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PTSD before shell shock

One of the first recorded records of trauma symptoms comes from Iraq in 1300-609 BC. Medical writings were found from that time which describes some struggles that soldiers were having after battle (Seay, 2024)

These struggles include:

- Nightmares
- Extreme drinking
- Violent outbursts
- Visions which we now know as flashbacks (Seay, 2024).

Many soldiers experiences these symptoms, but it was not seen as an illness (Seay, 2024).

Hippocrates (460BC)

Hippocrates produced the idea of the 4 humours. He believed our body had 4 humours which are blood, phlegm, yellow bile and black bile (Javier, 2014).

When the humours were in perfect balance the individual was seen as healthy, problems arise when the humours were unbalanced (Garon, 2023).

Overproduction on black bile was thought to cause melancholia (Scull, 2015).

Hippocrates believed that combat trauma may result in an overproduction of black bile therefore result in melancholia (Cohen, 2025).

The treatment for melancholia was plenty of rest, specific diets, warm baths and exercise. These treatments were recommended to try and balance the 4 humours again (Cohen, 2025).

Ancient Greece and spirituality

Another way the ancient Greek society tried to deal with combat trauma was through spiritual rituals (Cohen, 2025).

Before soldiers went in battle, they would make offerings to the Gods and prayed to their God of war (Cohen, 2025).

Then when the soldiers came back, they would go through cleansing rituals to cleanse their soul of the killings. In cases where the soldier struggled a lot they would go to the temples for help (Cohen, 2025).

17th century

During the 17th century the term nostalgia was used to describe trauma symptoms, it was viewed as a type of homesickness (Battesti, 2016).

It presented as lack of sleep, no appetite and low mood. It was classified as an illness late 18th century, and many soldiers had died from it (Battesti, 2016).

The only treatment offered for this was for the soldier to be discharged and sent home. Unfortunately, this only happened in rare cases where they were able to send the soldier home (Battesti, 2016).

The attitudes and stigma from society in 17th century

Soldiers that struggled with nostalgia during the civil war were labelled as weak and cowardly by the doctors (Angel, 2023).

This reflects societal attitudes that emotions are a weakness and frowned upon, this idea that emotions are bad and shouldn't be shown or talked about lasted for many centuries. Only very recently, emotions and mental illness started to be accepted by society.

Poor societal attitudes can make recovery harder for those struggling with mental illness. This is because those struggling may fear to reach out for support or there may be no support available, it may also make the individual think they are weak and unworthy of support which will result in them only getting worse (Socio.Health, 2024).

When did PTSD come about?

PTSD was first seen as a diagnosis in 1980, when the American psychological association added it to the third edition of the DSM (Friedman, 2022).

The DSM stands for the diagnostic and statistical manual of mental disorders.

The DSM organises mental illnesses and sets out specific criteria that psychiatrists use to diagnose and treat patients (American Psychiatric Association, 2025).

PTSD research.

Post traumatic stress disorder also known as PTSD is a mental health condition that may develop after a traumatic event (NHS, 2022)

Even though it is estimated that 50% of people will experience a traumatic event within their lifetime, not everyone will develop PTSD (PTSD UK, 2024)

Majority of people who experience a traumatic event will feel emotional distress for a short time after; this is a normal reaction to the stress of the event.

However, around 20% of people will develop PTSD after the event (PTSD UK, 2024).

Risk factors for PTSD

It is not clear why some develop PTSD and other don't. There are some risk factors that may increase someone's likelihood of developing it.

Some of the risk factors include:

- Age when trauma happened
- Previous mental health struggles
- Genetics
- The duration and severity of trauma
- The ability to access support after the trauma.

The current criteria for PTSD.

The DSM has been updated 2 times since PTSD was first put on it. I am going to be exploring the current criteria set out by the DSM.

- Criterion A: an individual was exposed a traumatic event (U.S. Department of Veterans Affairs, 2023).
- Criterion B: The individual re-living the trauma event (U.S. Department of Veterans Affairs, 2023).
- Criterion C: Avoiding trauma related reminders (U.S. Department of Veterans Affairs, 2023).
- Criterion D: Negative thoughts or feelings that began or worsened after the trauma (U.S. Department of Veterans Affairs, 2023).

- Criterion E: Trauma related behaviours that began or worsened after trauma (U.S. Department of Veterans Affairs, 2023).
- Criterion F: experiencing symptoms for over a month (U.S. Department of Veterans Affairs, 2023).
- Criterion G: Symptoms cause distress and impact day to day life (U.S. Department of Veterans Affairs, 2023).
- Criterion H: symptoms are not caused by medication, substances or any other condition (U.S. Department of Veterans Affairs, 2023).

Traumas

Here are some of the traumas that can cause PTSD:

- Serious accidents
- Abuse
- Physical and sexual assault
- Serious health problems
- Labour experiences or losing a baby
- Death of a loved one
- War
- Torture (NHS, 2021)

Symptoms of PTSD Include:

- Recurring flashbacks and/or nightmares of the traumatic event
- Inability to experience positive emotions
- Problems with concentration and attentiveness
- Feeling detached from others
- Diminished interest in participating in significant activities
- Avoiding or attempting to avoid reminders associated with traumatic event
- Irritability
- Self-destructive/reckless behaviors
- Negative beliefs or expectations about oneself, others, or the world

Complex PTSD

Those who experience trauma can also go on to develop complex PTSD. Complex PTSD includes all the same symptoms as PTSD but those who have it may struggle managing emotions and relationships (NHS, 2021).

The added symptoms of CPTSD are:

- Feelings of shame, guilt and worthlessness
- Difficulty regulating emotions
- Difficulty making and keeping friends and other relations
- Difficulty feeling a connection with others (NHS, 2021).

THE DIFFERENCE BETWEEN PTSD AND COMPLEX PTSD

@chronicallymeh

PTSD	CPTSD
connected to a single traumatic event or episode	develops due to multiple traumatic events or episodes
short-lived trauma	long-term trauma
visual and somatic flashbacks	visual, somatic and emotional flashbacks
nightmares, sleep issues	night terrors, sleep paralysis and insomnia
avoidance of triggers	avoidance of triggers and relationships
isolation	chronic isolation
dissociation anxiety and depression	associated with dissociative disorders and personality disorders
paranoia and hypervigilance about surroundings	distrustful of people and the world in general
self-destructive behavior	difficulty in regulating emotions, disproportionate emotional responses
short-term counseling and drug therapy can aid faster recovery	negative self-view, feeling of hopelessness, worthlessness and guilt

(Blogspot.com, 2022)

Complex PTSD is developed due to more severe or long-term trauma, such as:

- Childhood abuse
- Sex trafficking
- Sexual abuse
- Slavery
- War (NHS, 2021).

There are some other factors that may contribute to developing complex PTSD these are trauma at a young age, trauma cause by someone close to the individual and the inability to escape the trauma (NHS, 2021).

Script

Good morning, my name is Elisia, and I am going to exploring the history of PTSD before the first world war. There was not much research being done on PTSD before the 20th century but there was recognition that significant trauma can cause some psychological symptoms (Seay, 2024).

One of the first records of trauma symptoms comes from Iraq in 1300-609 BC. Medical writings were found from that time which describes some struggles that soldiers were having after battle (Seay, 2024). Some of the symptoms that were listed include regular nightmares, excessive drinking, visions from battles they fought and violent outbursts (Seay, 2024). Although many soldiers experienced similar issues when back from battle the combination of symptoms were not seen as a mental illness (Seay, 2024).

Hippocrates, an ancient Greek physician who was around during 460BC, produced a theory of 4 humours (Tacchi & Scott, 2017). The 4 humours were thought to impact the body and mind. The 4 humours are 4 different bodily fluids. These are phlegm, blood, yellow bile and black bile (Jouanna & Allies, 2012). Illnesses were thought to happen when the humours were unbalanced (Garon, 2023). Black bile was thought to cause an illness called melancholia, melancholia presented as low mood, constant state of fear, lack of appetite, and excessive crying (Scull, 2015). Hippocrates believed that combat trauma may result in an overproduction of black bile, which is what was thought to cause melancholia (Cohen, 2025). The treatment for melancholia was plenty of rest, specific diets, warm baths and exercise. These treatments were recommended to try and balance the 4 humours again (Cohen, 2025).

Another way that the ancient Greek society tried to deal with combat stress was through spiritual rituals (Cohen, 2025). Before soldiers went in battle, they would make offerings to the Gods and prayed to their God of war (Cohen, 2025). Then when the soldiers came back, they would go through cleansing rituals to cleanse their soul of the killings. In cases where the soldier struggled a lot they would go to the temples for help (Cohen, 2025).

In the 17th century a doctor named Johannes Hofer, created the term nostalgia to describe the symptoms that soldiers were experiencing during and after battle (Batteisti, 2016). It was seen as homesickness and presented as lack of sleep, no appetite and low mood. It was classified as an illness late 18th century, and many soldiers had died from it (Batteisti, 2016). One of the treatments that were prescribed to try help this disease was bloodletting, they also discharged some of the soldiers who struggled allowing them to return home if possible (Batteisti, 2016).

Soldiers that struggled with nostalgia during the civil war were labelled as weak and cowardly by the doctors (Angel, 2023). This reflects societal attitudes that emotions are a weakness and frowned upon, this idea that emotions are bad and shouldn't be shown or talked about lasted for many centuries. Only very recently, emotions and mental illness started to be accepted by society. Poor societal attitudes can make recovery harder for those struggling with mental illness. This is because those struggling may fear to reach out for support or there may be no support available, it may also make the individual think they are weak and unworthy of support which will result in them only getting worse (Socio.Health, 2024).

Post-traumatic stress disorder also known as PTSD is a condition developed in response to a significant trauma (NHS, 2022). Traumatic events can make individuals lose hope and feel completely unsafe in all environments, it can completely change their perspective on the world they once trusted (PTSD UK, 2024). Even though it is estimated that 50% of people will experience a traumatic event within their lifetime, not everyone will develop PTSD (PTSD UK, 2024). Majority of people who experience a traumatic event will feel emotional distress for a short time after, this is a normal reaction to the stress of the event. However, around 20% of people will develop PTSD after the event (PTSD UK, 2024). Although research had been done it is still not clear why some people develop PTSD and others don't, anyone can develop PTSD however some people may be more likely to develop it due to many different factors. The risk factors of someone developing PTSD can be broken into 3 categories these are pre-trauma, during trauma and post-trauma (PTSD UK, 2024)

Pre-trauma risk factors include:

- Age
- Previous mental health difficulties
- Personality type
- Biological factors such as neurobiology and genetics (PTSD UK, 2024)

During- trauma risk factors include:

- The duration and severity of the trauma
- Fear of death or serious injury
- Physical injuries during (PTSD UK, 2024)

Post- trauma risk factors include:

- Access to support resources (physical and mental)
- Pain severity
- Disability
- Social support (PTSD UK, 2024)

PTSD was first seen as a diagnosis in 1980, when the American psychological association added it to the third edition of the DSM (Friedman, 2022). The DSM stands for the diagnostic and statistical manual of mental disorders. The DSM organises mental illnesses and sets out specific criteria that psychiatrists use to diagnose and treat patients (American Psychiatric Association, 2025). The DSM-5 is one of the most recent versions of the DSM which was published in 2013 (U.S. Department of Veterans Affairs, 2023). The criterion for PTSD now has 8 main criteria sections that must be met to be diagnosed. These are:

Criterion A: an individual was exposed a traumatic event. This could be by direct exposure meaning it happened to the individual, witnessing the trauma, discovering it happened to a loved one, or experiencing the trauma through professions such as medical staff, police or law careers (U.S. Department of Veterans Affairs, 2023).

Criterion B: The individual re-living the trauma event through any of the following:

- Flashbacks which are vivid memories that feel real
- Unwanted memories of the trauma coming up
- Nightmares of the event or related to the event
- Emotional distress after exposure to something that reminds them of the trauma
- Physical sensations after exposure to something that reminds them of the trauma (U.S. Department of Veterans Affairs, 2023).

Criterion C: Avoiding trauma related reminders such as places, smells, people, and media content. Avoiding trauma related feelings and thoughts (U.S. Department of Veterans Affairs, 2023).

Criterion D: Negative thoughts or feelings that began or worsened after the trauma. these include:

- Not being able to remember the trauma properly
- Extreme negative views on themselves and the world
- Blame of themselves or others for the trauma
- Low mood
- Lack of interest in hobbies
- Feelings of isolation
- Difficulties in experiencing positive emotions (U.S. Department of Veterans Affairs, 2023).

Criterion F: experiencing symptoms for over a month (U.S. Department of Veterans Affairs, 2023).

Criterion G: Symptoms cause distress and impact day to day life (U.S. Department of Veterans Affairs, 2023).

Criterion H: symptoms are not caused by medication, substances or any other condition (U.S. Department of Veterans Affairs, 2023).

There are many traumas that can result in PTSD developing some of these are:

Serious accidents

Abuse

Physical and sexual assault

Serious health problems

Labour experiences or losing a baby

Death of a loved one

War

Torture (NHS, 2021)

Those who experience trauma can also go on to develop complex PTSD. Complex PTSD includes all the same symptoms as PTSD but those who have it may struggle managing emotions and relationships (NHS, 2021).

Complex PTSD is caused by long-term or reoccurring traumas such as:

Childhood abuse

Sex trafficking

Sexual abuse

Slavery

War (NHS, 2021).

Other factors that may cause CPTSD are trauma at young age, trauma caused by someone close to you and the inability to escape the trauma (NHS, 2021).

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