front without leave, and to the stress of shelling: 'I am feeling very run-down having shooting pains in the head + weak + still suffering from diarrhoea all of which is doubtless the result on the nervous system of the recent bad shelling we have had so much of + the shock of which affects you in all kinds of ways.'[48] An upset tummy could be a telling sign of feelings otherwise suppressed, as Webb himself realised.[49]

When men had upset stomachs they remembered earlier bouts of sickness. The 'Gastroenteritis' that Eric Marchant contracted after an exhausting spell in the trenches was a long-standing complaint. He hinted at the relationship between anxiety and his stomach problems: 'I have been overtaken by an attack of my old gastric trouble together with a little nervous trouble'; it had occurred while 'we are very close to some big guns which I find rather trying.'[50] Second Lieutenant Lyndall Urwick had been forced to withdraw from the front line with violent diarrhoea just prior to a battle which decimated his platoon. His letter to his mother from hospital intimated the roots of his complaint, explaining how 'I suddenly found myself curled up with a stomach-ache that put the best efforts of my childhood to naught.' Elsewhere in the letter Urwick described his stomach as his 'Little Mary', presumably the

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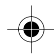

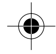

pet-name that his family had used when referring to his childhood tummy aches.[51] Not only were there similarities between the emotional situation of the child and of the battle-stressed soldier, but the experience of the front was sometimes felt to have *recapitulated* childhood states.

'Clothing and its part in the psychology of war', remarked the veteran Wyndham-Lewis, 'is a neglected subject.'[52] Men's descriptions of their clothing, like their accounts of their health, provided telling indications of their emotional state. Mothers had often chosen their sons' underwear, coats and other articles, so descriptions of what men were wearing served to bring them close. Edward Chapman wrote to his mother about how 'with your leather jerkin under my tunic, and the thick gray cardigan Father used to wear as well . . . I keep perfectly warm'.[53] The fact that his father had died the previous year added poignancy to the cardigan; it was a kind of talisman. He called the jerkin sent by his mother 'your . . . jerkin', as if he was being enveloped by a part of her. Chapman kept it after the war, complete with bloodstains from a wound in May 1917 which blinded him in the left eye. He loaned it to his son in the 1950s, but asked for it back soon afterwards. The jerkin connected him to a memory that he needed to hold on to even in peace time and middle age.[54]

In response to his mother's 'entreaties', Wilfred Owen bought a trench coat shortly before his departure for France, and wore it during his final visit from his mother.[55] Like Chapman, he occasionally mentioned it in letters as a means of conjuring a maternal presence. At Serre he survived the freezing cold because 'I had my Trench Coat (without lining but with a Jerkin underneath)'. The reference was a way of bringing his mother close, of showing how, as he put it later in the letter, 'the intensity of your Love reached me and kept me living'.[56]

But clothing could just as easily convey anxiety. When Owen returned from the line at St Quintin, the fate of his trench coat served as a means of communicating, not safety, but mortal peril. At one point he hung it on a bush, and seconds later, just as he dived for cover, 'a splinter ripped a hole through the chest & back'. Owen brings his mother close up against this threat to his life: the coat, he tells her, is the one 'which you used to button up for me at Southport'.[57] Like the distressed infant who seeks to disturb its mother's state of mind, Owen's mention of his overcoat, previously a source of comfort and warmth, serves to impress upon her just how narrow his escape from death has been.

The significance that a damaged coat might have for a mother is shown in Louisa Hooper's reaction to her son Kenneth. He had sent his

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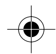
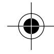


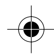


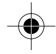
overcoat back home after being wounded and becoming a POW. On receiving the coat, Louisa described it as '<u>the</u> dear Coat, which you were <u>evidently</u> wearing when wounded. We were all deeply moved, you may be quite sure, at the sight of that dear precious Coat. Mary and I hugged it at once, I felt as if I must fondle it the whole day.' She told him she would send him out a new coat if necessary, as she 'cannot part' from this one.[58] Edward Chapman wrote to his twelve-year-old sister Hilda about the officer beside him who had been killed, and how soon afterwards he had discovered that his own tunic had 'two holes in it, where two pieces of shell went through. One is in the right arm, the other up by the collar'.[59] Chapman's letters home were – as he knew full well – usually read aloud, so it was highly unlikely that in writing to his sister, his mother would actually be spared the news of his narrow escape. The holes in clothing, imagined or actual, made those at home appreciate the damage that could be done to a son's body.

Esther Bick, who played a pioneering role in the development of infant observation in Britain, took Bion's concept of maternal containing back to an even more primitive stage of development, when the baby does not yet have a sense of its physical boundaries. At birth, she proposed, he feels that he is in danger 'of falling to pieces or liquefying. One can see this in the new-born baby trembling and quivering when the nipple is taken out of his mouth, but also when his clothes are taken off'.[60] Physical and psychic integration, Bick argued, go hand in hand. Skin is the primary way in which the baby recognises the boundary between itself and others. Holding by the mother reinforces its sense of physical boundaries, a process that, in turn, allows it to recognise that it has an internal psychic space.

The containing objects of trench warfare

Something like the sensation of falling apart that Bick detects in the new-born baby is apparent in the descriptions men gave of the damage done by trench warfare. Memoirs tend to contain more graphic accounts of such sights than letters do, partly because the veteran was able to write without the constraints of military censorship, but also because many had simply been unable to take in these events at the time, and so they stuck in the mind, animating later recollections. One of the most fearful sights was a direct hit on a dug-out. Dug-outs were greatly valued in the line as they afforded some protection from shelling and rifle fire, and were relatively dry and warm. As Ilana Bet-El observes in her book

9780719079184_4_006.qxd 254  19/2/09, 12:04 PM



Conscripts, quoting from a ranker's letter, '"there was always something warm and welcoming about a dug-out"'.[61] Their significance as a haven is indicated by the frequent resentment that rankers felt because their officers had first right to dug-outs.

The domestic refuge, however, could easily become a tomb. After a direct hit men might be trapped inside, and the effect of an explosion in such a confined space would likely be catastrophic. After describing one such scene in which a dozen or so men had died, Guy Chapman wrote 'The day passed, leaving scarcely a trace in our memories.'[62] These events were too horrific to process at the time, though they remained within Chapman's mind, being, in W. H. R. Rivers' apt phrase, 'forgotten yet active'.[63] It was only in the early 1930s, when Chapman wrote his memoirs, that their 'trace' finally furnished a full description. Although they thanked God for their dug-outs, commented Graham Greenwell to his mother, it was always with an 'undercurrent of anxiety as to the strength of the lusty beams and boards above us.'[64] Eric Marchant gave the merest hints of his battle experience in May 1915, but the events he chose to narrate signalled his feelings well enough. Describing the aftermath of a direct hit on a dug-out, he focused not on the dead but on domestic upheaval. The shell 'fell on a dug-out near us, killing one or two men, and completely burying all the officers knives, spoons, forks, plates, dishes, utensils, some food, and also the equipment and rifle of one of the cooks.'[65] Edwin Campion Vaughan recalls the horrified fascination of he and his fellow officers when a shell burst next to their dug-out, peppering all the walls with shrapnel: 'Three separate chunks must have missed my head by inches, for the biscuit tin, tobacco tin, whisky bottles and a Tommy's cooker on the table were all smashed to bits . . .'[66] It was not only Vaughan's own miraculous survival that stuck in memory, but the smashing of so many carapaces, including the dug-out itself and the household items within.

The thought of a blown-up dug-out could produce extreme fear. Being buried in a bunker by shelling was the 'most common' theme in the dreams of soldiers, according to one account, and was frequently a cause of breakdown.[67] Captain J. C. Dunn, the medical officer of the 2nd Royal Welch Fusiliers, was one who had a phobia about being under fire in a dug-out.[68] Likewise, the terror felt by Wilfred Owen in his first experience of battle – holding a flooded German dug-out forward of the line for five days and being subjected to constant bombardment – stemmed partly from he and his men's conviction that it would be blown in.[69] Charles Myers noted an incident in which a dug-out was hit by a shell.

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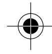

Two of the occupants were killed and the other two were blown against the far wall. One of the survivors, after being taken to the Aid Post, was found 'a little later wandering into the open, taking off his clothes, and explaining that he was going to bed.'[70] His reaction to the obliteration of his shelter had been to remove all bodily protection, and to seek out comfort in sleep. The mental capacity for containing his anxiety, we might conclude, had been destroyed along with the dug-out.[71] At one stage in the war, breakdowns caused by burial from shells were even given a distinctive pathological label: 'burial alive neuroses'. The rescued victims were initially 'unable to either convey or receive impressions.'[72] Their minds had become sealed off from the external world which had intruded so violently upon them.[73]

A tank penetrated by a 'direct hit' was another sight that could threaten psychic integration.[74] The shell would often ignite the tank's ammunition and fuel on impact, resulting in intense fires that could burn alive the crew within. As Bion's tank company passed by the Steenbeck on their way to the Third Battle of Ypres, they saw a 'terrible sight. There would be one or more holes where shells had entered and the blackened ruin of the tanks itself.'[75] Beneath a photo of one such tank, sunk into the mud with one track 'torn off' and looping wildly in the air, Bion's caption ensured that his parents would realise the full horror of what had occurred: '. . . The holes are very small as the shell has gone in and burst inside.'[76] Whilst reconnoitring after action near Amiens, Bion came upon five tanks, some from his own section, burnt out and 'left there looking like burst toads – the roofs lifted off, the sides bulging out.'[77] Death was 'brought home to me' during the Third Battle of Ypres, remarked the infantry subaltern Edwin Vaughan, 'not so much by the numerous corpses, as by the stranded and battered tanks'. The protective carapace had been obliterated: 'here a caterpillar belt blown away, there a great gaping hole in the side – all with the appearance of dead, abandoned giants'.[78]

There is an affinity between Bion's description of the mental state of the schizophrenic, and his 1919 memoirs of action at Cambrai, when his tank came under heavy machine-gun fire and shards of armour plating were flung around the cabin, peppering the crew. The schizophrenic, Bion later wrote, splits off his perceptual apparatus, that which might allow him to distinguish between the internal and external reality, and expels it. These fragments of the ego are then felt as external, but they possess a persecutory quality. They are 'bizarre objects'.[79] Terms such as 'cut up' or 'split into minute fragments' to describe the ego of the

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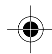

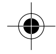

schizophrenic, and of words such as 'violent intrusion', and 'assault' to describe the schizophrenic's perception of his fragmented ego, are unmistakably linked to Bion's war experience. At the conclusion of battle at Cambrai, Bion found his face was covered in blood, a result of the 'small pieces of tank that had stuck in my face'.[80] Others have speculated about what the violent language of Kleinian thought owed to the First World War, but in Bion the relation was more than a matter of cultural *Zeitgeist*; it was one of direct personal experience.[81]

The terror of shell wounds

Not all wounds and not all deaths were equally distressing to the onlooker. Those most likely to be recounted in the memoirs and novels of veterans were the result of shelling.[82] In part, the prominence of shell-wounds in memory was a reflection of the statistical odds, since the majority (around 70 per cent) of casualties were due to shelling. Shelling, however, disturbed the soldier not just because of the scale of destruction it wrought, but because of the *kinds* of wounds it inflicted.[83] A shell wound could not count as a 'Blighty', commented the machine gunner George Coppard, since it usually involved extensive surface damage to the body.[84]

Two kinds of shell injury were regarded with particular horror. Men remembered cases where the boundary of the skin or skull was ruptured, exposing bodily matter. Thomas Hope saw a bloated corpse whose poisonous contents were held together only by the uniform: 'A limbless body here, the tunic fitting the swollen body like a glove'.[85] Edwin Vaughan wrote of similar deaths at Ypres in 1917. Whilst he was out walking at camp, prior to moving up to the frontline, there had been a sudden outbreak of shelling. Hearing screams he had rushed to help his men, but stumbled over a body. He 'stopped to raise the head, but my hand sank into the open skull and I recoiled in horror'.[86] During battle he had lain for some hours in a crater hole with numerous bodies, but one stood out. It was a corpse with 'a diamond-shaped hole in his forehead through which a little pouch of brains was hanging, and his eyes were hanging down; he was very horrible but I soon got used to him'.[87] From the mass of deaths, memory selected those where a man's insides were no longer enclosed and protected within the carapace.

Evisceration was among the most feared of all wounds. Anthony Eden recalls a conversation among his fellow officers about the ways they would prefer to be hit. Although each man had different preferences,

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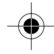

'we all agreed that the stomach was the one to be feared'.[88] Writing to his parents of intense shelling the previous day, Burgon Bickersteth conveyed his dread of a stomach wound. 'I always want some of the never-sheathe the sword type out here', he wrote, so that he might 'hear the crump coming and lie flat on the ground wondering whether a great jagged bit will tear your stomach out.'[89] Men before battle, noted Major-General J. F. C. Fuller, were known to deliberately avoid eating 'for fear of being shot through a full stomach'; they probably worried too that they might soil themselves.[90] Frederic Manning, early in *Her Privates We*, states that 'it is infinitely more horrible and revolting to see a man shattered and eviscerated, than to see him shot. And one sees such things; and one suffers vicariously, with the inalienable sympathy of man for man. One forgets quickly . . . One forgets, but he will remember again later, if only in his sleep.'[91] The experience is too painful to take in, so quickly slips from consciousness. Inaccessible to the conscious mind, it shows itself in troubling dreams.

Such fears had a rational basis. John Keegan estimates that, during the Somme, around a quarter of all 'intermediate' injuries – that is, wounds which did not kill a man immediately – would have been to the lungs or stomach.[92] And as Mountfort's account of the Somme indicates, soldiers were often in close proximity to the victims. Stomach wounds, if not treated quickly, were likely to be fatal: in a sample of 1,000 English cases of wounds to the abdomen, only eight survived.[93] Men suffering from stomach wounds were sometimes reported to have walked back to the aid post before dying. They suffered from intense pain and could actually see themselves dying.[94] At the same time, evisceration, whilst especially distressing to the bystander, was not the most common form of mortal wound. Men were more likely to die of head wounds, not all of which occasioned quite this degree of distress.[95]

Evisceration was not only feared because it might bring a lingering death, but because of the unconscious reaction it provoked. It was the presence of a man's insides on the outside that made it horrific. One occasion when W. H. R. Rivers was forced to pause and consider at more length the originating events of war neurosis, rather than the secondary effect of repression, concerned a case of evisceration. The victim had been flung by the force of a shell-blast into the distended stomach of a dead German, and his mouth was filled with the entrails. Rivers felt that for this man, the trauma was of such a magnitude that he should not be encouraged to recollect it; walks in the countryside were as much as could be done for him.[96]

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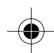
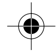


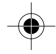


The bayonet was an object of fascinated horror among soldiers in the First World War, although most never had to use it, and on one reckoning it accounted for less than 0.5 per cent of wounds.[97] Much of the fascination lay in its intended use, for the bayonet was meant to be aimed at the abdomen. The 'best place' to get a German in retreat, wrote Greenwell after attending a lecture on bayonet fighting, was in the kidneys.[98] A man might feel it in his own guts after bayoneting an enemy: the psychoanalyst Sándor Ferenczi reported violent abdominal contractions among soldiers who had taken part in such attacks.[99] Bayonet drill was used to 'awaken savage instincts' of hatred in the soldier, but it aroused equally primitive fears too.[100]

Melanie Klein's ideas about internal objects, the experience of which constitutes the very basis of emotional life, resonate with fears like these. The psychoanalyst Bob Hinshelwood has shown how, for Klein, internal objects were experienced within the deepest layers of the unconscious as physical entities. They were felt to be located, not within the mind, like Freud's super-ego, but in Klein's words, 'inside one's body, particularly inside the abdomen.'[101] Damage to the stomach, we might surmise, had the capacity to strike terror because this was the most primitive site of internal objects, and the boundary between these most inside parts, and the outside, had been obliterated.

Dismemberment was another form of death or wounding that men found especially disturbing. The most violent shell impacts could virtually obliterate the body, leaving little recognisable trace. Captain J. C. Dunn recalled how a signaller had just emerged from his dug-out on the Somme 'when a shell burst on him, leaving not a vestige that could be seen anywhere near.'[102] Men recalled body parts that were exposed when trenches were being deepened or re-built, such as the German trouser and boot which put Mountfort off from deepening his trench.[103] Horror lay in body parts grossly out of place, with only the man-made shell intact, striking poses that a living being never could. When Guy Chapman's shelter suffered from a direct hit, two stood out among the dozen or so dead. One was an orderly who had been 'half scythed in two by a piece of shell which had cleft him through the buttocks.' The 'most conspicuous body' was the one 'mixed up with the crushed wireless set; the head, one shoulder and an arm had been sliced clean away, leaving a raw trunk.'[104]

Shelling created terror because of the way it ripped bodies apart. George Coppard particularly disliked 'Minnies', mortar shells filled with scrap iron, whose concussion, he remarked, 'threatened to tear one apart.' In some cases, 'Men just disappeared and no one saw them go. His own



personal fear was of 'flying shell fragments rending me apart.'[105] When Wilfred Owen succumbed to shell-shock in late April 1917, it was after having spent four days sheltering in a hole opposite a dismembered fellow officer from the Manchesters. The smell and sight of a body which was (as Owen put it) 'in various places around and about', could destroy psychic organisation, dependent as it was upon the experience of an integral body.[106] One of W. H. R. Rivers' cases concerned an officer who had found his friend's body blown to pieces, the head and limbs detached from the torso. The officer suffered afterwards from terrifying nightmares in which he would picture his dead friend as he had found him, or with his features and limbs eaten away by leprosy.[107]

The observations of Klein and Bick point towards the psychic roots of the terror surrounding wounds such as dismemberment. Klein comments that the ego of the very young infant is constantly moving between states of integration and disintegration. When anxious, the ego tends towards disintegration, and in this state (which Klein termed the paranoid–schizoid position) the baby feels in that it is 'falling into bits'.[108] In Bick's formulation, nothing is felt to hold together the most primitive internal parts.

Certain kinds of death and mutilation had the capacity to recapitulate the most primitive and profound anxiety of the baby, that it had no secure physical boundary to differentiate its 'inside' from 'outside'. Bick's description of the new-born baby's emotional experience could stand for that of the soldier in the line. Looking onto a body that was in bits, he might be confronted with 'catastrophic anxieties of the dead-end, falling through space, liquefying, life spilling-out variety'.[109] Feelings of psychic disintegration found plentiful representation in the trenches, in the form of mutilated bodies. Gladden's memory of what it felt like to lose one's nerve under bombardment reveals the difficulty of insulating the mind from external assault: 'With every approaching scream, every cry for stretcher-bearers, I seemed to be torn apart.'[110] Reactions like this did not hark entirely from rational calculation about the end that might await the onlooker. Dismemberment and evisceration were external manifestations of what the frontline soldier *felt* emotionally, that his personality was leaking away or disintegrating.

The psychic geography of trench warfare

The environment and routines of the trenches contributed to deep anxieties of this kind. Trench warfare distorted perception.[111] Sight, which

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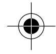

was usually curtailed when men were in trenches, became over-loaded when they were out on top. During a bombardment at Ypres, Gladden was transfixed by a wave of fire that seemed to be 'pouring over the edge of the world towards us'. It was a liquid fire attack but 'I could no longer believe the evidence of my eyes, or my senses. It was all too incredible.'[112] Smell and hearing were distorted by over-stimulation. 'I have not seen any dead', wrote Owen after his first experience of the trenches, 'I have done worse. In the dank air I have perceived it.'[113] Captain Leland wrote to his wife of smells so bad that 'I am inclined to be sick.'[114] The constant sound of shelling threatened to drive men mad; they could not get it out of their heads.[115] They were often reduced to crawling so as minimise exposure to fire, their faces pressed to the primordial earth.[116] Their circadian rhythms were reversed and as a result they were not only tired but frequently became disoriented, as their tendency to mis-date letters attests. Will Hate's first diary entry after action in France reads 'Lose count of days + dates.'[117] At Wytschaete, Bion explains, 'I had lost all sense of time.'[118]

At zero hour, John Keegan comments, a 'cloud of unknowing' would descend on the First World War battlefield, the effect of the haze sent up by the barrage, the violence of high explosives and severed communications.[119] For the ordinary soldier, for whom the larger geography of No Man's Land was largely unknown apart from what he could spy through a periscope, it was not possible to piece together the wider situation. He could not survey the battlefield before going over the top. Huddled in trenches amid shelling, unable to see much or to move, men might become fixated on particular objects. Caught up in violent shelling, Private Bourne's 'vision seemed narrowed to a point immediately in front of him', writes Frederic Manning in *Her Privates We.*[120] In trenches at Wytschaete, Bion found himself staring for hours on end at a small piece of mud that hung from the low roof of his dug-out by a blade of grass.[121] As Esther Bick has noted of distressed infants, the intense focus on a nearby object helped, by 'momentarily at least . . . holding the parts of the personality together.'[122]

The soldier's inability to rely much on his senses contributed to regression, for it is through the senses, Bion and Bick argue, that the infant develops an ability to gauge reality and lessen anxiety. When hearing, vision, touch and smell are overwhelmed, the capacity to distinguish between the internal and external reality can be eroded, so that the external environment is felt to possess the qualities of damaging internal objects. When perception had failed and the risk of death was

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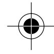

not a fantasy but a reality, the war-torn scene might become, not a representation of failed containing, but actually felt as a part of the mind. The disembodied and fragmented objects of the mind, now felt as real and external, would attack it, as Bion conveys in both his descriptions of tank warfare, and his psychoanalytic concept of bizarre objects.

Exhaustion and sensory disorientation struck at the capacity to distinguish between fantasy and reality. During Bion's stint in the trenches at Wytschaete when he would perform his duties at night and sleep in the day, he began to feel 'intolerably persecuted by unknown powers'. His dreams affirmed the reality of horror:

> I used to lie, tired out after the night, in a kind of stupor, which served instead of sleep. It was a weird business – the heat, and the nightmares out of which one started up suddenly in a kind of horror to find the sweat pouring down one's face. It was almost impossible to distinguish dream from reality. The tat-tat-tat of the German machine guns would chime in with your dream with uncanny effect, so that when you awoke you wondered whether you were dreaming. The machine-gun made you think everything was genuine, and only by degrees you recovered yourself to fall into uneasy sleep again.[123]

Nearly a decade after the war, when Bion was undergoing his medical training, he used to dream of clinging to the slimy bank of the Steenbeck: he would dig his fingernails in to stop himself slipping but with each movement would slither further towards the 'raging torrent'. He would wake up not knowing what was real and what he had imagined, and the prospect of these nightmares made him anxious about going to sleep.[124] Donald Hankey had experienced the same kind of confusion in 1916 while recovering from a wound:

> The absurd thing was that I couldn't wake up properly. I came on duty at midnight, was roused, got to my feet, and started to walk along the trench. And then the Nameless Terror, that lurks in dark corners when one is a small boy, gripped me . . . I must try to get more sleep somehow; but it is jolly difficult.[125]

The words that W. H. R. Rivers used to describe the war dreams of soldiers were like those used by Bion and Hankey, and he understood their origins in a similar way. The element of profound terror, Rivers argued, made these dreams comparable with the nightmares of children. Addressing the Royal Society of Medicine in December 1917, he called the sufferer's state one of 'reasonless dread.'[126] Later, in *Conflict and Dream*, he described it as 'unreasoning terror'.[127] In these dreams the

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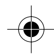

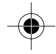

sufferer *felt* as if he had actually re-experienced a distressing event, and he was put off from further sleep lest 'reasonless dread' returned. In his psychoanalytic writings of the 1950s and 1960s Bion would give a powerful explanation of such dreams, based on the idea that some emotional experiences were incapable of digestion. When the mind cannot not process sense impressions in a manner that makes them capable of being thought, he states in *Learning From Experience*, then the patient 'cannot go to sleep and he cannot wake up.'[128]

Equally telling are the parallels between Bion's description of failed containing and wartime reports of the mental effects of bombardment. Bion remarks on how, when the mother cannot mediate the infant's terror, it not only feels that its terror is intolerable, but that it cannot be made sense of. As a result the baby comes to feel, Hinshelwood explains, as if it is living in a 'mysterious meaningless world.'[129] 'Nameless dread', the term that Bion used to evoke this state of mind, was not just similar to Rivers' 'reasonless dread' or 'Nameless Terror', it was *very same* term that Hankey had used in 1916 to describe the irrational fears of men during battle.

What Hankey meant by 'nameless dread' was not unlike what Bion the psychoanalyst, writing in the 1950s, meant. For Hankey it was more than 'the fear of death rationally considered', and more than 'fear of hurt as hurt.' The soldier's situation amidst bombardment was more intense than this, it was 'an infinitely intensified dislike of suspense and uncertainty, sudden noise and shock.' The 'sensation of nameless dread' occurred when a man was cooped up in a trench, in the dark, amidst 'deafening noise and shock', watching high-explosive shells explode about him, in perpetual suspense but able to 'do nothing'. Hankey groped for phrases adequate to describe the mental effects of the violent assault, but he, like Bion, insisted on its '*irrational*' (italics mine) basis.[130]

A further element that contributed to 'nameless dread' was the tension that soldiers in battle experienced between others' distress and their own. When a man nursed a dying comrade, he faced a double trauma. All his senses were assaulted. He was close up to the broken carapace; he could hear and perhaps even smell the dying. He must touch the wound itself if he was to try and stem the blood, and hold the man's hand or cradle his head if he was to comfort him. Experiencing the infant's terror of falling apart himself, he must nurse another; and in a situation where his care, no matter how conscientious or tender, could often do little to ease the victim's pain, let alone save his life. Battle stress could stem from both elements; from, that is, a close-up encounter with an

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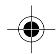
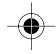




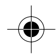
uncontained body, and from the despair of being unable to sustain another's life.[131]

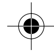
George Coppard discovered his friend Jock Hershell lying in a latrine sap at Arras, badly wounded. He helped carry Hershell into the dug-out:

> At a glance I saw that his broad back had caught a blast of shrapnel. I slit his tunic and underclothes with a jack-knife and separated them. I winced at the sight. Jock's back was full of punctures, and blood bubbles were wheezing out of the holes as he breathed . . . The backs of his powerful upper arms hung in shreds. He appeared to be in no pain, though he was anxious and kept asking the extent of the injuries he could not see. We lied like hell and gave him first-aid, using nearly all our bandages, and iodine in the process. "You've got a Blighty one for sure," I cried.[132]

Bion gives a very similar description in his 1919 account of the Battle of Amiens. As he and his runner Sweeting (the runner was a messenger, usually a young man) crouched side-by-side in a ditch amid a fierce bombardment, a shell burst above them and severely wounded the 'young boy', whose 'left side had been torn away so that the inside of the trunk lay exposed.' Bion tried to bind Sweeting's wounds but the bandage 'simply didn't come near to covering the cavity . . . He kept trying to cough, but of course the wind only came out of his side. He kept asking me why he couldn't cough'. He 'kept on saying "I'm done for, sir! I'm done for!", hoping against hope I would contradict him.' As Bion tried to comfort the man and assure him that he his wounds were 'nothing', the man 'gave me his mother's address, and I promised to write.'[133]

If Bion's experience of awaiting battle at Amiens, when he had sought comfort by nestling in the grass, stands as a prototype of what he would later call containing, this experience, shortly afterwards, stands for its failure. The child-like figure of the runner, his urgent desire to be in touch with his mother and the gaping hole in his side, convey not just the runner's demise, but Bion's own struggle to hold together. We might reflect, too, on the manner in which, during the Summer of 1919 as he waited to commence a History degree at Oxford, Bion sought to make sense of his war. Dedicating his war memoirs to his parents, he included photographs of dismembered bodies, as if his written account of the carnage was not itself sufficiently forceful.[134] When containing does not occur, Bion would explain forty years later, the child reacts by ever greater and more violent projections, in the effort to force its mother to

9780719079184_4_006.qxd 264  19/2/09, 12:04 PM



recognise its distress. Wartime failures of containing produced veterans who, as the next chapter shows, felt compelled to impress their pain on loved ones.

*   *   *

In Paul Fussell's classic account *The Great War and Modern Memory*, he observes how difficult it was for trench soldiers to describe what they had been through. They could not find in the elevated and chivalric vocabulary of Edwardian Britain a means direct enough to convey the horror of the war. The ironic mode of description, Fussell argued, was one of the trench soldier's responses to this difficulty. Death was commonplace and irony served to make it memorable.[135]

Fussell cites Joseph Heller's Second World War novel, *Catch 22*, and its 'primal scene' of a bomber's evisceration, to illustrate the central place of irony in modern memory. The novel, comments Fussell, is notable because of the way it retains all the 'Great War irony' surrounding death. Yossarian works feverishly to dress the wounds of the aircraft gunner Snowden, not realising the full extent of Snowden's injuries. On unfastening his flak jacket, however, Snowden's intestines 'slithered down to the floor in a soggy pile'. Yossarian sees that his mission is hopeless but continues to mumble in a mechanical way, 'There there'. Commenting on this passage, Fussell concludes that irony, the difference between Yossarian's perception of what is happening (the wound is not mortal) and the reality (the man is dying), gives the account its imaginative power. These kinds of images haunt memory, however, not principally because they convey 'hope abridged', but because they bring us up against the primal horror of a body whose contents are spilling out.[136]

The scenes described by Coppard and Bion, where a man suffers from a catastrophic wound and his comrades are left helpless, are identical to Heller's, even down to the hollow reassurance given to the dying man. Yet almost half a century separates these accounts. While Coppard's *With A Machine Gun to Cambrai* was published in 1968, Bion's W*ar Memoirs* were written in 1919, more than a decade before the boom in war literature, and before (according to Fussell) any kind of collective script emerged among veterans about how to depict the war. The body spilling out its contents was not just a literary trope, and the similarities between veterans who recalled this scene cannot be wholly explained in terms of a new 'modern' language of direct description.

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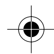
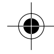
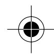
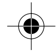




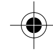
Rather, the similarities between these accounts, like the similarities between Hankey, Bion and Rivers as they seek to define 'nameless dread', tell us about the very deepest relationships between human emotions and words. As the repeated linkage of terms such as 'nameless' or 'reasonless' with 'terror' or 'dread' suggests, these men were struggling to assimilate deeply traumatic emotional sensations. They searched for words to express horror, not because their *language* was inadequate but because the actual emotional experience was not then, and perhaps never would be, capable of being thought.

Historians of the First World War have sometimes preferred to analyse personal accounts of horror as if they were little more than cultural forms, artefacts with a semantic history, rather than emotions carried through words, and thus the emotional experience of trench warfare has tended to be viewed at one remove. Yet the buttoned-up codes of Edwardian society did not stop men from describing the mass horror of trench warfare, any more than the emergence among the literary elite of a 'literature of horror' in the 1920s and 1930s permitted them to do so. Perhaps the reality of 'nameless dread', a mind falling apart under the pressure of trench warfare, remains too uncomfortable even for later generations to contemplate. Faced with scenes of psychic dissolution, it is safer for the historian to stay in the realms of the rational: to study collective memories of the war and their cultural genesis; the contrasts and continuities between 'traditional' and 'modern' ways of representing war; or the social expectations surrounding death and emotions. These are the ways in which we try to make safe the unconscious residues of violence and terror, dispatching them to a kind of cultural strongbox from which they cannot burst out. If the emotional history of the war is to be about more than cultural conventions, historians need – as Bion did in developing his psychoanalytic ideas – to take seriously the sensation of 'nameless dread'; in the process, not locking away the pain of the past, but trying to digest and contain it.

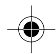




27 An Irish Guardsman attends to a wounded German soldier, July 1917



28 Tin hat and body parts in mud, Third Ypres, September 1917



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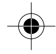

29 Corpse in mud, Third Ypres, September 1917

30 Shelled tank, September 1917

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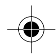

Notes

1 P. Fussell quoted in S. Audoin-Rouzeau and A. Becker, *1914–1918. Understanding the Great War* (London: Profile Books, 2002), p. 24.
2 R. D. Mountfort to mother 16 July 1916, IWM Con Shelf.
3 Mountfort to mother, 20 July 1916.
4 Mountfort to mother, 23 July 1916. Subsequent details of Mountfort's experience on the Somme are from this letter unless noted otherwise.
5 War Diary of 10th Battalion Royal Fusiliers, 8 July 1916, National Archives WO 95/ 2532.
6 War Diary, 9 July 1916.
7 War Diary, 10 July 1916.
8 War Diary, 10 July 1916.
9 War Diary, 11 July 1916.
10 War Diary, 15 July 1916.
11 War Diary, 15 July 1916.
12 IWM catalogue notes, 'The First World War Letters of R. D. Mountfort', p. 5.
13 Mountfort to mother, 2 August 1916.
14 Mountfort to mother, 22 October 1916.
15 IWM catalogue notes, Mountfort, p. 2.
16 R. Graves, *Goodbye to All That* (Harmondsworth: Penguin, 1960), p. 240, p. 235.
17 On loss of hearing and sight see G.E. Smith and T. H. Pear, *Shell Shock and its Lessons* (Manchester: Manchester University Press, 1917), p. 11. Amnesia, comments William McDougall, was 'very common among soldiers during the war'. 'Four Cases of "Regression" in Soldiers', *Journal of Abnormal Psychology*, Vol. 15 (1920–21), p. 153.
18 McDougall, 'Four Cases', p. 137.
19 G. Greenwell, *An Infant in Arms. War Letters of a Company Commander 1914–1918* (London: Allen Lane, The Penguin Press, 1972), p. 56, p. 63.
20 Greenwell, *An Infant in Arms*, p. 129.
21 Samuel Hynes notes the sympathy of First World War soldiers towards frightened men. *The Soldier's Tale. Bearing Witness to Modern War* (London: Pimlico, 1998), pp. 60–5. This was not always the case. Norman Gladden 'despised rather than pitied the actual victims who gave way to such weakness.' *Ypres 1917* (London: William Kimber, 1967), pp. 167–8. On fear see M. Roper, 'Between Manliness and Masculinity: The "War Generation" and the Psychology of Fear in Britain, 1914–1970', *Journal of British Studies*, Vol. 44, No. 2 (2005), pp. 343–63, and Helen Peters, '"Unmanned Men": In What Ways Did the Experience of Shell Shock Challenge Early Twentieth Century Notions of Masculinity?', unpublished MA Dissertation, Department of History, University of Essex, 2004.
22 Smith and Pear, *Shell Shock and its Lessons*, p. 1.

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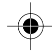

23 B. Shephard, *A War of Nerves. Soldiers and Psychiatrists 1914–1994* (London: Jonathan Cape, 2000), p. 31.

24 W. H. R. Rivers, *Instinct and the Unconscious. A Contribution to a Biological Theory of the Psycho-Neuroses* (Cambridge: Cambridge University Press, 1920), p. 206.

25 Shephard, discussing Freud, highlights the tensions within military psychiatry between helping the patient and getting him back into war service. *A War of Nerves*, p. 137.

26 D. Winter, *Death's Men. Soldiers of the Great War* (London: Penguin, 1979), p. 132.

27 R. J. Lifton, *The Broken Connection. On Death and the Continuity of Life* (New York: Simon & Schuster, 1979), p. 170.

28 Rivers quoted in E. Leed, *No Man's Land. Combat and Identity in World War I* (Cambridge: Cambridge University Press, 1979), p. 182. E. K. Smith described having to 'just . . . sit tight during the attack', as 'a passive part which was rather trying.' Smith to mother, 13 August 1915, *Letters Sent From France. Service with the Artists' Rifles and the Buffs, December 1914–December 1915* (London: J. Cobb, 1994), p. 79. See also Niall Ferguson, *The Pity of War* (London: Penguin, 1998), p. 341.

29 J. Bourke, *Fear. A Cultural History* (London: Virago, 2005), p. 203.

30 Bourke, *Fear*, p. 216. Bourke describes Scott as suffering from 'psychic numbing', but his mental pain is sharply conveyed in the diary entries quoted.

31 N. Gladden, quoted in Winter, *Death's Men*, p. 133.

32 War Diary of 10th Battalion Royal Fusiliers, 10 July 1916.

33 S. Graham, quoted in Winter, *Death's Men*, p. 207.

34 W. R. Bion, *War Memoirs 1917–19* (London: H. Karnac, 1997), p. 156.

35 P. Bion Talamo, 'Aftermath', in Bion, *War Memoirs*, p. 310. Bion published a paper on civilian morale in 1940 with the arresting title 'The War of Nerves'. In it, he argued that the worker on the home front needed to 'feel the care of a good parental image that feeds and clothes.' In a sense, his 1919 memoir could be said to enact the breakdown of a mental image of care such as this. '"The War of Nerves": Civilian Reaction, Morale and Prophylaxis', in E. Miller (ed.), *The Neuroses in War* (London: Macmillan, 1940), p. 190.

36 For brief details on Bion's experience at Northfield hospital see R. E. López-Corvo, *The Dictionary of the Work of W. R. Bion* (London, H. Karnac, 2003), p. 10; R. M. Young, 'Bion and Experiences in Groups', http://human-nature.com/rmyoung/papers/pap148h.html. Accessed 7 May 2007; and T. Harrison, *Bion, Rickman, Foulkes and the Northfield Experiments* (London: Jessica Kingsley, 2000).

37 Bion Talamo, 'Aftermath', in Bion, *War Memoirs*, p. 311. James Grotstein remarks in passing that Bion's war experiences 'must certainly have

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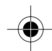

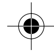

contributed to the concepts of "nameless dread", "catastrophic change", and "mental turbulence"'. J. Grotstein, 'Towards the Concept of the Transcendent Position: Reflections on some of "The Unborns" in Bion's "Cogitations'", *The Journal of Melanie Klein and Object Relations*, Vol. 11, No. 2, 1993, p. 58. Other events in Bion's life apart from the war and his group work with veterans should be considered as well, not least the loss of his first wife Betty in childbirth during the Second World War, when Bion was serving in Brussels; and then the experience of bringing up his daughter Parthenope on his own. During this time – 1945 to 1953 – he also underwent an analysis with Melanie Klein. See W. R. Bion, *All My Sins Remembered. Another Part of a Life and the Other Side of Genius. Family Letters* (London: H. Karnac, 1991), pp. 1–70.

38 W. R. Bion, 'A Theory of Thinking', in W. R. Bion, *Second Thoughts. Selected Papers on Psychoanalysis* (London: H. Karnac, 1987), p. 116.
39 C. Edmonds, *A Subaltern's War* (London: Anthony Mott, 1984), pp. 86–7.
40 The term 'infantry', notes Shephard, originally denoted 'a collection of youths.' *A War of Nerves*, p. 118.
41 C. E. W. Bean, quoted in Winter, *Death's Men*, p. 187.
42 F. Manning, *Her Privates We* (London: Serpent's Tail, 1999), p. 11.
43 C. Carrington, *Soldier From the Wars Returning* (London: Arrow Books, 1965), p. 280.
44 McDougall, 'Four Cases', p. 138.
45 Smith and Pear, *Shell Shock and its Lessons*, pp. 71–2.
46 E. M. Remarque, *All Quiet on the Western Front* (London: Vintage, 1996), p. 42.
47 E. F. Chapman to mother, 27 August 1916, IWM Con Shelf.
48 M. Webb to mother and father, 1 September 1915, IWM 90/28/1.
49 See M. Roper, 'Re-remembering the Soldier Hero: The Composure and Re-Composure of Masculinity in Memories of the Great War', *History Workshop Journal*, Vol. 50 (Spring 2000), pp. 181–205.
50 E. Marchant to father, 14 June 1915, IWM DS/MISC/26.
51 L. Urwick to mother, 25 September 1914, private collection.
52 P. Wyndham-Lewis, quoted in S. Das, *Touch and Intimacy in First World War Literature* (Cambridge: Cambridge University Press, 2005), p. 83.
53 E. F. Chapman to mother, 5 February 1917.
54 'Letters From France', catalogue notes by Richard Chapman, p. iii, papers of E. F. Chapman, IWM Con Shelf.
55 W. Owen to mother, 23 November 1916, in J. Bell (ed.), *Wilfred Owen. Selected Letters* (Oxford: Oxford University Press, 1985), p. 202.
56 Owen to mother, 4 February 1917, in Bell (ed.), *Wilfred Owen. Selected Letters*, p. 216.
57 Owen to mother, 6 April 1917, in Bell (ed.), *Wilfred Owen. Selected Letters*, p. 236.

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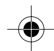

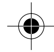

58 L. Hooper to K. Hooper, 4 September 1916, LC DF066.
59 E. F. Chapman to Hilda, 28 October 1916.
60 E. Bick, 'Further Considerations on the Function of the Skin in Early Object Relations', in A. Briggs (ed.), *Surviving Space. Papers on Infant Observation* (London: H. Karnac, 2002), p. 66.
61 I. Bet-El, *Conscripts. Forgotten Men of the Great War* (Stroud: Sutton Publishing, 2003), p. 102.
62 G. Chapman, *A Passionate Prodigality. Fragments of Autobiography* (New York: Holt, Rinehart & Winston, 1966), p. 202.
63 Rivers, *Instinct and the Unconscious*, p. 196.
64 Greenwell, *An Infant in Arms*, p. 53.
65 Marchant to 'Everybody', 21 May 1915.
66 E. C. Vaughan, *Some Desperate Glory. The Diary of a Young Officer 1917* (London: Leo Cooper, 1987), p. 192.
67 Leed, *No Man's Land*, p. 22; Smith and Pear, *Shell Shock and its Lessons*, p. 2.
68 K. Simpson, 'Dr James Dunn and Shell-Shock', in H. Cecil and P. Liddle, *Facing Armageddon. The First World War Experienced* (London: Pen & Sword, 1996), pp. 506–10.
69 Owen to mother, 16 January 1917, in Bell (ed.), *Wilfred Owen. Selected Letters*, pp. 213–14.
70 C. E. Myers, *Shell Shock in France 1914–18* (Cambridge: Cambridge University Press, 1940), p. 42.
71 The fragile protection afforded by the dug-out is captured by R. C. Sherriff in his play *Journey's End.* It is set within a dug-out and centres on domestic routines of eating, resting and the comings and goings of the officers. At the end of the play the dug-out entrance is blown in, sealing the young and mortally wounded volunteer Raleigh within. The space of survival has become a tomb.
72 Leed, *No Man's Land*, pp. 22–3.
73 This was helpfully pointed out to me by Andrew Briggs.
74 In her work on the psychic resonance of the tank, Trudi Tate notes the terror men experienced when the carapace failed. *Modernism, History and the First World War* (Manchester: Manchester University Press, 1998), esp. p. 139.
75 Bion, *War Memoirs*, p. 25.
76 Bion, *War Memoirs*, opp. p. 35.
77 Bion, *War Memoirs*, p. 133.
78 Vaughan, *Some Desperate Glory*, pp. 207–8.
79 W. R. Bion, 'Development of Schizophrenic Thought', in W. R. Bion, *Second Thoughts. Selected Papers on Psychoanalysis* (London: H. Karnac, 1987), p. 38.
80 Bion, *War Memoirs*, p. 52.
81 Tate, *Modernism, History*, pp. 90–4. Patrick Wright observes in his study of the tank, that 'Bion did go on to elaborate a theory of the self in which the

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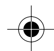

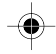

idea of "the container" featured prominently'. P. Wright, *Tank. The Progress of a Monstrous War Machine* (London: Faber & Faber, 2000), p. 118.

82 The descriptions of shelling in memoirs and novels often serve, in Robert J. Lifton's words, as images of 'ultimate horror'. They condense the experience of death and destruction, forcing the reader to take it in. Lifton, *The Broken Connection*, p. 172.

83 J. Keegan, *The Face of Battle* (London: Jonathan Cape, 1976), p. 264. For an account of the effects of shrapnel and high explosives see R. Holmes, *Tommy. The British Soldier on the Western Front 1914–1918* (London: Harper Perennial, 2005), pp. 399–404.

84 G. Coppard, *With A Machine Gun to Cambrai. A Story of the First World War* (London: Cassell, 1980, first published in 1968), p. 54.

85 T. Hope quoted in Winter, *Death's Men*, p. 132.

86 Vaughan, *Some Desperate Glory*, p. 191.

87 Vaughan, *Some Desperate Glory*, p. 201.

88 A. Eden, *Another World 1897–1917* (London: Allen Lane, 1976), p. 111.

89 J. Bickersteth (ed.), *The Bickersteth Diaries 1914–1918* (London: Leo Cooper, 1995), p. 266.

90 J. F. C. Fuller, quoted in Keegan, *The Face of Battle*, p. 241. Warwick Deeping, in his fictional memoir of 1936, *No Hero – This* (London: Cassell. 1936), has the new Medical Officer Stephen Brent confess his worst fears to a battle-hardened comrade: 'I suppose one's interior can be a bit of a surprise packet. I don't want to dirty my breeches.' Deeping, p. 205.

91 Manning, *Her Privates We*, p. 11.

92 Keegan, *The Face of Battle*, p. 268.

93 Winter, *Death's Men*, p. 193.

94 Remarque depicts a man arriving at the dressing-station holding his guts in his hands, while Fussell, writing about his support for the dropping of the Atomic bomb, invokes the horror of dying this way: 'Why delay and allow one more American high school kid to see his own intestines blown out of his body and spread before him in the dirt while he screams and screams when with the new bomb we can end the whole thing just like that?' *All Quiet*, p. 97; 'Thank God for the Atomic Bomb', *The New Republic*, 26 August 1981, quoted in L. Smith, 'Paul Fussell's *The Great War and Modern Memory*: Twenty-Five Years Later', *History and Theory*, Vol. 40, No. 2 (May 2001), p. 251.

95 Winter, *Death's Men*, p. 193.

96 Rivers, *Instinct and the Unconscious*, p. 192. Pat Barker draws on this case in her novel *Regeneration* (Harmondsworth: Penguin, 1992), p. 173.

97 J. Bourke, 'In the Presence of Mine Enemies: Face-to-Face Killing in Twentieth Century Warfare', www.history.ac.uk/eseminars/sem21.html. Accessed 2 October 2006, p. 2.

98 Greenwell, *An Infant in Arms*, p. 142.

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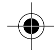

99 S. Ferenczi, cited in Leed, *No Man's Land*, p. 179.
100 Captain H. Meredith Logan, quoted in J. Bourke, *An Intimate History of Killing. Face-To-Face Killing in Twentieth-Century Warfare* (London: Granta Books, 1999), p. 153.
101 R. W. Hinshelwood, 'The Elusive Concept of "Internal Objects" (1934–1943). Its Role in the Formation of the Klein Group', *International Journal of Psychoanalysis*, Vol. 78 (1997), p. 884.
102 J. C. Dunn quoted in Keegan, *The Face of Battle*, p. 264.
103 Mountfort to mother, 23 July 1916. Remarque described a near identical sight, a 'leg that has been torn off, with the boot on it still completely undamaged'. Remarque, *All Quiet*, pp. 49–50.
104 G. Chapman, *A Passionate Prodigality*, pp. 201-2.
105 Coppard, *With A Machine Gun*, p. 39.
106 W. Owen to M. Owen, 8 May 1917, in Bell (ed.), *Wilfred Owen. Selected Letters*, p. 242.
107 Rivers, *Instinct and the Unconscious*, pp. 190–1.
108 M. Klein, 'Notes on Some Schizoid Mechanisms', in M. Klein, *Envy and Gratitude and Other Works 1946–1963* (London: Vintage 1997), pp. 4–5.
109 Bick, 'Further Considerations', p. 70.
110 Gladden, *Ypres*, p. 65.
111 On distortion of perception see Leed, *No Man's Land*, pp. 124–31.
112 Gladden, *Ypres*, p. 143.
113 Owen to mother, 19 January 1917, in Bell (ed.), *Wilfred Owen. Selected Letters*, p. 215.
114 H. J. C. Leland to wife, 13 August 1917, IWM 96/51/1.
115 'I have never been so absolutely cowed before as I was when sitting in my dug-out, which I knew was no good against a direct hit, listening the whole time to the whistle of shells, a noise which I couldn't get out of my ears', wrote Graham Greenwell. *An Infant in Arms*, p. 64.
116 See the discussion of crawling in Das, *Touch and Intimacy*, pp. 43–4.
117 W. T. Hate diary, 23 August 1914, IWM 86/51/1. See also Wilfred Owen to mother, 6 April 1917, in Bell (ed.), *Wilfred Owen. Selected Letters*, p. 235.
118 Bion, *War Memoirs*, p. 95.
119 Keegan, *The Face of Battle*, p. 260.
120 Manning, *Her Privates We*, p. 174.
121 Bion, *War Memoirs*, p. 94. The experience is recalled again, almost word-for-word, in Bion's memoir of the late 1970s: 'I lay beneath a tin roof watching a piece of mud swinging rhythmically at the end of a straw each time a shell burst.' *All My Sins Remembered*, pp. 59–60.
122 E. Bick, 'The Experience of the Skin in Early Object Relations', in Briggs (ed.), *Surviving Space*, p. 56. I am grateful to Bob Hinshelwood for pointing this out.
123 Bion, *War Memoirs*, p. 94. Paulo Sandler sees this passage of the memoirs as an instance of what Bion would later describe as the 'psychotic personality',

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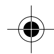

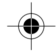

where animate and inanimate are confused. P. Sandler, 'Bion's War Memoirs: A Psychoanalytical Commentary.' http://psychematters.com/papers/psandler2.htm, p. 6. Accessed 21 January 2005.

124 Bion, *War Memoirs*, 'Commentary', p. 208; Bion, *All My Sins Remembered*, p. 16, p. 38.

125 D. Hankey, *A Student in Arms* (London: Andrew Melrose, 1917), p. 91.

126 Rivers, *Instinct and the Unconscious*, p. 196.

127 Rivers, *Conflict and Dream* (New York: Harcourt, Brace & Co., 1923), p. 74.

128 W. R. Bion, *Learning From Experience* (London: H. Karnac, 1991), p. 7.

129 R. W. Hinshelwood, *A Dictionary of Kleinian Thought* (London: Free Association, 1991), p. 354.

130 Hankey, *A Student in Arms*, pp. 126–31.

131 On the self-blame of survivors see Robert J. Lifton. 'What is extremely important in addition to the ultimate threat', he argues, 'is the limited capacity to respond to the threat and the self-blame for that inadequate response.' *The Broken Connection*, p. 170.

132 Coppard, *With A Machine Gun*, pp. 119–20.

133 Bion, *War Memoirs*, pp. 124–7.

134 Bion, *War Memoirs*, p. 3. Parthenope Bion Talamo is surely right to describe the 1919 memoirs as 'almost raw material, with hardly any emotional or intellectual elaboration'. The 'unchewed and almost undigested' bloody episodes contained therein were repeated in Bion's later writings such as *All My Sins Remembered*; as if, comments Talamo Bion, 'no further working-through were possible'. 'Aftermath', in Bion, *War Memoirs*, p. 309.

135 P. Fussell, *The Great War and Modern Memory* (Oxford: Oxford University Press, 1975), p. 31.

136 Fussell, *The Great War*, pp. 34–5.

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