Shell-shocked: The trauma of war
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“During the wars of the twentieth century, psychiatrists have proposed a variety of diagnostic categories for the psychiatric casualties of war, among them shell shock, combat stress, war neurosis, battle fatigue, and Post-Traumatic Stress Disorder (PTSD).”¹

The term ‘shell shock’ was coined by British physician Charles Myers, to describe the symptoms of mental trauma soldiers began to display during the Great War.² The war brought with it a new style of warfare - trench warfare - which saw soldiers involved in month long battles, with large numbers of casualties and restricted living space. The stress of 24-hour combat had an extreme affect on the mental health of soldiers and for the first time “…vast numbers of psychiatric casualties were observed.”³

Psychological casualties did exist prior to the First World War, in fact the ancient Greeks wrote about it and the American Civil War certainly brought with it enough stress to adversely affect men, but it was during the Great War that the numbers of men needing medical treatment for psychiatric problems rose to very significant numbers. “By the end of World War One, the army had dealt with 80,000 cases of ‘shell shock’… Once wounds were excluded, emotional disorders were responsible for one-third of all discharges.”⁴

Incidents of ‘battle fatigue’ during the Second World War and Korean war are not as widely known, possibly because psychiatric casualties from these wars were not given much support. “The Australian government did not recognise psychiatric disability as a ground for pension payments until the late 1950s.”⁵ It has been estimated that as many as 33 per cent of combat troops involved in these wars suffered from psychiatric problems.⁶

Lack of moral fibre
The attitude towards soldiers who suffer psychological problems due to the stress of war has never been positive. During the First World War men who could not withstand the constant barrage of artillery and machine gun fire were considered to ‘lack moral fibre’. “As psychiatric treatment was very much in its infancy at the time, medical staff had limited methods of treating the symptoms of ‘shell shock’. “The therapies psychiatrists administered were often ineffective and at times punitive.”⁷
Australian psychiatrists rarely attributed the suffering of the soldiers in their charge to the conditions of warfare. Instead, they blamed pre-existing mental illness, a weak constitution, or lack of character. These psychiatrists reinforced opinions, held by high-ranking military personnel, that it was ‘cowardice’ and ‘weakness’ that led to ‘shell shock’, not the stress of war itself. This opinion persisted within the military for a long time.8

During the Great War incidents of self-injury were also high as soldiers looked for ways to escape the daily horror. Other soldiers simply fled. “There were over 3000 cases of desertion under fire in the British Army that resulted in charges being laid for ‘cowardice in the face of the enemy’. Over 300 of these cases resulted in the death sentence.”9

The ‘shell shock’ seen in servicemen during the First World War differs from the delayed long-term stress experienced by veterans of the Vietnam war. While many World War One veterans did suffer ongoing psychological problems, the many soldiers that had to be removed from the front suffered from what would be referred to as ‘acute stress disorder’. “Operational stress, or acute stress disorder, encompasses an array of effects caused by the strain of operations; the term refers to a usually temporary psychological upset, which causes a marked reduction in an individual’s ability to function effectively. PTSD, on the other hand, is caused by a psychologically traumatic event that is generally outside the range of normal human experience, resulting in symptoms of acute mental and physical distress.”10

While evidence shows that significant numbers of veterans from the two World Wars suffered ongoing psychological problems, such little attention was given to the issue that the condition was not properly recognised until the unique conditions of the Vietnam war brought with it extreme trauma and the term Post Traumatic Stress Disorder. “After the Vietnam War, the diagnosis of Post-Traumatic Stress Disorder was introduced to describe a wide array of psychiatric symptoms which generally revealed themselves long after soldiers had returned home.”11

**Vietnam and PTSD**

The style of war fought in Vietnam was very different to previous wars. Guerrilla warfare, an unseen enemy, and the blurred line between friend or foe, resulted in round the clock stress for servicemen. The use of conscripted soldiers for the first time may also have contributed to the high numbers of PTSD sufferers.

In the years after the Vietnam War veterans displayed ongoing symptoms of stress including flashbacks, nightmares, anxiety and difficulty integrating back into civilian life. The term Post Traumatic Stress Disorder was first used to define these symptoms in 1974 and in 1980 it was officially included as a psychiatric disorder in the Diagnostic and Statistical Manual of Mental Disorders (3rd edition).12

While it is clear that combat veterans are particularly vulnerable to developing PTSD this does not mean that the condition is limited to the military. Any victim of a traumatic event including rape
victims and natural disaster victims can develop PTSD as a result of their experiences. “PTSD may result when a person suffers an event or situation that is outside the range of normal experience, exceeds the individual’s perceived ability to meet its demands, and poses a serious threat to the loss of life.”

While the severity and duration of PTSD varies greatly from person to person there are a range of symptoms that many sufferers experience. The symptoms of PTSD can include:

- Tension and agitation
- Sleep disturbance including dreams and nightmares
- 'Flashbacks' - intrusive memories and feelings
- Emotional detachment - 'coldness'
- Social withdrawal
- Self-preoccupation and/or egocentric behaviour
- Irritability
- Avoidance of reminders associated with trauma
- Moods swings
- Depression
- Anxiety, panic attacks
- Fearfulness
- Continual alertness for future emotional or physical threats
- Physiological reaction such as headaches, stomach upsets, rashes
- Poor concentration, loss of confidence
- Alcohol and other drug abuse

The symptoms of PTSD greatly affect the sufferer’s ability to live a normal life. For a lot of Vietnam veterans symptoms are compounded by feelings of guilt over the fact that they survived while fellow soldiers didn’t. “About 30 per cent of male Vietnam veterans in Australia are estimated to suffer from post-traumatic stress disorder.”

Many veterans of the Vietnam war also suffered from ongoing physical symptoms that many believed was as a result of the use of herbicides, such as Agent Orange, in the regions where they patrolled. In 1983 an Australian Royal Commission took place to assess the claims of veterans that the conditions of the Vietnam war had led to both physical and psychological health problems. The Commissioner conceded that a high percentage of veterans did suffer from PTSD but did not find enough evidence to assert that Agent Orange had caused illness.

It has been very much an uphill battle for Vietnam veterans to both come to terms with the high incidences of PTSD among their numbers and also to receive the recognition within the military and community that they deserve. Australia as a whole is only now coming to terms with its involvement in the Vietnam conflict and acknowledging those that served as an essential part of our Anzac heritage.
Post Traumatic Stress Disorder is still an issue in the army today. Both combat personnel and peacekeepers can develop PTSD if placed in stressful and dangerous situations. While more is now known about PTSD there is still a great deal that needs to be learned and incorporated into our armed forces to minimise the number of soldiers developing this debilitating condition in the future.

**Discussion Topics**

1. Research some of the treatment methods used on ‘shellshocked’ soldiers during the First World War.
2. What are some the reasons why PTSD was so common among Vietnam Veterans?
3. Why do you think there is still such a social stigma around mental illness in Australia?

**What to Watch**

- 1916: The Battle of Verdun
- 1916: The Battle of the Somme

**On the Web**

- Vietnam Veterans Association
- Australian Defence Force Mental Health Strategy
- The Australian Centre for Posttraumatic Mental Health
- Australian War Memorial

**Study Guides**

- Gallipoli

**References**

1. War, Trauma, and Psychiatry, retrieved 20 December 2005 from [http://www.australianreview.net/digest/2004/02/pols.html](http://www.australianreview.net/digest/2004/02/pols.html)
2. War, Trauma, and Psychiatry, retrieved 20 December 2005 from [http://www.australianreview.net/digest/2004/02/pols.html](http://www.australianreview.net/digest/2004/02/pols.html)
3. Evans, Michael and Ryan, Alan (eds). *The Human Face of Warfare: Killing, Fear and Chaos*

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