

**War Is Never Over Not
Inside Those Who Killed!**

Healing Through
Remembering in Eugene
O'Neill's Shell Shock

لا نهاية للحرب في نفوس القتلة

التعافي عبر الاستذكار في
مسرحية (صدمة القصف)
لـ (يوجين أونيل)


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خضع البحث لبرنامج الاستئلال العلمى
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Abstract

Eugene O'Neill's engagement with psychology is an essential feature of his dramatic career. From his early plays onwards, he grapples, to a more or less degree, with psychological theories and concepts. His anti-war plays are no exception. *Shell Shock* depicts the psychological hell which the traumatized Jack Arnold finds himself in during and after First World War. It employs a number of psychological concepts and methods such as shell shock, trauma, repetitive compulsion, and talking cure.

Since studying shell shock falls within the domain of psychology, the present paper is divided into three main sections. As the play was written in October, 1918, about two months before the end of the First World War, section one is a study of the definitions, symptoms and treatment of shell shock as it is understood during the First World War. Section two deals with O'Neill's engagement with psychology in general, shell shock and war trauma in particular. Section three is a study of *Shell Shock* as a testimony to the dehumanizing and monstrous nature of war. The paper is rounded off with a conclusion in which the main findings of the study are stated.



ملخص البحث

انشغال (يوجين اونيل) بعلم النفس سمة أساسية في دربه المسرحي. فمنذ باكورة مسرحياته ولاحقاً تناول، من بعيد أو قريب، النظريات والمفاهيم النفسية. ولا تخرج عن المسح مسرحياته المناهضة للحرب. تصوّر (صدمة القصف) الجحيم النفسي الذي فيه وجد (جاك امولد) المفزوع نفسه خلال وبعد الحرب العالمية الأولى. وتبنّت المسرحية عدداً من المفاهيم والأساليب النفسية مثل صدمة القصف والفزع والقسر المتكرّر والمعالجة الكلامية.

طالما تقبع صدمة القصف في المضمار النفسي، فستتفرع الورقة الحالية الى ثلاث أقسام، كتبت المسرحية في اكتوبر ١٩١٨ قبل حوالي شهرين من نهاية الحرب العالمية الأولى: فسيكون الجزء الأول دراسة لتعاريف وأعراض ومعالجات صدمة القصف كما استدلّ عليها خلال الحرب العالمية الأولى. ويتناول الجزء الثاني انشغال (يوجين اونيل) بعلم النفس بصورة عامة وصدمة القصف ونكبة الحرب على وجه التحديد. ويتناول الجزء الثالث صدمة القصف على أساس كونها شاهد شاخص على انتزاع الآدمية والطبيعة الوحشية للحرب. وتنتهي الدراسة بخاتمة تحتوي على ما توصلت إليه الدراسة من استنتاجات.

War Is Never Over, Not Inside Those Who Killed!

Healing Through Remembering in

Eugene O'Neill's Shell Shock

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1. Shell Shock: Definitions, Symptoms, and Treatment.

1.1: Shell Shock: Definitions

During the First World War, shell shock (also called 'war neurosis', 'combat fatigue', and now recognized as Post-Traumatic Stress Disorder or PTSD) (The Columbia Encyclopedia, 2009, p. 39231) was used to describe the psychological traumas suffered by men serving in the war's key fronts such as France, Flanders, along the Isonzo, and in Gallipoli. The intensity of the essentially artillery battles fought along these war fronts often caused neurotic cracks to appear in otherwise mentally stable soldiers. In relation to this, Smith (1917) believes that "never in the history of mankind have the stresses and strains laid upon body and mind been so great or so numerous" (p.8) as in the First World War.

During the first stages of the war, shell shock was believed to be the result of physical injury to the nerves. In other words, it was the result of the soldier's being buried alive or exposed to heavy bombardment. The term itself was coined by the British physician Charles Myers who used it to describe the symptoms of mental and psychological traumas soldiers began to display during the war (Wood, 2008, p.1). As a consequence, medical officers increasingly began emphasizing psychological factors as providing sufficient

cause for breakdown. It is worth pointing out that while people throughout history have acknowledged the physical wounds of war which are, according to McGrane (2011, p.185), “obviously identifiable,” it is only in the twentieth century with the significant changes in the nature of war and their attitudes toward it, that people have begun to realize the profound psychological effects of sending individuals to the front lines. Unlike physical wounds, the psychological ones, McGrane (Ibid, p.184) stresses, are “difficult to spot and need special attention.”

Accordingly, shell shock can be defined as a “mental disorder that follows an occurrence of extreme psychological stress such as that encountered in war or resulting from violence, childhood abuse,..., or serious incident” (The Columbia Encyclopedia, 2009, p.39231).

In the same vein, Berman and Jennifer Davis Berman (2005, p.97) state that shell shock responses often result from exposure to life-threatening events in which there was an experience of extreme fear, horror, or helplessness.

Common in these definitions are two elements: their emphasis on the individual’s exposure to a stressful experience as a necessary condition for being diagnosed as shell shocked, and the essentially psychological and emotional character of shell shock which shows “to how great an extent the symptoms of neurosis [or shell shock] are determined by mental factors, even when the main agent in the production of neurosis is concussion or fatigue”(MacCurdy 1918, p. vi, qtd. in Forrester, 2008, p.76).

The stressful experience which is the focus of this section is the First World War variously called by historians ‘The Great War’, and ‘World War I.’(The New Encyclopedia Britannica, 1988, p.756). It was fought by the Axis or Central Powers on the one hand and The Alliance on the other. It began in 28 July 1914 and lasted until 11 November 1918 (Maurer, 1995, p.3).

In terms of the scale of atrocities committed, number of casualties and countries involved, The First World War was unprecedented. As a result Martin Gilbert rightly and firmly holds the view that shell shock is the only logical response to a war during which

The battlefields saw the first uses of the modern machine gun, the grenade, and gas. Air attacks on civilian populations became possible because of the development of the Zeppelin, and, of course, the new airplane made combat in the air a reality. Almost an entire generation of English and French males lost their lives; altogether, over nine million combatants died and perhaps five million non-combatants. (qtd. in Kingsbury, 2002, p.6)

These developments in firepower were accompanied by a tendency not only to allow, but also to encourage the soldiers to

indulge in a behavior of a kind that is throughout abhorrent to the civilized mind...All sorts of previously forbidden and hidden impulses, cruel, sadistic, murderous and so on, are stirred to greater activity, and the old intraphysical conflicts, which according to Freud, are the essential cause of all neurotic disorders, and which had been dealt with before by means of 'repression' of one side of the conflict are now reinforced, and, the person is compelled to deal with them afresh under totally different circumstances. (Ernest Jones in Bourke, 1999, p.238)

In this sense, The First World War constituted "an official abrogation of civilized standards", and a traumatic experience in which man's expectations about the world as meaningful, predictable, and generally non-threatening are called into question (Ibid).

More important, The First World War brought with it a new style of warfare-the trench warfare which saw soldiers involved in month long battles, with large numbers of casualties and restricted living space. This restricted space within which war was fought simultaneously ensured that the First World War soldiers would live with the corpses of their comrades. Practically speaking, the soldiers in the trenches were inhabiting worlds constructed literally of corpses (Booth, 1996, p.50). In *The Great War and Modern Memory*, Fussell (1975) gives a ghastly, yet succinct, description of the living conditions in the trenches which were always wet and flooded. Moreover

the stench of the rotten flesh was over everything. Dead horses and dead men-and parts of both-were sometimes not buried for months and often simply became an element of parapets and trench walls. You could smell the front line before you could see it. (p.49)

These crowded and squalid conditions in which soldiers had to live and fight were a fertile breeding ground for rats that lived on the bodies. There were also flies in the warm weather and of course lice. Consequently, trench fever, skin irritation and sleeplessness were ordinary occurrences in the soldiers' daily lives. These conditions, Shipley (1915, p.112) explains, constitute "the minor horrors of war," which triggered certain psychic disgust among the soldiers.

With these factors taken into consideration, certainly the First World War brought with it enough stress to adversely affect the psychology and mentality of soldiers. As a result, "vast numbers of psychiatric casualties were observed" for the first time (Evans and Ryan, 2000, p.8). As early as 1917, it was recognized that shell shock accounted for one-seventh of all personnel discharges for disabilities from British Army. And by the end of the war, it was estimated that the army had dealt with 80,000 cases of shell shock (Wood, 2008, p.3). Of special importance for this study is the fact that many ex-servicemen continued to suffer stress symptoms long after having returned home.

In relation to this, Fiona Reid believes that for those who had experienced psychiatric disorders, the war did not end in November 1918. In *Shell Shock, treatment and recovery in Britain; 1914-1918*, she makes a persuasive argument that shell-shocked soldiers found themselves in a particularly difficult position after 1918 that even "severely wounded veterans were privileged in comparison" (qtd in Bourke, 2010, p.57). As she remarks, the trenches and military hospitals were not the end of the story, but the first part of a long ordeal for disabled and shell-shocked men who sought respect and self-determination in the world of work, family, political and economic restitution (Ibid).

Consequently, the return to the mental attitude of civilian life could spark off severe psychological trauma that is manifested in a number of symptoms which are the main focus of the next section.

1.2 : Symptoms of Shell Shock:

According to the American Psychiatric Association, the medical diagnosis of shell shock can best be examined by looking at four diagnostic criteria. The first criterion involves the presence of a traumatic event in which the person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury or a threat to the physical integrity of self or others. Moreover, the response of the individual must be one of intense fear, helplessness, or horror (in McGrane, 2011, p.186).

The second criterion involves the persistent re-experience of the traumatic event which takes place in the form of recurrent and intrusive distressing recollections of the event, including images, thoughts, or perceptions; acting or feeling as if the traumatic event is still recurring, and intense psychological distress or physiological reactivity at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event (MacNair, 2002, p.4).

The third criterion is concerned with the post-traumatic stage in which the shell-shocked person is likely to persistently avoid the stimuli associated with the trauma as indicated in his efforts to avoid thoughts, feelings, activities, places, or people that arouse recollections of the trauma; inability to recall an important aspect of the traumatic event; and feeling of detachment or estrangement from others (McGrane, 2011,p.187).

The fourth criterion is related to the shell-shocked persons, who in spite of their suffering from emotional numbness and blunting, may display persistent symptoms of increased arousal which is usually not present before the trauma. These symptoms are indicated by two or more of the following: difficulty falling or staying asleep; irritability or outbursts of anger; difficulty concentrating; hypervigilance and exaggerated startle response (MacNair, 2002, p.6).

As for The First World War, Thomas W. Sakmon points out that the type of killing that the soldiers had been engaged in could dictate the nature of the psychological and personal turmoil. For example, soldiers who had bayoneted men in the face developed hysterical tics of their own facial muscles; stomach cramps seized soldiers who

had knifed their foes in the abdomen. Southard speaks of the loss of sight in case of snipers (Bourke, 1999, p.235-6). Terrifying nightmares of being unable to draw bayonets from the enemies' bodies persisted long after the slaughter. An inability to eat or sleep after the slaughter was common. Nightmares did not always occur during the war. Many First World War soldiers suffered the symptoms of shell shock until after the end of the war when they 'cracked up' and found themselves unable to eat, deliriously reliving their experiences of combat (in Ibid).

Clearly, the symptoms of shell shock can be severe and debilitating, and as Smith (1917) points out are "sufficient to incapacitate a man from the performance of his military duties" (p.14). As a result, many are discharged from the battlefields.

In General, these symptoms greatly affect the sufferer's ability to live a normal life. Hence, the necessity of properly treating and integrating the shell-shocked persons into their own societies; which is the main focus of the following section.

1.3: Treatment of Shell Shock:

In general, psychiatric treatment was very much in its infancy in the early stages of the First World War, and medical staff had limited methods of treating its symptoms. The therapies psychiatrists administered were often ineffective and primitive at best and dangerous and punitive at worst (War, Trauma, Psychiatry, 2004).

In fact, some doctors were skeptical that 'shell-shock' was really just a form of malingering by weak-willed men. In this way, they reinforced opinions, long held by high ranking military personnel, that it was 'cowardice' and 'weakness' that led to shell shock, not the stress of war itself. Cases of desertion under fire in the British Army, for example, resulted in charges being laid for 'cowardice' in the face of the enemy', and ultimately, over 300 of the total number of cases resulted in death sentences. It is worth mentioning here that the Americans executed none of their soldiers (Shot for Cowardice, p.1).

Since the purpose of treatment was to restore the maximum number of men to duty as quickly as possible (Bourke, 2011, p.4), some doctors found themselves caught between the interests of the military- namely, to send men back to the frontlines- and the interests of medicine (ibid).

The methods used by doctors for treating the shell-shocked during the war include (1) prompt treatment (preferably close to the front lines); (2) the necessity to re-experience and/or go over the traumatic events (i.e., to acknowledge them and bring them into awareness); (3) an emphasis on the meaning of life to the individual based on an individual psychological analysis; (4) collaborative approach between therapist and patient which points out the importance of therapeutic alliance; (5) the importance of previous experience in determining whether and in what way a person might break down (Howorth, 2001,p.7).

A pioneer in the use of psychotherapy to treat shell shock was the English psychiatrist and psychologist W. H.R. Rivers, who wrote after the end of the war: "One of the most striking features of the war from which we have recently emerged....perhaps its most important feature from the medical point of view- has been the enormous scale on which it produced these disturbances"(Emerson in Bowen and Weigl, 1997, p.80). Furthermore, Rivers believes that early treatment was a central feature of the remarkably comprehensive system brought towards the end of the war, when it was recognized that it could help to prevent later disability. He also challenged the widely held belief that, as he put it, "the forgetting of an unpleasant experience is...the most obvious and natural line of procedure"(ibid., p.81).

In *The Repression of War* (1918), he outlines his views upon the treatment of neurosis arising from modern warfare and delivers a series of illustrative cases which came his way while serving in the Craiglockhart hospital. In this study, Rivers hopes to show that many of the most trying and distressing symptoms from which the subjects of war neurosis suffer are not the necessary result of the strains and shocks to which they have been exposed in warfare, but are due to the attempt to banish from the mind distressing memo-

ries of warfare or painful affective states which have come into being as the result of their war experience (pp.2-3).

In fact, what Rivers sought to teach is that the endless struggle to smother the threatening or loathsome memories of war was injurious and debilitating to the soldier's health. In relation to this, he wrote

We should lead the patient resolutely to face the situation provided by his war experience....We should point out to him that such experiences ...can never be thrust wholly out of his life, though it may be possible to put it out of sight and cover it up so that it may seem to have been abolished. His experience should be talked over in all its bearings. (Emerson in Bowen and Weigl, 1997, p.81)

In general, the treatment for men considered to be suffering shell shock varied widely. There were electric shock treatments, baths, massage, hypnosis and hypnotic drugs, isolation, rest and different methods of psychotherapy. Recovery was often quick especially if one uses the right methods(Ibid., p.185).

As we shall see, O'Neill employs some of these methods in treating the traumatized Jack Arnold in Shell Shock, the most important of which are the talking cure and the collaborative approach between the therapist and the patient.

2. O'Neill, Psychology and Shell Shock:

In spite of his attempt to depreciate the influence of psychoanalysis on his work, his insistence that he is "no deep student of psychoanalysis," and his complaint of critics who were wont to condemn his plays as "case histories from a Freudian textbook," O'Neill came to epitomize, in Sievers's(1955, p.97) words, "the Freudian period." His interest in self-psychology, various forms of personal and collective trauma, the unconscious motives, familial relationships, and above all sex and neurosis all testify to the multifaceted Freudian influences on his work (ibid).

In fact, despite the obviousness of that influence, O'Neill insisted on denying it on a number of occasions. One of these (Chabrowe,

1976) was on 1929 when he answered a letter about this topic in which he denied any direct influence of psychology on his work:

There is no conscious use of psychoanalytic material in any of my plays. All of them could easily be written by a dramatist who had never heard of the Freudian theory and was simply guided by an intuitive psychological insight into human beings and their life-implosions.... It is true that I am enough of a student of modern psychology to be fairly familiar with the theories of Freud and his school, and to have realized the Freudian implications inherent in the actions of some of my characters while I was portraying them; but this was always an afterthought and never consciously was I for a moment influenced to shape my material along the lines of any psychological theory. (p.103)

To prove the influence of psychology on O'Neill, Chabrowe presents a list of books O'Neill read and cherished. He cites *Psychology of the Unconscious* as the book that made the greatest impact on the playwright. He evidently read this book before writing *The Emperor Jones* in 1920. *Totem and Taboo* was evidently read by O'Neill before 1924 when he wrote *Desire under the Elms* (1925). Chabrowe also adds *Beyond the Pleasure Principle* which O'Neill might have read before the writing of *Mourning Becomes Electra* (1931) (Ibid., pp.104-5).

As for the individual plays, Sievers (1955) remarks that, with the exception of *Diff'rent* (1920), O'Neill's early period was not conspicuously Freudian. There were, however, consistently neurotic and even psychotic heroes in his early one-acts, who are portrayed with a frenzied emotional intensity. *Abortion* (1914) does suggest some superficial acquaintances with Jung's concept of the archaic racial unconscious. O'Neill's treatment of insanity, in *Ile* (1916), shows a fairly conventional, pre-Freudian handling of mental breakdown in the wife who wants to go home after two years on a whaling ship.

Beyond the Horizon (1920) is acclaimed by the critics as the "curtainraiser to a new era in American psychological realism" (Ibid., p.100). Although no Freudian terminology is used, the play is a sketchy outline of Freudian figures which O'Neill later to fill in. Failure at self realization, O'Neill seems to say, is man's greatest tragedy (Ibid., p.137).

Diff'rent was O'Neill's earliest specific treatment of sexual frustration. Sievers (1955) points out that the available evidence and the date of composition of the play suggest that "O'Neill consciously or unconsciously selected a character and treated a theme in a way which psychoanalysis had made timely and meaningful as well as permissible on the stage"(p.139). Emma, the main character in the play, suffers from a "rigid, irrational disgust with sex", which psychologists recognize as a "defense mechanism against her strong unconscious preoccupation with sex"(pp.139-140).

As for trauma and shell shock, there is a general agreement among critics on the possibility of reading some of O'Neill's plays as dramatizations of trauma (For more information, see Nastic, 2011).

In his examination of O'Neill's "trauma Plays", Nastic emphasizes the importance of understanding the nature of the traumatic memory of the traumatized servicemen who are destined to re-enact what he/she cannot remember. According to Bloom (2004, p.10), Freud called this "the repetition compulsion" from which many O'Neillian characters suffer.

Besides Shell Shock, trauma was the main theme in a number of plays O'Neill wrote during his entire dramatic career. His one-act *The Sniper* (1917) which deals with "the way in which the war dehumanized, disturbed and destroyed lives and souls" (Egri,1986,p.6) is the story of shell-shocked characters who had been exposed to the atrocities of war. Juan, the shell-shocked young boy who had been traveling with Charles's mother and the latter's fiancée enters the demolished cottage of the Rougon, Charles's father, and reveals that the two women were killed by an enemy artillery explosion on the road. As a reaction, Rougon who had been exasperated by his son's death, gets his rifle and begins to shoot at a group of marching troops nearby. Juan is at once presented as a war victim, war survivor, witness and traumatized; a person whose life turns upside down as a result of war (For more information, see Ghani, 2012).

Another example of shell-shocked character is Orin in *Mourning Becomes Electra*. In spite of his anti-war attitude, Orin becomes a hero in the war. In Act three of *The Hunted*, he explains how this happened. Having spent long time fighting in the trenches at Peters-

burg, Orin lost the ability to sleep, and felt “queer” in the head. As a result of the great pressure he was exposed, he thought that generals were stupid and he wished that the soldiers on both sides would suddenly throw down their weapons, shook hands, and laughed. So he did, in fact, begin to laugh and walk toward the Southern lines with his hands out. What he got for his pains was a wound in the head, which drove him temporarily mad. He ran on yelling, wanting to kill somebody. As a result, Orin suffered long after the end of the military operations. The first part of the paper’s title is inspired by conversation between him and his sister, Lavinia which runs as follows:

Orin: Before I’d gotten back I had to kill another in the same way. It was like murdering the same man twice. I had a queer feeling that war meant murdering the same man over and over, and that in the end I would discover the man was myself! Their faces keep coming back in dreams--and they change to Father’s face--or to mine--What does that mean, Vinnie?

LAVINIA--.... For heaven’s sake, forget the war! It’s over now!

ORIN--Not inside us who killed! (O’Neill, 1958, p.231)

In *Long Day’s Journey into Night*, (1955) the discussion of trauma takes place on the family level. The play testifies to O’Neill’s wish to work through his own family trauma: not only understanding and coming to terms with it, but also attaining a critical angle on it. Central to the O’Neill canon, this play offers a dramatic representation of the major trauma of the author’s life, that of the painful relationships within his original family (Nastic, 2011, p.1).

3. Shell shock as a Trauma Text:

Despite the critical attention devoted to the dramatic works of O’Neill, little has been said of his one-act play *Shell Shock* (1918). In fact, most of the critical works that deal with O’Neill’s early dramatic pieces almost say nothing about it. Meanwhile, those critics who included it in their writings find it sufficient to write few expository lines about it. Egri (1986), for example, is content to write a general statement about O’Neill’s anti-war pieces. According to

him, the artistic emphasis in these pieces is not on “cause conscious heroism”(p.7). Rather, O’Neill’s main concern was to emphasize the debilitating impact of modern war on man’s life. With respect to Shell Shock, Egri succinctly comments: “Apart from few passages in Shell Shock, O’Neill’s was not much interested in presenting directly and in detail the physical atrocities of war” (Ibid.).

Similar to Egri, Bogard (1988) considers the play no more than a “dramatic sketch.” In Contour in Time, he finds it sufficient to provide his readers with a brief summary of the plot. He writes:

Shell Shock tells of a returning hero, decorated for having crawled out into ‘No Man’s land’ to rescue a wounded friend. The friend died as Jack brought him in, and now, sometimes after the event, Jack has convinced himself that he went to the rescue only to get some cigarettes he knew his friends to be carrying. Cigarettes are his fetish, he smokes incessantly, buys packs he does not use, borrows from his friends and hoards butt, his problem is resolved when he is convinced that the fixation is only his way of burying the horror of his friend’s death. After what is possibly the shortest course of psycho-analysis on record, Jack returns to normal. (p.99)

These two quotations make it quite clear that both Egri and Bogard had failed in recognizing the importance of Shell Shock as a representative work in the canon of twentieth century anti-war and trauma literature. Bogard, in particular, seems to make two serious blunders. First, the friend whom Jack rescues from ‘No Man’s land’ did not die, as Bogard tells, for Herbert Royston, Jack’s friend was still alive when the play opens. Second, Bogard seems to misunderstand the nature of O’Neill’s engagement with war psychology in general, and shell shock in particular at the time of writing the play. In fact, a number of factors should be taken into consideration when discussing the psychological content of the play. As section one illustrates, psychological theories and methods for treating shell shock were still in their early stages when O’Neill wrote the play. At that time, the members of the military medical society were still struggling with the exact definition and nature of shell shock. Moreover, Shell Shock is a one-act not full-length play. It belongs to O’Neill’s early dramatic period which did not demonstrate a fully

conscious use of psychological materials. Accordingly, I am of the opinion that O'Neill can not be blamed for using "what is possibly the shortest course of psychoanalysis on record," as Bogard puts it.

Moreover, Jack's obsession with cigarettes can not be discarded as mere 'fetish'. In fact, it is used for a number of dramatic and psychological purposes. First, it sheds light on the changes that befell Jack's character and the pressures he was undergoing while serving in the frontlines. Second, just as in his other plays in which drug and alcohol abuse let alone mental instability are pervasive, O'Neill uses cigarette addiction as a means to "loosen American men's tongues"(Nastic,2011, p.3). Psychologically speaking, Jack must have been suffering from a repetition compulsion manifested in his "queer mannerism of continually raising the fore and middle fingers of his right hand to his lips as though he were smoking an invisible cigarette."(O'Neill, 1988,p. 663)(All references are from this edition).

As usual, O'Neill begins the play by stating the time and place of the action. The time is "the middle of the afternoon of a hot day in September, 1918" exactly two months before the end of the First World War. The place is "A corner in the grill of the New York Club of a large eastern University"(p.657) in the United States of America. Apparently the Club has been made a medical centre for treating members of the military staff who suffer psychological traumas as a result of spending long periods of time in the battlefields. In the play, Jack was one of the "physically and emotionally wounded soldiers [who] were brought home, most of them in shell shock, most of them filled with bitterness"(Galense,2002,p.149). Moreover, similar to his other anti-war plays, *Shell Shock* demonstrates that O'Neill's "artistic vision embraced the affairs of the world"(Voelker 1992, p.90), for although the play opens in the United States in the present, its events go back in time and place to the battle of Chateau Thierry which took place between the German on the one hand and the American and French on the other hand in July, 1918. Accordingly, the play can be considered a memory play since its events are recounted mainly through Jack's recollections of his war experiences. It is these recollections that help Jack to gradually restore his psychological and emotional health. In relation to this, the play can

be considered an early example of O'Neill's belief that "forgetting and ignoring the terrible memories and costs of war was not an option" for those who survive (Bourke, 2010, p.56).

In fact, the problem of forgetting, according to Bourke, was particularly acute for men who "described themselves as having been broken by their wartime experience" (Ibid.). Jack Arnold is such a man. He suffers as a result of his attempt to unconsciously repress part of his war experience memories. In this way, the play is a testimony to persistence of wounds that take place on the physical/visible level on the one hand and psychological/ invisible level on the other. The play makes it crystal clear that the psychological wounds are more difficult to spot, and eventually to handle, than the physical ones.

Dr. Wayne was not on a leave in America and he was not sent back from France on account of ill health. At the base hospital in Europe, he was assigned to treating the victims of shell shock. He made quite a study of the disease since it first became known in the First World war, and as a consequence, was more successful than most at treating. When the shell-shocked American soldiers commenced to be sent home in appreciable numbers, he was ordered back to help on shock patients.

Noteworthy is the age-group to which the three major characters belong. Apart from the middle-aged waiter, all of them are in their late twenties or early thirties. Dr. Wayne and Jack are 31 years old and Roylston is 27. This is significant since O'Neill himself was 31 years old when he wrote the play. In this sense, Shell Shock testifies to the collective trauma which the American society suffers from during and after the war. The play, in fact, stands as a record of O'Neill's dramatic collision with the traumatic violence not only of the First World War, but also of all wars which took place in the history of mankind. It is a testimony that no man who took part in, or was a witness to, The First World War ever completely shook off the experience.

After their physical and psychological wounds in the war, both Roylston and Jack become, in Reynolds's (1996, p.119) view "changed men." Jack, for example, is no longer that all American

college student whom Royston held as a hero. Both, in fact, become traumatized survivors of grievous wounds and losses. As traumatized participants and helpless witnesses to war, Jack and Royston's exposure to death, killing and cruelty come to us alive through their own war narratives.

In their first meeting, Wayne recognizes that Royston has been "through the mill," i.e. the war. Royston who seems "shadowed by the remembrance of pain, witnessed and not by [him] to be forgotten" (p.657), has been injured in both legs and in different parts of his body by a machine gun. As a witness, Royston gives an appalling picture of the trench war. In his narration, images of heroism intermingle with images of death, frustration and blood shedding. In the Chateau Thierry battle, Jack's company held out for three days and nights against all kinds of terrific shelling and counterattacks, without support or relief. Nearly every member of the company was either killed or wounded. Royston describes the terrible conditions he has been undergoing during the three days he had spent in No Man's Land. There, he did not notice time much. He was sort of out of his head with thirst and pain, or in a numb trance most of the time. He was screaming at the top of his lungs out of pain and terror before Jack came to save him (p.660).

Unlike Royston who expresses his utter disbelief at the possibility of Jack's being shell-shocked because he "has the nerves of an ox" (p.661), Wayne believes that the occurrence of shell shock is quite natural taking into consideration Jack's spending five years in the frontlines without a letup; two years with the Canadians and three with the British and French on the Continent (p.661).

In his attempt to treat Jack, Dr. Wayne employs a number of psychological methods which he deems appropriate. First, he considers what is written in Dr. Thompson's letter in which he underlines Jack's pathological addiction to smoking. Second, he tries to make use of his lifelong friendship with Jack in cementing their new doctor/patient relationship. Of course, this friendship greatly facilitates the use of the collaborative approach. Third, as a doctor, Wayne encourages Jack to go over or re-experience his traumatic wartime experiences mainly by acknowledging and bringing them

into awareness in the present. Fourth, unlike the general attitude of the medical staff towards the shell-shocked, Dr. Wayne shows deep understanding of the shattering impact of war and sympathy towards Jack as one of its victims. This also shows to what an extent the American official authorities are aware of the necessity of quickly treating the shell-shocked to prevent future disability.

Dr. Wayne lets Jack speak at length of his wartime experiences. He believes that Jack's retelling of his traumatic past will help him re-piece the shattered parts of his troubled memory which he unconsciously tries to repress. In doing so, Wayne aims at leading Jack to remember and eventually to recognize that the reason which compels him to go into No Man's land was not 'hunger for Nicotine', but his hearing of Royston's screams. In other words, Wayne tries to make Jack fill the 'holes' in Jack's memory which were created by the disruptive and disarticulating experience of war (LaCapra, 2001, p.41). From the psychological point of view, Wayne believes that remembering, confronting, and eventually reconstructing the shattered memories of the past is the best way to heal the psychological wounds of Jack.

Since the play depends heavily on the acts of remembering and retelling, Jack's narration of his war experience must inevitably move from past into present and vice versa; between what he had witnessed and gone through in the frontlines few months ago to the club in the Eastern University in the present.

Wayne listens carefully to Jack's diagnosis of his present problem which is not related, in his viewpoint, to the "imaginary symptoms," which his ex-doctor suggests, but 'the silence', (p.664) that makes him search obsessively for cigarettes. Jack does not have a definite description of 'silence', which overwhelms the soldier who is sent back home after spending a long period of time without a leave. However, he compares this state of mind, as he calls it, to the old Chinese water torture in which drops of water drip leadenly one after the other on the tortured's head till he goes mad. Furthermore, Jack believes that what makes the battle of Chateau Thierry worse and more terrible is the fact that "they run out of cigarette." For him, it was a hell. Jack explains the meaning of a smoke to him:

"You can't realize what a smoke comes to mean to you in a first line trench. You'd have to have been there." (p.668) Smoking serves to take Jack's mind from "the stench and lice and the rest of it" (Ibid.). Here, cigarette smoking is used as a "coping mechanism" in response to the stress of military operations (Smith, 2008,p.3).

Jack describes the daily life of the soldiers in the frontlines trenches. In a series of vivid visual and audible images that bring the armed conflict alive to us, he reports:

We'd crouch down in the mud with rats squeaking and scampering with fright over your feet-nipping at your legs-while waiting for the next counter attack, wondering if the Bosche would get through the next time gritting our teeth to stick it out (p.669).

More important, there was no place for the wounded to be cured. As a result, the soldiers of both sides were continuously listening to the groans and shrieks of the wounded soldiers. In this hellish bedlam, not only the shelling and killing that precipitated the soldiers' psychological collapse, but also the stench of the bodies rotting in and outside of the trenches. This makes Jack feel that he was "putrefying [him]self-alive!- and the living men around [him]-they too-rotten!"(pp.669-670).

Jack and his company were under constant and great pressure. In a series of telling images, he tells how they were hearing "the rumble and crash of the big guns, the rat-a-pet rivetting of the machine-guns, the crack of rifles, the whine of bullets, the roar of bursting shells"(p.666). Everything around them was whirling in a constant feverish movement: the earth trembles and quakes beneath their feet. For them, nothing was fixed or certain. Around Jack, soldiers kept falling, writhing and groaning out of pain and suffering without him being able to help them (p.666).

These circumstances of uncertainty, fear, death and horror put a great pressure on the soldiers' psychological makeup. On more than one occasion, Jack thought he would go mad if he went on fighting. The desperate tone he was speaking with hints at the deep frustration and humiliation he feels as he remembers his inability to help others who were under his command.

Moreover, not only the wounded who were suffering in the battlefields, but also the other unwounded soldiers who were wild with hunger and thirst. Jack remembers Billy Strett who dies with a bullet through his heart, singing some idiotic nonsense about beef steak pie over and over again till "it drove one nearly mad to listen to him"(p.668). He also remembers Tony, the Italian, who was killed by a shell fragment that came down on his skull so that Tony's "brains spattered all.... Over [Jack's] face"(p.669).

Accordingly, trying to forget the horrors of war was not an option for Jack who believes that Wayne would have to have been in the trenches in order to know what war is.

More terrifying for Jack was the putrefying nature of the living conditions in the trenches. With the help of other soldiers, Jack had to pile up the dead against the rear walls of the trenches. He often stumbled in the dark and unintentionally put his hand out and touch "a-a face, or a leg- or- something sticking with blood"(p.669) Sleeplessness and hearing the screams of the wounded out in No Man's Land were ordinary occurrences in Jack's wartime years.

The crucial point takes place when Jack begins to talk about his refusal to grant his soldiers permission to rescue their wounded comrades, forgetting that he himself risks his life to save Roylston. Reminded by Wayne of the incident, Jack shakes his head affirming his belief that Roylston must have been dead when he went out to him for "He [i.e., Roylston] was swimming in his own blood"(p.667). He believes that what compelled him to go to Roylston is not to rescue him but because he remembered that Roylston had a whole case full of cigarettes. This happens after Jack and his men discovered that no cigarettes come up with the supplies.

After rescuing Roylston, Jack remembers nothing. It was all a blank. However, Wayne assured him that cigarettes could not have been the reason that compelled him to save Roylston. It was the screams of the latter that impelled Jack to save him.

Suddenly Jack remembers that it was Roylston's screaming that drove him mad. In his effort to visualize the scene, Jack beats his head with his hand. He remembers the only voice he heard when all the others were silent for a second. Trying to imitate the voice

"[Arnold] throws his hand back and scream as if in horrible pain... His face contracts convulsively. He beats his head with his hands, his eyes shut in his effort to visualize the scene"(p.671). Fortunately, he realizes it was Royston's voice not the cigarette that made him go into No Man's Land. This sudden revelation helps him to understand why everyone has been telling him what a hero he was in spite of his feeling "sick-queer-crazy-off [his] nut,"(p.671) and giving him medals for bravery.

Remembering this incident helps to heal Jack's psychologically and enable him to regain his self assurance. He no longer needs cigarettes. This is evident in his refusal of the cigarettes offered to him by Royston.

4: Conclusion:

Although one century had nearly passed since the outbreak of the First World War, its horrors and aftermaths are still haunting us. It is against the background of these horrors that O'Neill's *Shell Shock* as an anti-war play should be read and understood.

Shell Shock portrays the psychological hell which most of the war survivors find themselves in in the post war era. During the war, Jack as well as other servicemen were subjected to intense emotional stimuli of a kind unknown to them before. Living under these conditions for weeks, or may be months without relief ensured their eventual psychological collapse. This collapse, as the play shows, is not intellectual, but an emotional one. It is characterized by instability and exaggeration of emotion rather than by ineffective or impaired reason.

Although a one-act play, O'Neill manages to deftly shed light on the nature of the modernized war and its aftermaths. As the play demonstrates, the psychological wounds are more difficult to spot and cure. Their healing requires methods quite different from those used in curing the physical ones. This is quite clear in the methods Dr. Wayne employs in his attempt to cure the shell-shocked Jack who, along with many others, grow to symbolise the horrors and confusions of the First World War.

The presence of Dr. Wayne testifies to the growing awareness of the importance of psychological theories and methods in the treatment of shell shocked soldiers. Just like his British counterpart, Dr. River, Wayne uses the talking cure which allows Jack to confront or re-watch the terrible experiences of war in his narration of them. Moreover, he depends heavily on the collaborative approach which enables Jack to regain his self-confidence.

Finally, I staunchly hold the view that the writing of this paper is timely considering the successive and bloody wars my country, i.e., Iraq had been intermittently fighting since the 1980s. In spite of the large number of shell-shocked among civilians and servicemen alike, they represent a group least cared for by the official authorities. In a sense, this paper is an invitation to attend to the psychological needs of the shell-shocked in Iraq. It is a reminder of the dangers of overlooking and neglecting them.

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