



★

**GREAT WAR, FLAWED PEACE,
AND THE LASTING LEGACY
OF WORLD WAR I**

★



THE UNITED STATES
WORLD WAR ONE
CENTENNIAL COMMISSION

PRITZKER
MILITARY
FOUNDATION

NHD
NATIONAL
HISTORY DAY

THE ETHICS OF SHELL SHOCK TREATMENT

A SOCRATIC SEMINAR IN HISTORY AND PSYCHOLOGY



GUIDING QUESTION: Were the treatments for shell shock during World War I ethical?

AUTHOR

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WHY?

When I think of World War I, I think of trenches, poison gas, and shell shock. While the symptoms of shell shock are known, much less is known about how doctors tried to treat these combatants. Analyzing the ethics of treatment helps us understand how the public felt toward these war veterans.

OVERVIEW

Using primary and secondary sources, students will participate in a Socratic seminar discussion in which they analyze the ethics of treatments offered to those who suffered from shell shock after World War I. Students will read and analyze primary and secondary sources that reveal shell shock symptoms and a rationale for treatments. Students will use the American Psychological Association's Ethical Principles of Psychologists and Code of Conduct to help draw conclusions. Students will participate in a formal Socratic seminar discussion in an attempt to answer the question: Were the treatments for shell shock during World War I ethical?

OBJECTIVES

At the conclusion of this activity, students will be able to

- > Describe symptoms of shell shock;
- > Analyze and evaluate different treatments for shell shock employed by doctors and the ethics of those treatments; and
- > Use primary and secondary sources to support a verbal argument.

STANDARDS CONNECTIONS

CONNECTIONS TO COMMON CORE

- > CCSS.ELA-Literacy.RH.9-10.3 Determine the central ideas or information of a primary or secondary source; provide an accurate summary of how key events or ideas develop over the course of the text.
- > CCSS.ELA-LITERACY.SL.9-10.1.A Come to discussions prepared, having read and researched material under study; explicitly draw on that preparation by referring to evidence from texts and other research on the topic or issue to stimulate a thoughtful, well-reasoned exchange of ideas.

DOCUMENTS USED

PRIMARY SOURCES

Film, *Effects of War Neuroses: Netley Hospital, 1917*, 1918
The Library at Wellcome Collection
<http://catalogue.wellcomelibrary.org/record=b1667864-S8>

Dr. Frederick Walker Mott, "The Chadwick Lecture on Mental Hygiene and Shell Shock During and after the War," 1917 (excerpt)
The British Medical Journal
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2355113/?page=1>

G. Elliot Smith and T. H. Pear, *Shell Shock and its Lessons*, 1918 (excerpt)
<https://books.google.com/books?id=zCQ6AAAAMAAJ&dq=shell%20shock&pg=PR4#v=onepage&q&f=false>

Letter, John Alexander Raws to Robert Goldthorpe Raws, August 12, 1916 (excerpt)
Australian War Memorial
<https://www.awm.gov.au/collection/C2080597>

Lewis Ralph Yealland, *Hysterical Disorders Of Warfare*, 1918 (excerpt)
London: Macmillan and Co.
<https://archive.org/details/hystericaldisord00yealuoft/page/n5>

Sigmund Freud, "Memorandum on the Electrical Treatment of War Neurotics," 1920 (excerpt)

Walter Duranty, *I Write As I Please*, 1935 (excerpt)
https://books.google.com/books/about/I_Write_as_I_Please.html?id=x9iOAAAAIAAJ

SECONDARY SOURCES

Dr. Edgar Jones, "Shell Shocked," June 2012
Monitor on Psychology
<https://www.apa.org/monitor/2012/06/shell-shocked>

American Psychological Association, Ethical Principles of Psychologists and Code of Conduct, June 1, 2017
<http://www.apa.org/ethics/code/>

MATERIALS

- > Socratic Seminar Packet
- > Socratic Seminar Teacher Scoring Guide
- > Computer with internet capability for further research and to access film clip of *Effects of War Neuroses: Netley Hospital, 1917*.
- > Projector

ACTIVITY PREPARATION

- > Make one copy of the Socratic Seminar Packet and the Socratic Seminar Teacher Scoring Guide for each student.
- > Set up classroom technology, if available, and test all online resources before class.
- > Cue film of *Effects of War Neuroses: Netley Hospital, 1917*, a series of five films taken by staff at the two British hospitals to show the physical symptoms of Great War veterans suffering from shell shock.
- > Set up technology, if available, so that students may watch the other videos of shell shock on their own if there is not enough time to watch as a whole class.

PROCEDURE

ACTIVITY ONE: INTRODUCTION (45 MINUTES)

- > Tell students that they will watch a film clip showing soldiers who fought in World War I from Britain who suffered from what was called "shell shock."
- > Ask the students, *What do you think shell shock means?*
- > Project the film *Effects of War Neuroses: Netley Hospital, 1917*. The teacher can select to show the entire film (26:48) or some of the five shorter segments.
- > Ask the students, *What could have happened to these men to cause them to suffer in this way?*

- > Discuss with students the horrific conditions of trench warfare, machine gun technology, poison gas, disease, constant shelling, and bombardment.
 - » The nature of trench warfare produced psychological distress that had not been seen before. In an effort to address such widespread psychological distress, the medical field was at a loss for how to treat the men. Many people believed that soldiers were "faking" their distress as many seemed to have no physical injuries.
- > Ask the students, *Can you name some of the symptoms of shell shock based on the film? Did you notice any ways in which the soldiers were being treated by doctors and medical staff? What additional questions do you have about this film?*

ACTIVITY TWO: PREPARATION (30 MINUTES)

- > Introduce the Socratic Seminar and tell students that they will address the question, *Were the treatments for shell shock during World War I ethical?*
- > Distribute the Socratic seminar Packet that includes primary and secondary sources.
 - » Review the instructions as a class and discuss the expectations for the Socratic seminar.
 - » Direct students to read, highlight, and take notes from the primary and secondary sources. Then they should write questions and notes to help them prepare for the seminar, using the guiding questions found in the packet.
 - > *What moral philosophy should doctors follow when treating patients?*
 - > *Is it ever acceptable for doctors to take risks in treating patients?*
 - > *Is it ethical to experiment with treatments if the causes are unclear?*
 - > *How do the validity and reliability of observations and measurements relate to data analysis?*
 - > *What treatments used during World War I do you think were ethical?*
 - > *What treatments used during World War I do you think were unethical?*
 - > *Who gets to decide what makes a particular treatment ethical?*
 - > *Is it fair to judge the ethics of treatments made during World War I by today's standards and guidelines?*
 - > *What can doctors and psychologists today learn from studying the treatment of shell shock during World War I?*

ACTIVITY THREE: SOCRATIC SEMINAR (60 MINUTES)

- > Organize desks into a circle. Tell students to take out their Socratic Seminar packet and a pen or a pencil.
- > Remind students of the question we hope to answer as a class, *Were the treatments for shell shock during World War ethical?*
- > Tell students to refer to the guiding questions to start the discussion. Ask the first question to get the discussion rolling, *What makes a treatment ethical or unethical?*
- > Remind students to speak when they are ready, be careful to not talk over each other, and be respectful.
 - » **Teacher Tips:**
 - > If needed, remind students to refer to the texts, their notes, and/or the questions they have from their preparation as necessary.
 - > If desired, monitor points earned for each student on the Socratic Seminar Teacher Scoring Guide.
 - > If discussion stalls, use a guiding question to restart the discussion.
- > Direct students once time is up to write their insights from the seminar on the reflection page, along with anything they wish they would have said during the discussion and respond to the reflection questions.

ASSESSMENT

- > Collect the Socratic Seminar packet from each student to review the preparation and reflections.
- > The Socratic Seminar Scoring Guide can be used to evaluate each student.

METHODS FOR EXTENSION

- > Students with more interest in World War I may research the causes of the war, the tactics used, and the weapons used in the war. They may also research local community or school connections to the war.
- > Students interested in shell shock or Post-Traumatic Stress Disorder may research the history of the U.S. military and research soldiers suffering with these symptoms and the various treatments used over time.
- > Students with more interest in the realm of “shell shock” in the First World War may read *The Regeneration Trilogy* by Pat Barker or view the film *Behind The Lines* (originally titled *Regeneration*), which is based on the books. The books are a fictional, but realistic, account of soldiers suffering with shell shock and how the doctors attempted to treat them at a hospital in Britain during World War I.
- > For younger students, modify the points in the Socratic Seminar Teacher Scoring Guide to reflect the developmentally appropriate behaviors for the grade level of the student.

SOCRATIC SEMINAR PACKET: INTRODUCTION

WERE THE TREATMENTS FOR SHELL SHOCK DURING WORLD WAR I ETHICAL?

The purpose of a socratic seminar is to give participants the ability to understand a topic at a higher level, weaving in analysis and interpretation. In a Socratic Seminar, students (not the teacher) lead the discussion. Preparation is key for a successful seminar.

Socratic Seminar Grading System

Exceeding Standards	A	9-10 points
Meeting Standards	B	8 points
Approaching Standards	C	7 points
Not Meeting Standards	D	6 points
No Evidence	F	0-5 points

Plus Behaviors (+)	Minus Behaviors (-)
Builds on another's point (+2 points)	Shows disrespect to another participant (-4 point)
Responds with evidence (+4 points)	Demonstrates inappropriate body language (-2 points)
Provides a sophisticated answer (+7 points)	Interrupts discussion (-2 points)
Asks a question (+2 points)	Talks out of turn (-2 points)
Demonstrates leadership (+10 points)	Arrives unprepared (-2 points)
Completed reflection but does not actively participate in the discussion (+6 points)	Engages in off-task behaviors (-2 points)
	Submits an incomplete reflection (-4)

Opening Question:

What makes treatment ethical or unethical?

Guiding Questions

- > What moral philosophy should doctors follow when treating patients?
- > Is it ever acceptable for doctors to take risks in treating patients?
- > Is it ethical to experiment with treatments if the causes are unclear?
- > How do the validity and reliability of observations and measurements relate to data analysis?
- > What treatments used during World War I do you think were ethical?
- > What treatments used during World War I do you think were unethical?
- > Who gets to decide what makes a particular treatment ethical?
- > Is it fair to judge the ethics of treatments made during World War I by modern standards and guidelines?
- > What can doctors and psychologists today learn from studying the treatment of shell shock during World War I?

SOCRATIC SEMINAR PACKET: PRIMARY SOURCES

LETTER, JOHN ALEXANDER RAWES TO ROBERT GOLDTHORPE RAWES, AUGUST 12, 1916 (EXCERPT) AUSTRALIAN WAR MEMORIAL

Note: John Rawes died shortly after writing this letter to his brother, in the Battle of the Somme.

“The Australian casualties have been very heavy - fully 50% in our brigade, for the ten or eleven days. I lost, in three days, my brother and my two best friends, and in all six out of seven of all my officer friends (perhaps a score in number) who went into the scrap - all killed. Not one was buried, and some died in great agony. It was impossible to help the wounded at all in some sectors. We could fetch them in, but could not get them away. And often we had to put them out on the parapet to permit movement in the shallow, narrow, crooked trenches. The dead were everywhere. There had been no burying in the sector I was in for a week before we went there.

“The strain - you say you hope it has not been too great for me - was really bad. Only the men you would have trusted and believed in before, proved equal to it. One or two of my friends stood splendidly like granite rocks round which the seas stormed in vain. They were all junior officers. But many other fine men broke to pieces. Everyone called it shell shock. But shell shock is very rare. What 90% get is justifiable funk, due to the collapse of the helm - of self-control. I felt fearful that my nerve was going at the very last morning. I had been going - with far more responsibility than was right for one so inexperienced - for two days and two nights, for hours without another officer even to consult and with my men utterly broken, shelled to pieces.”

DR. FREDERICK WALKER MOTT, “THE CHADWICK LECTURE ON MENTAL HYGIENE AND SHELL SHOCK DURING AND AFTER THE WAR,” 1917 THE BRITISH MEDICAL JOURNAL

“Living in trenches or dug-outs, exposed to wet, cold, and often...to hunger and thirst, dazed or almost stunned by the unceasing din of the guns, disgusted by foul stenches, by the rats and by insect tortures of flies, fleas, bugs, and lice, the minor horrors of war, when combined with frequent grim and gruesome spectacles of comrades suddenly struck down, mangled, wounded, or dead, the memories of which are constantly recurring and exciting a dread of impending death or of being blown up by a mine and buried alive, together constitute experiences so depressing to the vital resistance of the nervous system, that a time must come when even the strongest man will succumb, and a shell bursting near may produce a sudden loss of consciousness, not by concussion or commotion, but by acting as the ‘last straw’ on an utterly exhausted nervous system worn out by this stress of trench warfare and want of sleep.”

FILM, EFFECTS OF WAR NEUROSES: NETLEY HOSPITAL, 1917, 1918 THE LIBRARY AT WELLCOME COLLECTION <http://catalogue.wellcomelibrary.org/record=b1667864-S8>

This is a series of five films taken by staff at the two British hospitals to show the physical symptoms of Great War veterans suffering from shell shock. This film can also be viewed in its entirety at <https://wellcomelibrary.org/item/b16678643>.

SOCRATIC SEMINAR PACKET: PRIMARY SOURCES (CON'T)

ELLIOT SMITH AND T. H. PEAR, *SHELL SHOCK AND ITS LESSONS*, 1918 (EXCERPT)

“Whatever may be the state of mind of the patient immediately after the mine explosion, the burial in the dug-out, the sight and sound of his lacerated comrades, or other appalling experiences which finally incapacitate him for service in the firing line, it is true to say that by the time of his arrival in a hospital in England, his reason and his senses are usually not lost but functioning with painful efficiency.

“His reason tells him quite correctly, and far too often for his personal comfort, that he had not given, or failed to carry out, a particular order, certain disastrous and memory-haunting results might not have happened. It tells him, quite convincingly, that in his present state he is not as other men are. Again, the patient reasons, quite logically, but often from false premises, that since he is showing certain symptoms which he has always been taught to associated with ‘madmen,’ he is mad too, or on the way to insanity. If nobody is available to receive this man’s confidence, to knock away the false foundations of his belief, to bring the whole structure of his nightmare clattering about his ears, and finally, to help him rebuild for himself (not merely to reconstruct for him) a new and enlightened outlook on his future—in short, if he is left alone, told to ‘cheer up’ or unwisely isolated, it may be his reason, rather than the lack of it, which will prove to be his enemy... In a word, it is not in the intellectual but in the emotional sphere that we must look for terms to describe these conditions. These disturbances are characterized by instability and exaggeration of emotion rather than by ineffective or impaired reason.”

LEWIS RALPH YEALLAND, *HYSTERICAL DISORDERS OF WARFARE*, 1918 (EXCERPT)

“Placing the pad electrode on the lumbar spines and attaching the long pharyngeal electrode, I said to him, ‘You will not leave this room until you are talking as well as you ever did; no, not before.’ The mouth was kept open by means of a tongue depressor; a strong faradic current was applied to the posterior wall of the pharynx, and with this stimulus he jumped backwards, detaching the wires from the battery. ‘Remember, you must behave as becomes the hero I expect you to be,’ I said. ‘A man who has gone through so many battles should have better control of himself.’ Then I placed him in a position from which he could not release himself, and repeated, ‘You must talk before you leave me.’”

SIGMUND FREUD, MEMORANDUM ON THE ELECTRICAL TREATMENT OF WAR NEUROTICS, 1920

“There were plenty of patients even in peace-time who, after traumas (that is, after frightening and dangerous experiences such as railway accidents, etc.) exhibited severe disturbances in their mental life and in their nervous activity, without physicians having reached an agreed judgement on these states.

“Some supposed that with such patients it was a question of severe injuries to the nervous system, similar to the haemorrhages and inflammations occurring in non-traumatic illnesses. And when anatomical examination failed to establish such processes, they nevertheless maintained their belief that finer changes in the tissues were the cause of the symptoms observed. They therefore classed these traumatic cases among the organic diseases. Other physicians maintained from the first that these states could only be regarded as functional disturbances, and that the nervous system remained anatomically intact. But medical opinion had long found difficulty in explaining how such severe disturbances of function could occur without any gross injury to the organ.

“The war that has recently ended produced and brought under observation an immense number of these traumatic cases. In the result, the controversy was decided in favour of the functional view. The great majority of physicians no longer believe that the so-called ‘war neurotics’ are ill as a result of tangible organic injuries to the nervous system, and the more clear-sighted among them have already decided, instead of using the indefinite description of a ‘functional change’, to introduce the unambiguous term ‘mental change’.

SOCRATIC SEMINAR PACKET: PRIMARY SOURCES

SIGMUND FREUD, MEMORANDUM ON THE ELECTRICAL TREATMENT OF WAR NEUROTICS, 1920 (CON'T)

“Although the war neuroses manifested themselves for the most part as motor disturbances - tremors and paralysees - and although it was plausible to suppose that such a gross impact as that produced by the concussion due to the explosion of a shell near by or to being buried by a fall of earth would lead to gross mechanical effects, observations were nevertheless made which left no doubt as to the psychical nature of the causation of these so-called war neuroses. How could this be disputed when the same symptoms appeared behind the Front as well, far from the horrors of war, or immediately after a return from leave?”

“The physicians were therefore led to regard war neurotics in a similar light to the nervous subjects of peace-time. What is known as the psycho-analytic school of psychiatry, which was brought into being by me, had taught for the last twenty-five years that the neuroses of peace could be traced back to disturbances of emotional life. This explanation was now applied quite generally to war neurotics. We had further asserted that neurotic patients suffered from mental conflicts and that the wishes and inclinations which were expressed in the symptoms were unknown to the patients themselves - were, that is to say, unconscious. It was therefore easy to infer that the immediate cause of all war neuroses was an unconscious inclination in the soldier to withdraw from the demands, dangerous or outrageous to his feelings, made upon him by active service. Fear of losing his own life, opposition to the command to kill other people, rebellion against the ruthless suppression of his own personality by his superiors - these were the most important affective sources on which the inclination to escape from war was nourished.

“A soldier in whom these affective motives were very powerful and clearly conscious would, if he was a healthy man, have been obliged to desert or pretend to be ill. Only the smallest proportion of war neurotics, however, were malingerers; the emotional impulses which rebelled in them against active service and drove them into illness were operative in them without becoming conscious to them. They remained unconscious because other motives, such as ambition, self-esteem, patriotism, the habit of obedience and the example of others, were to start with more powerful until, on some appropriate occasion, they were overwhelmed by the other, unconsciously operating motives.

“This insight into the causation of the war neuroses led to a method of treatment which seemed to be well-grounded and also proved highly effective in the first instance. It seemed expedient to treat the neurotic as a malingerer and to disregard the psychological distinction between conscious and unconscious intentions, although he was known not to be a malingerer. Since his illness served the purpose of withdrawing him from an intolerable situation, the roots of the illness would clearly be undermined if it was made even more intolerable to him than active service. Just as he had fled from the war into illness, means were now adopted which compelled him to flee back from illness into health, that is to say, into fitness for active service.

“For this purpose painful electrical treatment was employed, and with success. Physicians are glossing over the facts in retrospect when they assert that the strength of this electrical current was the same as had always been employed in functional disorders. This would only have been effective in the mildest cases; nor did it fit in with the underlying argument that a war neurotic's illness had to be made painful so that the balance of his motives would be tipped in favour of recovery.

“This painful form of treatment introduced in the German army for therapeutic purposes could no doubt also be employed in a more moderate fashion. If it was used in the Vienna Clinics, I am personally convinced that it was never intensified to a cruel pitch by the initiative of Professor Wagner-Jauregg. I cannot vouch for other physicians whom I did not know. The psychological education of medical men is in general decidedly deficient and more than one of them may have forgotten that the patient whom he was seeking to treat as a malingerer was, after all, not one. This therapeutic procedure, however, bore a stigma from the very first. It did not aim at the patient's recovery, or not in the first instance; it aimed, above all, at restoring his fitness for service. Here Medicine was serving purposes foreign to its essence. The physician himself was under military command and had his own personal dangers to fear - loss of seniority or a charge of neglecting his duty - if he allowed himself to be led by considerations other than those prescribed for him. The insoluble conflict between the claims of humanity, which normally carry decisive weight for a physician, and the demands of a national war was bound to confuse his activity.

SOCRATIC SEMINAR PACKET: PRIMARY SOURCES

SIGMUND FREUD, MEMORANDUM ON THE ELECTRICAL TREATMENT OF WAR NEUROTICS, 1920 (CON'T)

“Moreover, the successes of treatment by a strong electric current, which were brilliant to begin with, turned out afterwards not to be lasting. A patient who, having been restored to health by it, was sent back to the Front, could repeat the business afresh and have a relapse, by means of which he at least gained time and escaped the danger which was at the moment the immediate one. If he was once more under fire his fear of the electric current receded, just as during the treatment his fear of active service had faded. In the course of the war years, too, a rapidly increasing fatigue in the popular spirit made itself felt more and more, and a growing dislike of fighting, so that the treatment I have described began to fail in its effects. In these circumstances some of the army doctors gave way to the inclination, characteristic of Germans, to carry through their intentions regardless of all else - which should never have happened. The strength of the current, as well as the severity of the rest of the treatment, were increased to an unbearable point in order to deprive war neurotics of the advantage they gained from their illness. The fact has never been contradicted that in German hospitals there were deaths at that time during treatment and suicides as a result of it. I am quite unable to say, however, whether the Vienna Clinics, too, passed through this phase of therapy.

“I am in a position to bring forward conclusive evidence of the final break-down of the electrical treatment of the war neuroses. In 1918 Dr. Ernst Simmel, head of a hospital for war neuroses at Posen, published a pamphlet in which he reported the extraordinarily favourable results achieved in severe cases of war neurosis by the psychotherapeutic method introduced by me. As a result of this publication, the next Psycho-Analytical Congress, held in Budapest in September 1918, was attended by official delegates of the German, Austrian and Hungarian Army Command, who promised that Centres should be set up for the purely psychological treatment of war neuroses. This promise was made although the delegates can have been left in no doubt that with this considerate, laborious and tedious kind of treatment it was impossible to count on the quickest restoration of these patients to fitness for service. Preparations for the establishment of Centres of this kind were actually under way, when the revolution broke out and put an end to the war and to the influence of the administrative offices which had hitherto been all-powerful. But with the end of the war the war neurotics, too, disappeared - a final but impressive proof of the psychical causation of their illnesses.”

WALTER DURANTY, *I WRITE AS I PLEASE*, 1935 (EXCERPT)

“Some men in an army are what one terms cowards, that is they can't control their fear and their nerves break sooner or later. They try to run or hide in the first shell-hole, or shoot themselves in hand or foot and in extreme cases, deliberately seek the death they fear by putting their heads over the top of a trench; I've known that to happen. Then there is a larger group, whose nerves are dull. They don't much fear danger, or grow used to it, and carry on calmly with more interest most of the time in how they are fed and clothed and paid, and whether the trenches are damp or dry, and what the girls and eats and drinks will be like in their next period of rest behind the line, than in the enemy's shelling or their own fears. Finally there are the exceptional men, one in ten thousand or more, like Alexander and Sweeney, who get a real kick from danger, and the greater the danger the greater the kick.”

SOCRATIC SEMINAR PACKET: SECONDARY SOURCES

AMERICAN PSYCHOLOGICAL ASSOCIATION, ETHICAL PRINCIPLES OF PSYCHOLOGISTS AND CODE OF CONDUCT, JUNE 1, 2017

General Principles are aspirational goals to guide psychologists toward the highest ideals of psychology. Although the General Principles are not themselves enforceable rules, they should be considered by psychologists in arriving at an ethical course of action.

Principle A: Beneficence and Nonmaleficence

Psychologists strive to benefit those with whom they work and take care to do no harm. In their professional actions, psychologists seek to safeguard the welfare and rights of those with whom they interact professionally and other affected persons, and the welfare of animal subjects of research. When conflicts occur among psychologists' obligations or concerns, they attempt to resolve these conflicts in a responsible fashion that avoids or minimizes harm. Because psychologists' scientific and professional judgments and actions may affect the lives of others, they are alert to and guard against personal, financial, social, organizational, or political factors that might lead to misuse of their influence. Psychologists strive to be aware of the possible effect of their own physical and mental health on their ability to help those with whom they work.

Principle B: Fidelity and Responsibility

Psychologists establish relationships of trust with those with whom they work. They are aware of their professional and scientific responsibilities to society and to the specific communities in which they work. Psychologists uphold professional standards of conduct, clarify their professional roles and obligations, accept appropriate responsibility for their behavior, and seek to manage conflicts of interest that could lead to exploitation or harm. Psychologists consult with, refer to, or cooperate with other professionals and institutions to the extent needed to serve the best interests of those with whom they work. They are concerned about the ethical compliance of their colleagues' scientific and professional conduct. Psychologists strive to contribute a portion of their professional time for little or no compensation or personal advantage.

Principle C: Integrity

Psychologists seek to promote accuracy, honesty, and truthfulness in the science, teaching, and practice of psychology. In these activities psychologists do not steal, cheat or engage in fraud, subterfuge, or intentional misrepresentation of fact. Psychologists strive to keep their promises and to avoid unwise or unclear commitments. In situations in which deception may be ethically justifiable to maximize benefits and minimize harm, psychologists have a serious obligation to consider the need for, the possible consequences of, and their responsibility to correct any resulting mistrust or other harmful effects that arise from the use of such techniques.

Principle D: Justice

Psychologists recognize that fairness and justice entitle all persons to access to and benefit from the contributions of psychology and to equal quality in the processes, procedures, and services being conducted by psychologists. Psychologists exercise reasonable judgment and take precautions to ensure that their potential biases, the boundaries of their competence, and the limitations of their expertise do not lead to or condone unjust practices.

Principle E: Respect for People's Rights and Dignity

Psychologists respect the dignity and worth of all people, and the rights of individuals to privacy, confidentiality, and self-determination. Psychologists are aware that special safeguards may be necessary to protect the rights and welfare of persons or communities whose vulnerabilities impair autonomous decision making. Psychologists are aware of and respect cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status, and consider these factors when working with members of such groups. Psychologists try to eliminate the effect on their work of biases based on those factors, and they do not knowingly participate in or condone activities of others based upon such prejudices.

SOCRATIC SEMINAR PACKET: SECONDARY SOURCES

DR. EDGAR JONES, "SHELL SHOCKED," 2012

MONITOR ON PSYCHOLOGY

<https://www.apa.org/monitor/2012/06/shell-shocked>

"By the winter of 1914–15, "shell shock" had become a pressing medical and military problem. Not only did it affect increasing numbers of frontline troops serving in World War I, British Army doctors were struggling to understand and treat the disorder.

"The term "shell shock" was coined by the soldiers themselves. Symptoms included fatigue, tremor, confusion, nightmares and impaired sight and hearing. It was often diagnosed when a soldier was unable to function and no obvious cause could be identified. Because many of the symptoms were physical, it bore little overt resemblance to the modern diagnosis of post-traumatic stress disorder.

"Shell shock took the British Army by surprise. In an effort to better understand and treat the condition, the Army appointed Charles S. Myers, a medically trained psychologist, as consulting psychologist to the British Expeditionary Force to offer opinions on cases of shell shock and gather data for a policy to address the burgeoning issue of psychiatric battle casualties.

"Myers had been educated at Caius College Cambridge and trained in medicine at St. Bartholomew's Hospital, London. Shortly after qualifying as a physician, he took an academic post at Cambridge, running an experimental psychology laboratory. However, at the outbreak of the war, Myers felt compelled to return to clinical practice to assist the war effort. The War Office had turned him down for overseas service because of his age (he was 42), but undeterred, he crossed to France on his own initiative and secured a post at a hospital opened by the Duchess of Westminster in the casino at Le Touquet. Once Myers was there, his research credentials made him a natural choice to study the mysteries of shell shock in France.

"The first cases Myers described exhibited a range of perceptual abnormalities, such as loss of or impaired hearing, sight and sensation, along with other common physical symptoms, such as tremor, loss of balance, headache and fatigue. He concluded that these were psychological rather than physical casualties, and believed that the symptoms were overt manifestations of repressed trauma.

"Along with William McDougall, another psychologist with a medical background, Myers argued that shell shock could be cured through cognitive and affective reintegration. The shell-shocked soldier, they thought, had attempted to manage a traumatic experience by repressing or splitting off any memory of a traumatic event. Symptoms, such as tremor or contracture, were the product of an unconscious process designed to maintain the dissociation. Myers and McDougall believed a patient could only be cured if his memory were revived and integrated within his consciousness, a process that might require a number of sessions.

"While Myers believed that he could treat individual patients, the greater problem was how to manage the mass psychiatric casualties that followed major offensives. Drawing on ideas developed by French military neuropsychiatrists, Myers identified three essentials in the treatment of shell shock: "promptness of action, suitable environment and psychotherapeutic measures," though those measures were often limited to encouragement and reassurance. Myers argued that the military should set up specialist units "as remote from the sounds of warfare as is compatible with the preservation of the 'atmosphere' of the front." The army took his advice and allowed him to set up four specialist units in December 1916. They were designed to manage acute or mild cases, while chronic and severe cases were referred to base hospitals for more intensive therapy. During 1917, the battles of Arras, Messines and Passchendaele produced a flood of shell-shock cases, overwhelming the four units.

SOCRATIC SEMINAR PACKET: SECONDARY SOURCES

DR. EDGAR JONES, "SHELL SHOCKED," 2012 (CON'T)
MONITOR ON PSYCHOLOGY

<https://www.apa.org/monitor/2012/06/shell-shocked>

"Inevitably, Myers was criticized by those who believed that shell shock was simply cowardice or malingering. Some thought the condition would be better addressed by military discipline. Myers became increasingly demoralized and requested a posting back to the United Kingdom. In October 1917, the War Office in London held an emergency conference to discuss ways to improve the treatment of shell shock as large numbers of patients were being discharged from general hospitals as invalids incapable of regular employment, because physicians lacked expertise and understanding. Myers proposed a system by which doctors would refer severe cases of shell shock directly from the base hospitals in France to specialist treatment centers in the United Kingdom. He argued that effective treatment required individual attention, which in turn demanded higher staffing ratios — ideally one doctor to 50 patients. To meet this demand, he persuaded the War Office to set up training courses in the principles and practice of military psychiatry and, in particular, the treatment of shell shock.

"After the war, Myers left his post at Cambridge to set up the National Institute of Industrial Psychology to facilitate the application of psychological research in the workplace. In 1922, the War Office appointed a Committee of Inquiry into Shell Shock, but Myers was so disillusioned by some of his wartime experiences that he refused to give evidence.

"Only in 1940, with Britain again at war, did he write his memoirs, which detailed his theories about shell shock and its treatment. His account was not well received by the military reviewer in the *Journal of the Royal Army Medical Corps*, who argued that the book revealed a "lack of understanding and conviction." Written at a time when the U.K. faced the threat of invasion, the author may have felt that Myers's criticisms of the army's medical services were unpatriotic and defeatist. In truth, they revealed the inability of a mass, hierarchical organization to accommodate the nuanced policy recommendations of an innovative clinician.

"Nevertheless, the principles of forward psychiatry that Myers identified — prompt treatment as close to the fighting as is safe, with an expectation of recovery and return to unit — were widely adopted during World War II by both the U.S. and U.K. military, and they continue to be practiced by Western armed forces today in Afghanistan and Iraq."

SOCRATIC SEMINAR PACKET: REFLECTION

Reflect on your Socratic Seminar participation by responding to the following questions.

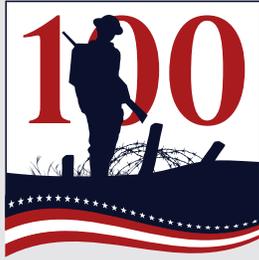
Total Number of Points in Socratic Seminar

What grade would you give yourself for the seminar? How would you describe your participation in the socratic seminar today?

What did you like about the socratic seminar today and why?

What did you learn today? Did your ideas about the topic become altered because of the seminar? How or why not?

Write a question that you still have about the topic.



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