Combat Stress Disorders and Their Treatment in Ancient Greece (jointly with E. Cardeña)

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*Psychological Trauma: Theory, Research, Practice, and Policy*

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Combat Stress Disorders and Their Treatment in Ancient Greece

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Every disorder is embedded within multiple sociocultural aspects, and in mental disorders they acquire paramount significance. Nonetheless and despite the cultural diversity of ancient and modern societies, the consistency of psychiatric reactions to combat stress throughout history is remarkable. The situation in ancient Greece was quite different from the contemporary one. Hippocratic physicians turned a blind eye to a series of worrying conditions they could neither explicate nor treat, but enlightened laypeople noticed mental disorders disregarded by physicians and even looked for ways to assuage them. In ancient Greece, fear, panic, and ensuing short-term psychological consequences were well-known to military men who tried to prevent them by some methods that are considered to be efficient even today. Nonetheless, long-term mental disorders following exposure to battle were almost entirely ignored. The 5th century BC sophist Gorgias seems to be the only author who discussed their nature. Combat-related mental disorders existed more than 2000 years ago, as they do today, and the idea that they could be prevented by means of social conditioning proved to be false. The fact that some modern therapeutic approaches appear to have been used in Greece is reassuring; it suggests that modern Western attitudes to psychological treatment of trauma are not entirely culturally dependent, but rely on universal human processes and may therefore be applied to the treatment of trauma with patients from different cultural traditions. Awareness of the persistence of combat psychological trauma in history may provide insights to different professionals: historians may identify and comprehend allusions to combat trauma in their sources, while mental health professionals may use ancient history to broaden their understanding of the effects of trauma and related treatment.

Keywords: ancient Greece, combat stress, diagnosis, PTSD, treatment

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Military Psychiatry: A Latecomer in Medicine

Modern studies of psychiatric casualties are critical for the assessment of the psychological consequences of warfare in the ancient world. The ability of a soldier to endure combat stress depends on three groups of factors and their interactions: biological (e.g., genetic predispositions), psychological (e.g., coping strategies), and interpersonal (e.g., social support) (Brewin, Andrews, & Valentine, 2000; Cardeña, & Carlson, 2011; Yehuda, 2002). Warfare involves psychological trauma. Not only may fear of being killed or wounded lead to breakdown, but revulsion to killing another human may also be very powerful (Marlowe, 1986). It has been demonstrated that general trauma intensity including distance between adversaries is crucial in determining the possibility of long-term psychiatric consequences: the closer the engagement the higher the potential risk for developing a psychiatric disorder (Gabriel, 2007; Meagher, 2006). Ancient battle techniques were mostly based on close combat; the killer often looked into the eyes of the killed (Van Wees, 2004). From this point of view, an ancient soldier was even more exposed than a modern one to psychiatric collapse (Gabriel, 2007; Hanson, 2000): danger of mutilation (and in preantibiotic times many injuries could become permanently debilitating or fatal) and death were always present. In addition, the experience of witnessing up-close the death of a person one had just killed might become traumatic by itself. Along these lines, a recent study highlights the importance of combat exposure, involvement in harm to civilians and prisoners, and posttrauma psychological vulnerability in posttraumatic symptomatology (Dohrenwend, Yager, Wall, & Adams, 2013). Although one may surmise that the psychological risk of being in battle was balanced by seasonal cessation of intense warfare, prowar education, and other cultural and social parameters that demanded soldiering as part of a male’s identity, the historical evidence discussed below demonstrates that the unceasing war efforts by Greek cities probably resulted in significant acute and chronic psychiatric casualties.

The distress caused by exposure to extreme stress has been discussed for a long time as shell shock, battle fatigue, combat trauma, posttrape syndrome, and other names (Gabriel, 1987, 2007; Van der Kolk, McFarlane, & Weiss, 1996). Although some discussions of psychological casualties emphasized individual vulnerabilities (e.g., Freud, Ferenczi, Abraham, Caligor, & Jones, 1921), others were more willing to look at the extraordinarily toxic circumstances of warfare (e.g., Rivers, 1918; see Cardeña, Maldonado, Van der Hart, & Spiegel, 2000 for a historical review). However, only in the second half of the 20th century did posttraumatic stress disorder (PTSD) come to be regarded as a genuine psychological disorder ensuing from the exposure to a traumatic event in which both predisposing factors and the psychological toxicity of war itself play important roles (Brewin et al., 2000; Yehuda, 2002). Dysfunctional reactions to combat stress range from immediate (e.g., freezing, panic attack), through acute (e.g., acute stress disorder or ASD), to late or chronic (e.g., PTSD) stress reactions. Long-term consequences of combat stress are less evident than collapse on the battlefield or immediately following a battle, and chronic mental disorders caused by exposure to warfare were not systematically assessed until the 1980s, when the American Psychiatric Association defined PTSD in the third edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM–III). The definition of what constitutes a trauma and what are the diagnostic criteria for diagnoses clearly associated with it has changed across DSM editions. The cluster of symptoms for the current edition mostly follow previous editions: reexperiencing of the traumatic event through intrusions, repetitive dreams, and so on; efforts to avoid situations or cognitions that may be reminders of the trauma; excessive physiological reactivity to stimuli directly or indirectly associated with the trauma and persistent symptoms of high arousal such an anxiety or irritability; a new cluster of negative alteration in mood and cognition; and dissociative reactions, or failures of phenomenal or cognitive integration of psychological processes, such as identity alterations, amnesia, or a sense of depersonalization; if these symptoms occur within a month, an acute stress disorder (ASD) may be given; in cases of longer duration or delayed onset, a PTSD diagnosis may be indicated (APA, 2013; Cardeña & Carlson, 2011; Dalenberg et al., 2012). Posttraumatic disorders are associated with a number of additional perturbations such as depressed mood, somatic or sexual dysfunctions, guilt, somatic complaints, and various forms of addiction (cf. Yehuda, 2002), and the list expands if the traumatic events are severe, chronic, or occur early in life (Cardeña, Butler, Reijman, & Spiegel, 2012).

Gorgias and PTSD

In the Encomium of Helen, Gorgias discusses the forces that drive people to commit involuntary acts of transgression and argues that under certain circumstances these actions are inevitable and therefore cannot be condemned (Constantinidou, 2008; Kerferd, 1981; Trible, 2013). He gives an example of a situation in which soldiers were unable to resist acute panic on the battlefield, and as a result suffered from prolonged psychopathology. The perspicacity of his observations is astounding:

For the things we see have a nature that does not depend on our will, but on how each happens to be; and through the soul is impressed in its disposition. For instance, as soon as the bodies of enemies form an enemy battle formation against their enemies with arms of bronze and iron, some for defense, some for offense, if the sight gazed on them, it is troubled and it troubles the soul, so that men often flee terrified from the impending danger [as though] it were already upon them. For however strong the discipline of law and custom, it is driven out by fear (phobos) resulting from sight, which when it comes causes one to disregard the good discerned by law and the advantage that comes from victory. As soon as some see fearful things they abandon their present composure in the present time. Thus fear quenches and banishes resolution. For this cause many have fallen into vain toils, terrible sicknesses (nosoi), and hard to heal madnesses (maniai). Thus the sight inscribes in the mind images of objects seen. And the terrifying images often remain, and what remains corresponds to words spoken (emphasis added; Hel.15–17, translation D. W. Graham, slightly modified).

In this passage, Gorgias starts with a vivid description of the trauma caused by the sight of combat and fear of imminent threat.
The terror described by Gorgias is uncontrollable, causing panic-stricken soldiers to desert the battlefield, thus adding the sense of guilt for abandoning their comrades, shame, and the resulting stigma. The Greek city-states had to make certain that their citizen soldiers fought resolutely; the ideal citizen had to fight to death, and every other aspect of masculinity was subordinate to courage in the battlefield (Aristotle, *Nicomachean Ethics* 1116a-b; Crowley, 2012; Van Wees, 2004). In addition to social pressure, cities issued laws penalizing cowardice: the laws of Athens punished desertion; in Sparta the laws against cowards were even harsher (Aeschines 3. 175; Crowley, 2012; Plutarch *Agesilaus* 30. 3; Crowley, 2012). The fear of punishment was reinforced by fear of shame and emulation of positive models, especially in Sparta, where the entire system of education aimed at molding fearless soldiers (Balot, 2010). Gorgias does not mention guilt, but stresses the irrationality of succumbing to fear, an act that ruins one’s reputation forever. The soldier’s conundrum between the possibility of being wounded or killed while remaining with the army versus the certainty of disgrace if he fled the battlefield is implicit in Gorgias’s depiction of the total loss of self-command due to terror. Paralyzing fear, uncontrollable emotional responses, and desertion are indeed “constant companions in any war” (Gabriel, 1987, p. 62). In the *Encomium of Helen*, the initial traumatic event comprises several stages, beginning with an experience of fear, developing into an intense reaction to fear, and ending in utter shame and disgrace.

From the traumatic event and the uncontrollable flight, Gorgias goes on to describe some symptoms of a long-lasting condition, which he defines as a terrible disease (*nousos*). In particular, he mentions images inscribed in the mind, that is, recollections and visualization of the painful event, known today as reexperiencing. Arousal, anxiety, and perhaps reactive psychotic reactions are described by Gorgias in three ways: people “are out of their mind,” and they suffer “groundless distress and incurable madnesses.”

These symptoms were mentioned by other ancient authors, physicians as well as laypeople. Nightmares described as sicknesses that come at night by their own accord, were described by Hesiód in the 7th century BC (*Works and Days* 102–103). Aeschylus includes frenzy (*lussa*) and groundless fear (*mataios phobos*) at night in his list of the misfortunes predicted to Orestes in case he failed to revenge his father’s murder (*Oeosphorí* 287). Nightmares remain one of the most frightening symptoms of derangement in the Hippocratic tradition (*On the sacred disease* 1; 15). Frightening visions (*opsis*) of imagined malevolent daemons (spirits) are specifically mentioned as a reason of suicide of both men and women by the anonymous Hippocratic author of the two-page tract *Girls or On the Disease of the Virgins*. Plato refers to spirits of victims of involuntary homicide haunting their slayers (*Laws* 865D1).

Descriptions of posttraumatic symptomatology are found in literary works. Shay showed that the *Iliad* and the *Odyssey* highlight psychological injuries caused by participation in continuous warfare, as well as the loss of social trust experienced by homecoming veterans. Títril compared heroes of Greek drama, such as Ajax and Achilles, with Vietnam veterans, whereas Meagher argued that Euripides’ *Heracles* is about the psychological trauma of the hero and his survival in “the hell of peace” (Meagher, 2006; Shay, 1994, 2002; Títril, 2000). The return of Heracles to Thebes is presented as the homecoming of a Vietnam veteran in Algie’s *Home Front* (cf. Riley, 2008), although the Heracles of the Classical tradition can be envisaged as suffering from fatigue and trauma caused by killing mostly not on the battlefield (Burkert, 1985; Stafford, 2012).

Ancient poets and historians who refer to aspects of mental disorders that could result from exposure to warfare never allude to a possible relation between combat experiences and lasting mental afflictions. Gorgias remains unique in his sensibility to this causal connection, and of the condition as a disease rather than a personal liability of the sufferers. Gorgias is also astoundingly open-minded in his nonjudgmental approach to the victims of overwhelming circumstances, who are in his opinion to be exonerated: Helen who could not resist the sex-appeal of Paris, as well as soldiers who could not resist their fear.

The Immediate Psychological Aftermath of Warfare and Methods of Coping With It

The Greeks knew how horrible the sight of the battlefield was. The power of paralyzing fear, *phobos*, was masterfully depicted by Homer: his heroes were stricken or frozen with horror or burst into tears at the sight of the enemy (*Iliad* 13. 85–88, 279–283, 394, 436–438; 16. 403; Van Wees, 2004). In the 7th century BC, Tyrtaeus wrote that “no man is good in war unless he can bear the sight of blood and death” (*West*, 1993 fr. 12, 10–11, translation M. L. West). Fear caused by the sight of the enemy, loud chanting of teeth, losing control of the bowels, clanging of armor of the shuddering soldiers occurred all too often, and even experienced officers were not immune to terror (Thucydides 5. 10; Aristophanes *Peace* 241; Polyaenus *Stratagems* 3. 9. 4; Plutarch *Aratus* 29, 5–6). Apparently not everyone could stand the dreadful spectacle of the battlefield. The Spartan phalanx was especially notorious for its sight, “at once awesome and terrifying” (*Xenophon* *Agesilaus* 2. 7; Plutarch *Lysander* 22. 2; Hanson, 2000). The Spartans propping up *Phobos*, the god of fear, because this nation of intrepid soldiers knew well that their enemies’ terror would win the battle for them no less than their own valor (Richter, 2012). They also put an emphasis on the prophylactics of fear through educating their youths to resist terror no less than physical hardships and pain, and inculcating shame of cowardice (Richter, 2012).

Not only reasonable fear, but also ungrounded panic on the battlefield or in a camp was quite common: “In all armies, and most of all in the largest, terrors and panics (*phoboi kai deimata*) are apt to arise, especially at night and when they are marching through a hostile country,” says the 5th century historian Thucydides (Thucydides 7. 80, translation C. F. Smith; cf. Herodotus 7. 43). Groundless fear was called *paneia, panic*, the word deriving from the name of the god Pan, and it often arose in a military setting (Polyaenus *Stratagems* 3. 9. 4; 3. 9. 10; Polybius 5. 96. 3; 5. 110. 1; 20. 6. 12). An extreme case of panic happened in 279 BC, when god-inflicted terror drove the Gauls out of their minds after the defeat at Delphi: at night, unable to recognize their own
fellows, they massacred one another (Pausanias 10. 23.5). Although we cannot know now the details of this event, which is overloaded with signs of divine wrath and may be exaggerated, the reaction of the Gauls could be interpreted as the cognitive disorganization found in acute posttraumatic reactions (cf. Spiegel et al., 2011). Dionysus, the god of mania par excellence, could instill “drunkenness of fear” in soldiers (Plato, Laws 639B), and make them scatter before they touched their arms (Euripides Bacchantes 303–304; Dio Cassius 54, 34, 5; Dodds, 1944).

The other side of the coin could be extreme brutality toward the enemy, even after his death. Mutilation of corpses was well-known (Xenophon Anabasis 3.4.5), although considered impious. When Sophocles in Eurypylus depicts the Argive soldiers laughing while trampling over dead bodies, he apparently means that they not simply enjoyed the revenge, but temporarily lost their mind, behavior that today might be interpreted as related to combat trauma (Sophocles, in Radt, 1977: fr. 210 lines 47–48; Tritle, 2004).

Aeneas Tacitus, writing in the mid-4th century BC (Whitehead, 1990), knew that terror occurred quite often at wartime, and advised either to shout “Paean” (addressing Apollo in his capability as a healer) or just say to the soldiers that it was mere panic, thus implying that the phenomenon was a mental disorder to be treated by appeal to the ancient healing god. Aeneas was also aware of the fact that “such fears usually occur after a defeat in a battle, sometimes in daytime but more often at night” (Aeneas Tacitus 27. 4), and suggested that to prevent panic at night the commander should keep his soldiers constantly busy, under arms, and forewarned. He gave the example of Euphratas, a Spartan governor in Thrace, who used such methods. Another Spartan, Clearchus, in a case of night panic in the camp, talked to the soldiers to make them understand that their fears were groundless, and ordered them to get ready in the morning, as if they were preparing for a battle (Xenophon Anabasis 2. 2. 19–21). Because the Greeks thought that panic arises from mental tension and anticipation of a disaster, keeping the minds of the soldiers occupied with their routine duties seemed to Greek generals an excellent way to prevent their men from overexercising their imagination. When the situation was particularly desperate and a catastrophe seemed imminent, Xenophon, a 4th century BC author, wrote that the soldiers should be made to think “not of what they are going to suffer but of what they are going to do” (Anabasis 3. 1. 41). Several corollaries are important: panic was considered a sickness, to be cured by a healing deity, and it could be prevented by intuitively discovered, probably very ancient, techniques, which had nothing to do with medicine sensu stricto. It is from a military writer, rather than a physician, that we learn about these techniques. In fact, Onasander, who penned a treatise on warfare in the 1st century BC, says that physicians care only for the wounded, while a good general is able to “cure the souls of their depression,” which is much more difficult than curing the body (Strategicus 1. 15).

Modern practice and research, some going back to the beginning of the 20th century, point to the importance of working through traumatic experiences (Cardena et al., 2000; Foa, Keane, & Friedman, 2009), in contrast with such approaches as punishing the afflicted to force them into becoming healthy (cf. Showalter, 1985). Another important aspect is to encourage individuals to maintain everyday activities once they are able to do them. During both World Wars, some clinicians considered that talking to soldiers to help them work through their experiences and assigning them practical tasks was therapeutic (Rivers, 1918; Showalter, 1985). Providing the opportunity to discuss difficult experiences was helpful in preventing PTSD symptoms among veterans of the Iraq conflict (Adler, Bliese, Ngurk, Hoge, & Castro, 2009) and resembles the approach of those Greek generals who explained the situation to their soldiers and kept them constantly occupied. Some modern military psychiatrists emphasize that preventing or properly treating acute stress reactions immediately following the stressful event is important for preventing chronic PTSD (e.g., Jones, 1995). Providing social support—in ancient and modern armies—is of primary importance for the soldiers’ psychological well-being after the end of the military campaign (Wilson & Raphael, 1993).

The Long-Lasting Consequences of Combat Stress

In Aeneas’s treatise, the discussion of groundless terror following a battle was limited to the soldiers’ stay in a military camp and he did not discuss long-lasting consequences. In contrast, in his description of the battle of Marathon (490BC), Herodotus relates the marvelous story of Epizelus, who fought valiantly and suddenly saw an apparition (phasma) of a tall hoplite with enormous beard, who passed Epizelus by, but killed the soldier next to him. Although Epizelus was not injured, he lost his sight forever (Herodotus 6. 117; Suda, s.v. Hippas (2) and Polyzelos). The narration by Herodotus is based on accounts going back to Epizelus’s own story. The latter earned such fame that he was even portrayed on a picture of the battle of Marathon in the Painted Porch, a hall in Athens adorned by Polygnotus (Aelianus 7. 38; Krentz, 2010: 16–17).

A subtype of somatiform disorders called conversion reactions, which include medically unexplained, pseudoneurological conditions such as psychogenic blindness, was also reported by soldiers during armed conflicts in the 20th century, and there is a substantial empirical and theoretical relation between exposure to trauma and development of somatiform symptoms (Brown, Cardena, Nijenhuis, Sar, & Van der Hart, 2007). Several authors identified Epizelus’s condition as psychogenic, resulting from the stress of the battle and resulting in conversion blindness (e.g., Krentz, 2010; Meagher, 2006; Moss, 1967; Sekunda, 2002; Tritle, 2000; Van Wees, 2004). Scott rejects this possibility because Epizelus never recovered from his disability and supposes that he lost his sight as a result of raised blood pressure under the stress of battle, retinal detachment caused by exhaustion, a blow on his head, or another organic cause (Scott, 2005). This view is unjustified, both factually—there is no hint that any injury was sustained by Epizelus—and psychologically, because conversion disorder could explain his condition. The latter diagnosis can be established if there are no organic reasons for the condition, feigning is excluded, and psychological background includes preceding stresses or conflicts (APA, 2013). Complete or partial blindness that cannot be accounted by an organic cause but follows extreme anxiety or traumatic event was once labeled “hysterical blindness.” Although normally conversion disorders may be more prevalent among women, during wartime large numbers of men, enlisted soldiers rather than officers, manifest them (Beidel, Bulik, & Stanley, 2010; Showalter, 1995; Weinstein, 1995). In Epizelus’s case, it is especially noteworthy that he perceived the giant phantom as
hostile to the Greeks. This apparition “was a personification of fear, like Phobos and Deimous” (Harrison, 1972: 368). During the combat, Epizelus was probably stricken with terror, did not participate in fighting (in Herodotus’s version, he never claimed he did), and lost his eyesight as a result of dissociating the terrible image of the enemy, self-punishment, or any other among numerous reasons lurking behind the conversion reactions of modern patients (Brown et al., 2007).

Disorders similar to that suffered by Epizelus are attested in antiquity. For instance, during the Roman siege of Syracuse in 211 BC, some defenders of the city were struck dumb with terror, developing a condition known today as surdromatism, or anxiety-triggered inability to speak (Plutarch Marcellus 15. 1; see Meagher, 2006). The Hippocratic Epidemics describe two cases. The first patient’s affliction was fear (phobos) of flute playing at a symposium, and he suffered from multiple terrors. These symptoms were present only at night (perhaps related to posttraumatic nightmares), and persisted for a long period of time. The other one seemed to be blind, unable to control his body, and could not walk on elevated places; his affliction ceased after a while (Epidemics 5. 81–82; 7. 86–87; Jouanna, 2000). This pair seems to have suffered of anxiety and conversion following a traumatic event of unknown nature that they had experienced together. 2

Another example refers to two Spartans who might have developed somatoform conditions before the battle, as often happened during the Wars World I and II (Gabriel, 1987: 48; Van Wees, 2004: 151). These two soldiers were dismissed to the rear before the battle at the Thermopylae (480BC) because their undefined “acute eye sickness” rendered them blind; one of them was guided to the battle by his servant and died, the other one. Aristodemus, was judged severely as a coward (Herodotus 7. 229–232; Loraux, 1989). A year later, at the battle of Plataea, Atistodemus was so eager to restore his reputation that he rushed into the battle, as if in a grip of madness (lysson), performed great feats, and was killed, but even then received no honor from the Spartans, who knew that because of his shame “he plainly wished to die” (Herodotus 9. 71; Van Wees, 2004, p. 205). In the 20th century, some soldiers who avoided combat because of a medically unexplained condition which prevented their participation in the battle later suffered from severe depression or psychosis, or committed suicide (Gabriel, 1987).

It seems to be more than mere coincidence that several military commanders from Sparta, a city-state that exalted military valor above every other virtue, suffered from mental disorders. A striking case of acute delirium is that of Cleomenes, king of Sparta, who reigned ca 520–490 BC. He was known to be slightly mad or unbalanced (hupomonegrotos) before he became king (Herodotus 5. 42; 6. 75), and broke into furious insanity only in his last year (Scott, 2005). Herodotus, in his trustworthy biography, describes Cleomenes’s violent madness: he attacked every Spartan he met, was put in the stocks, persuaded a servant who guarded him to give him a dagger, and finally gashed his own body into strips until he died (Herodotus 6. 75). The excruciating method of suicide, self-laceration, provides additional evidence for his mental imbalance.3

During his life, Cleomenes committed many acts of extreme violence and sacrilege. For instance, in Argos he massacred seekers of asylum in a sacred grove, burning some of them alive. From the point of view of his contemporaries, these actions were unthinkble. Most Greeks, including Herodotus, attributed his madness and death to divine punishment for his impiety, the majority thought that the retribution was for the bribery of the Pythia, the priestess of Apollo at Delphi; the Athenians and the Argives insisted that it was for violation of their respective sanctuaries. The Spartans did not agree that Cleomenes’s madness and end were caused by divine intervention, but said that he learned from the Scythians to drink wine undiluted in water, which was considered to be very intoxicating, and that this habit was the cause of his madness. Herodotus was convinced that he was punished for his transgressions (Herodotus 6. 75, 84), and his account shows how the mental aberration of Cleomenes evolved from mild eccentricity (of which he gives no details) to a series of horrible transgressions of laws both human and sacred, to a dreadful end.

Lysander, a Spartan general prominent in the late 5th century BC, suffered from melancholy and fits of anger, although not in his young age but as he grew older (Plutarch Lysander 2. 5, 28. 1; [Pseudo]-Aristotle Problems 953a10–955a40). PTSD was perhaps responsible for the changes in the character of Clearchus in Xenophon’s Anabasis (2. 6. 1–15), who turned into a tough disciplinarian, a war-lover addicted to danger and incapable of holding personal relationships (Trite, 2000, 2004). To be sure, one need not be a Spartan general to develop a psychiatric condition, yet the prevalence of Spartans among mentally afflicted Greek veterans may hint at a pattern. Notwithstanding their upbringing, the Spartans seem to have paid a heavy psychological toll for their continuous involvement in warfare.

Fear experienced on the battlefield could have short- and long-time psychological consequences, from irrational panic after the combat to various dysfunctional reactions. The former condition was known to astute military commanders, who coped with it by methods of persuasion and occupational therapy. The latter affliction was believed to be of divine order, but one can imagine that similar cases of dysfunction could be often ascribed to physical trauma or organic disease and treated accordingly. 2

2 Some reported cures of blindness, deafness, and paralysis in various sanctuaries of Asclepius may have referred to patients suffering from somatoform disorders, which are quite responsive to suggestion. In that case, their sincere belief in the efficacy of temple medicine might have improved their health (Veith, 1965: 17-19, see also Garland, 2010). Patients with posttraumatic conditions in general are very responsive to suggestions (Cardeña et al., 2012), and might have benefited from the therapeutic suggestions at Asclepeia.

3 Some modern historians suppose that the death of Cleomenes was a pious folklore invention, eagerly adopted by Herodotus (Griffiths, 1989). Others claim that his political opponents in Sparta either spread rumors of his suicide to disguise his murder (Harvey, 1979), or intentionally gave a dagger to the imprisoned king, known to be unbalanced, to push him to suicide (Richer, 1998). However, the extant tradition contains no hints of an assassination, as Harvey admits, and the version of Herodotus is considered trustworthy by Forrest (1980) and Scott (2005). David observes that the excruciating method of suicide, self-laceration, provides additional evidence for Cleomenes’s mental imbalance (David, 2004). Devereux (1970) demonstrates that details in the account by Herodotus draw too accurate a picture of a paranoid schizophrenic to be invented by a non-psychiatrist. Psychiatrists whom Scott consulted suggested the diagnosis of hypomania which developed into frank mania (Scott, 2005).
Chronic Mental Diseases and the Hippocratic Physicians

A great merit of Gorgias is that he linked battlefield stress with enduring mental disorder, described this condition as illness, and absolved the sufferers from moral guilt for their behavior. If “vain toils, terrible sickness, and hard to heal madnesses” constitute a chronic affliction, to be treated at home rather than on the battlefield, one could expect generals to be out of their expertise with physicians being eager to help. The situation faced by ancient Greeks suffering from long-term psychiatric conditions was, however, quite different.

It is often alleged that Hippocratic texts ignore chronic mental disorders, with acute frenzy as the only expression of mental pathology (Garland, 2010; Gill, 1985). Chronic diseases attracted medical attention rather late (Caelius Aurelianus, On the chronic diseases Introduction 3; cf. Garofalo, 1997: viii), yet Hippocratic physicians did not entirely ignore the fact that mental disorder could be enduring. One of the notes ascribed to the master himself clearly refers to this fact: “If fear (phobos) or despondency (dúshumé) last for a long time, this is a melancholic state (melancholikon)” (Aphorisms 6. 23). The real problem was that Hippocratic medicine did not recognize psychological factors as causes of mental afflictions, and explained all diseases, including psychiatric ones, as resulting from physiological causes (Gill, 1985; Kotsopoulos, 1986), either a misbalance of humors in the body or brain trauma.

Following the basic principle of Hippocratic medicine, all mental ailments, acute and chronic, were exclusively treated by physical means that could hardly be effective. Whatever the real cause of madness, purgation of the body was the popular way of treating the elementary method being drinking hellebore. Mocking advice in comedy and political debate to use this drug was given to persons whose sanity was questioned, (Aristophanes Wasps 1489; Demosthenes 18. 121; Menander in Kassel & Austin, 1983–2001: 6. 2, fr. 69 (63)). The comedy-writer Diphilus even entitled one of his comedies Drinkers of Hellebore (Helleborizomenoi, Diphilus in Kassel & Austin, 1983-2001: 5, fr. 30). Medical science used its humoral theory as a theoretic foundation for the existing practice, and patients with psychiatric disorders had to be purged of excessive bile and phlegm. Accordingly, Hippocratic physicians happily prescribed white and black hellebore and other violent purgatives to treat madness. Two plants are known to have been used: white hellebore (Greek helleboros leukos, Latin Veratrum album L.) and black hellebore (Greek helleboros melas, Latin Helleborus cyclophyllus L. or niger), their properties discussed by Theophrastus in his History of plants (9. 10. 1), Pliny (Natural History 25. 21. 47–65), and Dioscorides (On medical materials 4. 148, 162; cf. Riddle, 1985: 111–115; Baumann, 1993). Both plants are toxic, and their “purifying” effects differ: white hellebore causes nausea and vomiting, black hellebore is a strong laxative (On diet in health 1. 35). Centuries later, in Roman times, epilepsy, madness, and melancholia were still treated with black and white hellebore, as recommended by Celsus (3. 18. 20), Pliny (Natural History 25. 21–24 (48–60)), and Dioscorides (On medical materials 4. 162). It is hard to imagine how these drugs could alleviate mental disease, unless they either served as shock therapy or acted as placebo.

Because Hippocratic physicians did not have much to offer to mitigate chronic psychiatric afflictions, they did not treat them at length in their writings. Quite a different way of treatment appears to have been known since the 5th century BC at the latest: it was the “talking cure,” reinvented more than two thousand years later by Freud.

Ancient Psychotherapy

Gorgias’s practical interest in the subject that would be defined today as psychotherapy is attested to by the epigram inscribed on the monument erected by his great-nephew Eumolpus: “No mortal has discovered a better art of training the soul for the contests in virtue, than Gorgias” (Diels & Kranz, 1952: fr. 82 A8). He was famous as one of the greatest teachers of rhetoric and his technique of personal coaching was based on the art of persuasion (Buchheim, 1989, xxvi). In Encomium of Helen Gorgias expresses his confidence in the power of the words to heal and manipulate the soul, anticipating, it seems, the designation by Isocrates of rhetoric as psychagogy, (winning or leading of souls, Isocrates 9. 10). He writes: “Speech is . . . able to dispel fear (phobos), to assuage grief (lupe), to inculcate joy, and to evoke pity” (Encomium of Helen 8, translation D. W. Graham). Furthermore, in his opinion, persuasion added to speech could “mold the mind as it wishes” (Encomium of Helen 13; Segal, 1962: p. 105), not only producing immediate effect, but influencing character. Gorgias himself was convinced that rhetoric was effective only if combined with “opinion of mind,” (doxa tês psychês, Encomium of Helen 10; Lain Entralgo, 1970), a very enlightened understanding of the way suggestion and autosuggestion work. Accordingly, it is quite likely that when members of the audience believed in the capacity of charms to influence them, Gorgias’s magic might have worked (Plato Charmides 157A; Lain Entralgo, 1970).

Application of the art of speaking to cure disturbed minds attracted the attention of other Athenian intellectuals as well. Pseudo-Plutarch attributes to Antiphon the authorship of a work entitled Art of Avoiding Distress, Technê alupias, and setting up in Corinth a clinic where patients tormented by grief and pain were treated by means of logos: “While he [Antiphon] was still involved with poetry, he contrived an art of removing grief, like the treatment of doctors for the sick. He procured a workshop in Corinth beside the agora, and put out a notice that he was able to treat (therapeuein) grief-stricken (lupomenoi) through words. He assuaged the sick, inquiring into the causes. But thinking that art to be beneath him, he turned to rhetoric” ([Pseudo]-Plutarch, Lives of 10 orators 1, 833C, translation G. J. Pendrick; Photius 486a16 Bekker; Philostratus, Lives of sophists 1.15; Diels & Kranz, 1952: fr. 82 A6a-d). This testimony, regarded by most scholars as authentic, probably reflects Antiphon’s real activities, namely the invention or elaboration of an oral technique of assuaging grief (Furley, 1992; Lain Entralgo, 1970; but see Pendrick, 2002). Such details as discovering the causes of psychological troubles by questioning patients and curing them by means of conversation are reminiscent of various forms of modern psychotherapy (Hourcade, 2001). The sophists seem to have perfected and developed an attitude that existed earlier and was intuitively used by many compassionate friends or relatives of sufferers. Aeschylus believed that “words are physicians (iatroi) for a sick soul (psychê nosousê)” (Prometheus Bound 379) and Democritus said that
while “medicine cures diseases (nosoi) of the body, wisdom lib-
erates the soul of sufferings” (Diels & Kranz, 1952: fr. 68 B31).

Athenian dramatists must have had keen understanding of the
depth of the human soul, and were probably engaged in the
development of the “talking cure” by contemporary sophists. It is
not a coincidence that Antiphon is reported to have authored
tragedies, and composed his manual on avoidance of grief, while
still engaged in poetry (Diels & Kranz, 1952: fr. 87 A6a-c):
dramatists, orators, and psychotherapists cannot but share a pro-
found interest in psychology. The first surviving example of so-
opfisticated therapy by words is perhaps the final episode of Eu-
ripides’ Bacchae, where in the scene of recognition a father
gradually leads his daughter from (euphoric) madness to (painful)
sanity (lines 1216–1300). Having to reveal to the daughter a
horrible truth, the father first makes her concentrate on an external
object, and brings her to realize that a veil has been removed from
her eyes. The daughter’s mental state is further articulated not only
by her own words (“I return to my senses . . . my mood changes,”
line 1270), but also by her annemia of her deeds, a realistic
symptom of a dissociative alteration of consciousness (Cardena et
al., 2012). After the “pretherapy” has proven to be successful, the
father restores his daughter to sensibility by tenderly asking her
questions about her life and recent actions, thus leading her to a
recollection of her past, reinsertion into the cultural environment
she belongs to, and confrontation with the dreadful present (De-
vereux, 1970; Dodds, 1944; Shaley, 2012). In addition to this
scene in the Bacchae, reminiscent of insight-and-recall oriented
psychotherapy, Euripides depicts annemia and a gradual return to
reality in a dialogue between a recovering madman and his father in
The Madness of Heracles (lines 1089–1145; Riley, 2008). In
Wasps, by Aristophanes, the deranged hero is treated by his son by
“working on madness from ‘within,’” leading the father to a
collapse that breaks his obsessive habit and brings him back to
sanity (Gill, 1985: p. 315–316). The scenes by Euripides and
Aristophanes seem to indicate that by the late 5th century BC,
verbal therapy techniques were quite elaborate and at least the
leading intellectuals were familiar with them.

It is significant that many contemporary psychotherapeutic
methods of treatment of PTSD are based on talking about the
trauma with the therapist. In prolonged exposure therapy, conver-
sations or other techniques to remember the event are used until
the memories of the traumatic event are no longer upsetting.
Cognitive behavior and psychodynamic approaches are also based
on some type of cognitive restructuring: the patient is instructed to
recognize unreasonable cognitions and replace them with realistic
beliefs and positive self-statements, and patients are coached in
problem solving and anger control. There are different approaches
designed to treat posttraumatic conditions, most of them involving
some kind of working through of traumatic memories (Cardena et
al., 2000; Foa et al., 2009). Medications may be employed in the
treatment of posttraumatic conditions, but treatment usually in-
volves some type of psychotherapy as well (Yehuda, 2002). Al-
though various aspects of modern counseling and psychotherapy
differ from ancient approaches (Gill, 2010), methods of prevention
and treatment of mental disorders by means of conversation and
persuasion, which were probably developed in Greece in the 5th
century BC, may have alleviated PTSD and other combat stress
disorders as well.4

There are many ways in which ritual, acting, and drama involve
psychological transformation and are therefore very relevant to
psychotherapy (Cardeña & Cousins, 2010; Devereux, 1970;
Dodds, 1944; Gill, 1985). A troubled soldier attending the theater
where he could identify with the tragic hero had “a way of reliving
and relieving” his own feelings, a form of abreaction (e.g., Gabriel
& Metz, 1992; for more recent discussions of therapeutic catharsis
see Scheff, 1980 and for uses of drama in therapy Schattner &
Courtney, 1981). Aristotle’s words that “tragedy brings about
catharsis through pity (eleos) and fear (phobos)” may be inter-
preted in a most direct sense, as referring to alleviating the distress
of disturbed souls, including that of the returning soldier. This
understanding of his passage is endorsed by a rather lengthy
fragment from a comedy by his contemporary Timocles, which
states that anxiety is consoled by mere comparison of one’s own
troubles with those of tragic personages (Timocles, in Kassel &
Austin, 1983-2001: 7, fr. 6, translation Rusten, Henderson, Kon-
stan, Rosen, & Slater, 2011: 518):

For the mind, forgetting its own cares
And entertained (psychagótheis) at someone else’s suffering
Ends up pleased, and learning something to boot . . .
The person, then, who understands that all the misfortunes
That seem too monumental to him also happened to others
Will then groan less under the weight of his own calamities.

For Aristotle and Timocles, tragedy can alleviate a person’s
grief, either by arousing pity and compassion or by reminding a
person of much greater calamities. In particular, Athenian veterans
trying to cope with mental distress could find that going to the
theater lightened their burden. The Hippocratic Regimen (4, 89)
recommended patients whose soul was disturbed by some worries
to go to the theater and see funny or simply enjoyable perfor-
manes (Laín Entralgo, 1970). Warriors’ sufferings were depicted
knowledgeably by dramatists who had fought in real battles them-
selves, and mythological images of sufferers of combat-related or
other mental disorder could become an inspiration to develop
appropriate coping mechanisms. Athenian theater festivals with
their military processions were a congenial environment for resus-
citating war experiences (Goldhill, 1987; Rawlings, 2007; Shay,
1994). In the theater, the veteran could not only soothe his anxiety
by reliving and processing the sufferings of other people, and very
often other soldiers, but also feel reincorporated in a supporting
community ascertaining the vital importance of contributing to the
military efforts of the polis.

Finally, mental disorders could be alleviated by participation in
ecstatic rites, especially the Corybantic rites, very popular in
Athens in the 5th and 4th centuries BC (for an analysis of various
ecstatic rites in Greece and comparative anthropological evidence
see Jeanmaire, 1970; for the relationship between alterations of

4 Persuasion as a way to cure passions, considered by the Epicurean
and Stoic philosophers as “maladies of the soul” (in contrast with disorders that
would be considered nowadays as psychiatric problems, Pigaeud, 1987),
was also recommended by Roman physicians and thinkers, such as Cicero
and Seneca (Pigaeud, 1981).
Conclusions

Many Greek authors mentioned the mental stress produced by warfare, referring mostly to disorders occurring on the battlefield or immediately after the combat, and describing conditions of enduring distress following combat trauma. Gorgias is unique in his realization of the complexity of combat psychological injuries; he alone unequivocally associated irresistible terror on the battlefield with long-lasting madness, and regarded this condition as a disease. He also argued that sufferers were powerless to prevent it, and that it was the combat situation rather than the victim’s weak will that was to blame for socially unacceptable behavior. Gorgias was not only the earliest European author to define a complex chronic syndrome resulting from exposure to battle strain, but also the first to claim that the victim was not to be held responsible for his condition.

Hippocratic doctors treated physical wounds immediately after combat (Gabriel, 2012; Salazar, 2000), as well as acute fits of madness in civilian life. We have no evidence for their contribution to the effect—which must have been considerable—to cope with the psychological injuries of the soldiers, whether in active service or after their return home. In the military camp and on the battlefield, experienced officers used several techniques to suppress or mitigate terror and panic. The enduring consequences of traumatic combat were explored by Greek thinkers interested in the human psuchê. Here again, Gorgias seems to be one of the pioneers of advanced treatment by means of conversation and persuasion. He and Antiphon probably developed traditional compassion-fearing talking into an elaborated technique that could alleviate the mental anguish of traumatized patients. Gorgias’ Encomium of Helen ought to have been a must-read for every general and politician in Greece, just as Shay’s Achilles in Vietnam: Combat Trauma and the Undoing of Character (1994) was commended by a reviewer as obligatory reading for every American officer (Shay, 2002, p. xvi). We have no way to know whether or how the writing of Gorgias changed the attitude of Greek commanders and politicians toward combat trauma, but his method and ideas continue to resonate to our days.

Our study of combat-related psychological distress in ancient Greece demonstrates that fear, panic, and ensuing short-term psychological consequences were well-known to military men who also tried to prevent them by some methods that are considered efficient today. Nonetheless, long-term mental disorders following exposure to battle were almost entirely ignored. Judging by the surviving Greek texts, Gorgias seems to be the only author who understood their nature. Allusions to the abnormal behavior of several soldiers, especially of a number of Spartans, who were believed to be prepared for military life by their education and social norms, show that chronic mental disorders could not be entirely prevented.

Notwithstanding the difference in cultural and social conditions between us and ancient Greece, combat-related mental disorders existed two thousand and several hundred years ago, as they do today. In practical terms, the idea that they could be prevented by means of social conditioning proved to be false: acute and chronic psychological disorders can result from exposure to combat stress. This risk may be reduced but not entirely eliminated. On the other hand, the fact that modern therapeutic methods appear to have been used in Greece is reassuring, because it indicates that modern Western approaches to the psychological treatment of trauma are not entirely culturally dependent and may be applied to the treatment of trauma with patients from different cultural traditions.

References


Les Éphores (The ephores)


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