
This is the **published version** of the bachelor thesis:

Laudo Visiedo, Pamela; Springer, Bernd , dir. From Shell-Shock to Post Traumatic Stress Disorder : How the Great War destroyed soldier's lives. Bellaterra: Universitat Autònoma de Barcelona, 2022. 39 pag. (1482 Grau en Estudis Anglesos)

This version is available at <https://ddd.uab.cat/record/264605>

under the terms of the  license



**From Shell-Shock to Post Traumatic Stress Disorder:
How the Great War destroyed soldiers' lives.**

Treball de Fi de Grau/ BA dissertation

Author: Pamela Laudo Visiedo

Supervisor: Bernd Springer

Departament de Filologia Anglesa i de Germanística

Grau d'Estudis Anglesos/English Studies

June 2022

CONTENTS

0. Introduction	1
0.1 Contextualisation and aim of this work	1
1. Analysis of the Report of the War Office Committee of Enquiry into “Shell- Shock”	2
2. List of symptoms from the Report and Achilles in Vietnam.....	11
3. Analysis and comparison of the two novels with regards to the Report and Achilles in Vietnam.....	14
3.1. Analysis and comparison of ‘Men in War’ by Andreas Latzko.....	14
3.2 Analysis and comparison of Regeneration by Pat Barker	19
4. Conclusions	25
5. Further Research	28
Works Cited	30

Acknowledgements

I would like to express my gratitude to my supervisor, Bernd. Not only for his extraordinary guide, but also to show me his interest, give support and believe in me and my work. Without his help and understanding, this project would not have been possible. In addition, for being such an amazing teacher, your classes have motivated me enormously during my degree to keep learning.

I also would like to thank my grandmother, who has been supporting me, not only during my degree, but during my life. Moreover, my family, especially my sister, from whom I never stop learning and my boyfriend who has understood me throughout my degree, I thank all of them for believing always in what I do, I thank my best friend too who is always there, my friends, whom I spend my degree, for making these years enjoyable, and finally to my psychologist for her great job, without your help, I would never believe in myself.

Abstract

During the Great War (1914-1918) the public was cognizant of the term “Shell-Shock”. Moreover, a significant number of war combatants were suffering from this affliction. However, this term was being enquired by the War Office Committee which was made by witnesses such as medical professionals and war officers to determine whether it was a mental illness or not. The conclusion was that the war did not cause such prolonged mental injuries, thus, those who suffered it were either cowards or malingerers, or even had previous mental problems. Hence, they should not be paid a war pension.

After years of discussions, the term was evolving until being named PTSD (Post traumatic stress disorder). Jonathan Shay’s book *Achilles in Vietnam*, which is analysed in this dissertation, portrays the real experiences of combat veterans and what remains inside of them after returning home. Moreover, the parallelism between Vietnam veterans and Achilles results in the unfortunate undoing of character. War experiences have been depicted in warlike novels so as to give voice to this mental illness. In military novels such as Pat Barker’s *Regeneration* and Andreas Latzko’s *Men in War*, the destruction of the character is reflected when soldiers are treated by psychologists. Hence, the comparison of the novels with the Report and Shay’s book helps for a better understanding of this disorder, which is contrary to the result reached by the witnesses of the Committee.

Keywords: Shell-Shock, Post-Traumatic Stress Disorder, Cowardice, Great War, Dehumanisation, Hysteria, Soldiers, Vietnam War.

0. Introduction

0.1 Contextualisation and aim of this work

World War One brought about not only a huge number of deaths, but also several cases of soldiers who came back home alive, but psychologically dead. Only six months after the war began, multiple cases of mental breakdown rose severely due to the exposure of combatants in the battlefield. Hence, they never wanted or could not go back to the front again. The term to identify such cases was Shell-Shock. In fact, the name was given and appeared in the medical journal, *The Lancet* in 1915. When the war ended, the number of shell-shocked soldiers increased. Thenceforth, the discussion of this term and possible mental illness started.

The aim of the discussion was to determine the roots of this mental illness. That is, if it came out because of the war or not. Finally, the result that was passed by a wide margin was that this term was a misnomer. The Committee came to the conclusion that those who said to be suffering this mental breakdown were, actually, cowards, hysterical, mentally ill (previous to the war) or malingerers. This Committee was composed of powerful people within the field of medicine and military unit. Hence, it is obvious why they came to this conclusion, shell-shocked soldiers were an expensive cost for the nations. In fact, those who were judged as cowards or malingerers were sentenced to death penalty.

Hence, the main aim of this dissertation is, with the help of the analysis of warlike novels, a PHD by an important war psychologist and the Report, to determine that the aim of the Committee was to avoid paying war pensions to the afflicted. Moreover, it will analyse how the experiences of war are reflected in literature in order to see how not only

war, but those in power, destroyed the lives of civilians who volunteered or not to the war.

1. Analysis of the Report of the War Office Committee of Enquiry into “Shell-Shock”

In 1922, it was issued the *Report of the War Office Committee of Enquiry into “Shell-Shock”*. This report was a manifestation as a consequence for the new traditional views of mental illnesses that were arising from WWI. In fact, these new views change the values and mental treatments for the veterans of the Great War and the following wars.

Firstly, the term ‘Shell-Shock’ was enquired due to the Armistice of WWI. Two years later, a significant number of soldiers were undergoing hospital treatments as well as perceiving disability pensions owing to what was supposed to be neurasthenia. At that point, Lord Southborough initiated the Committee to investigate the commonly called ‘Shell-Shock’.

This Committee was formed by fifteen witnesses. Eleven out of the fifteen were professionals of the medical field (including neuropathologists) and the six remaining were representatives of the armed service. Additionally, there were two members of the Parliament: one from the Liberal party and another from the Labour’s party. The vast majority of the members of the Committee were conservative, which means that they came from the middle and upper society, apart from Walsh who was the one in the Labour’s party.

It must be mentioned that educational backgrounds play an important role when it comes to predisposing contradictory points of view towards Shell-Shock. Since their education was conservative, their concept of ‘Shell-Shock’ was in opposition with the psychoanalytic point of view employed by a high number of journalists at that time. Thus, the majority of them saw ‘Shell-Shock’ as something immoral and cowardly that has to

be cured by severe medical treatment, which included coming back to the trenches or being punished by being sentenced to death.

Subsequently, the Labour's party protested that many of the men sentenced with death were real victims of 'Shell-Shock', thus, they were unjustly punished. Considering that, they urged for the abolition of military death penalty. Hence, the debate started to raise different questions about the term 'Shell-Shock'. So, the report was separated into different areas: the nature of the term, who was really traumatised and who was not (who was most likely to break down), how it could be treated, the prevention, and cowardice and its relationship with the term.

To start with, the armed service and the majority of doctors claimed that the term 'Shell-Shock' was a misnomer. In fact, they assured that the term was completely a matter of morale that arose from stress or physical injuries, a subject for malingering, and therefore, cowardice. What is more, in Germany the term was called *Kriegshysterie*, hysteria in England or neurasthenia (a more gentle term in which only officers were labelled). The case is, that this was a term to refer to them as effeminate.

The matter of morale stood for a lack of discipline and drill, as well as a disgrace to the soldier. Thus, it was suggested by Lord Gort that "*Officers must be taught much more about man mastership...*". Gort also claimed, "*...strong morale and Esprit the corps 'shell-shock' would be practically non-existent.*"(Report, 1922: 50). So, it is remarkable the fact that teaching morale and comradeship (they should be as a unit, not as individuals) would eliminate or reduce the probability of breaking down.

The second matter for the term was that 'Shell-Shock' arose from stress or physical injuries during the stay on the front or during a battle. Men in the trenches had to remain there for a long time without any help when the danger was at worst.

Furthermore, it was asserted that men who were wounded by a shell or artillery were more likely to suffer a mental breakdown. Thus, this also could be cured by going to therapy.

With regards to the question of ‘Shell-Shock’ being a subject for malingering, it arose when the term was constantly used by journalists in war-time articles. Notwithstanding, it was during the Armistice, that the swelling of the term was remarkably increasing. In that time, this was threatening because of the delicate line that was between malingering and functional neurosis. Considering that, the Committee said: “...*many ‘shell-shock’ are of hysterical nature*”, and even the Professor Roussy quoted: “*Hysteria was called La grande Simulatrice*” (Report, 1922: 140) meaning that, those soldiers whose actions were more conscious were malingerers because they were simulating genuinely the neurosis. Hence, these soldiers were accused of malingering as well as were seen as hysterical due to their instinct of perseverance in order not to be sent to the trenches.

In relation to the previous point, there is the question of cowardice versus ‘Shell-Shock’. From the point of view of some of the Committee’s witnesses, cowardice was “...*showing signs of fear on the face on the enemy*” (Report, 1922: 138). Others, especially the doctors, claimed: “...*the difficulty of distinguishing between cowardice and emotional shell-shock*” (Report, 1922: 139). However, they came to the conclusion that the ones who faced the enemy and could control themselves, even feeling fear, were not defined as cowards but as courageous, whereas the ones who ran away and lost their emotional control were seen as purely cowards. With respect to the previous passage, cowardice was losing control over your body which is the same as what was defined as hysteria. Taking into account that hysteria was “a women’s illness”, soldiers who were treated as hysterical or cowards were effeminate. As a result of this, all the witnesses, excluding the Labour’s party, “...*agreed that cowardice should be regarded as a military*

crime to be punished, when necessary, by death.” (Report, 1922: 139). Notwithstanding, the witnesses failed to give a proper definition for cowardice.

The previous section has shown that there was a huge debate regarding the term. So, moving on now to consider who was most likely to suffer Shell-Shock. As for the term, the question of who was more prone to break down was also a topic for debating. During the discussion, the English pre-war prejudices flourished, and it was easy to signal the ones who were not worthy for the war. As Bogacz claimed: “...*witnesses tried to pass off the shell-shock crisis as all a matter of social or hereditary background. Some thought it a question of race.*” (Bogacz, 1986: 249). Thus, since the majority of witnesses came from the élite society, it was easy to find the weak ones, which were the ones from a lower class, some were said to have dementia precox, mental abnormality, not well-trained men, different race and religion.

These civilians were classified during the recruitment period which was basically before and all the time during the war. In fact, since soldiers were constantly controlled by their officers, it could be given the case that some were punished by death in case of showing cowardice, also being expelled from the unit because of the “swelling” of the illness. For instance, if one soldier broke down, he could be dangerous for the others since the illness could be expanded like a virus. Thus, this soldier should be expelled from the unit or sent to the hospital to be treated in order to get them back to the front.

Another significant aspect of the debate is the treatment and prevention. Treatment in order to get soldiers back to the front, and prevention to avoid them breaking down. When it comes to treatment, the Committee agreed that the psycho-therapeutic treatment was overestimated, therefore they supported a psychotherapy mixed with a physical one. As the Committee claimed, “...*good results will be obtained in the majority by the simplest forms of psycho-therapy, i.e, explanation, persuasion, and suggestion, aided by*

such physical methods as baths, electricity and massage. Rest of mind and body is essential in all cases.” (Report, 1922: 192).

Moving on to the prevention, the Committee argued that determining men before becoming a soldier. That is, the restraint of this mental disorder had to do with the recruitment, the training period, the active service period, and the hospital period. The recruitment covered all the periods of the war, that is, the soldier was constantly controlled in order to maintain the high morale. Secondly, the training period had to do with how the soldiers were trained. They should be trained in a long-term, inculcating morality and enduring the mental and physical state. Thirdly, the active service period had to do also with the high morale, the example from their officers, camaraderie (unity, Esprit the corps), constant change of front to avoid monotony, good medical officers, etc. Finally, the hospital period was the one in which the soldier was diagnosed and treated during the period of active service.

This section has attempted to provide a brief summary of the report related to the term Shell-Shock and the debate this term caused. Henceforth, this work will apply the terms already explained in the previous text to the two main novels, the German one “Men in War” by Andreas Latzko and the English one “Regeneration by Pat Barker”.

Before proceeding to examine these novels, it is important to consider another term which is the undoing of character. This term comes from the book Achilles in Vietnam by Dr. Jonathan Shay. This book examines the psychological destruction caused by war. It compares the soldiers of Homer’s Iliad and Vietnam veterans suffering from post-traumatic stress disorder (PTSD) which is the term given in 1980 when finally, Shell-Shock was considered a real mental disorder.

1.2 The question of the undoing of character in Achilles in Vietnam.

The book, as it was claimed previously, is a non-fiction book written by the psychiatrist Jonathan Shay. Shay expresses the PTSD by comparing the experiences of veterans from the Vietnam war with Achilles from Homer's Iliad. This comparison is made by giving real stories shared by combat veterans whose character was completely denigrated during the war. It shows how the war contributed to the undoing of character through PTSD, in fact, the war never got out their bodies.

As far as Homer's Iliad is concerned, it is a novel based on Achilles who was a great soldier of Troy's war. The novel explains how the character of Achilles, after Patroclus's death, went from the deepest grief to the loss of humanity. This is a clear example of how PTSD contributes to the undoing of character. Thus, Shay makes this comparison between the Vietnam veterans with Achilles because there is a parallelism. That is, during war, soldiers build such strong relative links that even they could be compared to a mother-son or sibling relationship, even stronger. Such close-knits are soldiers' relationships that a loss of one of them may end in the emotional death of the other. In the following quotation by a veteran is reflected this kind of relationship:

"It's a closeness you never had before. It's closer than your mother or father, closest [sic] than your brother or sister, or whoever you're closest with in your family. It was...y'know, you'd take a shit and he'd be right there covering you. And if you take a shit, he'd be covering me...We needed each other to survive. (Shay: 1994: 40)

Turning now to grief, the most common feeling of the Vietnam veterans during their 'duty'. The suffering for the death of a combat veteran left emotional scars and even the feeling of guilt to the soldiers who were still alive. Grief began with the feeling of being already dead. In Homer's Iliad, after Patroclus' death, Achilles was emotionally dead, *"A black stormcloud of pain shrouded Akhilleus. On his bowed head he scattered dust and ash in handfuls and befouled his beautiful face, letting black ash sift on his*

fragrant khiton. The in the dust he stretched his giant length and tore his hair with both hands.” (Achilles, 1994: 50)

And a Vietnam veteran claimed, *“In my wildest thoughts I never expected or wanted to return home alive, and emotionally never have.”* (Shay, 1994: 53). Hence, grief is the feeling that combat soldiers never get rid of. In this part of the book, it is emphasised also the importance of mourning and bereavement. So, there is a necessity, in Achilles and Vietnam veterans, of doing a *Griefwork* so as to, in a way, sane psychological injuries. However, this work was, unfortunately, difficult. Hence, veterans still returned home with a feeling of loneliness and helplessness as it is mentioned in the following quote, *“Thwarted, uncommunalized grief is a major reason why there were so many severe, long-term psychological injuries from the Vietnam war.”* (Shay, 1994: 68)

Let us now consider the figure of the ‘Berserker’. Previously, it has been shown the sadness that Achilles or Vietnam veterans suffered after a friend’s death. This feeling gave rise to rage, revenge, losing of control, merciless, cold, etc. *“The berserk state is the most important and distinctive element of combat trauma.”* (Shay, 1994: 75). This state is primarily the beginning of dehumanisation of a soldier. A combat veteran describes in the book how he felt during the berserk state,

“I felt betrayed by trying to give the guy a chance and I got blasted. I lost all my mercy. I felt a drastic change after that. I just couldn’t get enough. I built up such hate, I couldn’t do enough damage. [...] For every one that I killed I felt better. Made some of the hurt went away.” (Shay, 1994: 78)

This clear example is a characteristic of the berserk state. A soldier suffering from it got completely dehumanised, as if a beast was controlling him. The loss of all restraint could remain years and years with the soldiers after war. So, it is not strange that, *“the recurrence of the berserk state in civilian life after war is not new. [...] “You went Berserk...you’ll probably be liable to fits of it all your life””*. (Shay, 1994: 98) Some veterans never get rid of their ‘Berserker’, they lose their life.

As a result of grief and the berserk state, it is the undoing of character. The undoing of character is the reflection of how war destroys everything in soldiers' life. Their mental state, their social life, the emotional injuries, the civilian suffering, etc. Thus, it is a process of breaking the character, a process of dehumanisation that starts with grief, follows with rage, and ends in the loss of social confidence, the thin line between the good and the bad disappears and the word betrayal is everywhere. In fact, soldiers who finish broken by combat only trust in themselves. They are not capable of socialising in any forms, even with their relatives. The following frightening quotation is from a veteran who was back home, and it reflects the huge impact that war causes to soldiers.

"I've been waiting to die ever since I got back from Vietnam. When I get that way, my wife, my kids – and I really love them- it's "Get the fuck away from me!" Once when my daughter was younger and I was that way, she came up behind me and before I knew it I had her by the throat up against the wall. I can still see her eyes. I put her down and I just walked out of the house without saying anything to anybody and didn't come back for a week. I felt lower than dogshit." (Shay, 1994: xvi)

Here, it shows that the war is still inside him. Soldiers never get the war out of their life. Hence, this leads to a trauma that becomes PTSD. In the stage that follows, it deals with the trauma and the post-traumatic stress disorder that soldiers carried with them during their life after the war.

Trauma is the main topic of Shay's book since it is focused on the different aspects of the war that remain in the soldiers' mind. To an extent, Achilles and Vietnam veterans reflect the combat trauma through fiction and non-fiction stories. Traumatic dreams, night sweats, social isolation, sexual dysfunction, random rage at family, insomnia, depression, hyperactive reactions, involuntary body movements or fragmented and vigilant sleep are some of the huge symptoms that trauma has and that soldiers suffer.

These attitudes and symptoms could remain with them all their life. Hence, since thousands of soldiers suffered from them, the American Psychiatric Association had to give an official diagnosis. However, it was challenging due to the differences in criteria.

In the 1970's was diagnosed as paranoid schizophrenia, then manic-depressive or schizo-affective, but it was not until the 1980's that the term post-traumatic stress disorder was implemented. So, the treatment for these soldiers was not given until the end of the 80's. Then, this disorder could remain for ages.

Henceforth, this lack of treatment was dangerous for them as well as for the society because these soldiers were not capable to conceive any struggle without killing or dying, as Shay says in his book, "*Combat veterans with unhealed PTSD have the greatest difficulty conceiving of any struggle apart from killing and dying.*" (Shay, 1994: 180). That is to say, unhealed PTSD makes soldiers incapable of reacting differently from war-reactions. They finally could commit suicide or hurt the ones close to them.

Hence, they could not reintegrate themselves to the civil life, they are not capable of having a normal family life or a normal relationship, they could not have either a normal labour life. They could never go out from war since war remained inside of them. Finally, and unfortunately, are not capable of forget the war, so they take refuge in alcohol, drugs and even commit suicide.

To conclude this section, both literature, the report and Shay's book identifies, firstly, the debate for the 'misuse' of the term Shell-Shock, the different categories given to it in order not to identify it as a mental disorder. Moreover, treatments, forms of prevention and punishment for an overuse of it. Thus, the abandonment of the WWI soldiers regarding this issue. And secondly, with the parallelism of Achilles with the Vietnam veterans, how finally it was named after years of debate. Furthermore, it goes deep into the disorder by giving details and how the undoing of character was built due to the shared experiences of the veterans of the Vietnam war.

2. List of symptoms from the Report and Achilles in Vietnam

Having defined what is meant by the undoing of character and how the term Shell-shock was evaluated, I will now move on to list symptoms from the Shell-Shock Report and the book *Achilles in Vietnam*. The lectures will be analysed based on these symptoms. Thus, they will be studied with the following criteria: how do they start to appear, in what moment, how common are they between soldiers or veterans, in what way are they described and how are they evaluated. Before proceeding with the list, it is important to highlight that some of the symptoms are similar but not equal or some of them might not appear in the novel.

The key symptoms from the Report on Shell-Shock can be listed and explained as follows: neurosis or psych-neurosis. With neurosis, the witnesses meant hysteria, but not as a mental problem, on the contrary, as something derogatory. This is because hysteria was seen, in the 18th century, an illness that women were more predisposed to suffer rather than men. Hence, if soldiers were diagnosed hysterical, it meant that they were effeminate, therefore, cowards. Moreover, soldiers that came back with this symptom were either hardly punished or shot.

Another symptom is a nervous breakdown due to mental stress during and after battling. Men who suffered it were sent back to rest for some days, but they would have to return to the trenches again. Constant tremors and shakes and other physical illnesses, even they could not control their bodies. Indeed, they had difficulties walking and moving themselves without help. Moving on, some witnesses claimed that some soldiers were bordering lunacy before starting the war. That was said basically to avoid paying a war pension, because if a soldier was mentally insane, the responsibility of getting shell-shocked or having a mental breakdown was not the war, but the previous mental state of the soldier.

Mental exhaustion, fatigue and wear and tear injuries, therefore, as for most symptoms claimed in the Report, were the effect of the constant deployment at the battlefield. Repression is another significant symptom which was basically the denial of their memories and unpleasant thoughts. Some of the soldiers suffered loss of memory due to the shock of what they experienced. Finally, sleeplessness. Soldiers and veterans underwent insomnia caused by the constant images of their staying at the front.

The results of the Report may have been an important factor on the analysis of the two lectures that are going to be analysed. The reason is that the witnesses came to the conclusion that shell-shock was an illness caused by the concussion of a shell, cowardice or hysteria, therefore, lack of masculinity and being previously mentally insane. Thus, with the analysis of the symptoms from Achilles in Vietnam book and the following lectures, it will be understood why shell-shock was finally denominated as PTSD (Post-traumatic stress disorder).

With regard to the book Achilles in Vietnam, the list of symptoms come from the experience of Vietnam veterans jointly with the parallelism with the story of Achilles. These symptoms start overall with dreadful experiences during the staying at the front which include emotional suffering such as grief. The addition of the events they went through, and the image of multiple dead comrades and remains of other soldiers resulted in the disorder.

The symptoms are the following: loss of trust in the boss, family, or people in general and feeling constantly threatened like the case of the veteran with his daughter. Moreover, the lack of confidence in their officers may have contributed to the increase in fragging. The term fragging was first used in the Vietnam war to describe the action of tossing fragmented grenades to the officers due to the mistrust in them, even they were

seen as incompetents and a threat to soldiers' life. The reason is because some of these officers were hurtful in the severe implementation of discipline and anti-drugs policies.

Turning now to the symptoms, depression and desolation which is added to the feeling of guilt, hopelessness, and emptiness. Most soldiers felt and currently feel these sentiments. When it comes to memory, soldiers with PTSD suffer either amnesia, as previously said, or, on the contrary, their memories take control over them. That is, their images, deceased comrades still appearing in their minds, therefore, in their dreams, through flashbacks, with just smelling, seeing, or hearing.

Social withdrawal and isolation due to the feeling of threat. Rage at family, sexual dysfunction, and incapacity of feeling pleasure in general and traumatic dreams. When it comes to physical symptoms there are night sweats, insomnia, and fragmented sleep. Furthermore, hyperactive startle reactions and autonomic hyperactivity, that is not having control over your body movements. Finally, the last symptom could even occur during the war, as well as the previous ones, but this one specially because is the arrival to the berserk state, when all the events that soldiers were facing were accumulated and converted into one enormous symptom.

To conclude, this section has been included to list all the symptoms that will be analysed in the following literatures. What is more, how are they evaluated, explained, and recognized. The two researched books are *Men in war* by Andreas Latzko, in particular the chapter VI, "My comrade", and *Regeneration* by Pat Barker.

3. Analysis and comparison of the two novels with regards to the Report and Achilles in Vietnam.

3.1. Analysis and comparison of ‘Men in War’ by Andreas Latzko.

The background of the story of the book is the Great War. Latzko describes his experience at war since he was sent to the front of Isonzo River. Thus, Andreas Latzko shows the horrors of war, the last psychological effects and the critical situation of morality and ethics. Especially in this book, what is going to be analysed is the chapter VI “My comrade” which relates the story of a man who brought the war with him once it finished.

The narrator is a soldier who is being treated by doctors because he came back from war with the images of his deceased comrade. The soldier describes how his comrade is still living inside of him, but the doctors do not believe what he is feeling and even seeing and say that he became mentally insane. However, the first-person narrator swaps the relationship of doctor-patient, being the doctors the ones that are really insane.

Hence, those who do not see the horror of war, but the victory are the ones who are sick, as the following quotation from the book shows,

“Is the others that are sick. They are sick who gloat over news of victories and see conquered miles of territory rise resplendent above mounds of corpses. They are sick who stretch a wall of flags between themselves and their humanity so as not to know what crimes are being committed against their brothers in the beyond that they call “the front.”” (Latzko, 2021: 48)

In this quotation, the soldier questioned and answered why is he the sick one. Why is he insane, when the others are watching the terrible landscapes of war and, even though, they feel proud and victorious, whereas he has these disturbing images inside his mind, suffering nightmares and insomnia while feeling sorrow for his comrade. Thus, finally, the narrator changes, the doctors are the ones insane, and he just has a mental illness.

The following part of this paper moves on to analyse in detail the chapter with the symptoms from the previous lectures, Achilles in Vietnam, and the Report. Firstly, in Men in War, the soldier shows that their memory has authority over him. The image of his comrade is always within him:

“He has gnawed his way into me, he has taken up his abode within me. He sits inside of me like the mysterious magician at moving-picture shows who turns the crank inside of the black booth above the heads of the spectators. He casts his picture through my eyes upon every wall, every curtain, every flat surface that my eyes fall on.” (Latzko, 2021: 47)

In Achilles in Vietnam, this symptom is explained:

“So long as the traumatic moment persists as a relivable nightmare, consciousness remains fixed upon it. [...] the dead are more real than the living. This is a cognitive aspect of the detachment of the trauma survivor from his current life and is intimately connected with the persistence of numbing, one of the basic skills of surviving prolonged, inescapable terror.” (Shay, 1994: 173)

Giving this circumstance, experiencing unforgettable images “*the sense of the dead being more real than the living*” (Shay, 1994: 165) push soldiers to the limits, and is linked with other PTSD symptoms, depression, repression, and the incapacity of feeling pleasure or emotions:

“Men come home with motionless, astonished eyes, still reflecting death. They walk about shyly, like somnambulists in brightly lighted streets. [...] They come loaded down, like beasts of burden, with horrors, the astonished looks of bayoneted, dying foes on their conscience—and they don't dare open their mouths because everybody, wife and child included, grinds out the same tune, a flow of curious questions about shells, gas bombs and bayonet attacks.” (Shay, 1994: 51)

This describes how men arrived at home after war. They are never the ones they were before. Repression prevents them talking about the war, because there is a denial of every thought about it. The lack of emotions, or depression make them be like a lost soul. In Achilles in Vietnam, this feeling is equivalent to being already dead. ““*I died in Vietnam*” is a common utterance of our patients. [...] often after a close friend was killed.” (Shay, 1994: 51)

In the report, repression is considered as a theory of the mental origin of Shell-shock. Shell-shock was not considered something mental due to the exposure of soldiers

in the front, but something that came from an antecedent mental injury. Thus, *“The patient represses unpleasant thoughts and memories and is able to suppress his painful experiences and disassociate them from the general body of consciousness.”* (Shay, 1994: 96-97). That is, according to the witnesses, since the patient knows how to suppress these memories, because this is something neurotic, they can forget everything from the battlefield, therefore, being able to return to the front again.

However, in Achilles in Vietnam, repression is a clear symptom of PTSD according to the American Psychiatric Association (APA), *“Persistent avoidance of stimuli associated with the trauma of numbing general responsiveness (not present before the trauma), as indicated in at least three of the following: (1) efforts to avoid thoughts or feelings associated with the trauma [...] (5) feeling detachment or estrangement from others.”* (Shay, 1994: 167).

As previously stated, the symptoms of depression and lack of emotions are indicators that contribute to the berserk state. The soldier in Men in War has a moment of anger, rancour, and rage: *“I clenched my fists in impotent fury and caught myself reaching for my revolver as though I could still shoot those gay sparks in their carriage.”* (Latzko, 2021: 53). In this specific moment, the soldier is wondering why soldiers must fulfil their duty, while doctors do not when they are needed. At this moment, his fury leads him to think of shooting them without commiseration.

In Achilles in Vietnam, the berserk state is the moment in what humanity is completely lost:

“I built up such hat, I couldn’t do enough damage...I got very hard, cold, merciless, I lost all my mercy” [...] After Pátroklos’ death, Achilles – to use the word of our veterans – “lost it”, what did he lose? Why did Achilles lose? I believe that veterans and Homer shared similar views on this subject. In veterans’ own words, they lost their humanity.” (Shay, 1994: 82)

Let us now consider the dehumanisation, not only the soldiers, but also the supporters of the war. In the case of the soldier in Men in War, the ones that are really

sick are those who support the war or call soldiers in the same background, mentally insane. As the soldier states:

“It is the dull ones that are sick, those whose souls sing neither compassion for others nor their own anger.” (Latzko, 2021: 49) “It is an honour to be charged with madness if those villains are not called mad who, to save their own necks, have so gloriously hardened the people’s heart and abolished pity and implanted pride in the enemy’s suffering.” (Latzko, 2021: 51-52)

Hence, the loss of humanity is not only applied to soldiers with PTSD, but also to the doctors, other soldiers and even civilians who had bloodlust. Subsequently, those who were dehumanised and did not believe in the soldier’s state, were also the ones who diagnosed soldiers in the report as hysterical, thus, cowards. The German soldier in *Men in War* may be diagnosed as a weak person as he states: “...*how quick they would be to diagnose my case as feeble-mindedness, or imbecility.*” (Latzko, 2021: 49). Germans were diagnosed, during the Armistice of the WWI, of *Kriegshysterie* which means hysteria due to war. And, if hysteria was in those times considered something more related to women, then these soldiers were considered to have lack of masculinity, even detractors of the nation.

In the report, some witnesses were doubting when it came to describing cowardice. Notwithstanding, they came to the conclusion that “*seeming cowardice may be beyond the individual’s control.*” (Report, 1922: 140) “*Cowardice is lack of self-control of an individual over himself.*” (Report, 1922: 139). Hysteria is the term used for the incapacity controlling emotions. Moreover, some accused of cowardice were also malingerers. Malingering was acting in order not to go back to the trenches. As the witnesses agreed, “*The dividing line between malingering and functional neurosis may be a very fine one and many “shell-shocks” are of hysterical nature; [...] Hysteria was called La grande Simulatrice*”. (Report, 1922: 140).

Cowardice, hysteria, and malingering among others, were diagnosed so as not to pay war pensions. In Germany there was a huge debate whether to accept male hysteria

as something emerged from war or not. Psychologists and neurologists were eager to show that Germans were completely valuable for the war. As Robert Gaupp claimed: *“I hold it for the most important duty of the neurologist and the psychiatrist to protect the Reich from a proliferation of mental invalids and war pension recipients.”* (qtd. in Lerner, 2000: 17). Thus, they must avoid paying large amounts of war pensions to cowardly soldiers.

Another significant symptom are the nightmares resulting in physical pain or autonomic hyperactivity. As the soldier in Men in war stated: *“It shone into every dream, so that I forced my eyelids open with my fingers—until, after ten frightful nights, my body broke down and was carried, a shrieking, convulsed heap, to the same hospital in which He had succumbed to blood-poisoning.”* (Latzko, 2021: 54).

According to the American Psychiatric Association and their criteria for diagnosing PTSD, constant nightmares of what they have experienced is a clear symptom of combat trauma as they stated: *“The traumatic event is persistently reexperienced at least one of the following ways: (Shay, 1994: 2) recurrent distressing dreams of the event.”* (Shay, 1994: 166). Herby, nightmares, or persistent dreams about war events give clear clues of these being a trauma.

When it comes to the conclusion of this section, it is undoubtedly that soldiers come back home with a range of symptoms that are impossible to evaluate as something feigned or cowardly. In the case of German soldiers, according to some historians, at least twenty percent developed shell-shock, but this is not a reliable data since in those times, physicians were reluctant to diagnose these symptoms as a real illness, but rather, as cowardice. Consequently, the punishments or penalties for this were the death, instead of paying a disability compensation. For this reason, among others, the soldier of the chapter claims that doctors are the real insane ones.

3.2 Analysis and comparison of *Regeneration* by Pat Barker

With respect to Barker's *Regeneration*, this novel is set during WWI in 1917 in Craiglockhart War Hospital in Scotland. Some of the characters are based on real people who were either combatants of the WWI or doctors. The novel reflects the impact of combat and the aftereffects of war. It explores the changes that soldiers experienced after being exposed to the front. Thus, their physical and mental health, sexuality and ideals change drastically during and after the war. On account of the characteristics of this novel, the part that follows analyses the symptoms that guide soldiers to these changes, and finally the comparison or parallelism to the Report and Achilles in Vietnam.

First off, in the novel, the soldier David Burns experiences what causes his trauma, his incapability to eat. Due to a bombardment, Burns was thrown headlong into a rotten corpse. He was unconscious, but soon after, he realised that he swallowed flesh from this dead soldier. The symptom of his trauma is the recurring images, smelling and taste, since he is unable to eat, because every time he has to, these senses of the rotten corpse torment him.

"He'd been thrown into the air by the explosion of a shell and had landed, head- first, on a German corpse, whose gas- filled belly had ruptured on impact. Before Burns lost consciousness, he'd had time to realize that what filled his nose and mouth was decomposing human flesh. Now, whenever he tried to eat, that taste and smell recurred. Nightly, he relived the experience, and from every nightmare he awoke vomiting" (Barker, 1991: 26-27)

In Achilles in Vietnam, one of the breaking points of morality equal to Burn's experience has been exemplified with a quotation from a Shakespeare's play *Henry IV*, where Hotspur, the husband of Lady Percy comes back home from war:

"And heard thee murmur tales of iron wars, Speak terms of manage to thy bounding steed, Cry 'Courage! to the field!' And thou hast talk'd Of sallies and retires, of trenches, tents, O palisades, frontiers, parapets, Of prisoner's ransom, and of soldiers slain, And all the currents of a heady fight. Thy spirit within thee hath been so at war And thus hath so bestirr'd thee in thy sleep" (Shay, 1994: 166)

From this evident quotation, it could be extracted that combat trauma has existed since the very beginning of wars. The revival of images, smelling and taste are recurrent symptoms of soldiers with combat trauma. Notwithstanding, the witnesses of the Report, regarding Burn's experience, would claim that this soldier had previously a neuropathic predisposition and due to the blown of the shell, his stability ended worse than it was before.

"In a soldier, who was in fair health and the bursting of a shell might have had little or no effect. In the cases referred to, the explosion of a shell acted as a push would do to a man of unstable equilibrium, they lost their balance and their previously exhausted nervous system prevented them from recovering it and cast the among the number of the emotionally "shell-shock"." (Report, 1922: 94)

Another frequent symptom of PTSD that also appears in Barker's novel is depression and the wish of being dead or killed. Moreover, it is also linked with war neurosis. In the novel, Sassoon, a soldier, and poet is sent at Craiglockhart by a friend to be labelled as shell-shocked, even though apparently, he was not. In fact, he was a pacifist who wrote about the horrors of war. However, his therapist W.H.R Rivers could recognize that Sassoon, due to his experiences at war, was bordering on shell-shock. As Loughran states: "*Rivers immediately recognised both that Sassoon's anti-war stance was entirely rational and that his traumatic experiences had left him teetering on the brink of psychological breakdown.*" (Loughran, 2018)

Furthermore, in the novel, it is noticeable how Sassoon's mental breakdown is there, but also his enormous desire to make people aware of the horror that war brings.

"It was a dilemma with one very obvious way out. Rivers knew, though he had never voiced his knowledge, that Sassoon was going back with the intention of being killed. Partly, no doubt, this was youthful self-dramatization. I'll show them. They'll be sorry. But underneath that, Rivers felt there was a genuine and very deep desire for death. And if death were to be denied? Then he might week break down. A real breakdown this time." (Barker, 1991: 334)

Moreover, after being at the front, and experiencing all these traumatic events, Sassoon started to lose the trust in those who support it. Loss of trust is another PTSD

symptom. On the other hand, if Sassoon suffered combat trauma, he then changed his war duty, for the one that tries to open people's eyes with his Soldier's Declaration:

"I am making this statement as an act of wilful defiance of military authority, because I believe the war is being deliberately prolonged by those who have the power to end it. I am a soldier, convinced that I am acting on behalf of soldiers. I believe that this war, upon which I entered as a war of defence and liberation, has now become a war of aggression and conquest. [...] I am not protesting against the conduct of the war, but against the political errors and insincerities for which the fighting men are being sacrificed. On behalf of those who are suffering now I make this protest against the deception which is being practised on them; also I believe that I may help to destroy the callous complacency with which the majority of those at home regard the continuance of agonies which they do not share, and which they have not sufficient imagination to realize." S. Sassoon, July 1917 (Barker, 1991: 5)

Comparing the two last symptoms with the ones in Shay's Achilles in Vietnam, suicidal is also linked with the loss of trust. Mistrust is the result of a violation of as Shay claims, 'what's right' and this creates a 'moral injury'. That is, soldiers' duty is battling in war, defeating the enemy as a defence, obeying the officers, etc. When soldiers experience the reality of war, and they are persuaded to keep fighting is when the betrayal of 'what's right' starts defining. This quotation is from a Vietnam veteran who was aware of the betrayal: *"I started hating the fucking government. [...] "I started feeling like the government really didn't want us to get back, that there needed to be fewer of us back home. [...] It was like they were testing it. Our lives depended on them."* (Shay, 1994: 17).

Finally, as Shay states: *"moral injury impairs the capacity for trust and elevates despair, suicidality, and interpersonal violence. They deteriorate character."* (Shay, 1994: 182). With this into account, this incapacity for trust leads to the thought of God's absence. In the novel, Rivers sees Burns with theology books which raise questions about God's existence: *"He wondered whether this was an expression of faith, or a quest for faith, or simply an obsession with the absence of God."* (Barker, 1991: 242)

God plays an important role since soldiers question his existence, due to their failure at combat, in the case of Vietnam veterans and Homeric warriors. In both cases:

“...made God (or a god) the target for attribution of causality, responsibility, and blame.” (Shay, 1994: 146). That is, Vietnam veterans and Troy warriors attribute God the same, but they differ in the emotional meaning. For instance, Vietnam soldiers feel abandoned by God, whereas Troy warriors have God as their enemy. In any case, Vietnam veterans ascribe their luck in war to God: *“For many Vietnam combat veterans, God has vanished and taken it all with him. With God against them or gone, all possibility of virtue seems lost.”* (Shay, 1994: 148). Hence, loss of trust is present either in people, such as the officers, in organisations, such as the government and even in their faith.

The symptoms of repression and suppression are truly important in Barker's novel. It is already known that repression is an unconscious mental defence mechanism that involves the incapacity of remembering events or unpleasant thoughts. On the other hand, suppression is completely voluntary. Thus, is the person who avoids these thoughts in an attempt to forget the traumatic events. Then, in *Regeneration* there are soldiers who avoid talking about war, hence suppressing their memories, and those who are not able to formulate any word. Moreover, this might be linked with the mutism of some of the characters of the novel.

In the case of the Lieutenant Prior, his mutism is more of a suppressed one. That is, he is able to speak at times, but when the doctor Rivers wants to speak with him about what happened to him in the front of France or his nightmares, Prior rejects talking about them. *“‘If you feel you can't talk about France, would it help to talk about the nightmares?’ ‘No. I don't think that talking helps. It just churns things up and makes them seem more real.’ ‘But they are real’ A short silence.”* (Barker, 1991: 70).

On the other hand, soldier Callan. He suffers from mutism, but whereas Prior is treated by Dr. Rivers and he applies psychotherapy, Callan is treated by Dr. Yealland who

applies electroshock. Callan's mutism is due to the repression he suffers. He just stammered and was unable to say anything, even after being given electroshocks.

"He was thrown back with such force that the leads were ripped out of the battery. Yealland removed the electrode. 'Remember you must behave as becomes the hero I expect you to be,' Yealland said. 'A man who has been through so many battles should have a better control of himself.' He fastened the straps round Callan's wrists and feet. 'Remember you must talk before you leave me.' Callan was white and shaking, but it was impossible to tell how much pain he was in, since obviously he could no more scream than he could speak. Yealland applied the electrode again, continuously, but evidently with a weaker current since Callan was not thrown back. 'Nod to me when you are ready to attempt to speak.'" (Barker, 1991: 307)

This chapter is closely linked with the chapter of Men in War. The reason why, is because, it is shown how dehumanised are some doctors during the war in an attempt to recover patients. If the German soldier in Men in War claims that doctors are the sick ones, in the case of Regeneration, Dr. Yealland is so committed to his duty to send soldiers back to the front, that becomes a crazy animal who applies a really harsh treatment to his patients.

"...after a great deal of effort, Callan managed to say 'ah' in a sort of breathy whisper. Yealland said, 'Do you realize that there is already an improvement? [...] Callan seemed to admit defeat. He pointed to the battery and then to his mouth, miming: Get on with it. 'No' Yealland said. 'The time for more electrical treatment has not yet come; if it had, I should give it to you. Suggestions are not wanted from you; they are not needed. When the time comes for more electricity, you will be given it whether you want it or not.' He paused. Then added with great emphasis: 'You must speak, but I shall not listen to anything you have to say.'" (Barker, 1991: 308-309)

Thus, repression and suppression are symptoms related to PTSD that also are reflected in Achilles in Vietnam as the official diagnostic criteria of the American Psychiatric Association. Within the point of "*Persistent avoidance of stimuli associated with the trauma*" the three first criterion, some previously stated: "(1) *efforts to avoid thoughts associated with the trauma. (2) efforts to avoid activities or situations that arouse recollections of the trauma. (3) inability to recall an important aspect of the trauma (psychogenic amnesia).*" (Shay, 1994: 167).

To finish with the analysis and comparison of this novel, cowardice is another relevant point to consider. In the Report, shell-shock was a misnomer. It was not

considered a serious mental illness, but rather a sign of cowardness. This is exactly noted in the novel: “‘Did you find the Board difficult to convince?’ ‘Quite. There was one youngish man who was sympathetic. The other two... Well. I got the impression they didn’t believe in shell-shock at all. As far as they were concerned, it was just cowardice.’” (Barker, 1991: 31).

Going farther, in the novel, soldiers struggle against their ideals or behaviours. This is also linked with suppression, which apart from being a PTSD symptom, for other soldiers was a way of showing manliness. During WWI, those who show emotions were treated either as hysterical or cowards. Moreover, showing caring or love for special comrades in a different way of what was called “camaraderie” was seen with scorn by officials or high-ranking military men. This, as cowardice, was hardly punished. Indeed, authorities were hard when it came to it, and always wanted to differentiate camaraderie and loyalty, which indeed was motivated to be done providing that there is no sexual attraction.

In Achilles in Vietnam, the hostility towards homoromanticism is also mentioned:

“Many combat veterans are denied compassionate understanding by civilians, because so many people cannot comprehend a love between men that is rich and passionate but not necessarily sexual. Veterans need to voice their grief and love for their dead comrades if they are to heal. However, many had learned to keep quiet because of their culture’s discomfort with love between men that is so deeply felt.” (Shay, 1994: 42-43)

Thus, masculinity during war times is relevant for keeping the high morals of men. That is why, most of the soldiers refuse to express their feelings, then having a period of suppression. The action of showing emotions extremely was called for high military combatants as hysteria, hence femininity and cowardice.

To conclude with this part, the novel *Regeneration* portrays the cause and effects of experiencing traumatic events at war. Moreover, it explores how these horrors mistreat a generation that was betrayed for those who said to be doing ‘what’s right’. It represents

a generation of young people who have been injured for the rest of their lives in an intention to carry their duty out for defending their nation and come back home with a medal as a prize of being a hero, but really, they were sent to the trenches to kill and to be killed. What is more, if they were lucky to return home alive, they did not do it with medals, but with a trauma that will follow them for the rest of their lives.

4. Conclusions

The detailed investigation provided in my dissertation has allowed me to reinforce my initial statement. The Great War was the insane beginning of a discussion about whether Shell Shock was a mental illness or not. Notwithstanding, it destroyed the lives of several civilians throughout the world because of the persistent image of the war in their minds. Moreover, not only the war tore them apart, but also the doctors who did not believe in them and saw them as cowards or malingerers.

It has explored the Report with its enquiry into the term Shell-Shock. Throughout this committee, the concept of Shell-Shock was broadly considered a misnomer. However, if it was to be considered as a mental illness was not for war reasons, but for previous psychological instability, genetic problems, and even due to race or social class, (Lack of morals). In fact, only if there was a concussion of a shell, could it be considered as an illness, but not a longish one. Furthermore, in the case of not having any psychological problems, the unwillingness of going back to the front was not a matter of mental breakdown, but a matter of cowardice which led to hysteria and malingering. Unfortunately, hysteria was considered a female illness, therefore, men who were diagnosed from hysteria were effeminate. In fact, in Germany, *Kriegshysterie* or male hysteria was finally a diagnosis for German soldiers who were shell-shocked. Henceforth,

the committee did not contemplate Shell-Shock as a mental illness, but as something to be aware of, since it could be spread as a viral sickness. The reason behind their final statement was to avoid paying war pensions.

When it comes to the book *Achilles in Vietnam*, the conclusions differ widely with the final statement of the committee. Dr. Jonathan Shay, a combat American veterans' psychiatrist analyses and compares the experiences of Vietnam veterans with Homer's *Iliad*. It is analysed the undoing of character, that is basically the deterioration of the human character when suffering traumatic experiences. In this case, whereas the Report does not consider Shell-shock as a mental illness, *Achilles in Vietnam* does with clear reasonings. In addition, the term Shell-Shock is not used because it evolved into PTSD, after being discussed several times.

Identical patterns have been seen throughout the book between Achilles and veterans' symptoms. From the deepest grief to the berserk state, combatants who were sent to the front experienced events that led to a traumatic state of mind which could not be rid of from their lives. Vietnam veterans came back home defeated emotionally; the war never goes out of them. Hence, trauma happens not only during the war, but post war. That is why, it was finally called post-traumatic stress disorder, because the impact of war was not only due to the shock of a shell, but a reality shock. Thus, when Shay states that the undoing of character starts when there is a betrayal of 'what's right' is because soldiers face the reality of war, and not what they had been told of what their duty was, the right thing to do for their country. Then, the final conclusion of this book is that, as it was finally agreed in 1980, PTSD is a real mental illness, and this is clearly reasoned in it. All soldiers sent to the front, will never return being the same.

Throughout this dissertation, many comparisons have been made in order to get a conception of how this illness has been evaluated over the course of history. It has also

been analysed how this evaluation has been portrayed in German and English literature. As a matter of fact, this consideration of the disorder has differed slightly from one country to another. Notwithstanding, the two literary sources share the same points of view when it comes to the suffering of soldiers during the WWI. Either in *Men in War* or *Regeneration*, soldiers are never freed from war emotionally. Hallucinations, smelling, taste, horrific dreams, constant shakes, anger and many more symptoms are making their lives a nightmare.

In both literatures, the reprimands given to those who diagnosed soldiers as mentally insane, and the incredulity of some treatments to cure the illness shows that despite the fact that soldiers had a mental breakdown and became psychologically injured, the ones who did not believe in what they were suffering and applied such severe treatments to them were the really sick ones. A result of a dehumanisation and hoax in doctors and civilians is seen in these stories; because being dehumanised is not only to arrive at the berserk state but behave as a beast towards people and having desire to kill just for a matter of, what was said, “defence”.

The analysis of the stories makes clear that soldiers, despite their nationality, after experiencing such traumatic events, suffered from real Shell-Shock, today PTSD. The accurate similarity to the experiences explained in *Achilles in Vietnam* to the stories in *Men in War* and *Regeneration* reinforces the theory that the committee determined Shell-Shock as a misnomer in order to avoid paying war compensations since they would be expensive for the state. In fact, it was not a matter of cowardice, since in *Regeneration*, Sassoon was brave enough to go back to the trenches, knowing and even wanting, that he could have been killed. That is, within this fear, characteristic of Shell-Shock, there is no lack of courage as most of the witnesses in the Report stated.

In conclusion, PTSD, previously known as Shell-shock, has been a matter of discussion that flourished during and after the Great War, and distinctly diagnosed in different countries. While in Germany was determined as *Kriegshysterie*, in Great Britain was cowardice, hysteria or malingering. The evidence is that, under no circumstances, it could be treated as a mental illness derived from the war. These determinations evaded states from paying war pensions to the victims of combat trauma. What is more, when it comes to treating this sickness, electrotherapy and hydrotherapy was applied. However, not only was harsh treatment, but also was a punishment for those who were described as cowards, and it was the death. Fortunately, through history, due to the several cases of Shell-Shock, the concept was being discussed and investigated by many professionals and, after giving different names to the illness, in 1980 it was named PTSD (Post Traumatic Stress Disorder). That means that, today, combat veterans, victims of this mental illness are being paid war pensions and being treated by psychologists in order to recover their mental state.

5. Further Research

Within this dissertation I have introduced some features that I could not further explain in my field. However, I consider significant and interesting aspects to take into account for a wider knowledge of the topic. One example is why hysteria was considered a woman's condition. Even though this illness originated in Ancient Greece, in the 18th century, hysteria became popular by a French physician Joseph Raulin who claimed that this was “*an illness spread through the air pollution*”. (Medical News Today, 2020). Thus, men and women could contract it, but women were more predisposed to that due to their laziness and irritable nature.

Further research is needed for a deep analysis due to its extensive history. This subject could be considered relevant for a better understanding of this diagnosis during and after the Great War, and what was the basis for calling men effeminate or accuse them of lack of masculinity when they were diagnosed for hysteria. Apart from this subject, another important point to consider for a further investigation is homoromanticism and mother-son love in times of war between comrades.

As it is stated in this TFG, some soldiers experienced changes in their ideologies and their romantic attraction. Considering that in those times homoromanticism was illegal, unfortunately, many soldiers who were in love with others had to hide their feelings afraid of being punished. What is more, this lack of freedom worsened their mental state.

Finally, even though it is not in this work, it is important for a better understanding of PTSD. This mental illness is not only a matter of combat trauma, but there is also a wide range of factors that traumatise people when they are suffering a prolonged traumatic event such as rapes, slavery, holocausts, etc. In the case of slavery, there is a special name for it, which is PTSS (it stands for Post traumatic Slave Syndrome). Moreover, in the case of the Holocaust, it has been found that a 91.8% of holocaust survivors suffered PTSD.

Lastly, I hope that this paper prompts more investigation of this mental illness, as well as the authors of the sources used. All of them are well-known and I believe that PHDs as Achilles in Vietnam, or novels like Men in War or Regeneration help immensely when it comes to understanding of this mental illness and that many soldiers were, and still today, victims of war because they are sent to the trenches to take lives of others, but in order not having theirs taken. I strongly believe that, if we all realised the tragic

dimensions of wars and everything they destroyed, we would learn from it. One day, if this circumstance were given, it would never happen again.

Works Cited

Primary Sources

- Barker, Pat. *Regeneration*. Penguin books (UK), 1992.
- Latzko, Andreas. *Men in War*. E-artnow (Czech Republic), 2021.
- Shay, Jonathan. *Achilles in Vietnam: Combat trauma and the Undoing of the character*. Pocket Books, 1995.
- The Naval and Military Press, Ltd, "Report of the War Office Committee of enquiry into Shell-Shock, The Imperial War Museum (London), 1922.

Secondary Sources

- Bandelow, Borwin, et al. "Posttraumatic Stress Disorder (PTSD) in the German Armed Forces: A Retrospective Study in Inpatients of a German Army Hospital." *European Archives of Psychiatry and Clinical Neuroscience*, vol. 262, no. 6, Jan. 2012, pp. 459–67, <https://doi.org/10.1007/s00406-012-0289-8>.
- Bogaz, Ted. "War Neurosis and Cultural Change in England, 1914-22: The Work of the War Office Committee of Enquiry into 'Shell-Shock'." *Journal of Contemporary History*. September 1986.
- Bourke, Joanna. "Shell Shock during World War One." BBC, 10 March 2011. http://www.bbc.co.uk/history/worldwars/wwone/shellshock_01.shtml. Accessed 20 February 2022.
- Brandt, Marisa, et al. "From Shell-Shock to PTSD, a Century of Invisible War Trauma." *The Conversation*, 19 Dec. 2018, theconversation.com/from-shell-shock-to-ptsd-a-century-of-invisible-war-trauma-74911.
- Brigette A. Farrell. *Shell Shock in the First World War: An analysis of psychological impairment in Canadian Soldiers*, The University of Western Ontario, 2020.
- Carden-Coyne, Ana. *Masculinity and the Wounds of the First World War: A Centenary Reflection*. *Revue Française de Civilisation Britannique*, (France), 2015.
- Cherry, Kendra. "How Does Repression Work in Our Unconscious Mind?" *Verywell Mind*, 2019, www.verywellmind.com/repression-as-a-defense-mechanism-4586642.

- Cohut, Maria. "Female Hysteria: The History of a Controversial 'Condition.'" *Www.medicalnewstoday.com*, 13 Oct. 2020, www.medicalnewstoday.com/articles/the-controversy-of-female-hysteria#Female-hysteria-in-the-18th-century.
- Hales, Barbara. "An intimate History of the Front: Masculinity, Sexuality, and German Soldiers in the First World War by Jason Croithamel (review). *German Studies Review*, Volume 39, Number 2, pp. 395-396. May 2016
- History.com Editors. "PTSD and Shell Shock." *History.com*, A&E Television Networks, 2 Oct. 2017, <https://www.history.com/topics/inventions/history-of-ptsd-and-shell-shock>.
- Kitchen, Martin. "BBC - History - World Wars: The German Front Experience." *Www.bbc.co.uk*, 10 Mar. 2011, www.bbc.co.uk/history/worldwars/wwone/german_experience_01.shtml.
- Köhne, Julia Barbara. "Visualizing 'War Hysterics': Strategies of Feminization and Re Masculinization in Scientific Cinematography, 1916-1918." *Gender and the First World War*, edited by Christa Hämmerle, Oswald Überegger, and Birgitta Zaar, New York (N.Y.): Palgrave, 2014.
- Lerner, Paul. "Psychiatry and Casualties of War in Germany, 1914-18". *Journal of Contemporary History*, Volume 35, No 1, Special issue: Shell-Shock. January 2000.
- Loughran, Tracey. "Shell-Shock". *World War One Articles*. British Library. 7 Nov. 2018, <https://www.bl.uk/world-war-one/articles/shell-shock>
- Michl, Susanne and Pampler, Jan. "Soldatische Angst im Ersten Weltkrieg" *Geschichte und Gesellschaft* 35. P. 209-248. 2009
- Nishat. "Holocaust Survivors Show Researchers the Lifelong Impact of Trauma." *Open Access Government*, 27 Jan. 2021, www.openaccessgovernment.org/impact-of-trauma/102374/#:~:text=The%20results%20of%20his%20conversations%20with%2061%20Holocaust%20survivors&text=He%20found%20that%2091.8%25%20of.
- PBS NewsHour. "From Shell-Shock to PTSD, a Century of Invisible War Trauma." *PBS NewsHour*, 11 Nov. 2018, www.pbs.org/newshour/nation/from-shell-shock-to-ptsd-a-century-of-invisible-war-trauma.
- Roper Michael. *Masculinity, Shell-Shock, and Emotional survival in the First World War*, Manchester University Press (Manchester), 2010.
- Showalter, Elaine. "Male Hysteria: W. H. R. Rivers and the Lessons of Shell Shock". In: *The Female Malady: Women, Madness and English Culture, 1830-1980*. London: Penguin, 1987
- The British Library. "Shell Shock." *The British Library*, 2018, <https://doi.org/https://www.bl.uk/world-war-one/articles/shell-shock>.

Filmography

Wartorn. Alpern, John and O'Neil Matthew (dir.). HBO. 2011. United States.

War Torn. the New York Times. www.youtube.com,
www.youtube.com/watch?v=MaroSQF7xPM. Accessed 29 February 2022.