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<td>Author(s)</td>
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<td>Publication Date</td>
<td>2020-01</td>
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<tr>
<td>Publisher</td>
<td>Peter Lang</td>
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<td>Link to publisher's version</td>
<td><a href="https://doi.org/10.3726/b15983">https://doi.org/10.3726/b15983</a></td>
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“The Women Who Had Been Straining Every Nerve”: Gender-Specific Medical Management of Trauma in the Irish Revolution (1916–1923)

Siobhra Aiken

Abstract:
Female revolutionaries suffered various traumas – including sexual trauma – during Ireland’s revolutionary period (1916–1923). This chapter draws on files from the Military Service Pensions Collection, personal accounts and literary narratives in order to consider the various medical treatments prescribed to women for “exhausted nerves” in the early decades of the Irish Free State. Contemporary understandings of what is now recognized as PTSD were strongly informed by gender ideologies, and women’s mental welfare was routinely connected to the female reproductive system. In contrast to men’s treatment, which aimed to swiftly return the patient to the warzone or workforce, traumatized female revolutionaries were frequently recommended prolonged “rest” treatments which emphasized domestication and re-feminization. These costly therapies reflect the social privilege of many female republicans. Women lacking such familial or financial supports, however, could find themselves committed to the country’s overcrowded mental institutions, while a significant number of female revolutionaries emigrated for medical reasons.

In her memoir The Hope and the Sadness: Personal Recollections of Troubled Times in Ireland (1980), Siobhán Lankford, née Creedon, provides a stark insight into the “extreme nervous exhaustion” she endured as an active revolutionary during Ireland’s War of Independence (1919–1921) and Civil War (1922–1923). After confiding in her Cumann na mBan (The Women’s League) colleague Margaret Mackin that her “health was not good” (Lankford 243),
Lankford agreed to consult Mackin’s brother-in-law, Dr Robert Farnan, for treatment of her “exhausted nerves”:

I went to Dublin to consult him. As Margaret had told me, the doctor’s consulting rooms in Merrion Square were crowded. He worked long hours, often past midnight, to bring back to health the women who had been straining every nerve to assist in the fight for freedom – many of them had worked unceasingly from 1916 to 1923. (Lankford 249–250)

Lankford’s rare allusion to such a congregation of women seeking treatment for “nerve troubles” prompts questions regarding contemporary understandings of what is now known as post-traumatic stress disorder during and in the aftermath of the revolutionary period, and also highlights the omission of the medicalization of women’s trauma from received histories. This chapter draws on personal accounts, as well as recently released files from the Military Service Pension Collection (MSPC), to consider the diverse traumas endured by women and the extent to which the clinical consultations of female revolutionaries during the early years of the Irish Free State were informed by gender ideologies, as much as derived from a complex interaction of political, social and economic forces.

Lankford is just one of a number of female activists who documented their treatment for “nervous breakdowns” during the Irish revolutionary period, and particularly in the immediate aftermath of the Civil War. By March 1923, Lankford had endured almost seven years of intense service: she founded a branch of the Gaelic League in her hometown of Mallow, Co. Cork, in the aftermath of the 1916 Rising and was particularly useful to the Irish Republican Army (IRA) given her position as a postal clerk. Throughout the War of Independence (1919–1921), she tapped telephones and intercepted cryptic correspondences to gather intelligence about military operations and identify spies. Her duties also consisted of more indecorous, perilous tasks: she records that she “had to deal” with the Royal Irish
Constabulary (RIC) man who was in charge of the party that had shot her own brother dead in order to exchange information and ammunition (Lankford 205–206; Military Service Pension Collection (MSPC), MSP34REF29397). Although women both supported and opposed the Anglo-Irish Treaty, which provided for the establishment of a self-governing Irish Free State in the 26 southern counties, Lankford was one of many female activists to join the anti-Treaty opposition. These women’s military roles intensified as the republican side was increasingly forced underground during the Civil War; women were assigned riskier tasks, such as storing and carrying ammunition (for which a man could be executed), and at least 681 republican women were imprisoned (C. McCarthy 227; Matthews “Dissidents” 257; McCoole 244–265). Moreover, the intimate nature of the internecine conflict led to a new array of personal traumas: Lankford experienced the death of comrades, was publicly snubbed by the local clergy for taking the republican side and was dismissed from her job in the civil service after her cover was compromised (MSP34REF29397, 4 February 1938).

While psychological distress is now considered a normal consequence of the strained nature of warfare, the highly competitive commemorative culture which emerged in post-independence Ireland offered little scope for the articulation of personal traumas. Although the figure of the shell-shocked man became a metaphor for the collective trauma of the First World War in post-war Britain, the newly conceived Irish Free State, to the contrary, largely identified with the image of the heroic male guerrilla fighter whose suffering and discomfort was rendered invisible. Furthermore, consistent with global post-conflict nationalist remembrance, the “actual experiences of women” were converted into symbolic, romantically conceived paradigms; the heterogeneity of women’s experiences was replaced by the grieving Mother Ireland trope or occluded by the allegorical figure of the patriotic, yet ancillary Róisín Dubh (Dark Rosaleen) (Gillis 10).
However, women – both civilians and activists – were key agents during Ireland’s revolutionary period, as borders between private and military zones were systematically broken down. Domestic spaces were routinely invaded by Black and Tans, members of the IRA on the run and, later, by soldiers of the newly founded Free State Army. As a result, experienced suffragist Meg Connery reported to the Irish White Cross in 1921 that across Munster “women and children were in a constant state of depression and nervous breakdown” (qtd. in Matthews “Renegades” 269). Connery also pointed to the aetiological implications of such domestic, and even sexual, violations, noting that “attempts of a sexual character have been made” and that “it is difficult to appreciate the effect which this continued strain is producing upon the health of women”. These remarks on the adverse psychological effects on women are, however, at odds with the hegemonic male-centred discourse of war which foreground the daring exploits and experiences of male combatants. As Judith Herman notes, it was not until the 1970s that it was recognized that “the most common post-traumatic disorders are not those of men in war, but of women in civilian life” (28).

The discomfiture surrounding the place of female combatants in the still-evolving revolutionary narrative is evident in Lankford’s application for a military pension in 1938. When the first Military Service Pensions Act was introduced in August 1924, neutral and anti-Treaty veterans were excluded. Cumann na mBan was only legislatively recognized as an organization eligible for military service pensions in the Pension Act of 1934 after an appeal through the Senate (Coleman “Compensating” 923). Nevertheless, it proved notoriously difficult for women to prove “active service”, which necessitated the carrying of arms and did not cater for the varied nature of female participation. Even though Lankford furnished a number of testimonies from her IRA commanding officers, such as Florence O’Donoghue’s highly gendered statement that she did “more than one’s man duty” (MSP34REF29397, 29 January 1938), she was unsuccessful in her appeal to have her rank as an intelligence officer
recognized. The unease in recognizing male combatants’ reliance on female comrades is further evidenced by Michael J. Bowlen’s confession that “it was for me a cause of blushes that I had to use a lady for that work, but there were no men to rely on and she [Lankford] was there” (MSP34REF29397, 24 May 1937).

Lankford’s pension service application is also a pertinent example of the structural silences which characterize many women’s accounts of the revolution. Unlike the candidness of her memoir written between 1973 and 1975 (É. Lankford), Lankford’s application contains no mention of the medical treatment she received for her “nervous condition”. Nor is this particularly surprising. Even though the totemic image of the mourning republican woman has a special place in the popular imagination, the depositions of female veterans to the Bureau of Military History (BMH), gathered between 1947 and 1957, are ripe with references to the Victorian social convention of concealing distress and repressing emotion, particularly in public. While Kathleen Barry Moloney records that “even in these days, the psychological value of tears after shock was well known” (40), more typical are statements pointing to the composure of women during moments of heightened trauma. Elizabeth Bloxham recalls that after receiving a message regarding the illness of a young relation, “the tears sprang to my eyes. I quickly remembered that I dare not cry” (26). Ina Heron (née Connolly), daughter of the martyred socialist leader James Connolly, confesses that as a child she was “was always able to dance away my grief and pretend it did not hurt me” (54). Such stoicism was often a cause of pride, as reflected in Máire Fitzpatrick’s assertion that her “brave” mother did not shed a tear on hearing of her son’s death at the hands of the Black and Tans in Drogheda (9). Yet, paradoxically, such overt claims of self-control functioned as a rhetorical tool with which women could draw attention to the emotional toll they carried. As Kathleen (Cáit) O’Callaghan, who witnessed the death of her husband during a raid on her home in 1921, states: “Women do not cry much in Ireland during this war: the trouble goes too deep” (25).
Given that accounts of personal distress are often clouded by claims of stoicism, the medical diagnosis and treatment of republican women’s psychological injuries is even less conspicuous. For this reason, Lankford’s description of the medical care she received for “exhausted nerves” by Dr Farnan is highly revealing and provides an insight into the influence of gender ideologies on medical management. Dr Robert Farnan is no stranger to historians of the revolutionary period. Not only was he an eminent gynaecologist and Professor of Midwifery at University College Dublin, he was also a close personal friend of Sinn Féin President Éamon de Valera. His home at 5 Merrion Square was used as a safe house and functioned as governmental headquarters during much of the struggle for independence (De Valera 4). That Dr Farnan was a gynaecologist by profession yet treated individuals for their psychological health is perhaps indicative of contemporary perceptions that “weak nerves” were inherently connected to the female body. Within the medical field during the nineteenth century, such as in the writings of Dublin-based physician Dr Fleetwood Churchill, psychological conditions were routinely connected to new discoveries about the female reproductive system (Prior 125–126). Etymologically, the word “hysteria” derives from the Greek word for uterus and was believed to be caused by a migratory or “wandering womb”. This ancient concept anticipated modern psychoanalytical scientific views which connected mental instability with somatic, biological explanations – including uterine inflammation – rather than consider their psychological or social causes (see Cayleff 1200).

The conflation of femininity and insanity is also evident in the fact that higher lunacy rates were registered among Irish ex-soldiers after the First World War than in the other British nations, a phenomenon which stemmed from the gendering of the colonized as effeminate and theories of British psychiatrists that psychoneuroses developed in men who were “inherently below the level of civilization” (Bourke 61). On their return, Irish ex-soldiers were given little economic or medical resources in comparison to their British counterparts and were often
ostracized from Irish society (Bourke 68). While there was a general understanding of shell-shocked soldiers in Britain, Brendan Kelly notes that there was “limited further remembrance of the psychological suffering of soldiers [in Ireland] until the centenary of the commencement of the war in 2014” (Hearing 144). It might not be a coincidence, therefore, that Tim Pat Coogan refers to Dr Farnan as a “distinguished Dublin gynaecologist whose services were highly thought of by the wives of British officers” (197). In the same way that returned shell-shocked soldiers were shunned, evidence that Dr Farnan treated Irish women is overlooked in Coogan’s widely quoted assertion. Indeed, Coogan’s comment is highly suggestive of popular perceptions that such maladies were the province of affluent, educated, bourgeois women, while his reference to the women’s British nationality serves to invert and deflect the colonial stereotype.

It was not just female patients who flocked to Dr Farnan’s practice, however. The gender-specific course of his medical management is brought into sharp relief through a comparison of his treatment of Siobhán Lankford and that described by Colonel Eamon “Ned” Broy. As Lankford details:

Dr. Farnan’s cure for my extreme nervous exhaustion was a complete change of environment. I would have to leave Mallow. Officers of all government departments were being transferred to Dublin to take the places of those retiring because of the Treaty. I very easily got a transfer to the accounts department of the G.P.O. Six weeks’ complete rest in the Mater Hospital, living in Malahide and Sutton, and Dr. Farnan’s care for a whole year settled my exhausted nerves. It took many years to erase the pain of losing gallant friends, men and women who suffered, fought and died for Ireland. (250)

Lankford’s reference to “six weeks’ complete rest” indicates that she was most likely treated with a version of the highly disciplined and gender-specific “rest cure” first developed
by Philadelphian neurologist Silas Weir Mitchell in the 1860s and ’70s. Mitchell’s rest cure was devised primarily for well-to-do ladies and was based on the removal of the patient from her usual surroundings which sometimes, as in Lankford’s case, involved a retreat to the countryside or to the seaside (Gosling 37). In its most regimented form, the patient was expected to lie in bed for six weeks to two months and was not allowed to read, write, feed herself or contact anyone. Although Lankford does not reveal her attitude towards her “rest” treatment, Virginia Woolf famously loathed being subject to such medical care, as hinted at in her novel *Mrs Dalloway*, where the doctor orders a suicidal patient to “rest in bed; rest in solitude; silence and rest; rest without books, without messages; six months’ rest; until a man who went in weighing seven stone six comes out weighing twelve” (73).

On the other hand, Colonel Eamon Broy, who later served as Garda Commissioner, notes in his BMH statement that IRA leader Michael Collins referred his men to Dr Farnan – much to their chagrin at being sent to a “ladies’ doctor”. It seems, however, that they were attended to in quite a different fashion from that described by Lankford:

A great friend of the movement all the time in Dublin was Dr. Robert Farnan, and anyone who was anyway low in health or injured was sent to him, with a note from Mick. Dr. Farnan was, of course, a ladies’ doctor, but a man of wonderful personality who could cure by merely speaking to the men. Mick gave Austin Stack such a note to go to Dr. Farnan. Somebody, to pull Stack’s leg, told him: “Collins is making a ‘cod’ of you. That is a ladies’ doctor. Don’t go near him”. Stack hesitated for a couple of days before going. (Broy 86)

The indication that Dr Farnan could cure men simply by speaking to them is indicative of the verbal psychotherapies practised on shell-shocked soldiers in Richmond Hospital in Dublin between 1916–1919. As Kelly notes, this treatment emphasized “prompt treatment, cognitive re-structuring of traumatic experiences (i.e. thinking differently about the past) and
collaboration with the therapist in the search for a cure” (Hearing 143). Unlike women’s
treatment, which precluded them from public life and thus supported the refeminization and
domestication of female combatants, men’s treatment was swift with the prime aim of their re-
entry into combat.

This gender-specific treatment of nervous disorders also appears to have been endorsed
by Collins. Even though he sent his men to Dr Farnan for this proto-cognitive behavioural or
narrative therapy, Lily Mernin, who provided the IRA with essential intelligence while working
as a shorthand typist in Dublin Castle, notes that Collins exonerated her from her duties after
her “nervous breakdown” and arranged for her to take rest at a remove from the stress of the
conflict:

The risks I was taking and the strain to which I was subjected had an injurious offset
on my nerves and general health. At the end of 1921 I was dismissed from my post by
the British – and shortly after had a nervous break down. Collins immediately gave me
a sum of money to enable me to go away and take a holiday out of Ireland.
(MSP34REF4945, c.1935)

Such a rigid gender dichotomy in medical responses supports Elaine Showalter’s
influential study The Female Malady: Women, Madness, and English Culture, 1830–1980
(1985), in which she contrasts the Darwinian approaches employed by nerve specialists on
female “hysterics” to dictate “proper feminine behaviour” to the new therapies quickly
developed to treat the thousands of shell-shocked soldiers during the First World War (18).
These new therapies were also informed by class and gender determinants, as often illustrated
by the diametrically opposed modes promoted by two British-based psychiatrists, Lewis
Yealland and W. H. R. Rivers; the former is associated with punitive, disciplinary treatment
(including electric shock therapy), while the latter advocated a more liberal, analytic view
(Showalter 176–179). Eric Leed contends in his authoritative No Man’s Land: Combat and
Identity in World War I (1979) that treatment was divided into “two different techniques of domination” as medical professionals adopted harsh disciplinary regimes for “hysteric”, effeminate lower-class soldiers to prepare them to return to the front, while more humane, Freudian analytic techniques were practised on “neurasthenic” upper-class, chivalrous army officers (Leed 171; Showalter 176). More recent studies rightly question this “discipline/analytic dichotomy” (Leese Shell-Shock 74; Loughran 117), which is “atypical and overgeneralized” (Leese “Why Are They Not Cured?” 206). Nevertheless, these understandings serve as an important point of departure for thinking about how gender and class influenced medical encounters.

In reality, the understaffed and poorly serviced hospitals and asylums in Ireland were not conducive to the development of innovative psychoanalytic methods. As republican activist Gobnait Ní Bhruadair lamented in a letter to the short-lived literary journal Ireland To-day in 1937, “Mental hospitals are, it is true, terribly full … we have, at the moment, not yet surmounted the consequences of the wicked world war, followed by the upheaval of the fight on our own soil” (78). A number of female revolutionaries shared Ní Bhruadair’s concern for the mentally ill, to the extent that several public asylums were “focuses of republican sentiment” during the revolutionary period (Kelly Hearing 154). Dr Ada English, who was highly active in Cumann na mBan and a Sinn Féin TD (Minister of Parliament), famously tried to induce RIC officers to retire from their positions by offering them employment at her workplace in Ballinasloe Asylum (Kelly Ada English 26–27). Meanwhile, Dr Eleanora Fleury, the first female psychiatrist in Ireland and Great Britain, was arrested and imprisoned in 1923 for treating wounded republican prisoners whom she concealed among her mental patients in Portrane Asylum (Kelly Hearing 151–153).

Dr Fleury’s paper “Clinical Note on Agitated Melancholia in Women”, which was delivered to the Irish division of the Medico-Psychological Association in 1895, illustrates the
best practices advocated by these pioneering female doctors which carried through into the 1920s and 1930s. Rather than focusing solely on biological or physical causes, Fleury remarkably links “psychiatric problems with social and life events such as examinations, marital difficulties, separations and bereavements” (Kelly *Hearing* 115). Her observations nevertheless demonstrate contemporary views that patients’ “agitated or motor melancholia” could be explained by dysmenorrhoea, pregnancy and “the cessation of menstruation” at the “climacteric” (Fleury 548). Dr Fleury is less than optimistic about her patients’ recovery; she notes that a number of women “believed that they were lost body and soul, or that they were changed into the devil” and concludes that if “the physical health is poor … the patient will probably succumb” (551). Nevertheless, her recommended treatment is redolent of the medical care prescribed by Dr Farnan to Lankford: while she advocates the administration of sedatives such as ether and opium, she also highlights that “abundant nourishment is required and the patient should be kept much in the open air, and as much away from other patients as possible” (Fleury 551).

But just how many female revolutionaries set out to avail themselves of medical treatment for nerves like Lankford? The medical management of patients in wartime is often difficult to determine given the challenges in accessing records; hospital admissions records were not kept and patients were often registered under false names. As a result, one of the most revealing sources of data is the Military Service Pensions Collection, which holds approximately 300,000 files regarding individual pension, disability and special allowance applications; some of these include supporting medical documentation. While the Irish Grants Committee (IGC), which was founded in London in 1923 to compensate Irish loyalists, included shock in its definition of “physical injuries” (Clark 140), the Free State was far slower to recognize psychiatric casualties (see MSP34REF1290 Seán Hogan, 1P684 Mary Coakley). For example, when IRA man Patrick O’Reilly claimed he was treated for “shell shock” in the
Mater Hospital after being in the Four Courts when it was shelled in June 1922, the Army Pensions Board simply concluded “you are not suffering from any disability” (DP2879, 6 September 1934).

Equally, even though the IGC compensated a woman who endured a “nervous breakdown” due to the “insanity” of “persistent nightly raids” and witnessing “her husband’s murder” (Clark 140), available records suggest that it was as difficult for female revolutionaries to prove mental debilitation as it was to prove “active service”. This was undoubtedly informed by popular perceptions that women’s nervous problems were routine. Advertisements for Cockle’s Pills in Irish newspapers in 1925 and 1936 claimed that “most women are frequent sufferers from those distressing symptoms that make up the complaint commonly called weak nerves” (“Every Woman’s Friend”). Even smoking cigarettes was deemed inimical to women’s nerves to the extent that a correspondent in The Irish Independent in 1921 declared that “a smoking woman should be sent to a reformatory” (qtd. in Dunbar 27). As a result, it is likely that many women, like Lankford, did not divulge their emotional distress in pension applications. This omission illustrates what Holocaust scholar Joan Ringelheim calls the “split between gender and genocide” whereby women often consider the gender-specific aspects of their lived experiences to be insignificant in light of the larger narrative of wartime suffering (344). Brigid Noone did not disclose her nervous condition in her first application for a military pension in 1937, but her referee Harold McBrien revealed that “her health brokedown [sic] and even yet her recovery is not complete” (MSP34REF56221, 15 February 1941). It was not until five years after her first application that Noone indicated that her “nerve trouble” was caused by constant raids on her home, including an incident in 1920 when her hair was cropped for refusing to disclose the location of IRA dugouts (MSP34REF56221, 17 October 1942).

Admitting nerve trouble and ill health could compromise women’s claim for a military pension based on “active service”. Úna Frances Moriarty disclosed she “took ill” in August
1923 after being tasked with collecting the remains of volunteers blown up by a mine in Ballyseedy, Co. Kerry, in what was one of the most notorious incidents of the Civil War. Moriarty protested that she was only granted a pension for one sixth of the period between April and September 1923, illustrating how such a disclosure proved detrimental to her pension claim (MSP34REF55152, 23 November 1941). Margaret Mary Galvin was similarly dismayed with her award of only three quarters for the final period of the Civil War, which she felt was due to a misunderstanding regarding her disclosed breakdown in health (MSP34REF26639, 15 February 1943).

Neither Moriarty nor Galvin submitted wound or disability claims, but women who did apply struggled to prove that their “neurasthenia”, “nerves”, “nervous breakdown”, “shock” or “neurosis” was related to their military activities. Mai O’Halloran was active in Cumann na mBan from 1918 to 1922 and claimed that she experienced a particular shock after she threw herself in front of her father as a raiding party of Black and Tans threatened to shoot him (DP10285, 9 May 1942). The Medical Report of the Army Pension Board provides a raw insight into O’Halloran’s state:

Applicant complains that she cannot go to Mass regularly as she is afraid of crowds; that she suffers from a sensation of being about to fall; that she is unable to stay alone and that she cannot sleep. She says that when her nerves go out of order her stomach also goes out of order and she complains that she becomes mentally unstable before the birth of her babies. Has five children from ages of 8 years to 7 months. Menses normal. (DP10285, 11 May 1942)

For all the medical evidence she supplied, O’Halloran’s claim for “nerve trouble” was still rejected as her condition was not deemed attributable to her military service (DP10285, 23 May 1942). Margaret Gallagher’s claim for rheumatism and neurasthenia, resulting from a breakdown after the arrest of her brother in 1922, was also rejected (MSP34REF46292, 25
October 1939). In addition, Agnes Gallagher, who went on hunger strike and “suffered other injuries” when she was interned in Kilmainham during the Civil War, was unsuccessful in her claim for neurasthenia and a catalogue of other health complications which were not deemed attributable to her service (MSP34REF3344; DP313, 11 January 1935).

Despite such lack of recognition and common perceptions linking women to weak nerves, it appears from the released files that women were still more inclined than men to cite mental anguish. This may be due to the fact that the feminine vocabulary of “nerve trouble” was more readily at their disposal. Supporting medical reports in these oft-unsuccessful claims also demonstrate that Lankford’s treatment was not an exception and that the medical world was more inclined to prescribe rest, change and good food than to consider psychological interventions. May Hearne, who was shot during the 1916 Rising, was also told by Dr Farnan “to go home for six months” (DP9341, 18 July 1939). Equally, Mary Ann Nolan, who testified to suffering a nervous breakdown after being “stripped naked and left without any covering” on her arrest in Trinity College in 1916, was prescribed “treatment of a general medical and tonic nature – change to a convalescent home for one month with re-examination at the end of that period” (DP2664, 30 December 1937). Such treatment undoubtedly demanded the exigencies of time and financial resources only available for the educated middle class from which many members of Cumann na mBan hailed (C. McCarthy 175). This proved difficult for women who lacked such familial or financial support. Margaret Mary Galvin was “ignored” by members of her family for her republican stance and notes that she was “ordered” by her doctor to take a rest in Co. Wicklow in June 1924 “at considerable expense” (MSP34REF26639, 12 November 1938). Oonagh Patterson, originally from Ennis, Co. Clare, regretted that she simply had not the means to go to Dublin for “another treatment for my nerves, as I would have liked” (DP10637, 31 March 1943).
Feminist scholars are largely critical of the misogynistic implications of the rest cure, pointing to the infantile dependency it invoked which aimed to usher women “back to femininity” (Showalter 139). But although the rest cure was conceived with “hysteric women” in mind, it became standard for many male patients in the aftermath of the First World War (Humphries and Kurchinski 104). Nevertheless, it appears from available MSPC files that the treatment for male IRA veterans was less organized around prolonged rest and more focused on the necessity of returning the patient to the work force. James Marron claims that after being involved in the atrocity at the Protestant village of Altnaveigh in South Armagh, “I could not sleep thinking of the woman and the others we shot” (DP3395, 9 December 1940). Suffering from “nervous debility and gastritis”, he hints that the prime aim of his medical treatment was his assimilation back into the workforce: “I had been attending Dr. Flood for one year and he fixed me up so as I could get a job which I did on the railways” (DP3395, 30 June 1934). A remarkable report published by Dr Michael Nolan of Down County Mental Hospital in 1940 similarly emphasizes swift recuperation for male patients. Dolan’s report details his treatment of a member of the Ulster Special Constabulary (USC) who was suffering from “acute systematized hallucinosis” on his entry to the hospital at an uncertain date between 1921 and 1923 (Byrne 115). However, within six days, Dr Nolan contends that the “thermidorian influences of renewed physical energy” enabled “complete restoration” (Nolan 953). Even though the patient was treated for syphilis, Dr Nolan foregrounds psychological, political and social triggers and attributes the disorder to what he coined the “revolutionary triarchy” of “Religio-Sexual-Political” factors (Nolan 953). Nolan also emphasizes the curative properties of work in the hospital which facilitated the patient’s speedy return to employment:

He quickly responded to treatment, ate and slept well, and occupied himself usefully at clerical work when not out of doors. His conduct became normal in every respect, and
his temperament bright, cheery and optimistic. After his discharge he obtained suitable employment, and continued well. (966)

Although Dr Nolan and Dr Fleury valued the psychogenic roots of their patients’ illness, modern psychoanalytic methods had very little resonance overall in Catholic Ireland in the first half of the twentieth century (Kelly Hearing 170). Rather than consider the social and personal circumstances underlying a patient’s distress, the Irish medical profession was more drawn to new, albeit ethically questionable, one-size-fits-all techniques of short-wave diathermy, hydrotherapy and, increasingly, insulin coma therapy, convulsive therapy and lobotomy (Kelly Hearing 170). Primitive electric treatments were practised on female revolutionaries from the 1920s. After Christina Brooks’ release from Mountjoy Prison, Áine Ceannt of the Irish White Cross arranged a bed for her in the Mater Hospital where she got “massages” and “four weeks of Electric treatment” for her “bad nerves” which manifested in eye trouble, deafness and acute sciatica (DP828, 22 April 1924). These conditions were likely the result of the conditions of her imprisonment: Brooks claims that her clothes were “torn to shreds” by Free State soldiers on her arrest, that she had to sleep with no bedding or food and that she was later interrogated by a court of nine soldiers under the threat of being shot (DP828, 7 July 1933). Just how effective her treatment proved is hard to determine; faradic and galvanic electric currents were notoriously painful during this period and were practised by French neurologists on shell-shocked soldiers during the First World War in order to “discipline” them back to the battlefield (Bogousslavsky and Tatu). Nevertheless, electric methods were employed widely. Mary Coakley suffered from shock after she cared for eight dying IRA men at the Upton train ambush in February 1921 and was administered “electricity treatment” by Nurse Rice, Grand Parade, Cork (1P684, 12 December 1924; see also Oonagh Patterson, DP10637, 31 March 1943). This method was used until as late as 1957, when Mary Brannelly
was given “18 electroplexies” to treat her “involutional melancholia”, although her doctor was “not very hopeful” of progress (DP29155, 26 September 1957).

These somatic treatments were sometimes used in tandem with various rest therapies. Bridget Barrett complained of being “a bit nervous”. She travelled from Co. Clare to see Dublin consultant Dr McDonnell, who laid her up for three or four months and put her on a diet. In addition, Barrett noted that she was given “injections” and that she “attend[ed] him since for them” (DP10265, 3 July 1941). Although the nature of these injections is unclear, there was a step towards analeptic drugs and electroconvulsive therapies in the 1930s and 1940s to induce convulsions or epileptic-type seizures (Showalter 205). Insulin shock therapy was also introduced in Ireland in 1938; this involved the dispensing of insulin injections to induce a coma due to its supposed anti-depressant properties (Kelly Hearing 173). According to Showalter, insulin treatment offered little improvement on the domesticating practice of the rest cure, as “this prolonged and very controlling treatment seemed to parallel the pseudopregnancy of the rest cure” (205). Indeed, the aforementioned Úna Moriarty, who suffered from shock after the atrocities of Ballyseedy, had a less than positive assessment of the treatment she received. In fact, Moriarty disagreed with medical staff regarding the root cause of her memory impairment: “I had a nervous breakdown and I got epileptic seizures and they say it affected my memory but I really think it was the drugs they gave me to put my nerves in order” (MSP34REF55152, 19 January 1939). In medical terms, insulin therapy is often associated with memory loss, suggesting that Moriarty’s grievance may be well-founded.

Medical aetiologies of women’s mental health also remained wedded to the belief that nervous trouble was inherently connected to women’s reproductive functions. In her study of Enniscorthy Asylum between 1916 and 1925, Áine McCarthy notes that one of the first questions asked of women on committal was the pattern of their menstrual cycle (103). During the 1930s, it seems that the Medical Board of the Army Pensions Board routinely sent
applicants claiming for neurasthenia for gynaecological tests (see Mary O’Hanrahan DP6266, 6 July 1934; Mollie O’Hanlon DP6261, 1 November 1934). Mary O’Hanrahan complained of “feeling nervous; feeling of a ‘load’ in the head” and was sent to Dublin gynaecologist Séamus Ó Ceallaigh to clarify if her “neurasthenic condition” was “of menopausal origin” (DP6266, 25 May 1934). The gynaecologist responded quite resolutely that O’Hanrahan was 44 years of age and had no “definite signs of symptoms of the change of life” (DP6266, 25 May 1934). Nevertheless, lacking gynaecological evidence to support her claim, O’Hanrahan was unsuccessful in her initial application, as was Mollie O’Hanlon, who was considered “highly hysterical” but whose “severe nervous debility and epilepsy” was not supported by any gynaecological abnormality (DP6261, 24 August 1934; 16 May 1940). It may not be coincidental, then, that Alice O’Rourke – who was imprisoned in Armagh Gaol until 1924 and considered to be “neurasthenic” – was successful in her claim in December 1934 for “anaemia, lumbago, cardiac irregularity and intermittent amenorrhoea” given that her exam revealed signs of “endometriosis” and “leucorrhoea” considered “to be the result of hardship endured” (DP2894, 25 May 1934).

Despite the prevalence of such intimate medical examinations, there is little evidence to suggest that possible sexual traumas were investigated by the Pension Board. The psychiatric community’s reluctance to address sexual trauma is perhaps epitomized by Freud’s *volte-face* in 1897 when he jettisoned his “seduction theory” which held that “at the bottom of every case of hysteria there are one or more occurrences of premature sexual experience” (qtd. in Herman 13). Given the unease this idea provoked, Freud replaced his original analysis of hysteria with his controversial Oedipus complex theory. Lisa Cardyn’s study of turn-of-the-century American mental medicine also illustrates that medical professionals were more concerned with maintaining the socio-sexual status quo than contemplating the often-overt manifestations of sexual trauma displayed by their female patients. Although the prevalence of sexual violence
and rape during the Irish Revolution is a moot point (see Connolly; Coleman “Violence”), the disability files of “nervous” veterans are replete with euphemistic, coded references to sexual humiliations. These instances were not exclusively characterised by male-on-female violence: Jeremiah Brett claims he attended the doctor for a “nervous attack” after he was captured by Black and Tans, stripped and “tied to a pale for the night”, while it is claimed that Lucy Bartley was “on the verge of a nervous breakdown” owing to the fact that she came under the “special attention” of a lady searcher and “in consequence had a very rough time” (MSP34REF31173, 31 June 1927; 34SP31483, 24 September 1934; MSP34REF64269, 7 December 1955). Furthermore, the reluctance of the Pension Board to delve deeper into possible attacks of a sexual nature is clear from the concluding lines of the transcript of Maureen Cormican’s sworn statement before the Pension Board Advisory Committee in 1940. Cormican attempts, to little avail, to offer further details of the night she was “taken away”, which she had first disclosed in her application two years previously:

Q: After the “Cease fire” you helped men on the run?

A: Yes.

Q: Is there anything else?

A: In the Tan time we were taken away.

Q: How often were you taken away?

A: Several times.

Q: You were taken out and threatened.

A: Yes, tried to extort information from us.

Q: There is nothing else?
Aiken

A: I had to be treated by a doctor from the effects of shot [shock] and all this. They treated us badly. They stole and *they did everything to us*.

Q. Anything else?

A: I suppose that is all. (MSP34REF56851, 18 June 1940; emphasis added)

It is generally understood that while trauma is unrepresentable and essentially defies language, it can be only be mitigated when the seemingly unspeakable traumatic experience is brought to articulation and the survivor can begin to recreate their shattered identity (Caruth). The shame and stigma surrounding sexual trauma in the conservative Irish Free State was certainly not conducive to “working through” such experiences. One of the most poignant cases in the MSPC is that of Cumann na mBan member Margaret Doherty, who died in December 1928 in Castlebar Mental Hospital from pulmonary TB. However, Doherty’s family claim that the decline in her health stemmed from an incident in May 1922 when three Free State Army officers “pulled her out of her bed … brought [her] a short distant from home and rape[d] [her] in succession” (DP2100, 5 October 1933) (See also Connolly 20–21).

A number of female revolutionaries were committed to mental institutions, which has prompted Linda Connolly to ask, “did Ireland in the 1920s lock away, conceal and institutionalise the trauma of the revolution suffered by women?” (34). In many cases, committal was more a reflection of the social, financial and familial supports available to the individual rather than the severity of their mental disorder (see Finnane 15). Efforts were in fact made to prevent women revolutionaries’ committal to asylums. For example, civil servant R. Savage pleaded with the Pension’s Board to supply funds to cover treatment for Peg Clancy in a private mental home in Blackrock, Cork, at £5-5s per week to prevent her institutionalization (DP1652, 13 April 1933). Clancy had served as General Liam Lynch’s confidential typist during the Civil War and was first treated for “nervous debility” in August
1922 (DP1652, 9 November 1933). The suffering endured by the wider Clancy family likely meant that they could not afford for her to undertake such treatment: the family’s home in Cush, Co. Limerick, had been burnt down; their brother Patrick had died from bullet and bayonet wounds in August 1920; another sister, Statia, had died “as a result of the strain of active service and jail sentence”; and a brother, David, was severely impaired by a bullet wound (1D10, 7 February 1924; MSP34REF59912, 20 January 1943; 1RB1553). Peg relocated to Youghal, Co. Cork, with her older sister Kate, but “had to be taken to the asylum” after a suicide attempt (DP1652, 13 April 1933). As Mark Finnane notes, in the context of post-Famine Ireland, an attempt at one’s life was “taken to be irrefutable evidence of a person’s insanity” (151).

However, there is also evidence to suggest that in this era of redefined gender roles, disapproving family members used committal as a means to control women who transgressed social and political conventions. In her study of the Richmond Asylum 1916 casebooks, Bridget Keown illustrates how one patient, Nora (a pseudonym), was admitted to the asylum by her brother because she was “moody”, “did not care to go out”, “declined walks” and hallucinated. Significantly, Nora’s condition was attributed to her overzealous work in “organizing for [the] Gaelic League, the United Irishwomen, and the Comogie Association [sic]”, of which Nora contended her brother did not approve (Keown). It is perhaps not coincidental that explicitly medical language was harnessed by leading political figures to degrade anti-Treaty female revolutionaries as degenerate, hysterical, irrational “furies”. President W. T. Cosgrave famously denounced the “neurotic girls” of the “Irregular” camp, while pro-Treaty author P. S. O’Hegarty claimed that “it is woman … with her implacability, her bitterness, her hysteria, that makes a devil of him [man]” (75).

The ostracism of women by their own communities is apparent in the cause of Delia Begley, a chemist by trade from Ennis, Co. Clare, who claimed unsuccessfully for “palpations,
insomnia, nervous prostrations, vomiting etc.” (DP9442, 15 January 1938). During the 1930s and 1940s, Begley clashed with her fellow Mid-Clare Brigade veterans; Peg Barrett even wrote to the Pension Board to protest that Begley’s claim that she was appointed Branch Captain was “entirely imaginary” (CMB(Cumann na mBan Nominal Rolls)/72, 2 October 1942). Finding herself “destitute”, Begley was brought by “strangers” to the Little Sisters of the Poor Nursing Home in Dundrum, Co. Dublin. On her death, Sister Pascarine noted that “when she became helpless no one wanted her, not even her own relations” (34D1959, 2 February 1948). Locals in Athenry, Co. Galway, also watched on as the emotional baggage carried by Julia Morrissey took its toll and her “eccentricities gradually developed into something more worrying” (McNamara). Morrissey had been an essential accomplice to leading republican Liam Mellows and led 50 women during the 1916 Rising in Galway. She arguably never recovered from the death of many of her comrades and historian Conor McNamara notes that she used a Ouija board in order to make contact with the revolutionary dead (Siggins). By the early 1930s, Morrissey was committed to Ballinasloe Asylum, where she was likely attended to by her Cumann na mBan colleague Dr Ada English. She remained there until her death in 1974.

Morrissey – like many women who were committed – had no immediate family: her only remaining brother, IRA man Mark Morrissey, had emigrated and was untraceable. In fact, emigration arguably masked the traumas of the revolution as much as the institutions. While definite numbers are difficult to gauge, the Cumann na mBan Nominal Rolls provide the names of at least 2,000 female emigrants (see Aiken). Even though the republican movement opposed emigration, exceptions were made for wounded veterans in light of the inadequacies of the Irish health service (Wilk 107). Many of these women were thus medically advised to leave the country for nervous or other medical conditions. Indeed, a key aspect of the rest cure was the belief that a change in environment – often to a warmer climate – could aid recovery. Republican activist and author Dorothy Macardle was told by her doctor that she may “never
live in Ireland due to the climate” after her week-long hunger strike in April 1923 (Smith 43). Nora Douglas also wrote from Australia that she was “ordered by Dr. Dundon to leave Ireland in 1924 as a direct result of a cold caught on active service” (MSP34REF35989, 29 April 1939). Active in 1916 and imprisoned during the Civil War, May Gahan O’Carroll was tormented in later life by what she described to her children as the feeling of “waiting for the knock on the door” (O’Carroll 18). She and her husband emigrated to New Zealand in 1925 in the hopes of renewing her health after her imprisonment and hunger strike; she was treated for “acute neurasthenia” for over four years in Sydney. According to Dr W. G. H. Cable, her condition was further aggravated by the emotional and disheartening process of applying for a military pension (MSP34REF10326, 21 August 1935; 31 October 1934). However, the president of the Patrick Pearse Council in Sydney wrote to the Pension Board claiming that the application had been made at the instance of O’Carroll’s “adventurous, opportunist” husband, illustrating how women’s mental health was not always taken seriously (1RB1494, 30 November 1933).

This exporting of mental patients has an uncomfortable history. As Pauline Prior notes, “criminal lunatics” released from Irish asylums in the mid-nineteenth century were encouraged to go into “voluntary exile” overseas (220). Some women may have received more efficient treatment abroad, but emigration seldom provided a quick fix for mental distress. Mary Ellen Scullen of Westport, Co. Mayo, was retrospectively cynical about her doctor’s advice: “I was in such a critical state after the Black and Tans my Dr. ordered me to come out here [Ohio], he said the voyage on the ocean & the change may help me but I’m sorry it didn’t help a lot” (MSP34REF52788, 27 November 1936). In her published memoir, Annie Crowley Ford also hints at the psychological distress that precipitated her emigration to Boston in 1927 following her brother’s suicide. Like Scullen, her move brought little solace: “I foolishly thought if I went far away from home I would forget, but no matter how many miles you go, you always take your grief with you” (852).
While the plight of these women was certainly hidden behind the tall walls of the institutions and dispatched overseas, it would be wrong to assume that these traumas were totally obliterated from social consciousness. Indeed, recent scholarship on shell shock advocates for a wider consideration of less conventional sources of cultural memory in order to reconstruct traumatic subjectivities and “challenge hegemonic notions of trauma defined by political and medical authorities” (Crouthamel and Leese 3). As Gemma Clark notes, sole reliance on official state compensation files proves problematic as “the mental trauma” engendered by Ireland’s revolutionary period “did not emerge in the neat, linear fashion conducive to the operation of government compensation committees with strict terms and dates of reference” (104).

The taboo topic of mental debilitation generated by war emerges in a number of Annie P. Smithson’s bestselling romance novels. As a nurse and Cumann na mBan member, Smithson undoubtedly had first-hand experience in treating traumatized patients and is extremely frank regarding her own depression in her autobiography. In July 1921, she endured a “rather serious break-down in health” and was advised by a Dr Kennedy to leave her nursing position in Waterford “and return if possible to my native air” (Myself 248). In the novel By Shadowed Ways (1942), Smithson demonstrates an acute understanding of the silencing and concealment of revolutionary trauma. Bride McMahon’s mother and baby brother were tragically killed by a “pot shot” fired by a band of Black and Tans outside the family home in 1920. The deep communal rifts caused by the conflict are revealed years later when Bride discovers on her wedding day that her fiancé had been involved in her mother’s death. Bride becomes “extremely psychic” and is sent to Dublin for a change of environment. The “medical men” tell her father that her condition is the result of the “nervous shock which she had sustained in her childhood” (253). Confessing that she “never feels safe” and that she could “never trust another man”, Bride ultimately joins a convent where the “doctors agree she would be better
in body and in mind” (254). Unbeknownst to the other characters in the novel, Mary Desmond also conceals a traumatic revolutionary past; at night she fights back the tears as she surreptitiously peeks at a faded old photo of a young 1916 volunteer before locking it away again in her bureau (252).

Secretary to the Irishwomen’s International League and committed pacifist Úna Bean Uí Dhiosca also employed fiction as a vehicle to illustrate the psychological impact of war on women, although her account is less pessimistic than Smithson’s about the possibility of recuperation. Úi Dhiosca’s highly provocative Irish-language novel *Cailín na Gruaige Duinne* (The Brown-Haired Girl) (1932) – falsely advertised by publishers An Gúm as a “touching little romance” (qtd. in Ní Eaghra 62) – associates the intense stress of the Civil War with heightened levels of domestic violence. Accordingly, the novel’s protagonist, Róisín, leaves her anti-Treaty republican husband and flees to a YMCA in Belfast to deliver her first child.

The extent of Róisín’s distress is reflected in a graphic description of postpartum depression, which, like domestic violence, is largely absent from official sources. Drawing on the available paradigm of demonic possession, Róisín initially rejects her newborn:

> Nuair a tháinig an bhanaltra chugam agus nuair a d’fhiafrúigh sí díom ar mhaith liom an leanbh d’fhéiceáil bhagair mé mo cheann, ach nuair a chonnaic mé é baineadh geit ó chroidhe asam. Leanbh ba ghránda níor rugadh riamh is dócha. An clab móir, an croiceann mar chroiceann an fhata ruaidh, agus an smaois a bhí air! D’iompuigheas uaidh – an tseachtain a chaithreas ina dhaide sin, ní maith liom smaoineamh air … Bhí mo shaoghal ina thórmuighe ifreanda. Má cheaduigheann Dia do dheamhan bheith i gcroidhe duine in aghaidh a thola bhí deamhan ionam. Nóir fhéadas féachaint isteach ins na súilibh ar aoinne. Dá labhradh aoinne liom bhrisfín amach ag gol … Cuireadh an leanbh ins na tríthíbh dubha guil mé. Uair amháin shíl siad go ndéanfainn droch-bheart éicint dá bhfágadh siad an leanbh agam … An deamhan a bhí istigh ionam
thosuigh sé dom ’spocadh – “Tacht é; cuir do dhá láimh fá n-a mhuineál agus bain an anál as, bhéarfaidh sin fuascailt duit”. (Cailín na Gruaige Duinne 93–94)

[When the nurse approached me and asked me would I like to see the child, I nodded my head, but when I saw it my heart jumped with fright. A more horrible child was never born. The big mouth, its skin like a red potato peel, and the face of it! I turned away from it. I don’t like to think about the week that followed … My life was a hellish nightmare. If God allows a devil to take over a person’s heart without permission, there was a devil in me. I couldn’t look anyone in the eye. If anyone spoke to me, I broke out crying … The baby made me cry deep dark tears. Once I thought I would do something bad if they left me with the baby … The devil inside me started enticing me, “Choke it; put your hand under its neck and cut off its breathing, that will relieve you”] (my translation)

Entering an institution is not a one-way ticket for Róisín and she gradually sets out on a road to recovery. Her doctor claims the best remedy is an “atharú saoil” (change of life) and arranges a six-month stay for her in the Pyrenean village of Saint Jean de Luz at £10 per month (99–101). Very much reflective of a certain medical culture of the time, Uí Dhiosca’s fictional narrative has parallels with the cases of Mabel FitzGerald, who passed information on government activities to the anti-Treatyites while her husband Desmond was a minister in the Free State government. Having been in a “fragile state of mind” since at least 1916, Mabel suffered a nervous breakdown after the birth of her son in 1926 and spent three months “resting” in Switzerland and the south of France (Morrissey 303).

Women suffered from diverse emotional, physical and sexual traumas during the Irish Revolution. Oftentimes, medical diagnoses and treatment were strongly informed by gender ideologies, resulting in medical treatment that emphasized domestication and refeminization, in contrast to men’s treatment, which aimed to be swift and return the patient to the conflict
zone or workforce. The available files in the MSPC give some insight into often-questionable analeptic drug and electrical treatments prescribed to female revolutionaries and highlight how, throughout the 1930s, women’s mental welfare continued to be connected to the female reproductive system. While various “rest” therapies were most commonly prescribed to those women with the financial resources to benefit from private treatment, the particularly destitute could find themselves committed to the country’s overcrowded mental institutions or may have emigrated in an effort to combat their nervous conditions. However, state administrative files may only scratch the surface, meaning that cultural forms of remembrance are as essential as medical files in attempting to further uncover this aspect of Ireland’s past. This medicalization of revolutionary women in the post-independence period speaks to the shaming, marginalization and institutionalization of transgressive women which characterizes much of twentieth-century Ireland – and which continues to have ramifications for Irish identity formation into the present.

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