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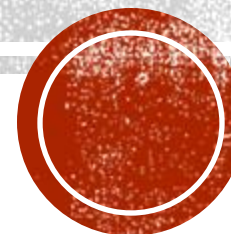


WHAT IS PTSD

- PTSD also known as post-traumatic stress disorder (NHS, 2022).
- As defined by the NHS (2022) PTSD "is caused by very stressful, frightening and stressful events.
- PTSD did not become a diagnosis by the DSM until the early 1980s (U.S. Department of Veteran Affairs).



SHELL SHOCK



WHAT IS SHELL SHOCK?

- This was a mental illness that appeared shortly after the beginning of the war (Pedroso et al., 2017).
- This mental health problem is very similar to post-traumatic stress disorder that we know of in today's society, but it is not exactly the same (Pedroso et al., 2017).
- Although it can also be seen as an early form of it by other professionals (Loughran, 2012).



SYMPTOMS OF SHELL SHOCK

- Some of the physical symptoms included dizziness, weakness, headaches, anaemia (Pedroso et al., 2017), and some had prolonged cases of fatigue (Reid & Everbroeck, 2014).
- Some would see no physical injuries but show these symptoms (Pedroso et al., 2017).
- The psychological symptoms that some soldiers would show were anxiety attacks and some would have nightmares (Pols, 2006), and disturbed sleep (Jones & Wessley, 2005).
- The shell shock causing many soldiers to be unable to complete basic tasks that they previously would do (Pols, 2006).
- In 1915 the first article on shell shock was released. This was by the captain of the Royal Army Medical Corps. Dr. Charles Meyers spoke about three different soldiers who had no physical injuries. However, had experienced the loss of their sight. Also were having trouble with their memory and had changes in their hearing and in their sense of smell (Pedroso et al., 2017).
- Many other doctors at the time had found these sorts of symptoms in their patients (Vance & Howell, 2020). This began the use of shell shock to the public (Vance & Howell, 2020). There was not the agreement on how they could define shell shock, but the symptoms were persistent. They were seen as caused by the same thing no physical injuries and psychological (Vance & Howell, 2020).



CAUSES OF SHELL SHOCK

- They would see many of the soldiers that they thought were dead (Pedroso et al., 2017).
- They would be subjected to “shell explosions, machine gun fire and toxic gas” (Pedroso et al., 2017).
- The soldiers were also exposed to many diseases due to the bad hygiene (Pedroso et al., 2017).
- “More than 9 million soldiers were killed on the battlefield (Pedroso et al., 2017).
- The not knowing if they were going to make it out of the war alive also affected the soldiers which physicians believed could have been another factor contributing to shell shock (Pedroso et al., 2017).
- The experts could not find common ground on whether the symptoms were caused by being in a close proximity of frequent shell fire that caused damage to the brain.
- Whereas others took a more psychological approach believing shell shock to be caused by the memory of the events during the war (Vance & Howell, 2020).



SHELL SHOCK

- Shell shock became a major concern for the British Government and other nations involved in World War One.
- Many soldiers had to be relieved from their duty in the war to be treated and many eventually compensated (Vance & Howell, 2020).
- Due to the ongoing war that went on a lot longer than expected. There was a ban in 1916 for publishing about shell shock this was due to the need in soldiers to fight.
- The people in charge of diagnosing in the military got rid of the term shell shock (Vance & Howell, 2020).



COMBAT FATIGUE SYMPTOMS

- During World War Two shell shock and PTSD was seen to be known as combat fatigue by Psychiatrists (Dwyer, 2006).
- Many soldiers would be found reliving the horrifying memories of the war years later causing anxiety and disturbed sleep
- In one particular case where Kyle Jones an air force navigator plane was hit in Germany. The plane caught on fire he managed to survive but was taken by German soldiers and held prisoner for 18 months. This led him to come out of the war with extremely traumatic memories and disturbed him for the rest of his life (Kaiman, 2003).
- The symptoms seen during World War Two were very similar to those seen in World War One. They would be seen with tremors and memory loss (Decuers, 2020).
- Like World War One it was a long fight, and they needed soldiers. So, they wanted them back as soon as possible. They would treat the soldiers with long periods of sleep. Given clean clothing and hot meals. They would be assessed by a doctor, and most would return to fight within 3 days of their treatment (Decuers, 2020).



COMBAT FATIGUE

- After the end of the war more than half a million soldiers were left with psychological injuries (Ducuers, 2020).
- The guilt of some of the things they had to do in the war would affect them and cause nightmares of what they had to do in the war (Kaiman, 2003).
- There would be an immense lot of survivor's guilt as well due to watching soldiers they had fought with die in front of their eyes (Kaiman, 2003).
- During the 90s after the diagnosis of PTSD came in there was a lot more help for veterans of World War Two. There was a talk group set up for the Veterans that allowed them to discuss the horrors that they had gone through. The symptoms in these Veterans had worsened as they aged (Kaiman, 2003).
- Many did not have any symptoms of PTSD until later in life they began life after the war settling in but usually after retirement would show these symptoms (Kaiman, 2003).



SOCIETIES ATTITUDES TOWARDS PTSD

- PTSD is not seen to have as much societal scrutiny as other mental health conditions (Thibodeau & Merges, 2022).
- It is seen that public attitudes of PTSD can depend on the cause of it (Thibodeau & Merges, 2022).
- There is a lot of stereotypes related to having PTSD which can affect public attitudes towards it (Clapp et al., 2023).
- Recovery can be affected by the belief of prejudice and public scrutiny as this can cause someone to have self-stigma. This leads to their self-esteem being affected and prolonging their recovery (Youssef-Morgan, 2024).
- Other self-stigma towards having post-traumatic stress disorder as some people do not understand the disorder, so it brings the guilt of having it therefore feeling like they do not want anyone to know about it (U.S. Department of Veterans Affairs, 2025).
- Due to this stigma attached to mental health this can lead to someone not seeking treatment for their mental health (Reavley & Jorm, 2014).



SOCIETIES ATTITUDES TOWARDS PTSD

- As some individuals in society have a negative view on mental illness this can also cause someone who is struggling to not go and get diagnosed (Dermir & Ercan, 2025).
- In the modern century there has been a lot of developments in the diagnosis and treatments of mental illness which has caused a shift in perspective (Youssef-Morgan, 2024).
- It was seen at the beginning of looking in to having a positive shift on mental health that it was still needed to have “negativity basis” as it is a part of our basic human life. They believed this view had to have a balance (Youssef-Morgan, 2024).
- The view was also that positivity and negativity is essential. It has been researched that having positive mindset towards mental illness and ptsd that it improves someone's daily life and the way they perform tasks needed to be done (Youssef-Morgan, 2024).
- This would also decrease the negative outcome of something. For example, in their field of work (Youssef-Morgan, 2024).
- Veterans today still face psychological effects from the warfare and there is the lack of funding towards helping them leaving them vulnerable (Vance & Howell, 2020).
- Public attitudes changed due to shift in perspective that it was not the fault of the patient as caused by a traumatic event in the past therefore not being something of a weakness of the person (Friedman, 2025).



Script

Hello, today we will be discussing post-traumatic stress disorder. Post traumatic stress disorder is also known as PTSD (NHS, 2022). We will be talking about how PTSD has been viewed by our society over time. We will look at how the treatments have developed and what the symptoms of PTSD are. As defined by NHS (2022) PTSD “is caused by very stressful, frightening, and distressing events.” PTSD did not become a diagnosis by the DSM until the early 1980s (U.S. Department of Veteran Affairs, 2025). We will be discussing what PTSD was viewed as from the beginning of time. We will look at shell shock from the 20th century and look at the symptoms and treatments of this. Then looking into what PTSD is known as in modern day society.

Moving on from what PTSD was before the 20th century. We will now look at shell shock. The first World War broke out in 1914 and went on until 1918. During World War one was where we saw the term Shell Shock being used. What is shell shock? This was a mental illness that appeared shortly after the beginning of the war (Pedroso et al., 2017). This mental health problem is very similar to post-traumatic stress disorder that we know of in today's society, but it is not exactly the same (Pedroso et al., 2017). Although it can also be seen as an early form of it by other professionals (Loughran, 2012).

Shell shock had many symptoms some being physical and others being psychological (Loughran, 2012). Some of the physical symptoms included dizziness, weakness, headaches, anaemia (Pedroso et al., 2017), and some had prolonged cases of fatigue (Reid & Everbroeck, 2014). Some would see no physical injuries but show these symptoms (Pedroso et al., 2017). The psychological symptoms that some soldiers would show were anxiety attacks and some would have nightmares (Pols, 2006), and disturbed sleep (Jones & Wessley, 2005). The shell shock causing many soldiers to be unable to complete basic tasks that they previously would do (Pols, 2006). In 1915 the first article on shell shock was released. This was by the captain of the Royal Army Medical Corps. Dr. Charles Meyers spoke about three different soldiers who had no physical injuries. However, had experienced the loss of their sight. Also were having trouble with their memory and had changes in their hearing and in their sense of smell (Pedroso et al., 2017). Many other doctors at the time had found these sorts of symptoms in their patients (Vance & Howell, 2020). This began the use of the term shell shock to the public (Vance & Howell, 2020). There was not the agreement on how they could define shell shock, but the symptoms were persistent. They were seen as caused by the same thing no physical injuries and psychological (Vance & Howell, 2020).

It was believed by physicians at the time that it was due to the conditions of the war causing these symptoms (Pedroso et al., 2017). They would see many of the soldiers that they fought with dead (Pedroso et al., 2017). During the horrors of the First World War where soldiers would be fighting in the trenches. They would be subjected to “shell explosions, machine gun fire and toxic gas” (Pedroso et al., 2017). The soldiers were also exposed to many diseases due to the bad hygiene (Pedroso et al., 2017). “More than 9 million soldiers were killed on the battlefield (Pedroso et al., 2017). The not knowing if they were going to make it out of the war alive also affected the soldiers which physicians believed could have been another factor contributing to shell shock (Pedroso et al., 2017). The experts could not find common ground on whether the symptoms were caused by being in a close proximity of frequent shell fire that caused damage to the brain. Whereas others took a more psychological approach believing shell shock to be caused by the memory of the events during the war (Vance & Howell, 2020).



Shell shock became a major concern for the British Government and other nations involved in World War One. Many soldiers had to be relieved from their duty in the war to be treated and many eventually compensated (Vance & Howell, 2020). Due to the ongoing war that went on a lot longer than expected. There was a ban in 1916 for publishing about shell shock this was due to the need in soldiers to fight. The people in charge of diagnosing in the military got rid of the term shell shock (Vance & Howell, 2020).

Just over 20 years later World War Two broke out in 1939. During World War Two shell shock and PTSD was seen to be known as combat fatigue by Psychiatrists (Dwyer, 2006). Many soldiers would be found reliving the horrifying memories of the war years later causing anxiety and disturbed sleep. In one particular case where Kyle Jones an air force navigator plane was hit in Germany. The plane caught on fire he managed to survive but was taken by German soldiers and held prisoner for 18 months. This led him to come out of the war with extremely traumatic memories and disturbed him for the rest of his life (Kaiman, 2003). The symptoms seen during World War Two were very similar to those seen in World War One. They would be seen with tremors and memory loss (Decuers, 2020). Like World War One it was a long fight, and they needed soldiers. So, they wanted them back as soon as possible. They would treat the soldiers with long periods of sleep. Given clean clothing and hot meals. They would be assessed by a doctor, and most would return to fight within 3 days of their treatment (Decuers, 2020).

After the end of the war more than half a million soldiers were left with psychological injuries (Ducuers, 2020). The guilt of some of the things they had to do in the war would affect them and cause nightmares of what they had to do in the war (Kaiman, 2003). There would be an immense lot of survivor's guilt as well due to watching soldiers they had fought with die in front of their eyes (Kaiman, 2003). During the 90s after the diagnosis of PTSD came in there was a lot more help for veterans of World War Two. There was a talk group set up for the Veterans that allowed them to discuss the horrors that they had gone through. The symptoms in these Veterans had worsened as they aged (Kaiman, 2003). Many did not have any symptoms of PTSD until later in life they began life after the war settling in but usually after retirement would show these symptoms (Kaiman, 2003).

In today's society our view of Post traumatic stress disorder has become more empathic but there is still some stigma attached to it. PTSD is not seen to have as much societal scrutiny as other mental health conditions (Thibodeau & Merges, 2022). It is seen that public attitudes of PTSD can depend on the cause of it (Thibodeau & Merges, 2022). There is a lot of stereotypes related to having PTSD which can affect public attitudes towards it (Clapp et al., 2023). Recovery can be affected by the belief of prejudice and public scrutiny as this can cause someone to have self-stigma. This leads to their self-esteem being affected and prolonging their recovery (Youssef-Morgan, 2024). Other self-stigma towards having post-traumatic stress disorder as some people do not understand the disorder, so it brings the guilt of having it therefore feeling like they do not want anyone to know about it (U.S. Department of Veterans Affairs, 2025). Due to this stigma attached to mental health this can lead to someone not seeking treatment for their mental health (Reavley & Jorm, 2014). As some individuals in society have a negative view on mental illness this can also cause someone who is struggling to not go and get diagnosed (Dermir & Ercan, 2025). In the modern century there has been a lot of developments in the diagnosis and treatments of mental illness which has caused a shift in perspective (Youssef-Morgan, 2024). It was seen at the beginning of looking in to having a positive shift on mental health that it was still needed to have "negativity basis" as it is a part of our basic human life. They believed this view had to have a balance (Youssef-Morgan, 2024). The view was also that positivity and negativity is essential. It has been researched that having positive mindset towards mental illness and ptsd that it improves someone's daily life and the way they perform tasks needed to be done (Youssef-Morgan, 2024). This would also decrease the negative outcome of something. For example, in their field of work (Youssef-Morgan, 2024). Veterans today still face psychological effects from the warfare and there is the lack of funding towards helping them leaving them vulnerable (Vance & Howell, 2020). Public attitudes changed due to shift in perspective that it was not the fault of the patient as caused by a traumatic event in the past therefore not being something of a weakness of the person (Friedman, 2025).



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