



The Shell Shock of War in Rebecca West's *The Return of the Soldier*

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Abstract in English

This article examines the physical and psychological effects of war, such as injuries, mental health disorders, and environmental destruction. This study analyses Rebecca West's *The Return of the Soldier* to explore the depiction of shell shock. Treating shell shock effectively requires fostering understanding and support in familial and societal contexts. Rebecca West's novel provides deep insights into the psychological impact of war, underlining the necessity of holistic approaches to address mental health issues in conflict-affected individuals. The interdisciplinary analysis traces the evolution of shell shock treatment from historical practices to modern approaches, revealing valuable insights through the integration of diverse disciplines as demonstrated in West's novel. The study concludes by showing how an interdisciplinary approach to shell shock generates new perspectives and strategies regarding its history, significance, and connection to modern mental health issues like post-traumatic stress disorder (PTSD).

Paper Info

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1 Introduction

Rhetorically, the World War I (1914–1918) has been a potent myth, representing the collapse of a civilisation and splitting history into three parts: pre-war, war, and post-war eras. This radical change in Western discourse is linked to the Biblical Fall. In British history, the years leading up to the war were viewed as ages away; the years following were viewed as destruction and fear. The 'public/private' contradiction

shaped both the Edwardian era and literary representations of the war, pushing women to the private sphere and men to the public. (Özün, 2021, p. 357) Virginia Woolf's *Mrs. Dalloway* offers an illustration of this; Septimus Warren Smith captures the trauma and disillusionment of the post-war period while Clarissa Dalloway reflects the superficiality and repression of the pre-war society. Their different experiences underline the World War I (1914–1918)'s significant influence on personal life and social standards.

Many works by women during and after World War I drew on patriarchal discourse to support essentialist notions of gendered identity. Many novels explored indirectly the interactions between male characters and sheltered, non-combatant female subjects. The trauma resulting from witnessing such devastation transcended gender; women's suffering often intertwined with the societal construction of masculinity and its repercussions. Although the World War I (1914–1918) significantly affected personal life and society standards, not all women's writings during this time period depended on patriarchal discourse. Some female authors questioned conventional gender roles and investigated different viewpoints on masculinity and femininity (Showalter, 1987, p. 171).

By integrating traditional medical research with literary analysis, a comprehensive understanding of 'shell shock' and its impact on individuals can be attained. By bridging the gap between science and the humanities, the researchers can work towards creating a more compassionate and informed society that is better equipped to address the long-lasting effects of trauma. One of the pioneering works featuring a psychiatrist as a central character, *The Return of the Soldier* delves into how public and private traumas ensnare male and female subjects within Britain's social framework. Travelling back in time to 1901, Chris Baldry, the protagonist, escapes from his duties as head of a wealthy estate and his family. West looks at how the social structure of Britain traps male and female subjects by means of public and private traumas under the war. One illustration of this is when Chris remembers his wife, Kitty, and cousin, Jenny, who reflect the traditional roles of femininity in society. While Jenny is shown as the loving career, Kitty is shown as the responsible wife who runs the home. However, as the story progresses, it becomes clear that these women are both constrained by society's expectations and fighting their own traumatic pasts.

2 The Nightmare of War

The continuation of the world's conflict is likely to result in emotional misery. As a result of 'traumatisation' or 'brutalisation,' it is often anticipated that victims of war would behave in a vindictive manner and initiate fresh 'cycles of violence.' War victims' emotional reactions are seen as harmful to themselves and threatening to others, leading to the belief that they should be changed. Such a conviction underpinned humanitarian groups' large-scale counselling in Rwanda and former Yugoslavia. War and atrocity victims must 'heal' or 'recover' through 'processing' (of traumatic experience), 'acceptance,' and 'coming to terms with the past.' Historical lessons are clear, but war trauma healing is complex. 'Recovery' happens in people's realities, not psychologies. Counselling can help war and atrocity victims, but the idea that 'processing' and 'coming to terms with the past' is oversimplified. War recovery

involves personal psychology and social, economic, and political factors that can greatly impact healing.

World War I (1914–1918) narratives usually place war trauma as the main theme, therefore contradicting the notions of repentance and peace that had sometimes been linked with the homecoming story. The physically and emotionally injured soldier—the veteran as victim—is the most metaphorical visible memory of the World War I (1914–1918), a ‘violation, invasion, wound’ on mankind. In a liminal space between life and death, soldier characters are forced to kill others and themselves. For instance, in Ernest Hemingway's book *A Farewell to Arms*, the main character, Lieutenant Henry, battles the physical and emotional scars he incurs during World War I, therefore mirroring the suffering of many other World War I (1914–1918) veterans. Hemingway shows the terrible effects of war on people and society as a whole by means of Henry's path of recovery and atonement with his past.

The inability of soldiers to witness the trauma of war is a central theme in most of these works. After the war, literary representations of traumatised masculinity emphasise static patterns and portray death as the sole post-war option. *The Return of the Soldier* by West (1918, as cited in West, Schweizer, & Thorne, 2010) introduces the returned soldier to literature. Many works of literature explore soldier trauma, but not all depictions of returned soldiers focus solely on death and the impossibility of healing. Some fiction, like *The Return of the Soldier*, shows how war affects people differently.

3 Physical and Psychological Effects of War

The phenomenon of re-experiencing traumatic events, commonly known as flashbacks, is prevalent among combatants. These intrusive memories can be triggered during sleep, under the influence of alcohol or drugs, or even during routine activities, leading to heightened arousal and avoidance behaviours. Such reactions often result in social withdrawal, as individuals may avoid situations reminiscent of their traumatic experiences. In their study entitled *War Stress and Trauma: The Vietnam Veteran Experience*, Laufer, Gallops, and Frey-Wouters (1984) explore the correlation between exposure to war atrocities and persistent psychological symptoms, highlighting the enduring nature of combat-related trauma. For example, a veteran who served in a war zone may experience flashbacks while watching fireworks on the Fourth of July, causing them to avoid public celebrations and isolate themselves. These symptoms can also manifest in physical responses such as increased heart rate and hypervigilance when encountering loud noises or unfamiliar environments.

Many studies have found that war trauma causes serious mental health issues in veterans. Research has linked war trauma to physical health outcomes, such as increased negative symptoms, chronic illness, and death. The effect of the war has caused personal problems for the soldiers and their families. Concerns about the potential loss of life are a distressing mindset. “The soldier, above all other people, prays for peace, for he must suffer and bear the deepest wounds and scars of war” (MacArthur & Whan, 1965, p. 25).

War deeply affects soldiers, influencing their physical as well as mental health. Physically, battle can lead to injuries needing long periods of rehabilitation, occasionally extending years or months, with physical therapy being absolutely vital in the healing process. A study in *Military Medicine* shows that veterans often suffer with chronic physical health problems, including weariness and pain, long after their deployment return. Psychologically, the trauma connected with war can surpass a person's capacity to handle it, therefore causing emotional, cognitive, and physical suffering. Various experiences—life-threatening circumstances, witnessing death, or sustaining major injuries—may cause such trauma (Teplova et al., 2022, p. 1075).

4 Understanding Shell Shock

Historically, medically, and literarily, shell shock has been studied. The war-invented word has illuminated the cultural past of the 1914–1918 conflict. shell shock is central to war representations created during the war. Cultural history must assess and contextualise narratives about mental damage and traumatic memory during and after the 1914–1918 war, including shell shock, a mediation term that changed quickly (Winter, 2000, p. 7).

It's important to note that shell shock was first recognised as a medical condition during World War One (1914–18), a brutal and bloody conflict. shell shock has been seen in earlier battles, with a popular citation stating the earliest recorded account of inexplicable, seemingly psychiatric problems produced by troops serving on the frontlines. Additionally, shell shock has been observed in certain instances. There was a transition in the meaning of the phrase 'shell shock,' which went from being a medical term to being a philosophical one. In a particular group of circumstances, the phrase was recorded in medical files, asylum records, and pension boards. It was also used in a very specific place (Winter, 2000, p. 8).

During the First World War, the term shell shock is used to describe a variety of symptoms that may include unexplained nervous conditions, uncontrollable shaking, inability to use one's limbs, unexplained blindness, deafness or inability to talk, uncontrollable trembling, and anxiety in reaction to loud or unexpected noises. In 1914, Dr. Charles Myers of the RAMC diagnosed shell shock symptoms as physical trauma to the colloidal tissue of the spinal column or brain caused by the force of exploding heavy ammunition, hence the use of the term shell shock (Myers, 1948, p. 316).

The paper was the conclusion of five years of study, and its purpose was to present a comprehensive history and analysis of all observations made during those five years in relation to shell shock, including its pathology, symptoms, and therapies that were seen during that period. The report also provided an account of the early years of shell shock. Beginning with its early phase, during which the disorder was recognised in a manner that had never been seen before, and continuing through the middle of World War I, when it became widely reported, the report offers an overview of how shell shock was caused and how these causes became better known as the war continued (Loughran, 2017, p. 80). As a metaphor, shell shock may have a number of different connotations, some of which may simply not be translatable into English. Perhaps this is one of the areas in which, according to Salman Rushdie, a culture is characterised by

the words that cannot be translated into other languages. The people who were suffering from shell shock need as much assistance as they could obtain.

Perhaps unsurprisingly, a psychologist was one of the first public figures to discuss shell shock. His ideas about human consciousness and how responses to events affected patients' mental and physical health became prominent in medical and other literature across Europe. At the turn of the century, Sigmund Freud led scientific investigations in psychology and psychoanalytic theory, thus it was no surprise that he studied wartime psychological situations. Freud's shell shock research started in the mid-1910s and was published in *Psychoanalysis and the War Neuroses* (1921) alongside other psychologists.

For Freud, shell shock was a form of 'war neuroses' In this case, "the driving forces which find expression in the formation of symptoms are sexual in nature, and the neurosis is the result of the conflict between the ego and the sexual impulses which it has repudiated" (Freud, Vol. 16, pp.339). While Freud may argue that neurosis is a result of conflict between the ego and sexual impulses, there is no definitive evidence linking specific symptoms like loss of memory or vision to sexual nature. Additionally, the testing methods used in the study mentioned do not provide concrete evidence that all symptoms are related to sexual impulses.

War poets and novelists have artistically portrayed the concept of shell shock through poetry and prose. The works of poet/musician Ivor Gurney, Owen, and Sassoon have endured. Their writings depicted shell shock to later generations, making them part of history. Cultural depictions last longer than personal memories. Some have suffered, whose voices we must also separate (Winter, 2000, pp. 10–11). The real emotional effects of war on soldiers can be distressing and it seems so cruel to the family and friends that they will have to struggle after everything they have been through. PTSD and shell shock are brain responses to trauma that fail. Properly configured, shell-shock history is war history, not officer corps history.

These patients have Myers' shell shock. Medical legitimisation meant that Myers's new diagnosis would influence the path of treatment for suffering troops for the duration of the war, and shell shock symptoms were widely understood and well treated by World War II some twenty years later. shell shock was considered an illness that required treatment, and scientists and physicians were creating a treatment strategy. This treatment approach would be implemented in hospitals globally and published in academic and public publications.

5 Shell Shock in The Return of the Soldier

Rebecca West's 1918 book *The Return of the Soldier* follows a shell-shocked veteran returning to his rural home. Wartime book by West. A battle trauma narrative doesn't reveal what causes the protagonist's shell shock. West claimed 10 years later that her "novel has fundamentally nothing to do with psychoanalysis" (West, 2010, p. 68), despite its psychotherapist emphasis. War trauma narrative doesn't reveal what causes the protagonist's shell shock. West said a decade later that her "novel has fundamentally nothing to do with psychoanalysis" (West, 2010, p. 68).

The novel is credited with shaping World War I (1914–1918) perceptions. Rebecca West's novel fictionalises Freud's trauma theories. Linett stated, "That day its beauty offended me because, like most Englishwomen of my time, I wanted a soldier back" (Linett, 2013, p. 5). When West starts her work with a soldier's homecoming, she captures the thrill, warmth, and safety many felt when the people they love returned from the War. Like most post-war authors preoccupied with the soldier's return, West brings death home as 'a haunting presence'. Though shell shock can certainly be seen as a powerful literary tool for highlighting the mental wound and depicting the soldier as a passive target unable to handle trauma (Hynes, 1992, p. 42).

The Return of the Soldier is a great challenge. The story centres on Chris Baldry, a 36-year-old soldier who came back physically unaltered but shell-shocked from the front during the World War I (1914–1918). Though he loved Margaret, a rich lady, he has forgotten the previous 15 years of his life and nothing beyond 21. He forgot he married Kitty, with whom he had either a child or lost one, and that he and Margaret lost contact. Baldry Court, his rural home, has changed, but he forgot. His unknown losses make him happy. Jenny narrates a parable about Chris's soul choosing between Margaret's romantic world, her materialistic world, and Kitty's love while his true "body lies out there in the drizzle at the other end of the road" (West, 2010, p. 136).

Chris Baldry of Baldry Court, a perfect Englishman of the landed elite, returns from the war shell-shocked, unable to recollect the previous fifteen years, and on the verge of marrying an innkeeper's daughter. The soldier's wife of ten years, Kitty, whom Chris doesn't remember, his cousin and the novel's narrator, Jenny, whom he only knows from childhood and disappointingly calls 'old', and the innkeeper's daughter, Margaret, whom he remembers fondly and requests company from, are all waiting for him. Kitty, his social and class wife, does not inspire his interest; Jenny, a family acquaintance, hides her strong love for him; and Margaret, a chosen partner, whose marriage to a miserable poor man makes her position known. Chris's mobilisation, 'shell shock,' and dazzling homecoming encapsulate World War I's central storyline. Despite proudly going to war, the young men from England were devastated by modern military technology and returned home ill, damaged, and changed. To use the culture's cliché, these guys returned with mostly intact bodies but shattered spirits. Strangely, the book lacks Chris's war experience and trauma. Readers can only see the wound—the shell shock—as the very clear visible effect of trauma. The characters themselves are forced to call Chris's mental illness wounded (Kavka, 1998, p. 152).

West changes the focus of attention from the traumatic event itself to the soldier's emotional reaction by not stating the source of the 'wound'. The terrible amnesia is the only reference to trauma. He is shell-shocked in the sense of 'not there'. Other instances, Chris, the amnesic sufferer, is "not... quite himself—oddly boisterous" (West, 2010, p. 41), "loose-limbed like a boy" (West, 2010, p. 187), and "boy's sport of paddling a boat across the pond" (West, 2010, p. 89). West's references to 'flooded' trenches, a sky 'full of flying death,' and bullets falling "like rain on the rotting faces of the dead" (West, 2010, p. 184) show that she cares more about pity than war's grandeur.

A typical anti-war book, *The Return of the Soldier* is not. One of its worst effects is that Chris is better off 'sick'; his delusions make more sense than reality. The psychiatrist who visits him at the book's conclusion explains: "It's my profession to

bring people from various outlying districts of the mind to the normal. There seems to be a general feeling it's the place where they ought to be. Sometimes I don't see the urgency myself" (West, 2010, p. 164).

What does Chris gain from remaining in his miserable marriage or returning to battle? Chris is shown as someone whose knowledge of death affects his own life as well as that of others around him. Chris's reappearance brings death into the household, an unhealed wound. So powerful is it that even small Kitty sees "that something as impassable as death lay between them" (West, 2010, p. 120). West must help Chris recall from the unconscious replication of the disturbing past—which links his military memories to household traumas—to his conscious recognition and recounting as gone, enabling him to forget. The writer must get her soldier to recall a past he can't recall. West saves an ideal past attaching Chris to existence by turning to Margaret. As the writer moves to a survival narrative, Chris's fantasy of bliss and tranquility returns. Death appears to impact Chris's love and life. Chris now looks different when the "hard tread upon the heel" (West, 2010, p. 184) soldier returns home. Though designed to regain the lost reality, testimony does not deliver this promise since the soldier must uncover truth he does not want to know: "Chris moved across the grass with his back to this fading sadness."

Strangely, the novel's psychoanalytic link has garnered the greatest criticism, particularly for Chris's magical treatment, which has been labelled "disappointing" (Sokoloff, 1997, p. 213) and "clumsy" (Wolfe, 1971, p. 34), and Dr. Anderson's usage as a "simple device" to justify Chris Baldry's final "moral choice" (Hynes, 1992, p. v). Others have questioned the "sentimental and irrelevant" method (Tylee, 1990, p. 147) used for the soldier's eventual healing, which appears to indicate a return to soldiering and masculinity—"the snobbery and vanity that destroyed Chris's inner peace" (Tylee, 1990, p. 144). The treatment of Margaret, who plays a significant role in Chris's recovery but has been the target of "underestimation and general neglect" (Gouyon et al., 2002, p. 1), perhaps due to her "belonging to that putative contrived 'romantic' dimension" (Gouyon et al., 2002, p. 2), is even more regrettable. West herself speaks on the remedy. Her main goal is to clarify that, from the psychological perspective, she knows the cure is unattainable. West feels the narrative's integrity matters more than treatment's realism. Curing Chris's illness will restore his manhood briefly by recovering his recollection of the previous fifteen years and philosophically by making him associated with masculinity again. If Chris Baldry returns home alive, his body appears like a shell without masculinity, in contradiction with the motions and expressions of a youngster, just as the enormous house is a container about a way of being that has lost its organising focus. West's decision to end the book with a psychologist's goal to address Chris's shell shock is sudden and raises mixed feelings about the psychoanalytic approach's relative benefits and drawbacks (Kavka, 1998, pp. 161–162).

Conclusion

War is a terrible accident for a human being to go through at any age. When people are exposed to and involved in a war, they watch their loved friends and relatives die. War destroys everything. Although the physical effect of war is crystal clear on the surroundings, there are invisible side effects of war presented by psychological and

mental diseases. War does, indeed, leave people psychologically wounded shell shock and with physical scars as well

In Pat Barker's *Regeneration*, Siegfried Sassoon is hospitalised for shell shock in Craiglockhart War Hospital. The story explores trauma and war's mental health effects via his meetings with psychiatrist Dr. William Rivers and fellow sufferer Wilfred Owen. This thorough example shows how historical fiction may explore shell shock, its impacts, and society reactions. West's *Return of the Soldier* is notable for its nuanced portrayal of shell shock, delving into the experiences of sufferers and their families with a focus on the transformative power of desire and truth. West's striking portrayal captures the experiences of the shell shock sufferer, along with those of his family and supporters. To comprehend shell shock fully, it is essential to examine specific objective symptoms such as tremors and flashbacks, along with societal reactions like stigmatisation and inadequate support systems. By 1939, with the publication of influential studies like Jones' *War Neurosis* and the implementation of new treatment approaches, the understanding of shell shock had permeated both societal perceptions and medical practices. *The Return of the Soldier* diverges from Freudian concepts.

On one hand, Franz Kafka's *The Metamorphosis* serves as a poignant illustration against the notion of desire as an essential driving force in life. The protagonist, Gregor Samsa, finds that his yearning for a meaningful existence proves to be in vain, culminating in his profound isolation and tragic demise. In George Orwell's *1984*, the manipulation of truth by the ruling regime exemplifies the totalitarian control over reality, highlighting the subjective nature of truth and its role in maintaining authority through misinformation and propaganda. While West reflects certain patterns and themes of the World War I (1914–1918), particularly the portrayal of the soldier as a traumatised victim, *The Return of the Soldier* seeks to disrupt the cycle of repetitive trauma. It presents a narrative of survival that transcends death, highlighting desire as a vital force for life and underscoring the importance of truth in coming to terms with the past.

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Abstract in Arabic

الملخص

يتناول هذا البحث الآثار الجسدية والنفسية للحرب، مثل الإصابات، واضطرابات الصحة العقلية، والدمار البيئي. وتحلل الدراسة رواية عويدة الجندي للكاتبة ريبيكا ويست بوصفها نموذجاً أدبياً لتصوير صدمة القذائف (Shell Shock). وتؤكد الدراسة أن معالجة هذه الصدمة النفسية تتطلب تعزيز الفهم والدعم في السياقات الأسرية والمجتمعية. تقدم رواية ويست رؤية عميقة حول التأثير النفسي للحرب، مما يبرز أهمية تبني مقاربات شمولية لمعالجة مشكلات الصحة النفسية لدى الأفراد المتأثرين بالنزاعات. كما يتتبع التحليل البيئي التخصصات تطوّر معالجة صدمة القذائف من الممارسات التاريخية إلى الأساليب الحديثة، كاشفاً عن رؤية قيمة ناتجة عن تداخل عدة مجالات معرفية، كما يتجلى ذلك في رواية ويست. وتخلص الدراسة إلى أن اعتماد منهج متعدد التخصصات في دراسة صدمة القذائف يُسهم في توليد آفاق جديدة واستراتيجيات مبتكرة لفهم تاريخ هذه الحالة وأهميتها، بالإضافة إلى صلتها المعاصرة باضطرابات نفسية مثل اضطراب ما بعد الصدمة (PTSD).
