

EXPOSITION COMMEMORATIVE PRÉSENTÉE PAR
L'ASSOCIATION FRANÇAISE DES VÉTÉRANES DE LA 1^{re} GM



BOMBARDÉ

Le long chemin vers la guérison

SHELL SHOCKED

The Long Road to Recovery

Les bombardements de la Première Guerre mondiale ont été les premiers à provoquer des symptômes de ce que nous appelons aujourd'hui le trouble de stress post-traumatique (TSPT). Les soldats ont souffert de ce que l'on appelait alors le "shell shock", une condition caractérisée par des symptômes tels que des cauchemars, des flashbacks, une anxiété accrue et une incapacité à effectuer des tâches quotidiennes. Ces symptômes ont été reconnus par les médecins militaires de l'époque, mais leur compréhension et leur traitement ont été limités.

Les recherches de la psychiatrie militaire ont permis de mieux comprendre les mécanismes du TSPT. On a découvert que ces symptômes sont le résultat d'une réaction normale à des événements extrêmement stressants. Le traitement moderne du TSPT repose sur des thérapies cognitives et comportementales, ainsi que sur des médicaments. Cependant, il est essentiel de reconnaître que la guérison est un processus long et complexe, et que de nombreux vétérans continuent de souffrir de ces symptômes aujourd'hui.



Association Française des Vétérans de la 1^{re} GM | Carasso

"L'OBUSITE" "SHELL SHOCK" DANS LES TRANCHÉES

Common Symptoms and Characteristic Treatment

In the trenches, "shell shock" could take different forms. Some soldiers, under the pressure of a life-or-death situation, would lose their ability to think or act. Some would lose their ability to hear or see. Some would lose their ability to feel pain. Some would lose their ability to feel fear. Some would lose their ability to feel anything at all.

Properly treated, "shell shock" could be cured. Soldiers who were treated in the trenches often returned to the front lines. However, some soldiers who were treated in the trenches never returned to the front lines.



"It was a nerve-racking job, and with sleep being so precious to us, the fact that in the middle of the night, they could be on top of us."

ERNEST BUSHBY (1892-1918)

WAR DIARY (1917-1918)

"It had an moral aspect, and I had to be prepared to die at any moment."

MANAGING "SHELL SHOCK" AT THE FRONT

Many soldiers with symptoms consistent with "shell shock" were sent to the front lines. Some were sent to the front lines because they were needed. Some were sent to the front lines because they were brave. Some were sent to the front lines because they were loyal. Some were sent to the front lines because they were obedient. Some were sent to the front lines because they were obedient.

DETERMINING "SHELL SHOCK"

Doctors at the front lines often used the term "shell shock" to describe a wide range of symptoms. Some doctors used the term "shell shock" to describe a specific set of symptoms. Some doctors used the term "shell shock" to describe a specific set of symptoms. Some doctors used the term "shell shock" to describe a specific set of symptoms.



APRÈS L'ARMISTICE

Text describing the aftermath of the war and the treatment of soldiers with war neurosis.



TRAITER LES TRAUMATISÉS

WAR NEUROSIIS TREATMENT

Text describing the treatment of war neurosis, including medical and psychological approaches.



Main Points

- The Canadian Centre for the Great War's *Shell Shocked: The Long Road to Recovery* brings forth the underrepresentation of mental trauma in Canadian military museums.
- Mental trauma is difficult to curate in museum settings as it is related to the historical stigma of madness and malingering, the violence of war, and the long-term psychological suffering of Canadian soldiers and veterans.
- *Shell Shocked* contributes greatly to the small field of mental health by fostering the Canadian experience of shell shock, promoting the few shell-shocked voices, and the long-lasting legacies of shell shock throughout the twentieth century.

References

- I would like to thank The Vimy Foundation for providing the two photos.