

“Life still goes on here, and I am very happy indeed”: Emotions work and the emotional community of British nursing sisters on active service during the Second World War

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An understanding of the emotional experience of British nurses during the Second World War has not permeated the cultural awareness of the United Kingdom to the same degree as that of nurses from the First. An Elsie Knocker or Kate Luard did not emerge following the Second World War to publish accounts of her wartime nursing experiences with an emphasis on the emotional impact of the work. It is my aim to contribute to the dissolution of this silence by examining the factors that impacted Second World War nurses’ emotional experience on active duty through an in-depth investigation of the letters and diaries that they wrote at the time.

This research is focused on the writings of seven members of the Queen Alexandra’s Imperial Military Nursing Service Reserve (QA’s) and the Territorial Auxiliary Nursing Service (TANS), who served from Normandy to India, from frontline casualty clearing stations and field hospitals to base hospitals and hospital ships. A key element in the analysis of an individual’s emotional experience is an understanding of the emotional communities within which they live and work. Historian Barbara Rosenwein argues that every social community has an accompanying emotional community, consisting of rules for acceptable emotions that members are expected to abide by.¹ Analysis of the letters and diaries written by the nurses under consideration here demonstrates that Second World War nurses worked within a strictly structured emotional community, which mandated that they provide emotional care to others with little to no expectation of receiving any in return. This emotional community was one that emphasized the maintenance of a cheerful demeanor in the face of hardship, the suppression of grief and negative emotions, and celebrated austerity and self-sacrifice. The women within this community were also expected to present physical and emotional femininity by maintaining both their physical appearance and a kind, gentle and giving attitude.

Many of these emotional strictures would have been familiar to British nurses. In their pre-war lives, they had been expected to maintain a cheerful attitude on duty, as well as a neat and well-groomed physical appearance, to be gentle and kind towards their patients, and to place the well-being of others ahead of their own. An Ovaltine ad from the December edition of the 1935 *British Journal of Nursing* could have been plucked from a wartime newspaper or magazine. It declared that “a Nurse must answer the call of duty. It is essential, too, that she should be fit, vigorous and cheerful under the most adverse circumstances”.² The key difference for these wartime nurses lay not in the nature of this new emotional community but rather in its reach, the circumstances under which they had to meet its expectations, and the consequences for

¹ Barbara H. Rosenwein, “Worrying about Emotions in History.” *The American Historical Review* 107, no. 3 (2002): 821–45.

² “When the Weather’s at Its Worst ‘OVALTINE’ Is Your Best Safeguard of Health.” *The British Journal of Nursing*, December 1935, No. 2009, Vol. 83 edition, sec. Supplement.

failing to do so.

The emotional community of wartime Britain extended the emotional rules that had governed nurses' professional lives to include their private lives as well. A nurse's failure to meet these rules became not only a commentary on her professional abilities but one on her standing as a British citizen. Furthermore, active duty nurses were asked to meet these emotional expectations under highly adverse circumstances. Nurses stationed in the Middle East described working in tented field hospitals through 110° heat and multi-day sandstorms. Nurses in tented hospitals in Normandy avoided the sand but instead found themselves confronted with mud. One nurse described working in Wellington boots in her flooded ward, with mud "up to my knees", scrambling to get patients out of the wet, while "the bedpans, and anything else which happened to be on the ground" floated past her.³ Nurses on hospital ships confronted storms and monsoon seas that could render both them and their patients extremely seasick. Regardless of where they were stationed abroad, nurses often found themselves engaged in a war against flies, fleas, lice, and mosquitos that plagued both them and their patients, as well as the diseases that these pests could bring. Of the seven nurses considered in this research, all but two contracted a serious illness over the course of the war. These ranged from diphtheria and dysentery to dengue fever and amoebic hepatitis. These women were not aided in their attempts to remain fit and healthy by the fact that their long hours on duty were often extended by the arrival of fresh convoys of wounded soldiers. Sister Murgatroyd, the nurse who slogged through her ward in Wellies, concluded her account by writing "I hardly dared to come to my own tent after spending 36 hrs on-duty, but at 4am I arrived to find my bed wet through, so crawled onto the floor in a dry spot, and had 3 hrs wonderful shut-eye, then up, and at it again".⁴

In addition to the sheer number of patients these nurses were often confronted with, they also had to deal with catastrophic wounds, the likes of which they would have almost never encountered in civilian practice, inflicted on otherwise young and healthy men. Sister Morgan recounted her work at a Casualty Clearing Station in Italy by writing "we went on duty immediately to find so many desperately wounded men that our hands were full to overflowing at once and our hearts just about breaking at the sight of such misery and mutilation".⁵ The state of the wounds that confronted Sister Luker at her hospital in Alexandria appeared to defy complete verbalization, driving her to disjointedly conclude the sentence "Some of the officers have ghastly wounds" with "the smell and crawling —".⁶

In spite of all this, these women were still expected to remain cheerful, kind, uncomplaining, and attractive. This emotional presentation was considered critical for the maintenance of both their emotional communities' expectations and their patients' emotional well-being. While in their pre-war days, nurses may have been able to confide in family or

³ B. Murgatroyd, "Private Papers of Miss B. Murgatroyd", Imperial War Museum, Documents.19944, 22 July 1944, p. 2.

⁴ Murgatroyd, "Private Papers", 22 July 1944, p. 2.

⁵ A.K.D. Morgan, "Private Papers of Miss A.K.D. Morgan", Imperial War Museum, Documents.16686, p. 208.

⁶ E.H.A. Luker, "Private Papers of Miss E.H.A. Luker", Imperial War Museum, Documents.1274, 18 December 1940.

friends outside of the nursing field, the circumstances of the Second World War limited their access to that avenue of emotional release. Nurses' civilian friends and family members were living in a nation plagued by aerial bombardment and under threat of invasion. Their morale was now considered a vital component of the war effort that could not be undermined by the emotional off-loading of an active duty nurse. Nurses, therefore, found themselves engaged in a strange emotional dance, in which they attempted to share with their loved ones the reality of their experiences while simultaneously minimizing or dismissing elements of that experience that might be upsetting. Sister Murgatroyd framed her account of nursing in mud with an assurance to her friend that "Life still goes on here, and I am very happy indeed".⁷ Sister Morgan followed up her letters recounting her experience at a CCS with an apology for filling them with "misery and horror and wounds", asking her mother to "Please forgive me, I won't let it happen any more".⁸ Sister Luker kept her horrified consideration of infected war wounds confined to the private pages of her diary. Thus far, it appears that nurses turned to each other for sources of emotional support, forming tight friendships that they did everything they could to maintain, going so far as to hide illnesses in order to ensure that they would not be separated from their unit and the other nurses they so relied upon. The primary avenue of emotional release and point of access to emotional care for active duty nurses led them right back to their own peers, placing the burden of emotional care for nurses back on the nurses themselves.

⁷ Murgatroyd, "Private Papers", 22 July 1944, p. 2, 3.

⁸ Morgan, "Private Papers", p. 223.