ABSTRACT

Soldiers who suffered from “shell-shock” during World War One often faced a devastating reality even after returning home.

History 122-101 : Professor Allan Lerner

There were many aspects of World War One that set it apart from previous wars. Not only were there an unprecedented number of countries engaged in battle, it also marked the first widespread use of machine guns, chemical weaponry and aerial warfare.[1] Millions of men were sent off to war with feelings of nationalism and civic duty, only to experience immense trauma, both physically and emotionally, before returning home to a changed world.[2] In today's world, we have a better understanding of how soldiers psychologically respond to the horrors of war, but during World War One the overwhelming stress and terror that many soldiers experienced was generally viewed by society as an emotional weakness or an affliction that would simply go away when the soldier was safe.[3] This misunderstanding of what is now known as Post Traumatic Stress Disorder led to cruel and ineffective "treatments" for these soldiers, which were generally geared towards getting the men back on the battlefield as soon as possible.[4] Lack of treatment resulted in many soldiers struggling to readjust to civilian life, with many finding themselves without resources to survive in a post-World War One society.[5]

In this paper, I will address the issue of Post-Traumatic Stress Disorder in WWI, and how it affected soldiers both during and after the war. My sources include eyewitness accounts, the groundbreaking research conducted by Dr. Sigmund Freud, and various secondary sources including scholarly journals, newspaper articles, and books. My research was focused on three aspects of how PTSD was handled during World War One: the punishment and disdain that soldiers experienced when coming forward with psychological symptoms, the cruel treatments that they would be subject to, and what effects these soldiers experienced on a long-term scale due to ineffectiveness or unavailability of treatment. One of the difficulties I experienced in my research was that some of the data I was searching for, namely homelessness and suicide rates

amongst WWI veterans, was very limited because welfare programs to assist veterans had not been established yet.[6] It is also likely that the rates of reported psychological distress by soldiers may be significantly higher than records indicate, as the stigma around mental illness made it very difficult for men to be forthcoming about the nature of their symptoms.[7] The military and society as a whole provided very little support to soldiers that experienced emotional trauma during WWI, which was likely caused by the lack of information about the disorder, cultural biases against mental illness, and the urgent need to return soldiers to active duty.

Today we recognize Post-Traumatic Stress Disorder as a common and tragic outcome of war, but in the 1900s, it was completely misunderstood. In fact, this disorder was not even classified in the American Psychological Association's Diagnostic and Statistical Manual until 1980.[8] Shortly after the First World War began, soldiers started reporting symptoms such as intense feelings of panic, inability to sleep or eat, and hallucinations.[9] It was assumed that these symptoms were caused by physical damage to the brain resulting from shell explosions, leading to the phrase "shell-shock" being coined by soldiers.[10] The term was first published in a 1915 article by Charles Myers, who along with fellow psychologist William McDougall argued that the symptoms these soldiers were experiencing were the result of repressed psychological trauma rather than physical injuries.[11] While their work significantly improved the understanding of shell-shock in many ways, the shift in classification from a physical injury to an emotional disorder also reduced the perceived severity of the diagnosis by military officials.[12] Many commanding officers believed that if a soldier was mentally sound prior to entering the war, and the morale in their unit was high, there was no risk of shell-shock.[13] However, as the war

went on, it was clear that these factors had no relationship to a soldier's predisposition to becoming affected by traumatic stress based on the sheer number of reported cases.[14]

The loss of physical injury status was bad news for soldiers, as it meant they were expected to return to duty after only a short period of recovery, if not immediately.[15] The use of "forward psychiatry" was implemented by both British and American troops during WWI as a way to reduce the loss of soldiers due to psychological trauma, consisting of three principles: proximity to battle, immediacy of treatment and expectancy of recovery/returning to duty.[16] Although the effectiveness of forward psychiatry was confidently touted by both US and UK forces, many of today's psychiatrists suggest that these claims were largely exaggerated, and that the soldiers received little benefit from this program.[17] The duration and scale of warfare created immense pressure on the medical officers to treat the soldiers as quickly as possible, but there was also growing concern amongst commanding officials that soldiers would falsely claim shell-shock symptoms as a method of escaping duty.

To curb potential malingerers, shell-shock sufferers often only received a week or two of treatment, to demonstrate to other soldiers that the illness was not a means to avoid battle.[18] This was not the only way higher-ranking officers discouraged soldiers from reporting symptoms. The British Army reportedly executed as many as three hundred soldiers for cowardice or desertion, even though many of these soldiers had reported symptoms of shell-shock.[19] In 1920, journalist Philip Gibbs grimly described the attitude of military officials towards these suffering men:

> The shell-shock cases were the worst to see and the worst to cure. At first shell-shock was regarded as damn nonsense and sheer cowardice by Generals who had not themselves witnessed its effects. They had not seen, as I did, strongly, sturdy, men shaking with ague, mouthing like madman, figures of dreadful terror, speechless and

> uncontrollable. It was a physical as well as a moral shock which had reduced them to this quivering state.[20]

It is likely that the commanding officers were simply doing what had to be done in order to defeat their enemies, and that this treatment of traumatized soldiers was based in necessity and lack of understanding rather than malicious intent. Still, first-hand accounts from WWI paint a truly depressing picture of the way traumatic stress was handled by various militaries.[21]

For many of the soldiers who did receive treatment, their experience was still dismal. After the number of reported cases of shell-shock began to skyrocket in 1915, many hospitals were established in France and Britain to address these unusual cases. Doctors were unprepared to deal with the severe and diverse symptoms, leading them to employ general anesthesia using chloroform and ether to subdue patients.[22] The use of electric shock had also been utilized by numerous hospitals, as it was thought to treat nerve damage in shell-shock sufferers. This shock therapy was so painful that it is believed many soldiers opted to return to duty simply to avoid further treatment.[23] Isolation, the withholding of food, and physical restraints were some of the many highly controversial treatments of shell-shock in WWI, which continued until the groundbreaking research conducted by Dr. Sigmund Freud in the early 1920s. In the Introduction to *Psycho-Analysis and the War Neuroses,* Freud argued that the symptoms these soldiers were experiencing were not preventable nor treatable through punishment, and advocated refocusing efforts on a psychoanalytic approach to addressing shell-shock.[24]

Despite Freud's work becoming well known internationally by 1922, society still had very little sympathy for the mentally ill during the 20th century. People viewed psychological problems as an issue of morality rather than a treatable medical condition, and the stigma

surrounding mental illness forced many individuals to suffer in silence.[25] Those who did come forward with symptoms or were unable to hide them were often subject to ridicule, disownment by family, imprisonment, and institutionalization.[26] Mental institutions in the 1920s were largely meant to keep deviant people out of society, and did little to help those who were committed. In fact, the types of treatments used at these mental hospitals were so cruel that in many cases patients would develop significantly worse symptoms while hospitalized.[27] One reason mental illness was so poorly handled throughout this time period was due to the high percentage of the population that were considered highly religious, leading many people to believe psychological issues were a sign of evil possession.[28] One example of this mentality was shown in a letter written in 1917 by a Medical Superintendent at St Cadocs Home in Wales, who suggested institutionalizing a young girl for having a "very deficient moral sense", and expressed concern that "her example may have an evil influence on the other children in the home".[29] Despite the outpouring of support for the war effort, these deeply rooted cultural prejudices against mental illness made it very difficult for soldiers suffering from psychological trauma to get any support from civilians back home.

Twentieth century society also put an immense amount of pressure on men to be courageous, and downright mocked any man who lacked traditional masculinity. WWI was infamous for the outlandish propaganda that was pushed to citizens of belligerent nations, much of which was targeting men by insinuating that to abstain from fighting was to be unmanly.[30] There was even a movement in England known as the White Feather Campaign where women would present any healthy young man they saw in the streets with a white feather to symbolize the man's cowardice for not volunteering to fight. The embarrassment

from receiving a white feather was so great that many men were willing to sign up for the war simply to avoid facing public humiliation.[31] Although previous wars had often been looked at as a way to demonstrate national pride and strength, WWI was so horrific that the romantic notion of a 'soldier hero' had been rapidly declining throughout these battle-worn countries. Men knew that if they went off to war, there was a significant risk that they would either never return or be so badly damaged that their lives would be forever changed, and this made volunteering for service a very daunting prospect for them.[32] However, the war effort needed support, which meant the various governments had to motivate men to fight through any means necessary.

After the war was over, the soldiers who could return home often did not receive the warm embrace by society that they were expecting. WWI was so costly and destructive that various governments found themselves struggling to keep the needs of their people met, plunging several countries into economic crisis.[33] The political unrest across the globe took focus away from the returning soldiers who were still dealing with the physical and emotional wounds suffered in battle. It was rare that soldiers would continue to receive treatment for psychological stress symptoms, as shell-shock was generally thought of as a temporary affliction that would diminish once the soldier was no longer in a threatening environment.[34] There was a notable increase in suicide rates following the war, as many men were unable to find any relief for the symptoms which marked them as outcasts by an unforgiving public.[35] According to a 1922 New York Times article, there was an average of two suicides per day amongst American soldiers, despite the fact that the United States allocated more resources to assist mentally ill veterans than any other nation involved in WWI.[36]

So few resources had been allocated to help WWI veterans that homelessness amongst ex-soldiers had become rampant. Many of these men were physically disabled which severely limited what jobs were available to them, and most countries had failed to enact any veteran welfare programs at this point.[37] Soldiers were especially affected by the financial depressions in the United States and Germany, as they had been away from the public sector of civilian life for so long. Following the Civil War, the United States government had recognized the need to house veterans and by 1920 had established seventeen "soldier houses" across the country, but these were quickly overrun and unable to meet the high demand of displaced soldiers.[38] The lack of welfare records make it difficult to determine exactly how many veterans were homeless in the 1900s, but it is estimated that around 5% of all homeless Americans from 1920-1930 were former WWI soldiers.[39] These destitute men were so desperate that on December 5th, 1932, a group of around 20,000 veterans marched on Washington to demand that Congress grant them early access to the thousand dollar bonus checks that had been promised to them but were not redeemable until 1945. This group was known as the Bonus Army, and they staged a six month protest that finally convinced The House of Representatives to give the bonuses immediately. Unfortunately, Congress shot down the bill two days later, and President Hoover ordered the army to disperse the protesters.[40]

The world was simply not prepared for the psychological trauma that soldiers experienced during World War One. Psychological sciences were only just beginning to penetrate mainstream society that had an overwhelmingly negative view of abnormal or deviant behavior. Soldiers who experienced shell-shock symptoms were chastised by their military commanders who condemned any sign of weakness, creating an environment where

men were fearful of retaliation if they admitted to any psychological stress. Additionally, when shell-shocked soldiers were able to get treatment for their symptoms, the treatments they received were in many cases extremely brutal and largely ineffective. The issues veterans faced when they returned home were also dire, as there was not much in the way of assistance available to them due to the global economic crisis. With that being said, this epidemic of shell-shock did lead to major improvements in the field of psychology and psychiatry, and motivated various governments across the world to establish welfare programs to address the needs of returning soldiers. It is clear that the horrors of WWI went far beyond the battles themselves, and affected the lives of soldiers and their families for many years after the fighting stopped.

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