

# Psychological Trauma: Shell Shock during WWI

## History

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World War I was seen as the possible “war to end wars.”<sup>1</sup> Young men were lining up to enter the war and gain the experience of a lifetime. The war was romanticized and was made out as this great adventure that they would not soon forget. They would get the chance to travel the world and meet girls at the same time. But the adventure the young soldiers were met with was a far cry from the fantasy that had been influential in many of their decisions to go to war. The war would change their lives in one way or another and the experiences that they endured would stay with them for as long as they lived.

Trench warfare during World War I inflicted wounds not only of the body, but also the mind. Granted, bodily wounds were bloody, gruesome, and many were even fatal. The soldiers of World War I were aware of the dangers of combat and trench warfare, but many were oblivious to the mental effects wartime presented. Mental capacities of soldiers were measured by courage and the ability to fulfill their duties, but throughout war, this capacity was weakened. Soldiers in the trenches experienced tragedies that only they could understand. Only they could know what combat life was like when they were crouching, sunk in the muddy trenches. Only they knew what it was like to constantly be under fire and endure explosions that left their ears ringing. If the soldiers did not endure bodily wounds, they had a chance of having life long memories and nightmares about the horrible experiences they went through. No matter what front or which country they were fighting

for, soldiers experienced not only physical wounds, but also psychological trauma known as shell shock.

### *Trench Life and Bodily Wounds*

In a time of warfare, soldiers are endangered on the lines by flying artillery and shell blasts. Soldiers knew the dangers of war and were constantly on guard for the fear of being hit; with major artillery heading a soldier's way, it was nearly impossible to detect which direction it was going to land and this unnerved many soldiers. Artillery was crashing all around soldiers in their muddy trenches both night and day, causing many soldiers to be on edge twenty-four hours a day. One soldier remembers: “there was a terrific noise, a smell of powder, and we were breathing black smoke; a shell had come into the trench, the fumes lifted and hung over the trench and drifted away”, causing panic in the trenches.<sup>2</sup> A new advancement in warfare during World War I was mustard gas. This also caused great fear among soldiers because there was not much they could do to prevent inhalation. A recount of a mustard gas attack was given by a soldier: “the gas was very thick here, it was unpleasant to the eyes and some of the men had difficulty with their breathing. We put on our gas helmets, but we could not make any progress in them in a country we had never been in before.”<sup>3</sup> After a gas attack, many men succumbed to the attack and collapsed in the streets, causing great distress among fellow soldiers. The soldier would experience shortness of breath and the gas was even fatal in some instances. The mustard gas was not only harmful to the soldiers; it was also

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<sup>1</sup> Barbusse, Henri. *Under Fire*. 1916. Great Britain: The Penguin Group, 2003. Print. 5

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<sup>2</sup> Moran, Lord *The Anatomy of Courage: The Classic WWI Account of the Psychological Effects of War*. New York: Carroll & Graf, 2007. Print. 130

<sup>3</sup> Moran, 138

harmful to their cause. It remained extremely difficult to move forward after an attack because the soldiers had to take time to recuperate before they would be able to continue. This was a regular fear among the soldiers and the trenches did not ease that fear.

The trenches during World War I were atrocious. The smell of sweat, blood, and fecal matter was constant. When it would rain, the soldiers would essentially be sitting in a pond of a trench. The water agitated the smell and the soldiers, causing tension and uneasiness. Soldiers would use diaries and journals in an attempt to relieve their stress and frustrations during World War I. Those journals give insight into what life was like during the war. They account for trench life, wounded soldiers, and other images that are so present during wartime. Henri Barbusse utilizes his writing skill to portray many descriptions of the war throughout his book *Under Fire*. Perhaps the most memorable descriptions are that of the battle field. There were “a few mortar holes where swollen horses are rotting, others in which are scattered the remains of what used to be humans, distorted by the massive injury of the shells.”<sup>4</sup> When soldiers would march through previous battle fields, they were met by gruesome images that just intensified their fears. They knew they were the lucky ones because they were still alive, but none of them knew when their luck would run out.

There were soldiers that were fighting on the front lines and there were some who were in a sense lucky enough to work in the hospitals and casualty clearing stations. They were lucky for one reason alone and that was their location away from the threat of artillery and the battles. However, these soldiers had to endure the sight of wounded and dead soldiers day in and day out. George F. Wear, who worked in a clearing station, remembered “the casualties poured into the clearing hospital day and night; there was no rest; the smell of blood, gangrened wounds, iodine, and chloroform filled the twenty-four hours.”<sup>5</sup> The

hospitals were constantly working to save soldiers limbs and lives. Despite these efforts, according to soldier John A. Hayward, clearing stations were “strewn with rows of corpses—a human battue— and in another, a piled-up heap of arms and legs, freshly amputated.”<sup>6</sup> The atmosphere was constant commotion and a sense of urgency in the hospitals:

Here was lying uncomplaining men with shattered heads or ghastly disfiguration of their faces, others with shell and bullet wounds of the chest, spitting blood and gasping for breath; and, worst of all those quiet, afraid to be touched cases, with the innocent tiny little mark where the bullet had entered the abdomen, but already with the thread pulse, drawn corners of the mouth, anxious look, and rigid muscles which betoken hopeless disaster within.<sup>7</sup>

The men who were being cared for in the hospitals were as depressed as the ones in the trenches. They were struck with fear of dying and had a sense of helplessness. They felt as though since they were wounded and not in the trenches with their fellow soldiers, they were worthless. One of the hospital attendants recalls that “the wounds we dress are nothing; it is when something has gone in the make-up of a man that this bloody business comes home.”<sup>8</sup> The morale in the hospitals was low when soldiers all around were dying, leaving others with no hope. One soldier recounts his experience of war and his hospital stay:

I was one of the first to be hit, and, despite the pain of the wound and the terror that I should bleed to death before I was attended to, I kept on repeating to myself ‘It’s over now. It’s over now.’ And so it was, for me at any rate. When I came out of the hospital many months later the Armistice had been signed. I was just twenty-one years of age, but I was an old man—cynical, irreligious, bitter, and disillusioned. I have been trying to grow young ever since.<sup>9</sup>

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<sup>6</sup> Purdom

<sup>7</sup> Purdom

<sup>8</sup> Moran, 155

<sup>9</sup> Purdom

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<sup>4</sup> Barbusse, 140

<sup>5</sup> Purdom, C.B. *Everyman at war: Sixty Personal Narratives of the War*. New York: Dutton, 1930. Print.

This man's familiarity with war shows that soldiers were not only physically wounded, but they were psychologically wounded.

*Psychological Wounds*

The psychological effects of the war are nearly as bad as the deadly fate many wounded soldiers found. After witnessing many soldiers becoming wounded or killed, others began experiencing fear on a whole new level. Imagine what it was like to see one of your buddies killed or blown to pieces right in front of you. Those images stayed with soldiers throughout the war and long after. The stresses of wartime were unbearable for some, leading to self-inflicted wounds. These self-inflicted wounds were considered a serious wartime offense. For the majority of cases, this consisted of shooting oneself in the hand or foot. The main goal of this act was to remove oneself from the ability to participate in front line service. The punishment for this offense was ultimately death, but many soldiers took the risk. One reason behind many soldiers' acts of self-inflicting wounds was the physical and emotional stress of the war. Many people considered those who lacked the ability to act on the spot cowards. Fear was seen as a cowardly characteristic. What they did not know was that extreme fear was a symptom of shell shock.

Many emotions come over a soldier when he experiences war and battle. Their adrenaline is pumping; fear is in their mind and bodies, and anger in their hearts. When many emotions are felt at once by a person, their body's ability to function properly is hindered. When they see a fellow soldier killed right in front of them, or see the graves and bodies of many other soldiers, the feeling of shock and remorse overtake the soldiers mind and body. The shock and fear of seeing death all around them and seemingly no escape, causes uncontrollable and involuntary movements and actions by soldiers. George F. Wear remembers how "a distant machine-gun rattle would make me jump, and I often found it impossible to suppress such starts when not alone. I began to wonder if I was becoming a coward."<sup>10</sup> Coward was

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<sup>10</sup> Purdom

the term often used to describe soldiers who were extremely frightened during wartime, even though they tried extremely hard to hide their fear. They would lay awake at night while the others slept, just going over what could possibly happen to them the following day. They would have nightmares that would wake them with night sweats and tremors. These soldier's nerves were pretty much dissolved. "The sap has gone out of them, they are dried up."<sup>11</sup> In war, soldiers "wear out like clothes" and "they had once borrowed hope from the future, but in war there was no future."<sup>12</sup>

*Shell Shock and Treatment*

These soldiers were not simply cowards. Many of them suffered from an illness known as shell shock. "The intensity of the essentially artillery battles fought along the war fronts often caused neurotic cracks to appear in otherwise mentally stable soldiers."<sup>13</sup> Soldiers that endured this illness were often disregarded by medical officers until seemingly more and more soldiers were experiencing the same symptoms. This seemed uncommon and it was learned that "men who saw service of any great length on an active front quickly came to recognize the symptoms of shell shock among their fellow men."<sup>14</sup> Even though fellow soldiers recognized the pain and terror that many soldiers were enduring, it took longer for "military authority" to recognize it as well.<sup>15</sup> This was due to the logic that these particular soldiers were "suffering from the direct physical effects of shell blasts, or from a form of monoxide poisoning."<sup>16</sup>

When the name shell shock was coined, the number of men leaving the trenches with no bodily wound leapt up. The pressure of opinion in the battalion-the idea stronger than fear-was eased by

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<sup>11</sup> Moran, 134

<sup>12</sup> Moran, 70, 153

<sup>13</sup> Duffy, Michael. "Shell Shock." *First World War*. 2009. Web. 18 Mar 2010.

<<http://www.firstworldwar.com/atoz/shellshock.htm>>.

<sup>14</sup> Duffy

<sup>15</sup> Duffy

<sup>16</sup> Duffy

giving fear a respectable name.”<sup>17</sup> However, some soldiers in the line “did not believe in shell shock, they did not want to believe in it. Perhaps in their hearts, knowing what lay ahead, they could not all together approve too sensitive men.”<sup>18</sup> Symptoms of shell shock varied from soldier to soldier and some were more intense than others. They would range from “moderate panic attacks—which sometimes caused men to flee the battlefield: a crime which was invariably regarded as rank cowardice and which resulted in a court martial for desertion—to effective mental and physical paralysis.”<sup>19</sup> Soldiers would be in a trench during a battle and on an advance, they would freeze and have a blank look upon their face; A look of terror and emptiness. It was hard for their fellow soldiers to get them to snap out of their trance in order to get to safer ground. Shell shock decreased the will power in a soldier and made them begin to question the war and if their lives were worth the fight.<sup>20</sup> “It was not only the mind that was hurt, exposure left the soldier weaker in body so weaker in purpose, his will had been sapped.”<sup>21</sup> Shell shock affected not only the will power of the individual, but it also took a toll on the other soldiers as well.

At first, the hospitals did not know how to handle the numerous cases of shell shock. Some soldiers were unresponsive so it made the job of medical officers extremely difficult. A “British wartime psychiatrist W.H. Rivers (1864-1922) served at Britain’s Craiglockhart War Hospital where men suffering from shell shock, i.e. psychological trauma, were sent for treatment during wartime.”<sup>22</sup> After his experiences in this hospital and treating many patients from the year 1915 to 1917, W.H. Rivers wrote a report on the effects of wartime on soldiers, mainly concerning shell shock causes, symptoms, and treatments. His report was “presented to the Section of Psychiatry at the Royal School of Medicine on 4

December 1917, i.e. during wartime. It was subsequently published in *The Lancet* on 2 February 1918.”<sup>23</sup>

Rivers smartly organized his paper around the self treatment that many soldiers suffering from shell shock attempted. The process of repression is used in everyday life, in and out of war, especially after the war. Soldiers during World War I used this method of self-treatment frequently and as Rivers explains, this is detrimental to the recovery of afflicted soldiers. Soldiers believed that if they repress the memories that haunt them day in and day out, they will simply disappear and stop affecting their mind and bodies. “Patients had been repressing certain painful elements of their mental content.”<sup>24</sup> For example, a soldier who has seen his buddy blown to pieces in front of him, he will try and completely disregard that memory. He will try to act as though it never happened and that he never saw it. These effects of shell shock and emotional stress were prominent at night, when there was no activity to keep a soldier’s mind busy; therefore, he would try to repress certain memories. This self-treatment was not working; it tended to make the effects of shell shock worse in many senses. Rivers states that “there are few, if any, aspects of life in which repression plays so prominent and so necessary a part as in the preparation for war.”<sup>25</sup> When soldiers are trying to mentally prepare for a battle, they try to rid their minds of the horrible images that are essentially burned into their memory. They tried to focus only on the positives. However, some soldiers knew they could not cleanse their “thoughts of fear by repression of the doubts and hesitations which occupy and mock the minds of men in war.”<sup>26</sup> Despite the efforts of the soldiers, sometime in the future, these memories would be triggered by some smell, image, action, or event and the memory would come flooding back. However, this is not in all cases. Rivers believed that repression

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<sup>17</sup> Moran, 184

<sup>18</sup> Moran, 187

<sup>19</sup> Duffy

<sup>20</sup> Moran, 25, 55

<sup>21</sup> Moran, 88

<sup>22</sup> Rivers, W.H., *The repression of war experience*. The Lancet. 1918; 2 Feb., 173-177.

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<sup>23</sup> Rivers

<sup>24</sup> Rivers

<sup>25</sup> Rivers

<sup>26</sup> Moran, 123

“may take an active part in the maintenance of the neurosis” and morale of a soldier.<sup>27</sup>

The process of repression is when “a person endeavors to thrust out of his memory some part of his mental content, and it is also used for the state which ensues when, either through this process or by some other means, part of the mental content has become inaccessible to manifest consciousness.”<sup>28</sup> A soldier may be successful with this repression process but “new symptoms often arise in hospital or at home which are not immediate and necessary consequence of the war experience, but are due to repression of painful memories and thoughts, or of unpleasant effective states arising out of reflection concerning this experience.”<sup>29</sup> When Rivers and his colleagues treated shell shock patients, they had to take into account the soldier’s attitude about his experiences, while determining a treatment plan. The trouble many soldier’s faced was the natural tendency to simply “thrust aside painful memories just as it is natural to avoid dangerous or horrible scenes in actuality, and this natural tendency to banish the distressing or the horrible is especially pronounced in those whose powers of resistance have been lowered by the long-continued strains of trench-life, the shock of shell-explosion, or other catastrophe of war.”<sup>30</sup> When repression as treatment was recommended in the hospital for cases that were less severe, patients were forbidden to talk about the war and were forbidden to participate in any conversation concerning any and all aspects of the war. They were encouraged to put their minds on other topics. However hopeful this plan may seem, many soldiers found it extremely difficult to not “dwell continually on their war experience or be subjected to importunate inquiries” about their experiences.<sup>31</sup> It is equally hard to “attempt to banish such experiences from their minds altogether.”<sup>32</sup>

In his report, Rivers gives examples of illustrative cases of shell shock and high anxiety about war experiences. The following are a couple of these cases, which demonstrate the failures of repression as a treatment for shell shock.

1. The first case is that of a young officer who was sent home from France on account of a wound received just as he was extricating himself from a mass of earth in which he had been buried. When he reached hospital in England he was nervous and suffered from disturbed sleep and loss of appetite. When his wound had healed he was sent home on leave where his nervous symptoms became more pronounced, so that at his next board his leave was extended. He was for a time an out-patient at a London hospital and was then sent to a convalescent home in the country. Here he continued to sleep badly, with disturbing dreams of warfare, and became very anxious about himself and his prospects of recovery. Thinking he might improve if he rejoined his battalion, he made so light of his condition at his next medical board that he was on the point of being returned to duty when special inquiries about his sleep led to his being sent to Craiglockhart War Hospital for further observation and treatment. On admission he reported that it always took him long to get to sleep at night and that when he succeeded he had vivid dreams of warfare. He could not sleep without a light in his room because in the dark his attention was attracted by every sound. He had been advised by everyone he had consulted, whether medical or lay, that he ought to banish all unpleasant and disturbing thoughts from this mind. He had been occupying himself for every hour of the day in order to follow this advice and had succeeded in restraining his memories and anxieties during the day, but as soon as he went to bed they would crowd upon him and race through his mind hour after hour, so the every night he dreaded to go to bed. When he had recounted his symptoms and told me about his method of dealing with his disturbing thoughts I asked him to tell me candidly his own opinion concerning the possibility of keeping these obtrusive visitors from his mind. He said at once that it was obvious to him that memories such as those he had brought with him from the war could never be forgotten. Nevertheless, since he had been told by everyone that it was his duty to forget them he had done his utmost in this direction.<sup>33</sup>

2. The next case is that of an officer, whose burial as the result of a shell explosion had been followed by symptoms pointing to some degree of cerebral concussion. In spite of severe headache, vomiting,

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<sup>27</sup> Rivers

<sup>28</sup> Rivers

<sup>29</sup> Rivers

<sup>30</sup> Rivers

<sup>31</sup> Rivers

<sup>32</sup> Rivers

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<sup>33</sup> Rivers

and disorder of micturition, he remained on duty for more than two months. He then collapsed altogether after a very trying experience, in which he had gone out to seek a fellow officer and had found his body blown into pieces, with head and limbs lying separated from the trunk. From that time he had been haunted at night by the vision of his dead and mutilated friend. When he slept he had nightmares in which his friend appeared, sometimes as he had seen him mangled on the field, sometimes in the still more terrifying aspect of one whose limbs and features had been eaten away by leprosy. The mutilated or leprous officer of the dream would come nearer and nearer until the patient suddenly awoke pouring with sweat and in a state of the utmost terror. He dreaded to go to sleep, and spent each day looking forward in painful anticipation of the night. He had been advised to keep all thoughts of war from his mind, but the experience which recurred so often at night was so insistent that he could not keep it wholly from his thoughts, much as he tried to do so. Nevertheless, there is no question but that he was striving by day to dispel memories only to bring them upon him with redoubled force and horror when he slept.<sup>34</sup>

These two cases posed a problem for Rivers and he had to think of new ways to help these tormented soldiers. As for the first soldier, Rivers knew that it was almost impossible to get these experiences to disappear from his memory. Rivers advised this soldier to try and make them into more “tolerable, if not even pleasant, companions instead of evil influences which forced themselves upon his mind whenever the silence and inactivity of the night came around”, instead of banishing these memories.<sup>35</sup> After the soldier attempted to follow Rivers orders, “he had the best night he had had for five months” and over time he became more confident. “His general health improved; his power of sleeping gradually increased and he was able after time to return to duty, not in the hope that this duty might help him forget, but with some degree of confidence that he was really fit for it.”<sup>36</sup> With the success of this case, Rivers entered the second case with greater confidence in helping these soldiers. The second case held a new task, and Rivers went about helping this soldier the same way as the

last. He aimed to get the soldier to make his experience a more bearable memory. This particular soldier held a memory of another soldier who was disturbingly mutilated. Rivers helped him rid this memory of its “horrible and terrifying character.”<sup>37</sup> Rivers successfully altered the soldier’s outlook on his memory of his friend by making him realize that “the mangled state of the body of his friend was conclusive evidence that he had been killed outright and had been spared the long and lingering illness and suffering which is too often the fate of those who sustain mortal wounds.”<sup>38</sup> Just like the previous case, this soldier was successful with his treatment. He had many nights without any dreams, “and then came a night in which he dreamt that he went out into No Man’s Land to seek his friend and saw his mangled body just as in other dreams, but without the horror which had always previously been present.”<sup>39</sup> This soldier regained his health and strength just as the first one had. With these cases, Rivers was making great headway on the path to treatment of shell shock and intense emotional and mental trauma during World War I.

Despite Rivers’ successes, there were also the soldiers who were not so lucky to get relief from the nightmares and memories of the war. There was a particular soldier who held one of the most atrocious memories any soldier could have:

flung down by the explosion of a shell so that his face struck the distended abdomen of a German several days dead, the impact of his fall rupturing the swollen corpse. Before he lost consciousness the patient had clearly realized his situation and knew that the substance which filled his mouth and produced the most horrible sensations of taste and smell was derived from the decomposed entrails of an enemy.<sup>40</sup>

Several months later, when this soldier came under the care of Rivers, he was “suffering horrible dreams in which the events narrated were faithfully reproduced, he was striving by every means in his

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<sup>34</sup> Rivers

<sup>35</sup> Rivers

<sup>36</sup> Rivers

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<sup>37</sup> Rivers

<sup>38</sup> Rivers

<sup>39</sup> Rivers

<sup>40</sup> Rivers

power to keep the disgusting and painful memory from his mind.”<sup>41</sup> He took time and went into the “country far from all that could remind him of the war” and it eased his nightmares some but the dreams still recurred. He was advised to leave the Army and return to the place that had previously given him relief.<sup>42</sup> Another case that failed due to excessive and long term repression is that of a soldier who had lack of memory as well as other major symptoms. His practice of “repression had been allowed to continue for so long that it had become a habit.”<sup>43</sup> He was admitted to a hospital in England and suffered the loss of “power and sensation in his legs and was suffering from severe headaches, sleeplessness, and terrifying dreams.”<sup>44</sup>

With repression and other attempts to alter his memory of his experiences, he was finally “treated by hypnotism and hypnotic drugs and was advised to neither read the papers nor talk with anyone about the war.”<sup>45</sup> He had high anxiety and dreadful attitude towards life and he was finally advised to talk about the war to get his emotions and feelings out in the open, hoping this would make his experiences easier to cope with. This was slightly successful, but he continued to have emotional and terrifying nightmares. In the end, he was coping well with his memories, despite the recurring nightmares and anxiety. In all, soldiers were either able to cope with their experiences or they were not. Some were able to successfully repress their memories, whereas others could not help but brood over them constantly. Some were able to alter the meaning of their experiences and others were able to live with their unchanged memories. Many soldiers lost sleep due to shell shock and many more were unlucky because they were unable to receive treatment to ease their symptoms. They were simply seen as cowards and were brushed off as a weak man who did the army little good. It’s a shame that many men struggled alone to understand

their mind and bodies during shell shock. Rivers can be seen as a war hero in a sense because he helped to expand the knowledge of the illness during World War I, an illness that laid siege on every front.

#### *Poetry and Journals as an Outlet*

After the war ended, it was assumed that life would start to get back to normal. Many soldiers returned home after surviving the experiences of war. Home life started to settle down, but the memories of those who experienced shell shock had not. They still suffered from the psychological trauma and the unthinkable tragedies of the war and their memories were so vivid that some felt they had to express it in some way in order to relieve some of the agony and torture. One way soldiers did this was through poetry. Poems written during and after World War I express aspects of the war that range from death, warfare, missing family, to any other number of things. Soldiers would write a poem in their journals which would turn into a portal to understanding what soldiers were feeling during the war. Two of the most famous war poets from World War I are Siegfried Sassoon and Wilfred Owen. Coincidentally, they were both treated by W.H. Rivers at Craiglockhart War Hospital during the war.<sup>46</sup>

Siegfried Sassoon was born on September 8<sup>th</sup>, 1886. He was a poet who grew up living a simple country life; playing golf, hunting, and writing poetry. He studied at Cambridge, although never completing a degree. It was on the day England declared war, on August 4<sup>th</sup>, 1914, when Siegfried joined the forces in World War I.<sup>47</sup> War had affected Sassoon greatly and he was sent to the Craiglockhart War Hospital where he was treated for shell shock. While there, he met and built a friendship with Wilfred Owen.<sup>48</sup> During battle and in the hospital, Sassoon wrote his poetry that expresses the war realities as harsh, brutal, and

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<sup>46</sup> Duffy

<sup>47</sup> Miller, Alisa, and Stuart Lee. "The Siegfried Sassoon Collection." *The First World War Poetry Digital Archive*. N.p., n.d. Web. 14 Nov 2011.

<<http://www.oucs.ox.ac.uk/ww1lit/collections/sassoon>>.

<sup>48</sup> Miller

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<sup>41</sup> Rivers

<sup>42</sup> Rivers

<sup>43</sup> Rivers

<sup>44</sup> Rivers

<sup>45</sup> Rivers

border line cruel. One of his well-known poems is *The Rank Stench of Those Bodies Haunts Me Still*. This poem is the epitome of what the psychological trauma and warfare experiences were like. In the first two lines of Sassoon's poem, he expresses:

The rank stench of those bodies haunts me still;  
And I remember things I'd best forget.<sup>49</sup>

This shows that Siegfried Sassoon felt the pain of memories of wartime. The recollections in which he remembers vividly the smell and sights that would haunt his memories forever. Throughout the poem, Sassoon describes what warfare and battle were like during World War I. In one stanza he recalls:  
The spouting shells dig pits in fields of death  
And wounded men, are moaning in the woods.  
If any friend be there whom I have loved  
God speed him safe to England with a gash<sup>50</sup>

Sassoon considered the battle field the "fields of death". Men would go out into no man's land and this land would turn into a grave for the many lost lives of young soldiers. Soldiers were left helpless during wartime if they were wounded and they could only hope for immediate help, or a sometimes more soothing immediate death. Throughout the rest of Sassoon's poem, he refers to the bombs and shells that are constantly firing among the soldiers as they are screaming and "men began to blunder down the trench."<sup>51</sup> This poem can be seen as a symbol for shell shock during World War I. Sassoon was lucky enough to survive the war and shared his experiences and memories through his poetry. His poetry gives extreme insight into the dramatic events that took place during those four years of treacherous war. It solidified many experiences of soldiers and reveals the rocky psychological road that laid ahead for those soldiers. Sassoon's poetry also created a connection and a realization within a soldier of the atrocities they witnessed and endured. It made it real. Some of his poetry even demonstrated the connection between men and how that strong bond can help soldiers heal

from shell shock by acknowledging and accepting the events that traumatized the soldiers' lives.

As for Wilfred Owen, a young poet born in 1893 that Sassoon helped and influenced through their encounter at Craiglockhart War Hospital, his poetry has a sense of compassion alongside dismal reality. He suffered shell shock and a concussion in 1917 and that was when he was sent to the Craiglockhart War Hospital.<sup>52</sup> Although he died during the war, his poetry lived on and is influential into how people see the war today. One of Owen's poems that demonstrate the effects of war extremely well is that of *Exposure*. The first stanza sets the stage for the rest of the poem:

Our brains ache, in the merciless iced east winds that  
knife us...  
Wearied we keep awake because the night is silent...  
Low drooping flares confuse our memory of the  
salient...  
Worried by silence, sentries whisper, curious,  
nervous...  
But nothing happens.<sup>53</sup>

This stanza shows how shell shock and the fear that shot through the soldiers during warfare truly affected them day and night. Many soldiers would lay in the trenches completely restless for the fear of being attacked while asleep. The silence of the night would bring the bad memories that they had experienced throughout the war. These memories would make a soldiers "brain ache" and cause fear to paralyze them when they need movement the most. Overall, Wilfred Owen uses the experiences of war and shell shock to write poetry and shed light on what it was like during World War I.

Poetry, journals, and memoirs are all ways that soldiers tried to cope with shell shock and emotional and psychological trauma and even the experiences of

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<sup>49</sup> Sassoon, Siegfried. *The Rank Stench of Those Bodies Haunts Me Still*, 1916. <<http://www.poemhunter.com>>.

<sup>50</sup> Sassoon

<sup>51</sup> Sassoon

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<sup>52</sup> Fishwick, Stephanie, and Stuart Lee, eds. "The Wilfred Owen Collection." *The First World War Poetry Digital Archive*. N.p., n.d. Web. 14 Nov 2011. <<http://www.oucs.ox.ac.uk/ww1lit/collections/owen>>.

<sup>53</sup> Owen, Wilfred. *Exposure*, 1917-1918. <<http://www.oucs.ox.ac.uk/ww1lit/collections/document/5195>>.



war in general. By writing poems and memoirs, soldiers were able to better cope with their trauma. This could be considered a form of treatment for soldiers with shell shock and severe psychological trauma because it helps them express their feelings about the war and the events that they witnessed during World War I. Although these methods as well as those previously mentioned did help some soldiers, others had to continue living life while struggling to comprehend the atrocious events of World War I.

*Concluding Remarks*

The war that lasted four years created lifelong scars within the soldiers that fought during World War I. Wounds of the body could heal quicker than wounds of the mind. Soldiers throughout World War I constantly struggled with understanding the effects the war had on their minds and bodies. Shell shock was a new illness of the time period and many were trying to accept this concept. The chilling symptoms of shell shock included extreme fear, high anxiety, and constant torture from the memories of the war.

During World War I, doctors and psychiatrists struggled to understand and treat shell shock and psychological trauma. Soldiers made attempt after attempt to relieve the horror from their experiences and some were successful. Others endured them the best they could throughout their lives. Each individual soldier was affected by the war in their own way and some experienced shell shock on many levels. The symptoms of shell shock and psychological trauma can be related to what we know today as post-traumatic stress disorder. Unlike the doctors during World War I, with the technology and scientific advances of today, doctors are getting closer to treating shell shock and psychological trauma.

Soldiers of the First World War are heroes; not just for the fact they fought and risked their lives, but because they endured the long-term effects of war. They practically sacrificed their sanity for the war. Soldiers entered the war for an adventure of a lifetime, but they came out with memories that would never fade. The romantic notions that surrounded the First World War were overwhelming, but in the end it

could not cover the atrocities of war. The soldiers were psychologically traumatized for the rest of their lives.

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REFERENCES

Barbusse, Henri. *Under Fire*. 1916. Great Britain : The Penguin Group, 2003. Print.

Duffy, Michael. "Shell Shock." *First World War*. 2009. Web.18 Mar 2010.  
<<http://www.firstworldwar.com/atoz/shellshock.htm>>.

Fishwick, Stephanie, and Stuart Lee, eds. "The Wilfred Owen Collection." *The First World War Poetry Digital Archive*. N.p., n.d. Web. 14 Nov 2011.  
<<http://www.oucs.ox.ac.uk/ww1lit/collections/owen>>.

Miller, Alisa, and Stuart Lee. "The Siegfried Sassoon Collection." *The First World War Poetry Digital Archive*. N.p., n.d. Web. 14 Nov 2011.  
<<http://www.oucs.ox.ac.uk/ww1lit/collections/sassoon>>.

Moran, Lord *The Anatomy of Courage: The Classic WWI Account of the Psychological Effects of War*. New York: Carroll & Graf, 2007. Print.

Owen, Wilfred. *Exposure*, 1917-1918.  
<<http://www.oucs.ox.ac.uk/ww1lit/collections/document/5195>>.

Purdom, C.B. *Everyman at war: Sixty Personal Narratives of the War*. New York: Dutton, 1930. Print.

Rivers WHR. The repression of war experience. *The Lancet*. 1918;2 Feb.,173-177.

Sassoon, Siegfried. *The Rank Stench of Those Bodies Haunts Me Still*, 1916.  
<<http://www.poemhunter.com>>.