Wilfred Owen and Shell Shock: The Initial Sympathetic Understanding of PTSD

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Several of Wilfred Owen’s poems focus on shell shock and dramatize the suffering of fellow soldiers. His poems “The Dead-Beat,” “Dulce et Decorum Est,” and “Mental Cases” are prime indicators of shell shock’s impact on Owen’s identity and his transformed views on the First World War. In addition, Owen’s references to shell shock added to the contemporary discourse surrounding the first diagnoses and offer an empathetic, complementary insight to the scientific arguments such as Dr. Charles Myers’s “A Contribution to the Study of Shell Shock” and Dr. W. H. R. Rivers’s “The Repression of War Experience.” Lastly, for modern readers, his poems also serve as a historical commentary on the precedent to the Post-Traumatic Stress Disorder (PTSD) diagnosis as well as the stigma surrounding it.

Owen and World War I

Dominic Hibberd’s biography attributes the first hints of Owen’s literary potential to his livelihood as an English teacher in Bordeaux, France, where he lived and wrote poetry for two years. Despite his early talent, his literary career appeared to be halted when Owen volunteered for the Artists’ Rifles in October 1915 to circumvent the British draft (Hibberd 206). However, his experiences in the war eventually refined his poetry into its characteristically sympathetic, realistic, and gruesome style. Vastly different
from his early naiveté, his later work would eventually enjoy an unprecen
dented appreciation to the point where his contemporaries called him “the
poet of the war” (305). As both a poet and a shell-shocked veteran, Owen’s
identity was forever changed by the war, much like the speakers of his
poems.

Owen’s insight into World War I is a direct result of his officer
rank and experience with shell shock. He suffered his first personal injury
soon after he began serving on the front lines near Beaumont Hamel as a
lieutenant in the Manchester Regiment (Hibberd 284). His unit captured a
German dugout in No Man’s Land, risking severe frostbite. Owen endured
military hospitalization and nearly lost his life twice, not only from enemy
fire but also from a fall into a cellar in March 1917. The consequences of
this fall may have been more devastating and enduring for Owen than either
he or his army doctors initially thought. After being stuck in the cellar for
at least 24 hours before climbing out concussed and disoriented, Owen was
diagnosed with a simple headache and declared fit to serve. Unfortunately,
Owen’s symptoms would intensify over time, leading to uncontrollable
tremors and confusion; furthermore, his mental health would devolve into a
state of flux, with his nerves worsening the longer he endured active duty.

After a shell exploded next to Owen’s head a month after that
untreated concussion, his already gradually diminishing mental fortitude
shattered. He “struggled to behave normally, trying to forget that he was
still dizzy from the shell blast” (Hibberd 302). This behavior was likely in
response to a stigma around shell shock symptoms, and his efforts were
understandably flawed. During the weeks after the blast, one military offi-
cial described Owen as “shaky and tremulous, and his conduct and manner were peculiar, and his memory was confused” (303). Although Owen was able to fake normalcy for nearly a month, his symptoms were becoming too intense to hide. Owen was transported to a hospital in Gailly where he was treated for war neurosis, a more clinical term for shell shock. Although Owen’s physical symptoms improved, he still possessed a “highly strung temperament,” a testament to his fragile mental state (314). Soon after, Owen was transferred to Craiglockhart War Hospital to prevent relapse. There, he met Siegfried Sassoon. Sassoon encouraged Owen to write more directly about the war. After several months of treatment, stateside duty, poetry writing, and reevaluating his opinion of the war, Owen returned to his regiment and was killed in combat one week before the end of the war. Such a tragic end speaks to an ironic, complex relationship between Owen and the war; in a sense, his poetic career’s termination parallels the war’s conclusion, which enhances his role as the poet of the war and implies the importance of implementing psychological treatments—whether it be medicine, therapy, or simple understanding—promptly enough to help those who need it most.

Shell Shock and World War I

Shell shock was a controversial topic, especially in the early 20th century. The military needed their men to continue fighting, while medical staff found that wartime conditions were damaging soldiers in many more ways than one. Although shell shock symptoms were not necessarily life-threatening, this new medical phenomenon was debilitating enough to hos-
pitalize soldiers and leave them a husk of their former selves. Initially, shell shock was understood as a purely physical ailment because soldiers would be blown back by blasts from artillery shells and become concussed. However, as seen by the cognitive and behavioral symptoms, the injury would affect the victim in a myriad of subtle, difficult-to-treat ways that began to suggest internal, mental wounds.

This ideological shift in treatment from the physical to the mental began with cases like those in “A Contribution to the Study of Shell Shock.” In this article, Dr. Charles Myers coined the term shell shock and discusses the similarity in the symptoms found among three wounded soldiers. The soldiers all suffered the same symptoms: memory loss after an explosion; reduced vision, taste, and smell (but not hearing); and insomnia (Myers 316). Each was treated with rest and hypnosis for a few months at The Duchess of Westminster’s War Hospital (317); hypnosis encouraged patients to recall memories and mentally process the traumatic catalyst of their shell shock. Despite the idea of shell shock as a physical ailment being prevalent at the time, Myers did not prescribe physical rehabilitation or medicines. Yet, with this treatment plan, soldiers’ conditions slowly improved to the point where one man was discharged and another was transferred to outpatient treatment. Despite their improvement, the reason behind these symptoms was still unclear. For example, while treating one soldier with hypnosis, Myers records, “suggestions made evoked a description of how the ground fell in on [the patient] at the trenches” (318). This detail reveals two key aspects of the patient’s shell shock trauma: physical, as he likely sustained a head injury, and mental, as he repressed this upsetting event. Myers
continues, “While under hypnosis the patient is told that he will remember this when he awakes. He does so, but cannot explain why he had not been able to recall it before” (318). Furthermore, Myers noticed that the soldiers’ hearing was virtually normal while their smell was much impaired, despite the explosions that injured them being loud as well as odorless. Myers writes that “it is therefore difficult to understand why hearing should be (practically) unaffected, and the dissociated ‘complex’ be confined to the senses of sight, smell, and taste (and to memory)” (320). Symptoms like these, without physical explanations, helped introduce the notion that shell shock was primarily a mental illness.

Despite Myers’ findings, the legitimacy of shell shock was under contention. This was due to how most military authorities (and many doctors) still regarded shell shock: as a symptom of cowardice and an excuse to shirk duty. The bias against soldiers suffering from shell shock built up a stigma against presenting symptoms and fed the tendency to ignore an illness in need of treatment. For instance, the symptoms of one of Myers’ patients were dismissed by military doctors; Myers writes, “the doctors at the barn considered [the patient] ‘off his head’” when he sought treatment after a shell exploded inside his trench (319).

Though many military authorities clung to the notion of cowardice, research like Myers’ studies convinced most doctors to examine and treat the psychological symptoms of shell shock. Most notable among these doctors were W. H. R. Rivers and Arthur Brock. Rivers was a military psychiatrist at Craiglockhart. In Rivers’ essay, “The Repression of War Experience,” he advocates for the consideration of shell shock as a genuine mental disorder
and compassionately presents the inhumane, horrific conditions of active military service as the perpetrator. At the time, the popular treatment for shell shock encouraged soldiers to repress their distressing thoughts or memories about the war, but this approach showed detrimental results in Rivers’ patients by fracturing their mental states further. Concerning one shell-shock patient who had previously been treated with repression, Rivers reported how “at the end of his period of leave he appeared before a medical board and the president asked a question about the trenches; he broke down completely and wept.” The patient was then transferred to Craiglockhart, where Rivers succeeded in improving his physical and mental fortitude, but the soldier was too far gone. Rivers concluded, “it soon became obvious that the patient would be of no further service in the Army, and he relinquished his commission.”

As an alternative to repression, Rivers achieved a more promising prognosis by exposing his patients to stimuli concerning the war such as newspaper articles and open discussions of their wartime recollections. Rivers found promising results with his exposure technique: “several of the officers I have described or mentioned in this paper were able to return to some form of military duty, with a degree of success very unlikely if they had persisted in the process of repression.” Rivers was a defender of the suffering soldier. His expertise and open-mindedness greatly aided his patients’ outcomes and reputations. Rather than blame soldiers for alleged cowardice, Rivers acknowledged that “those thus incompletely trained have had to face strains such as have never previously been known in the history of mankind.” For Rivers, soldiers’ mental breakdowns were understandable
and validated by the horrors of war. He still held fast to his responsibility to examine his patients from the perspective of military usefulness, but he did so with the intent of ensuring his patients’ well-being as much as possible.

Arthur Brock’s technique of ergotherapy to treat war neurosis set him apart from Rivers. According to Daniel Hipp’s article on WWI recovery therapy, Brock’s ergotherapy hinged on encouraging patients to engage in work or activities that would resume their relationships with the outside world that the war interrupted (30). Brock theorized that if soldiers addressed their feelings of helplessness by staying active, it would renew the patient’s sense of purpose, agency, and value. This method of healing allowed the patients to actively contribute to their recovery while Rivers’ hypnosis relied on doctoral expertise (32). However, ergotherapy left many concerns unaddressed as it simply busied the patients, which could have been unsatisfying considering their nervous mental state.

Finally, the British War Office’s (BWO) *Official Enquiry into Shell Shock* was a collaboration between government officials, doctors, and military officers published after the war ended. Many voices in the *Enquiry* exemplified a lower level of sympathy for those intangibly handicapped by the war as they challenged the legitimacy of shell shock as a mental disorder. The most prominent critics of shell shock were the military officials; in a section titled “Cowardice and Shell-Shock,” authorities on the disorder spurned the notion of shell shock being anything but a ploy for time off-duty or a display of cowardice. One officer, Colonel Campbell, wrote that shell shock is “a favourite method which malingerers employed to get away from the battle front” that often “becomes contagious” (BWO). However,
the doctors and psychiatrists consulted for the enquiry testified to the extremely low rates of those faking the symptoms of shell shock. Dr. William Brown recorded that “in 1,000 cases he had found 28 cases of serious malingering, all of whom had confessed to him” (BWO). Although military officers refused to concede that the war mentally wounded soldiers through trauma and extreme psychological distress, soldiers and, by extension, their doctors, only saw shell shock as a debilitating condition caused by pain, violence, and loss. Ultimately, the general consensus of the Enquiry emphasized the medical officers’ familiarity with their patients’ characters and recognized that shell shock was a complex and unavoidable defense mechanism, caused at least partially by the war.

Owen’s Shell Shock and Poetry

Owen fought to reveal the true nature of war to his readers and revive the human conscience with truth in his poems based on what he had learned during his service and treatment. At Craiglockhart, he was treated directly by Brock and partook in ergotherapeutic activities such as writing poems, tutoring English, and editing the hospital’s magazine, The Hydra (Hipp 31). Owen’s experiences with war and shell shock became inseparable, and as such his poems are a living example of both shell shock treatment (i.e., ergotherapy) and advocacy. Whether this theme was a deliberate effort or not is unclear; regardless, Owen’s works are an enquiry into the personal experience of shell shock and aid in setting a precedent for sympathetic, objective care for what modern audiences understand as PTSD. Perhaps the most outright examples of Owen’s changed identity and perspectives are
Owen’s “The Dead-Beat,” “Dulce et Decorum Est,” and “Mental Cases.”

Shortly after meeting Sassoon at Craiglockhart, Owen drafted “The Dead-Beat” in August 1917. It describes a soldier being overtaken by shell shock symptoms and dying on the same night, with the discourse of military discipline overruling compassion as the primary focus of the poem. While shell shock is never mentioned outright, the reader is slowly introduced to how the trauma-induced disorder presents: hallucinations, delusions, and impaired physical functioning. For instance, the soldier who suffers from presumed shell shock “dropped” and “Lay stupid” as his body failed under fatigue and mental distress (Owen ll.1, 2). He is described as “Dreaming” with hallucinations and, in a deluded state, declares that he will “do ‘em in, [. . .] If this hand’s spared,” even though the speaker later reports that the soldier was unwounded (ll.11, 7). The simple, natural diction and observant tone of the speaker may allude to a civilian understanding of shell shock, as civilians were more likely to hear about it offhand from relatives or friends than from a scientific report. In this, Owen aims to relate what could have been his personal experience and convince the everyday man of the realities of shell shock without relying on medical jargon.

“The Dead-Beat” displays an interaction between the military and medical opinion on shell shock that predicts the contentious conversations in the BWO Enquiry. Owen introduces the debate over shell shock by having a fellow soldier theorize, “‘It’s Blighty, p’raps’” (1.10). Here, British military slang is used to question whether the sufferer had a legitimate injury meriting being sent home. Following that, the views of each side are expressed, with the military men finally showing more sympathy than the
doctor, who jeered at the soldier’s death, in an ironic twist on the arguments in “Cowardice and Shell-Shock.” The speaker reiterates the initial theme of doubt by questioning if the symptoms reflect “Malingering,” a topic that the British War Office would investigate in depth (Owen l.18). However, the stretcher-bearers flippantly reject that proposal by telling the speaker “Not half!” and thereby confirm that the patient’s symptoms are legitimate (l.18). In his studies, Rivers references the same symptoms as Owen did in “The Dead-Beat”; he records that one shell shock victim “had lost power and sensation in his legs,” as well as noting the presence of nightmares and impaired hearing and vision. Owen writing the soldier’s shell shock symptoms realistically emphasizes the legitimacy of the poem’s message: the soldier’s condition was not well understood or recognized, and his death meant nothing because he no longer contributed to the war effort. This echoes Rivers’ assessment of his patients’ capabilities for service in his essay, albeit in a harsher tone, and points to the goal of winning the war being commonly prioritized over protecting the soldiers’ and citizens’ lives.

“The Dead-Beat” also addresses stigma, again like Rivers’ essay. While the subject of this poem is a soldier suffering from shell shock, the speaker does not display sympathy or compassion; this alludes to how most military officials and many civilians viewed the disorder as cowardice or a disgrace to their patriotic duty. If the speaker of these poems presents symptoms like those Owen himself experienced, one may argue that Owen’s poems were less credible and more like biased retellings. The distancing of self and speaker with Owen’s work could be interpreted as a variation of repressing his own wartime experiences, much like the patients discussed
in Rivers’ “The Repression of War Experience.” On the other hand, most critics consider Owen’s authorial voice as a reliable glimpse into WWI. By advocating for and informing the public opinion of shell shock victims, Owen’s work earns more credence by using shell shock as an insightful keystone rather than as label of cowardice or mental instability undercutting his poetic voice (Hibberd 305). A central theme in “The Dead-Beat” is the soldier’s silence contrasted with the surrounding voices labeling his suffering; military leaders, whether officers or doctors, have the privilege of raising their voice above the common soldiers to either condemn or help their condition. Although his officer role grants him some of this same authority, Owen’s personal experience with shell shock and considerate, observant poetic tone present an opportunity for his audience to hear a simple, direct description of shell shock that urges the reader’s compassion and sympathy. Unfortunately, other authoritative voices above Owen’s emphasized pro-war propaganda and furthered the stigma around shell shock.

Misleading images of the war and shell shock were fed to the public through some authoritative voices, and Owen rallied against that propaganda in “Dulce Et Decorum Est.” This poem was drafted in October 1917 and expands Owen’s disapproval of propaganda by condemning “The old lie” (l.27). The poem is much less approachable for civilians than Owen’s other works because it focuses on war propaganda, and by extension those who subscribe to it, with ferocity and indignation. The poem’s Latin title alludes to the common belief that it is honorable and proper to die for one’s country, and Owen juxtaposes the set precedent of glory and honor in the title with inglorious, vivid descriptions of soldiers trudging through
trenches, “bent double” and “coughing like hags” (ll.1, 2). “Dulce” is set in the trenches, where there is nothing proud or patriotic about soldiers “limp[ing] on” while “All went lame; all blind; / Drunk with fatigue” (ll.6-7). Owen wrote the first two stanzas of “Dulce” in the collective first-person perspective; however, his verbs are in the past tense, which distances the reader from the speaker as civilians did not share those experiences with Owen. For instance, the speaker states, “we cursed through sludge, / Till on the haunting flares we turned our back / And towards our distant rest began to trudge” (ll.2-4). In quotes like this one, “Dulce” expresses obscenities that the general population has no understanding of, and, as Owen argued in this poem, no one ever should.

In “Dulce,” Owen does not rely on civilian concepts for metaphors; rather, he describes the war exactly as it felt. The few similes he uses are explicit and unusual, as he wrote soldiers “coughing like hags” and drowning in poison gas, “flound’ring like a man in fire or lime” (ll.2, 12). These concepts are completely alien to civilians and, much like the real-world transition from traumatic experiences to shell shock symptoms, the second half of “Dulce” shifts from gritty realistic imagery to appalling psychological descriptions. Owen’s collective first-person perspective changes to singular once he describes a man dying of poison gas, a memory that haunts the speaker “In all my dreams, before my helpless sight” (l.15); it is as if witnessing this traumatic event, with life-long ramifications, set his psyche apart from the others. In this distinction lies Owen’s subtle explanation of the ostracization of shell shock victims. In the fourth stanza, Owen addresses the reader, which implies the importance of civilian understanding and
communication in order to fight against stigma and propaganda: “if in some smothering dreams you too could pace / Behind the wagon that we flung him in” and “if you could hear, at every jolt, the blood / Come gargling from the froth-corrupted lungs” (ll.17-18, 21-22). Owen answers these conditional statements with the following conclusion, indicating the role a greater understanding would play in reducing false beliefs: “My friend, you would not tell [. . .] / The old Lie: Dulce et decorum est / Pro patria mori” (ll.25, 27-28). The heart of Owen’s message in “Dulce” addresses the disconnect between soldiers who experienced war—especially shell shock victims—and the civilians who did not and attributes the lack of civilians’ understanding as both a consequence and enabler for the dangerous falsehoods of war propaganda. However, Owen’s inclusion of the audience in the first place reveals the importance of third-party understanding of shell shock and advocates lessening the divide between soldiers and civilians.

The understanding Owen seeks in “Dulce” amidst his confliction towards the civilians—anger that they perpetrated it, and gratitude that they were spared from it—is reciprocated by Sassoon’s “Repression of War Experience.” Sassoon wrote that poem during his time at Craiglockhart and named it after his psychiatrist River’s essay. Both Sassoon and Owen served on active duty for significant lengths of time, and Sassoon suffered from nightmares and hallucinations from his service; however, as his psychiatrist Rivers concluded, it was just a reaction to prolonged stress and not the type of trauma-induced neurosis Owen suffered from (Hibberd 334). Regardless, the men connected on a level few could understand due to their shared experiences with war, mental unrest, and poetry. Just like their lived
experiences, Sassoon’s poem was closely related to Owen’s in the imagery of haunted, withering soldiers and multiple point of view transitions. Sassoon’s “Repression of War Experience” begins with an image of broken soldiers that “go mad” with uncontrolled “ugly thoughts” and the significance of burning, blinded moths (ll.6, 7, 1). His poem addresses the act of repression more explicitly than “Dulce,” perhaps due to a more objective perspective, having not personally suffered from shell shock. Sassoon concludes his poem with a contrast between the noncombatant reader and the speaker as the former is “quiet and peaceful, summering safe at home” and the latter is “going stark, staring mad because of the guns” (ll.33, 39). The evolution of Sassoon’s point of view from third person to first person in the poem suggests a more personal conclusion and a failure to fully repress as the point of view ultimately turns inward; this mirrors British society’s development from only considering seeing shell shock physically, like a simple head injury or case of malingering, to viewing it through the lens of mental illness. Sassoon’s voice speaks to those with lived experience of the war, those who see it in the true light that Owen’s “Dulce” seeks to paint it in. However, Owen’s lived experience with shell shock allows his poetry to address the inexplicable, subtler aspects of wartime trauma and deliver a more haunting, compelling argument on behalf of suffering soldiers.

Another point of comparison with Owen’s writing to analyze his use of shell shock is Dr. William Brown’s scientific reports; Brown treated WWI war neurosis and served as an authority in “Cowardice and Shell-Shock.” Paul Peppis compared Brown’s and Owen’s writings by analyzing their reported causes and impacts of shell shock and argued that Owen’s
poems still showed signs of lingering, unresolved trauma. For instance, Owen’s “Dulce” ends with a stern accusation towards noncombatants, but the preceding lines of anguish and guilt undercut his conclusion (Peppis 269). Peppis argues that the speaker of the poem, and by extension Owen as its poet, attempts to work through the traumatic memories he has and assign blame where he must in order to gain closure. However, as a once willing soldier in battle, objectivity in his report is impossible and his contradicting feelings of being both a victim and a perpetrator of war go unacknowledged (270). To augment Peppis’ stance, the heavy imagery of dreams and unreal scenery in “Dulce” hints at Owen’s shell shock symptoms, possibly including recurring nightmares or intrusive thoughts. The transition from first person plural to first person singular in the poem is uncanny, considering how Owen fought with his regiment and was then isolated from them at Craiglockhart. The subtle complexities between Owen’s rejection of war and its permanent influence on his poetry through shell shock continue to set Owen’s voice apart from Sassoon’s, dry medical reports, and virtually every other war artist speaking against propaganda and trench warfare.

In “Mental Cases,” Owen details several symptoms of shell shock as well as clues to how victims of shell shock were perceived during the war years. “Mental Cases” was written after Owen left Craiglockhart and just before he reentered service in June 1918. The poem presents the perspective of an enlightened observer describing mentally tortured veterans. These veterans were based on the physically and mentally destroyed soldiers he saw at a hospital in Gailly (Hibberd 307). The terrible details in the poems juxtapose the caregiving hospital background, and suggest that the harsh,
unforgiving reality of the war bled over into the hospitals and treatment; arguably, this also may have been perpetrated by an early misunderstanding of shell shock in medical communities. Owen wrote “Mental Cases” even though he was regarded to have healed well; this may imply that for Owen, his stay at Craiglockhart—or even his onset of shell shock on its own—was debilitating despite his recovery and artistic growth. For Owen, perhaps not all wounds could be treated. Perhaps Owen recognized the lingering impacts of his shell shock, and the consequences of such a perspective, whether conscious or not, is replicated in “Mental Cases.”

“Mental Cases” also includes several symptoms of shell shock that align with “Cowardice and Shell-Shock,” aiding the visibility and perceived legitimacy of shell shock. In a description of a patient, “Cowardice and Shell-Shock” recorded the following: “the presence of fine tremors, quick pulse and sweating, if persistent or readily excited by slight emotional stress, may [. . .] be accepted as indicative of psycho-neurosis” (BWO). This relates to the lines from “Mental Cases” that describe similar symptoms: tremors and shaking in “Wherefore rock they”; excessive sweating in “Ever from their hair and through their hand palms / Misery swelters”; and persistent mental distress in “Memory fingers in their hair of murders” (Owen ll.2, 7-8, 11). The BWO also identifies “fine tremor of face and tongue” as well as “insomnia and evidence of nightmares” as symptoms. Owen included the same details in lines such as “Drooping tongues from jaws that slob their relish” and “Surely we have perished / Sleeping” (ll.3, 8-9). While these parallels evidence the influence from and advocacy for shell shock in “Mental Cases,” Owen departs from “Cowardice and Shell-Shock” by plac-
ing a specific emphasis on the mental symptoms of these men. For instance, Owen describes those suffering from shell shock as “men whose minds the Dead have ravished” (l.10). By addressing the psychological nature of their symptoms, Owen promotes an intimate and sympathetic understanding of shell shock rather than derogatorily labelling it cowardice. Furthermore, the speaker of “Mental Cases” asks and answers his own questions, which supports his mental fortitude and hearkens back to the experimental treatments of Rivers that granted his patients autonomy. Other than the “Batter of guns and shatter of flying muscles,” Owen refrains from explicit mentions of the war or details of military service (1.16). Not only is this similar to how Rivers advised subtle exposures to the war rather than repression or overexposure, it also highlights the enduring nature of these symptoms, even when removed from the war. While not directly treated by Rivers, Owen’s treatment at Craiglockhart was likely impacted by Rivers’ innovative approach. Furthermore, in light of Rivers’ research, Owen’s war poems may have aided his recovery by addressing his memories and thoughts about his experiences and trauma.

Owen concludes “Mental Cases” by blaming those who sent the suffering soldiers to battle in the first place, who are identified as “us” (ll.27, 28). This either guiltily references Owen’s officer rank or joins the speaker with the civilian perspective (a stark departure from the previous two poems, but possibly rooted in his time away from the battlefield at Craiglockhart) to confront civilians’ failure to recognize the true nature of war and shell shock. Either way, the use of “these” in opposition with “us” dictates a strict grouping in the speaker’s perspective. Because the speaker
presumably understands shell shock and the war, the speaker likely represents a soldier who suffered—“Surely we have perished / Sleeping, and walk hell” (Owen 1.8-9)—but received effective treatment, so as not to end up like “these hellish” that the speaker does not identify with (1.9). While the exact aim of “Mental Cases” is unclear, the lack of relation between the speaker and other men implies different treatment outcomes and stigma applied to the latter. This contributes to the theme of stigmatization in Owen’s poetry and the blame at the end of the poem is partly because of the speaker’s stigmatic approach. This piece further distinguishes Owen’s voice as an advocating, cathartic force offering readers a personal yet truthful understanding of the war’s consequences.

“The Dead-Beat,” “Dulce,” and “Mental Cases” each uniquely contributed to understanding and representing shell shock and set a precedent for the modern diagnosis of PTSD. The frequent symbolism and ambiguity within his poetry mirror Owen’s inability to completely process the ramifications of his shell shock; this is again reflected by his domestic audience’s inability to understand the experiences of war and shell shock. Owen’s works and WWI poetry as a whole strike a balance between explicit address and repressed avoidance through implicit meanings and evoked emotions that the civilian reader cannot fully relate to; in this manner, Owen’s poetry reflects both his experiences with treatment for and stigmatization due to shell shock. Arguably, Owen’s poetry is his prescribed treatment to the civilian society for their chronic misunderstanding of shell shock, from WWI to the present as we strive towards a compassionate and inclusive approach to PTSD.
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