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The Emergence and Recognition of Symptoms of “Shell Shock” or Post-Traumatic Stress Disorder

Julia Swirbalus

World War I is arguably the most tragic event to occur in world history. The generation that served in World War I is referred to as the “lost generation” due to the gross loss of life and the brutality of the horrific combination of old battle tactics and industrialized warfare. The young men who survived the war were mentally and physically scarred, and grossly misunderstood due to the repeated traumas they endured. During the war, many did not understand the psychological ramifications horrific trench warfare and artillery bombardments would have on the soldiers. Before World War I, there was very little understanding regarding the psychological ramifications of trauma and unfortunately continued to be misunderstood until quite recently. However, one man during World War I studied the individuals who became psychologically damaged and sought ways to treat these individuals to protect them from the wrath of the British Military. As a result of Charles S. Myers’s research, recognition of causations and symptoms, and treatment of soldiers with “shell shock” during the war he unknowingly provided the world with a basic understanding of post-traumatic stress disorder and how stress affects humans.

Before World War I, Charles S. Myers was a doctor and a psychologist. When Britain joined the war, Myers was forty-two and was denied his request to serve on the front line due to his age, however, he was accepted as a psychologist in the Royal Army Medical Corps. He was stationed at the Duchess of Westminster’s War Hospital, Le Touquet in France in 1914. At this hospital, Myers would witness the effects of trauma and come to understand that trauma manifests differently in every case. Myers would be recognized by the British Military years after his service in World War I as being correct to his previously published theories regarding “shell shock” in 1940; when the British government realized they would have to deal with “shell shocked” soldiers once again during World War II. As a result, Myers in 1940 published his memoirs and journals he wrote while he was stationed in France from 1914 through 1918. It is in this publication by Myers that many of the terms used in discussing post-traumatic stress disorder or symptoms of post-traumatic stress originate. Many are still misinformed that “shell shock” and post-traumatic stress disorder are not the same mental illness, however according to the American Psychiatric Association’s section on “Post Traumatic Stress Disorder” in the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders “shell shock” is an out-of-date term that refers to an extreme form of post-traumatic stress disorder.

Charles S. Myers unknowingly provided the world with a basic understanding of post-traumatic stress disorder and how stress effects humans through his research on “shell shock”. While Myers may not have coined the term “shell shock” or post-traumatic stress disorder, whatever term is used refers to the same mental disturbance in all his writing. According to Myers in his article titled “A Contribution to the Study of Shell Shock” published in The Lancet on February 13, 1915, “shell shock” was a term coined by the soldiers to describe the pattern of behaviors they were witnessing their comrades suffering from as a result of being traumatized and being exposed to artillery bombardments. While it was hard for many individuals during the war to understand what was happening to the soldiers who were exposed to artillery bombardments, it was widely believed that the soldiers were suffering from concussions after being blasted into the air, being buried alive in trenches, being extremely injured as a result of said bombardments, and witnessing carnage caused many
to suffer psychologically. Since the symptoms of “shell shock” were unique in every case it was difficult for the soldiers in the trenches, the officers, field medics, and upper military personnel to understand what was happening to these soldiers.

When Myers arrived at the Duchess of Westminster’s War Hospital, Le Touquet he immediately began attempting to collect as much information as possible on the soldiers he was supposed to treat for “shell shock”. In Myers’s article titled “A Contribution to the Study of Shell Shock” published in The Lancet on February 13, 1915, he presents his study of three different cases of “shell shock”. In all three studies Myers recorded the cause of everyone’s symptoms, while daily checking their vision, hearing, smell, taste, other sensations, defecation, micturition, memory, and result of treatment. Each case has different symptoms though they are very similar in cause, loss of memory, and loss of different senses. Myers’s thorough research and trial and error treatments allowed others to be aware of the different symptoms of “shell shock” and possible treatments for it when he published his article “A Contribution to the Study of Shell Shock” in The Lancet. For Captain Myers’s published research and understanding of “shell shock,” in March 1915 he was given the rank of Lieutenant Colonel as well as being granted access to four other hospitals in France.

Charles S. Myers unknowingly provided the world with a basic understanding of post-traumatic stress disorder and how stress affects humans through his recognition of causations and symptoms from “shell shock”. As previously mentioned, Myers was an incredible record keeper when it came to monitoring different variables daily in each case he treated. The first thing he did whenever he received a new patient who had “shell shock” was to identify the causation of their distress. While many of the soldiers Myers encountered had been physically injured or witnessed others being harmed by artillery bombardments, he realized that soldiers were being affected by witnessing violence and living in a state of constant hopelessness and fear. According to the American Psychiatric Association’s section on the criteria for “Post Traumatic Stress Disorder” in the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders, to have post-traumatic stress disorder one has to have been exposed to trauma in a way that fits the below criteria:

You were exposed to one or more events that involved death or threatened death, actual or threatened serious injury, or threatened sexual violation. In addition, these events were experienced in one or more of the following ways: you experienced the event, you witnessed the event as it occurred to someone else, you learned about an event where a close relative or friend experienced an actual or threatened violent or accidental death, you experienced repeated exposure to distressing details of an event, such as a police officer repeatedly hearing details about child sexual abuse.

When anyone reads this modern criterion carefully and creates a check list for how a soldier in World War I may have been traumatized or reads accounts of soldiers who had been diagnosed with “shell shock” by Myers, one can check off multiple if not all of the elements of exposure.
to trauma. Once Myers understood that the causation of symptoms may vary, he needed to identify symptoms to treat them.

One of the main problems Myers and others had in World War I was dealing with soldiers who were dealing with “intrusive symptoms” and “functioning dissociation.” According to the American Psychiatric Association’s section on the criteria for “Post Traumatic Stress Disorder” in the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders memory loss and dissociation are considered “intrusive symptoms” of post-traumatic stress disorder. Dissociation refers to feeling that the traumatic event is happening again which causes the patient to become unresponsive and possibly act erratically.” In his book Shot at Dawn: Tells the Story of the Welsh Soldiers who were Among the Executed, Robert King explains the circumstances surrounding the executions of fifteen Welsh soldiers in World War I. Among those circumstances, Private Joseph Byers was executed at the age of seventeen by firing squad after he pleaded guilty to desertion even though he admitted he had no recollection of the event. Most soldiers executed for murder had been severely intoxicated in trenches when they reacted to their comrades with deadly force. In most cases, those soldiers were executed for dissociating in the same environment where their trauma occurred. King also remarks that three hundred and six British Soldiers were “Shot at Dawn” due to desertion, treason, cowardice, and sometimes murder. Myers understood those threats, which, made him more determined to find effective treatments for “shell shock,” but also strained his relationship with the military.

Charles S. Myers unknowingly provided the world with a basic understanding of how to treat post-traumatic stress disorder through his successful treatments of soldiers with “shell shock”. Myers surprisingly had great progress with treating soldiers by hypnotizing them and by also using sensory integration and physical therapy to ground a soldier suffering from intrusive symptoms such as dissociation. All these types of therapy are still used to treat post-traumatic stress disorder to this day. Myers remarks that it is important that the military understands how to treat shell shock when it happens but also needs to learn how to prevent it from occurring. In Myers’s “A Final Contribution to the Study of Shell Shock: Being a Consideration of Unsettled Points Needing Investigation” in The Lancet he explained that he believed there needed to be more research conducted on the subject of “shell shock” as a whole.

There is a general agreement that war neuroses are to be regarded as the result of functional disassociation arising from the loss of the highest controlling mental functions. Yet considerable controversy exists as to how these controlling functions are lost, and precisely what occurs when they are lost. Some for example, consider that functioning nervous disorders are dependent on increased suggestibility arising from fear, power, and other emotional or fatiguing conditions; While others maintained that quite apart from suggestion, emotional conflict or excitement is capable of producing functional disorders. Some have distinguished that a so-called commotional syndrome from an emotional syndrome; Others have insisted that whether a man has been buried in a trench or has seen his best friend’s brain scattered before him the functional symptoms are identical. All now agree that mere
concussion or the poisonous action of carbon monoxide or other noxious gases does not necessarily give rise to functional nervous disturbance.xvii

Myers at the time is stating that among psychologists and doctors in the Royal Army Medical Corps there is a consensus that more research needs to be conducted on war neuroses in general. Myers acknowledges that while some soldiers suffered from extreme forms of loss of the highest controlling mental functions due to being exposed to physical harm, he also acknowledges that it is possible for an individual to suffer from trauma while not actually being harmed themselves. The fear of being harmed or witnessing something horrific is enough to traumatize anyone. However, many upper military personnel doubted the severity of the problem and labeled those who had been executed or received a dishonorable discharge as being cowards or treasonous to save themselves from public scrutiny, which left Myers extremely cross with the British Military.xviii

In conclusion, without Charles S. Myers’s diligence and dedication to studying and treating “shell shock” the world may have neglected to understand how to help individuals suffering from trauma. As a result of Myers’s research, recognition of causations, symptoms, and treatment of soldiers with “shell shock” during the war, he unknowingly provided the world with a basic understanding of post-traumatic stress disorder and how stress affects humans. Myers’s research exposed how people react to trauma differently through his thorough record keeping. Through Myers’s incredible record keeping he was able to recognize the causations of various symptoms of “shell shock” which allowed psychologists to develop the post-traumatic stress disorder criteria in the 1980’s. Since Myers was able to recognize the causes of various symptoms of “shell shock,” he was able to develop treatments as a result. Myers’s hypnosis and sensory integration techniques are still used today to treat post-traumatic stress disorder. Without all of Myers’s work on “shell shock” it is hard to say if the world would have a great understanding of trauma today.

Endnotes


2 C. S. Myers, Shell Shock in France 1914-1918, xi.


6 Myers, Shell Shock in France 1914-1918, 14.

7 Myers, Shell Shock in France 1914-1918, 24-27.

8 American Psychiatric Association, “Post-Traumatic Stress Disorder.”

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About the Author

Julia R. Swirbalus is a recent graduate of Bridgewater State University who double majored in Criminal Justice (concentration in Victimology) and History, with a minor in Social Studies. This article was written in the spring of 2019 for Dr. Leonid Heretz (History) for a Proseminar on World War I. This project guided much of her further research in her directed study with Dr. Jamie Huff (Criminal Justice) as well as her History capstone with Dr. Paul Rubinson (History).