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Shell Shock to Suicide: A Closer Examined Perspective on the War-Induced Psychological Journey of Septimus Smith's Post-war Trauma

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Abstract:

This research examines how Virginia Woolf's *Mrs Dalloway* depicts psychological traumas caused by war through the character of Septimus Smith and his experience of "shell shock". Although the novel predates modern diagnostic criteria for PTSD, it presents a compelling image of the lasting impact of combat trauma on the human mind. Through a close textual study of Woolf's stream of consciousness narrative, this work analyses Septimus's fragmented psyche, marked by intrusive flashbacks, hyperalertness, and social withdrawal. Informed by historical and psychological sources, this interpretation avoids imposing anachronistic contemporary diagnosis, instead, it reveals the insidious persistence of trauma and the heterogeneity of effects. By examining Septimus Smith's narratives, this study aims to illuminate the complex and often misunderstood experience of war trauma, highlighting the "invisible scars" of war and contributing to a profound understanding of its psychological cost. This investigation further explores the socio-historical context of 20th-century mental health

attitudes, the limitations of available treatments, and the deep, lasting impacts of combat on the soldiers' psyche and society at large.

Keywords: Trauma, Posttraumatic Stress Disorder, Psychosis, Post War. Shell Shock, Suicide.

Introduction

Mrs Dalloway is the seminal work of the prominent writer Virginia Woolf, published in 1925. The novel is a significant work of modernist literature that explores the intricacies of the human mind, especially in the wake of World War I. This novel is set in London in 1923. It follows the events of a single day, which intertwines the mundane lives of Clarissa Dalloway, a wealthy socialite organising a party, with the inward struggles of Septimus Warren Smith, a veteran of World War I. Virginia Woolf had many mental breakdowns over her life. She even spent time at a mental health centre owing to her mental decline. The grief of the attack and the loss of her parents have harmed her adult life. *Mrs Dalloway's* characters' experiences with Trauma are also mirrors of her own. The repetition of the theme "*fear no more the heat of the sun, nor the ferocious winter's rages*" (Woolf, 1995) throughout the text reveals her effort to commit herself. A writer whose life spanned both the Victorian and contemporary eras, Virginia Woolf observed the significant transformations of the modern era, and her works addressed many elements of modern life, including the narrative of WWI. World War I brought about significant alterations in contemporary times because of its rise throughout this century. Woolf was also interested in traumas, and *Mrs Dalloway* is, to some extent, about the traumas of women, as well as the narrative of post-World War I trauma, the veteran experience, whose identity is restricted to PTSD. In *Mrs Dalloway*, Virginia Woolf said, "*I want to criticise the social structure, and to show it at work, at its most extreme.*" *The story is about loss, struggle, pain, and difficulty in London after the Great War* (Woolf, 1995). This research theoretical

framework is structured on the Trauma Theory. Trauma, once a medical word, refers to physical wounds in the organs or other sections of the body produced by an external force. The trauma took on a new connotation in the second half of the nineteenth century as psychology evolved. Now this refers to people's anguish, anxiety, or feelings of powerlessness after experiencing or seeing a scary or terrible occurrence. The American Psychological Association initially identified PTSD (Posttraumatic Stress Disorder) in the 1980s, marking the beginning of modern trauma research. This war trauma experienced by veterans of the two World Wars aided the study. The researchers, exemplified by Freud and Carl Gustav Jung, have dedicated their lives to uncovering the features, symptoms, and treatments for trauma. They also focused on the cultural and ethical implications of trauma. Nowadays, trauma research focuses on the long-term accumulation of unpleasant sentiments, which may not seem to constitute a danger to life, however, sufferers may develop emotional disorders, behavioural and cognitive impairments, and even overall difficulties (Dong-Mei, 2009). William C. Menninger American psychiatrist, made a significant contribution to the study of combat psychiatry during WWII. (Menninger, 1948) states that "Psychiatry in a Troubled World," shows how the lessons of WWI seemed at first to have been entirely forgotten by the American military: "During the initial battles in Africa, psychiatric casualties were sent back to base hospitals, often hundreds of miles from the front and only 5% of these were able to return to duty." (Jones et al., 1995) According to Jones, 19 American planners working under the direction of Harry Stack Sullivan thought it was possible to screen out potential psychiatric casualties before drafting them. The characters in Virginia Woolf's novel *Mrs Dalloway* provide a sophisticated portrayal of posttraumatic stress disorder (PTSD) and insanity. Through Septimus Smith, Woolf explores "the intricate workings of the human mind and the devastating consequences of experiencing trauma" (Wu, 2019). Septimus Smith serves as a disastrous emblem of the psychological traumas suffered by those who have seen the atrocities of war, adding a dimension of emotional

genuineness to his persona and the overarching storyline of the work. Observing various sources from politics, psychology, mythology, and religion, Woolf weaves a rich narrative to explore and amplify the themes of psychological distress, isolation, and the human experience in the aftermath of World War I. Through examining Septimus's mental state and his interactions with the world around him, Woolf provides a compelling portrayal of the intersection between personal suffering and external influences.

The lasting psychological effects of war, particularly World War I, have been the subject of ongoing inquiry in literature, history, and psychology. (Bourke, 2014) Syndrome of "shell shock," now known as a kind of posttraumatic stress disorder, evolved as a direct consequence of the unprecedented degree of brutality and suffering experienced by soldiers during World War I. The study paper looks at the sad example of Septimus Smith, a fictitious soldier whose postwar experience, as recounted in Virginia Woolf's *Mrs Dalloway*, demonstrates the terrible and sometimes deadly repercussions of war-related psychological traumas. Septimus Smith's journey from the beginning of shell shock to his eventual suicide offers an essential lens through which to examine the complex combination of combat experiences, societal attitudes towards mental health, and the long-term psychological challenges that veterans face. The researcher plans to do a detailed investigation of Smith's psychological degeneration following his traumas from the battlefield to his tragic demise. This will also examine how social stigma impacted troops with mental diseases, the historical context of shell shock, and the limited information and treatment options available at the time. The article's investigation of Smith's narrative aims to illuminate the broader historical and cultural contexts that impacted the lives of many combat veterans coping with the invisible wounds of war. And it will aim to increase our understanding of PTSD and its devastating effects, highlighting the urgent need for improved mental health care for veterans. To convey a thorough and diversified perspective of Smith's experience and its broad implications, the

research will draw on recent studies on psychological traumas brought on by war, literary analyses of *Mrs Dalloway*, and historical accounts of shell shock.

Background: World War I and Shell Shock

In addition to its geopolitical impacts, the First World War (1914–1918) had a significant and enduring effect on the psychological health of individuals who saw its atrocities, making it a turning point in human history. This use of chemical weapons, trench warfare, and constant artillery bombardment defined and characterised the extraordinary breadth of mechanised combat, which devastated warriors to unimaginable depths. (Higonnet, 2002) This horrific reality gave rise to a condition known as “shell shock,” which captured the incapacitating psychological consequences of continual exposure to the unceasing tension and slaughter of the Western Front. The origin of Shell shock was initially to cause a wide range of psychological and neurological disorders. The troops with this illness had a range of symptoms, including tremors, paralysis, blindness, nightmares, flashbacks, and acute anxiety. (Linden et al., 2011) The shocking number of troops exhibiting these symptoms compelled military commanders and medical experts to track the emotional costs that contemporary conflict entails. Yet, not much was understood about shell shock before the war, which was sometimes written off as a kind of hysteria or cowardice or as being brought on by physical harm from bursting shells. Given the misinformation and the pervasive societal stigma attached to mental illness, affected Veterans did not get enough treatment and support. For the simple forms of rehabilitation to punitive measures, the first reactions to shell shock were rather diverse. While some soldiers underwent intense treatment to “cure” their diseases by willpower, others had been condemned for malingering or desertion. The fighting progressed, and the number of shell shock victims increased; more effective treatment options were essential. And the evolving perspective of shell shock led to the birth of pioneer psychological treatments, including psychoanalysis and hypnotherapy, focused on addressing soldiers’ deep-seated traumas.

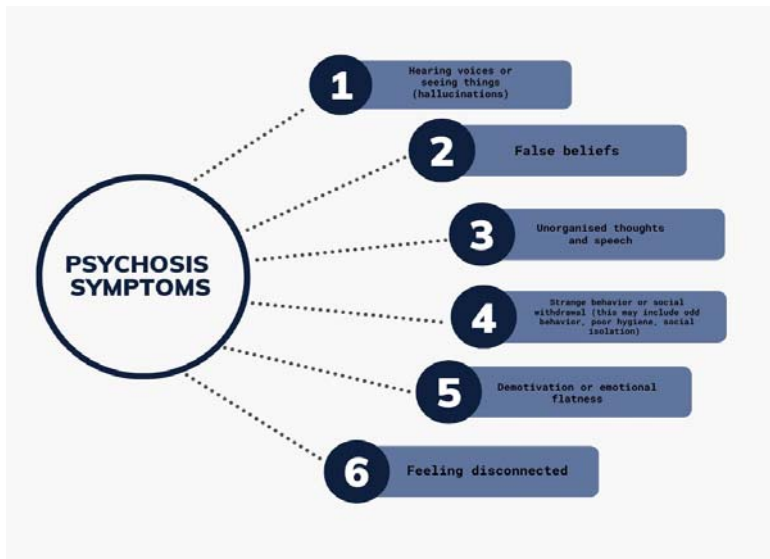
However, these early measures often met with scepticism and rejection, and the long-term psychological repercussions of shell shock were generally disregarded. (Roberts, 2023) The phenomenon of shell shock during World War I demonstrated humans' profound psychological fragility when faced with acute stress. Now this called into question long-held beliefs about masculinity and resilience, revealing the invisible wounds that battle had inflicted on soldiers' psyches. The influence of shell shock extends well beyond the battlefields of World War I, impacting our understanding of posttraumatic stress disorder and driving current mental health treatment for veterans. The historical background is critical for understanding the specific issues that Septimus Smith and other veterans face as they work to manage.

(Myers, 1915) During World War I, the phrase "shell shock" arose as a comprehensive descriptor for the many psychological and emotional repercussions of war-related traumas. Originally, the signs of shell shock were commonly questioned and misinterpreted. Several medical specialists attributed the disorder to actual damage caused by bursting shells, while others saw it as a symptom of hysteria or cowardice. The term was often used informally to allude to a set of uncomfortable symptoms that some people suffer in response to the intensity of warfare. As the number of instances grew, it became clear that shell shock was a distinct psychiatric disorder, inextricably linked to the horrific events of war. Symptoms ranged widely, including flashbacks, nightmares, anxiety, despair, paralysis, and mutism. This massive scale of World War I exacerbated the psychological repercussions of the fighting. Numerous men were recruited from throughout the globe and thrust into a complicated and unfamiliar environment. The relentless reality of death and agony, combined with the breakdown of existing social structures and support networks, created an environment of isolation and pessimism. The consequences of the conflict extended well beyond the front lines, affecting families, towns, and whole countries. These experiences of troops coming home with psychological scars highlight the need for improved understanding and management of

combat-related traumas. This was a watershed point in the recognition of mental health as a serious issue, paving the way for the development of more sophisticated and successful techniques of diagnosis and treatment in the coming years. During that time, knowledge and treatment of shell shock remained severely restricted, however, World War I soldiers' experiences laid the groundwork for future research and improvement in the field of war-related psychological traumas.

What is Psychosis?

In 1841, German author and physician Karl Friedrich Canstatt (1807–1850) coined the word “psychosis” for use in psychiatric literature. For the first time, he stressed a psychic expression of brain illness and used the word interchangeably with “psychic neurosis” (Burgoyne 2008). To distinguish between mental issues and “neurosis,” which was supposed to impact the neurological system, the term psychosis, derived from the Greek terms “psyche,” which means soul, and “osis,” which indicates an abnormal state, was used. As a consequence, it became the new label for insanity, leading to a contentious discussion over how many varieties of this new illness existed. Thus, Canstatt was referring to a symptom of a brain disorder. Illusion, confusion, disordered thoughts and speech, or seeing or hearing things that others cannot see or hear (hallucinations) are just a few of the many experiences that may result from psychosis. Several scholars agree that Ernst von Feuchtersleben was the first to adopt the phrase in 1845, superseding words like mania and insanity. Psychosis may cause a wide variety of experiences, such as:



Everybody in the Figure has a distinct experience of psychosis; some simply have a few symptoms, while others have them all. The diagnosis of psychosis needs at least one of the symptoms shown in the top section of the figure (sometimes referred to as “core” or “positive” symptoms), and these symptoms are interfering with your day-to-day activities.

The Case of Septimus Smith: A Close Examination

In Virginia Woolf's novel, Septimus Warren Smith, a World War I veteran, is a poignant example of the psychological destruction caused by war; he is not just a character; he is a painstakingly detailed study of traumas, a broken mirror reflecting the fractured psyche of a generation wounded by unprecedented violence. Woolf delves into the depths of Septimus's experience with clinical precision, tracing his spiral into madness with unnerving clarity. Septimus' symptoms go well beyond the generic. Such terrifying emotional detachment and incapacity to feel relate to the severe psychological numbness that often follows catastrophe. His late companion Evans's spirit haunts him, serving as a continual reminder of the atrocities he saw and the remorse he feels. Subsequently becomes even more alone as a result of his incapacity to relate to the present, which keeps him mired in a circle of previous atrocities. It creates a terrible and alienating environment for himself because of his warped notions of

reality, which make it difficult to distinguish between the actual and the imagined. This terrible emotional detachment and inability to feel represent the extreme psychological numbing that often accompanies tragedy. The dead comrade Evans's ghost stalks him, reminding him of the killings he saw and his regret. Septimus becomes even more alone due to his inability to relate to the present, which keeps him trapped in a cycle of previous traumas. The distorted perceptions of reality create his own horrible and isolated environment by obfuscating the distinction between fantasy and reality. However, it poses difficulties in reintegrating into civilian life. The bustling streets of London, teeming with many personalities, are an overwhelming sensory overload for Septimus. He feels even more alone since he cannot find the solace of belonging in the everyday world. The foundation of his marriage to Lucrezia is love, although his sickness puts pressure on it. Lucrezia's efforts to approach him become more difficult as Septimus retreats further into his damaged head. The man looks at human nature with distrust and sorrow, persuaded of an innate condemnation that drives his suicidal thoughts. Septimus's encounters with medical experts, particularly Sir William Bradshaw, expose the shortcomings and even risks of the time's treatment of mental illness (Woolf, 1925). Sir William Bradshaw, speaking for the dogmatic and stupid medical establishment, prioritises societal order above genuine compassion. Unfortunately, Septimus's diagnosis and prescribed therapy, which focused on compliance and suppression, failed to address the fundamental cause of his anguish, which finally led to his suicide (Woolf, 1925), saying, "The purpose is lost". Woolf reveals the severe psychological effects of war through Septimus and questions a culture that is ill-prepared to recognise or meet the needs of its veterans. This representation offers a direct indictment of the social structures that exacerbated misery. Woolf skilfully employs literary methods such as stream-of-consciousness storytelling to portray the specifics of Septimus' psychological degeneration, enabling the reader to enter his mind's chaotic terrain and experience his fragmented thoughts and confused views firsthand. Woolf's imagery, full

of vivid and frequently unsettling symbolism, reflects the inner turmoil that consumes him. He is more than a war victim; he is a casualty of a civilisation that refused to accept the hidden wounds he endured. (Woolf, 1925) “The whole world was exploding into a vivid shade of crimson!” reads one text. “It was time to go. Death would certainly occur. Death was not important”. Therefore, the shell burst endlessly and persistently. This exclamation marks highlight the memory’s chaotic nature, and the vivid imagery of explosions and crimson hues evokes a strong sense of terror. These flashbacks are not just passive recollections; they push Septimus back into the centre of the tragedy, bringing the sounds, sights, and sensations of battle back to him with painful rage.

Social Perspective and the Stigma of Mental Illness

The cultural backdrop around mental illness in the post-World War I era was marked by a complicated interplay of issues that resulted in the prejudice and exclusion of persons living with psychological trauma. These prevalent societal views, along with a lack of proper treatment alternatives and awareness of mental health difficulties, were a tremendous obstacle to rehabilitation for veterans such as Septimus Smith. The war’s aftermath resulted in a flood of psychological casualties, undermining pre-existing societal norms and revealing the inadequacies of medical and social support systems. The negative association surrounding mental illness was deeply embedded in the postwar period. Mental health problems were often considered as a sign of weakness, moral failure, or character fault rather than a medical illness that needed care and compassion. Many veterans were terrified of being labelled “weak” or “unstable,” therefore, they did not seek the treatment they desperately needed. As Torrey (2011) points out, even unconnected incidents, such as media depictions of violence involving people with mental illnesses, may significantly worsen societal stigma. (Corrigan & Watson, 2002) This cultural prejudice reinforced a culture of secrecy and shame, deterring people from

seeking treatment or freely expressing their experiences. The public pressure to maintain an air of strength and perseverance added to the stigma for veterans. Its dominant story of valour and stoicism left little opportunity for addressing the psychological scars of war. This absence of effective treatment alternatives exacerbated the difficulties experienced by those suffering from mental illnesses (Varshney et al., 2015). Medical understanding of psychological traumas was still in its early stages, and therapies were frequently useless or even dangerous. The focus on physical symptoms, along with a lack of acknowledgement of trauma's deep psychological elements, restricted the available therapeutic options. This lack of awareness about mental illness also contributed to social discrimination. Which public often connected mental illness with violence and unpredictable behaviour, exacerbating the stigma and social isolation that Septimus faced. Angermeyer & Matschinger (1996) studied this association, which underlines how particular occurrences, such as violent actions done by persons with mental illness, may adversely impact the public view. Septimus's tragic death is the direct outcome of these cultural factors (Woolf, 1925). The stigma around mental illness, combined with a lack of appropriate treatment and societal pressure to conform, led to profound isolation and unhappiness. His chats with Dr Bradshaw reflect the societal ideas that contributed to his death. Bradshaw's rigid adherence to old standards, as well as his dismissive attitude towards Septimus' emotional distress, highlight the prevalent medical and cultural ignorance of mental illness. His symbolises the forces of society that control value, order and conformity above accurate understanding and empathy. Rather than providing empathetic treatment, "Bradshaw attempts to regulate and repress Septimus's symptoms, eventually driving him closer to the edge". This sociopolitical backdrop of the post-World War I period influenced the experiences and, eventually, the catastrophic destiny of people like Septimus Smith (Woolf, 1925). Veterans attempting to reintegrate into civilian life face a difficult environment because of the taboo associated with mental illness, a lack of treatment choices, and cultural constraints. *Mrs*

Dalloway's exploration of Septimus's experiences provides a striking indictment of these social influences and their destructive effect on the lives of people suffering from war-related psychological traumas.

Modern Understanding of War-Induced Psychological Trauma

Our current knowledge of Posttraumatic Stress Disorder is primarily based on the historical background of "shell shock," a phrase used on the battlefields of World War I. Even if the nomenclature and diagnostic standards have changed, the fundamental trauma experiences are universal across veterans, connecting Septimus Smith's (Woolf, 1925) hardships with those that current military members suffer. As awareness of the psychological effects of war and the need for effective therapies grows, so does the path from "shell shock" to PTSD. Originally viewed with suspicion and often ascribed to physical factors or cowardice, "shell shock" included a broad range of emotional and psychological responses to the unparalleled atrocities of World War I. This understanding of war-induced trauma has changed significantly since the days of "shell shock." Research such as that mentioned (Hendin et al. 1984), which focused on the "reliving experiences" of Vietnam veterans, helped to develop PTSD as a distinct diagnostic category. Other symptoms, as described in the document, included flashbacks, hypervigilance, and difficulty reintegrating into civilian life, mirroring many of the key features of PTSD (Ridhuan et al., 2021) This DSM-5 (Diagnostic and Statistical Manual of Mental Disorders, 5th Edition) states that exposure to a traumatic event, intrusive symptoms (like flashbacks and nightmares), avoidance of trauma-related stimuli, negative changes in mood and cognition, and noticeable changes in arousal and reactivity are all diagnostic criteria for PTSD. And these criteria provide a framework for diagnosing and understanding the complex constellation of symptoms that define PTSD, building on the earlier, less precise criteria. (Cloitre et al., 2011) highlights the professional agreement on phase-based or sequenced therapy as the most suitable treatment method, which combines several modalities. The

evidence-based therapies, such as Eye Movement Desensitisation and Reprocessing, as described in (Silver et al., 1995), and other trauma-focused therapies, as well as specialised drugs, are now available to help patients process their trauma and manage their symptoms. This trend towards tailored and evidence-based therapy is a significantly improves over the limited and frequently ineffective techniques offered in the past. Septimus Smith's case is still very relevant to the lives of today's warriors, issues with flashbacks, emotional detachment, and difficulty adjusting to everyday life mirror those of many soldiers returning from war zones today. Despite the settings and particular stresses that may alter, trauma's underlying psychological effect is timeless and universal. Septimus's awful ending also serves as a cautionary tale, stressing the disastrous consequences of inadequate treatment and societal stigma. Considering the historical context of war-related trauma enables us to better assist today's veterans and ensure they get the compassionate and effective care they deserve.

Literary Significance and the Critical Analysis

Mrs Dalloway is noteworthy in war literature not for its description of combat scenes or direct battles with the enemy but for its in-depth examination of the long-term psychological consequences of war on people and societies. Virginia Woolf skilfully shows Septimus Smith's narrative to condemn society's views towards mental illness and the insufficient care of soldiers in post-World War I England (Woolf, 1925). This novel's continuing impact stems from its ability to link the personal and the political, examining the disastrous repercussions of social apathy and the critical need for empathy and understanding. Woolf's work explores pain through unique storytelling approaches. Woolf's use of stream of consciousness enables readers to enter her characters' disordered thoughts, seeing their memories, concerns, and incomplete perceptions firsthand. This method is especially successful in depicting Septimus' psychological condition (Woolf, 1925), expressing the disorientation, flashbacks, and emotional instability that characterised his battle with what is now known as posttraumatic

stress disorder. Dr Bradshaw is a prime example of this cultural mindset, prioritizing social order and conformity over genuine empathy and sympathy for Septimus's plight. Stated to Martin (2010), Woolf's exploration of consciousness reveals the intricate inner world of people dealing with tragedy and offers profound insights into the subjective experiences of her characters. Woolf exposes the stigma associated with mental illness and the expectation of stoicism that prevented many soldiers from seeking care by using Septimus's tale to condemn the social constraints encountered by returning veterans (Woolf, 1925). His apathetic response to Septimus's mental anguish is a potent critique of the medical establishment's failure to effectively treat the psychological effects of war. Woolf's critique addresses the broader social and cultural forces that resulted in the marginalisation of troops who were experiencing psychological trauma, going beyond individual views. *Mrs Dalloway* also adds to the larger literary discourse about war and trauma. As stated in Woolf (1925), *Mrs Dalloway*, the novel's portrayal of shell shock is consistent with the "experiences of soldiers from many wars, emphasising the long-term psychological consequences of combat". Although Septimus's experiences are affected by the background of World War I, the novel's themes of trauma, social isolation, and the fight for understanding transcend time and are therefore relevant to current conversations regarding veterans' mental health. Likewise, previous pieces of war literature, *Mrs Dalloway* examines the fundamental ways in which war changes people and civilisations, pushing readers to consider the long-term effects of battle and to show more compassion and understanding for those who suffer its unseen scars. (Agir, 2013) places *Mrs Dalloway* in a broader literary and historical perspective by examining how World War I impacted modernism and literature.

Conclusion

From the battlefields of World War I, where the term "shell shock" first emerged, to the contemporary conflicts in Iraq and Afghanistan, the invisible scars borne by veterans demand

our attention and compassion. Literary characters like Septimus Smith's predicament are a moving reminder of the deep and enduring psychological effects of war. Even though we now have a much better understanding of traumas, the stigma associated with "mental illness in the military, regrettably, lingers" (McFarlane, 2015). Which highlights the urgent need for further research to break down the obstacles that keep veterans from getting care, as well as to create more potent therapies. In addition to highlighting the repercussions of war-induced trauma, the difficulties that families encounter both during and after deployment also underscore the need for all-encompassing support networks for veterans and their loved ones. To genuinely address the invisible wounds of war and offer comfort to those who have endured its heavy burden, we must continue to address the human cost of war, which calls for improved mental health support, unwavering empathy, and ongoing research.

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