

Trauma and the state

**How did the Roman state handle psychologically and physically
traumatised veterans?**

Sjuul Rutten

S1057649

Radboud University

Bachelor Thesis

Dr. L. Foubert

[Wordcount: 8942]

Introduction

Trauma, in the ancient vocabulary of the Greeks refers to physical injuries.¹ This definition of the word is still in use today; however, an additional definition had been added: a kind of psychological injury. A psychological trauma appears when people experience shocking events; the process of a person being traumatised after such an experience is still ambiguous. Around 10% of people who contract a psychological trauma experience stress symptoms in the long term. If the discomfort does not decrease over time, we speak of a condition called post-traumatic stress disorder, or PTSD. In the Netherlands, this disorder was first labelled as a psychological disorder when survivors of the Nazi concentration camps experienced traumatic episodes for extended periods of time after the war.²

Although much is still unknown about PTSD, certain factors appear to be important. The genetic makeup and past experiences are important.³ These can lead to an unbalanced stress-system, making the experience of PTSD more likely. Furthermore, the nature, gravity, duration, and the perceived significance of the experience influence whether and how serious symptoms will be.⁴ The combined weight of all these factors determines the amount of stress that is perceived during the traumatic experience. An overwhelming amount of stress can lead to a ‘cognitive break,’ which stops the brain being able to ‘make sense’ and narrativize an experience within one’s life story.⁵

This creates a lonely stimulus floating through a sea of perfectly narrativized memories in our head. It becomes an experience to which no meaning can be attached.⁶ The American Psychiatric association (APA) stresses the importance of the creation of a coherent narrative: “By expressing the narrative, the patient fills in details of fragmentary memories and develops a coherent autobiographical story. In so doing, the memory of a traumatic episode is refined and understood.”⁷

Today, trauma, like post-traumatic stress syndrome or PTSD is widely known and recognised as a psychological disorder. Soldiers suffering from PTSD, or any other form of

¹ J.E.J.M. Hovens and I.M. van Vliet and A.J.L.M. van Balkom, *Posttraumatische stress-stoornis: Als verwerking niet lukt*, (Vleuten: Secrass, 2004), 3.

² Ibidem, p. 3.

³ L. Musazzi et al. “What Acute Stress Protocols Can Tell Us About PTSD and Stress-Related neuropsychiatric Disorders,” *Frontiers in Pharmacology* 9, no. 758 (2018): 1.

⁴ Hovens et al. *Posttraumatische stress-stoornis*, 6.

⁵ A.J. van Lil, “Ritual, Narrative, and Trauma: Considering the Socio-Psychological Significance of Roman Martial Rituals,” (RMA-Thesis, Utrecht University, 2019), 26.

⁶ Ibidem, 26.

⁷ “Narrative Exposure Therapy (NET),” American Psychiatric Association, 2017, <https://www.apa.org/ptsd-guideline/treatments/narrative-exposure-therapy>.

psychological trauma are likely diagnosed and treated. But to what degree was this the case for the classics? A damaged mind is harder to understand and recognise than a broken leg. How did a highly martialized society like that of the Ancient Romans look at physical and psychological trauma?

In this thesis I will explore trauma in Ancient Rome, with a particular focus on the institution of the Roman Army. My research question is: how did the Roman state handle soldiers suffering from psychological trauma compared to physical trauma? To answer this question sufficiently I divided this thesis into two sub questions, corresponding to two sections. Firstly, I will present the state of modern research and the gap I aim to fill. This will be followed by an explanation of my method, as well as justification for the various delineations of my research. Secondly, I will present an overview of the universalist and relativist debate within historical trauma studies. This chapter is an important part of my research, which warrants extra attention. I will also present my own position in this debate.

The first sub question I will discuss is: which knowledge did the Romans have regarding trauma and its treatment? I will present what knowledge the Romans had in the field of physiology, and how this was applied, also dedicating a section to physiology in a military context. The second sub-question is: how did legislation for psychologically traumatised soldiers and veterans compare to legislation for physically traumatised people? In this section I will present the legislation and discuss how legislation for both kinds of trauma matched or differentiated. As conclusion, I will present a short summary, concluding remarks, and suggestions for further research.

Status Quaestionis

Our understanding of the psychology of war is relatively young, PTSD for example was only recognised as a diagnosis in the late 19th century by the American Psychiatric Association (APA). The APA is responsible for all editions of the Diagnostic and Statistical Manual of Mental Disorders, also known as the DSM. PTSD was first included in the DSM-III, in 1980.⁸ The study of the psychology of war is even younger. The subject first gained major traction in the 1990s. Important works include Jonathan Shay's *Achilles in Vietnam* and *Odysseus in America*, in which he compares the experience of war and challenges of homecoming presented

⁸ L.A. Tritle, "Ravished Minds" in the Ancient World," in *Combat Trauma and the Ancient Greeks*, ed. P. Meinick and D. Konstan (New York: Palgrave Macmillan, 2014), 96.

by Homer in the *Iliad* to the experiences of American soldiers returning from Vietnam.⁹ What most early works have in common, is their focus on Ancient Greece. The historical study of the psychology of war generally limited itself to the Greek hoplites at first. The reason for this focus on the Greek world is difficult to attest for, but in 2011 the discussion finally widened to include Roman maniples and legions, through an article appropriately named “Caesar in Vietnam.”¹⁰ Despite the suggestions arising from its name this article is not part of a trilogy by Shay, but rather it was written by Aislinn Melchior. In summary, the work discusses the possibility and likelihood that Roman soldiers were suffering from PTSD and thus addresses an ongoing debate between relativists and universalists. I will return to this debate more in depth during the chapter ‘The historical study of trauma?’¹¹

Similarly, the study of physical injuries of Roman soldiers is in its relative infancy. To bridge this academic gap, I will turn to a work on disability in the Roman Empire by Christian Laes. This work, published in 2014, is the first disability history of the Roman empire. In his study *Beperkt? Gehandicapt en in het Romeinse Rijk* Laes presents a general overview of life as a disabled person in Ancient Rome, subjects range from blindness, and speech impediments to mobility issues.¹² The state of medical care and medicinal studies at the time is also incorporated into Laes’ book. Korneel van Lommel brought Roman disability history into the martial realm with his work “Heroes and Outcasts.”¹³ In this article he discusses the reception of impaired and disfigured Roman veterans and concludes that attitudes towards the former legionaries were highly ambiguous. The context in which their scars were presented decided their reception.

Similarly, to Van Lommel, I will remain within the martial spheres for a large part of the research, with a section dedicated to judicial practices. I want to focus on the transitional period from being an active soldier to becoming an army veteran. I want to present a new focus on the role of state institutions, which includes the role of the army and the judicial system. The existing literature has focussed itself primarily on the possible existence and recognition of psychological trauma. It has not looked into the regulations from the Roman State and its institutions for the traumatised soldier or veteran. This research will add to our understanding of the attitude of the state towards two different minorities, physically and mentally traumatised

⁹ J. Shay, *Achilles in Vietnam: Combat Trauma and the Undoing of Character*, (New York: Scribner, 1994); J. Shay, *Odysseus in America: Combat Trauma and the Trials of Homecoming*, (New York: Scribner, 2002).

¹⁰ A. Melchior, “Caesar in Vietnam: Did Roman Soldiers Suffer from Post-Traumatic Stress Disorder,” *Greece & Rome* 58, no. 2 (2011): 209-223.

¹¹ See below, p. 6.

¹² C. Laes, *Beperkt? Gehandicapt en in het Romeinse Rijk*, (Leuven: Christian Laes en Davidsfonds Uitgeverij, 2014).

¹³ K. van Lommel, “Heroes and Outcasts: Ambiguous Attitudes Towards Impaired and Disfigured Roman veterans,” *The Classical World* 109, no. 1 (2015): 91-117.

soldiers. It will also contribute to our understanding of the role that the state had in a veteran's life after service.

In Arjen van Lil's research master thesis: "Ritual, Narrative, and Trauma," which analyses the role that Roman rituals would have had for the individual soldier's experience of war. The agency that the institution of Roman Religion had regarding trauma has been effectively presented.¹⁴ My thesis will in some respects be similar to this presentation, except I will focus on the institutions of warfare and justice, and their influence on the experiences of a traumatised soldier or veteran.

Method & Sources

This paper is built upon a mix of primary source materials and secondary academic literature. The primary source material will include an array of texts written by classical writers, such as Appian, Plutarch, Cato, Livy and Celsus. I have included multiple passages from the digest of Justinian, dating to the Byzantine period. The Byzantine period is not considered in this thesis, yet the excerpts from Justinian's code of law refer to the inception of laws in an earlier age. Lastly, two funerary inscriptions will be considered, providing a less elitist view on the subject at hand.¹⁵

Chronologically my research will span the entire Roman era, from the early Kingdom to the late Empire. Geographically this will consider the entirety of the Roman Empire, from Britain to Asia Minor. I am aware of how broad these perimeters are, which can lead to distorted outcomes, but this research focuses on larger patterns. Because of the limited corpus of primary sources, I am not in the position to specify the perimeters of this research any further. In the case of important innovations or differences that appear throughout time, I will explicitly mention them.

I will limit myself to English and Dutch translations of the original sources. I will analyse and value the source material through discourse analysis as set forth by Ziemann and Dobson in their work *Reading primary sources*.¹⁶ For the analysis of the ancient material I will pay particular attention to certain aspects of their method. Firstly, the importance of narrator and reader. To properly discern meaning from my sources, especially in the case of a delicate subject like trauma, it is important to establish who wrote the material and whom they wrote it

¹⁴ Van Lil, "Ritual, Narrative, and Trauma".

¹⁵ CIL VI 32808.

¹⁶ M. Dobson and B. Ziemann, "Introduction," in *Reading primary sources: The interpretation of texts from nineteenth- and twentieth-century history*, edited by M. Dobson and B. Ziemann, 1-18. (Abingdon: Routledge, 2009).

for. Secondly, mode of emplotment is an important aspect to be considered in my source material. Mode of emplotment, coined by Hayden White, refers to the way in which a sequence of events is presented to form a narrative. The importance of narrative for trauma has already been presented in the introduction and will be further elaborated later. Narrative is also crucial for the correct understanding of the sources. Lastly, context will be considered. Like the two previous aspects context is of vital importance for the correct depiction of events, and often greatly influences the content of source material.¹⁷

I have chosen to include a comparative aspect in my method, because I believe it will provide a better context to the study of trauma in ancient times. Attitudes towards people who are challenged mentally or physically have greatly changed. The Roman attitude towards physical impairment is a basis for understanding and comparing their attitudes towards the mentally impaired. By comparing mentally and physically traumatised soldiers, two unfortunate minorities, it becomes easier to understand the Roman attitude towards both.

The historical study of trauma

I will first present a few problems regarding historical trauma studies, and how to overcome them. Problems arise due to imperfect terminology in antiquity as well as modernity. ‘Trauma’ according to the Oxford Dictionary can allude to two things. It is either “a wound, or external bodily injury in general” or alternatively “a psychic injury, esp. one caused by emotional shock the memory of which is repressed and remains unhealed”.¹⁸ One can see that the variety of injuries and psychological afflictions is very broad, which complicates the research. A much bigger complication is the fact that the Romans did not have a word for trauma. There are Latin terms relating to the state of being injured physically and there are Latin words which imply mental disorders, such as *Mania*, *Malancholia* or *Phrinitis*, but there is no direct translation for the English definition of trauma.¹⁹ The sources do, however, present clinical pictures that we today would regard as indications of mental disorders, including traumas. I believe there is sufficient source material relating to mental disorders that are explicitly said to stem from warfare, to be able to speak of traumas in antiquity.

Another problem that arises is the chosen starting point of the research. Using the modern standards as a starting point for research into the clinical state of persons in history

¹⁷ Dobson and Ziemann, “Introduction,” 6-15.

¹⁸ “trauma, n.,” Oxford English Dictionary, September 2022, <https://www.oed.com/view/Entry/205242?redirectedFrom=trauma#eid>.

¹⁹ Van Lommel, “Heroes and Outcasts,” 109; Laes, *Beperkt?*, 79-80.

often leads, not to historically relevant conclusions, but rather to questionable retrospective diagnoses.²⁰ Through physiological research into paintings and statues for example, scholars have deduced the possible presence of multiple illnesses in its models.²¹ An example presented by Laes, is the diagnosis of a possible heart defect of emperor Hadrian, based on a line in his, or better his statues' earlobe.²² A similar method can be applied to the mental state of historical figures, based on writings rather than depictions. This has been done by multiple authors, who focus on diagnosing Roman Emperors.²³ Post-mortem diagnoses based on statues and paintings of persons who have been deceased for millennia are already precarious at best, add to this the omnipresent biases, both conscious and unconscious, of written sources and what you are left with is a very blurry and possibly tainted picture. It is therefore not the aim of this research to perform any sort of retrospective diagnoses.

The debate in historical trauma studies centres around a bipolar discussion with on one side the universalists and on the other the relativists. The universalist stance argues for what is best described as biological continuity. It chiefly relies on the assumption that a couple of thousand years, which is the timespan between modernity and the classical world, is not enough for the human brain to evolve significantly.²⁴ From this notion follows that people are likely to have the same involuntary reactions to certain stressors. This means that an experience that could result in traumatic reactions by modern humans, could have a similar effect on our classical counterpart.

The relativists' standpoint refutes the universality of trauma based on the idea that trauma is not an inevitable biological reaction. Instead, they see the existence of trauma as a consequence of western social and cultural norms.²⁵ The classical culture, all too often regarded as the primordial base on which modern western culture has been built, is in the relativist view too far removed from that same western culture. This would therefore impact the experience of

²⁰ For example see L. Tritle, "Xenophon's portrait of Clearchus: A study in post-traumatic stress disorder," In *Xenophon and his World*, ed. C. Tulpin (Stuttgart: Franz Steiner Verlag, 2004); or P.A. Mackowiak, and S.V. Batten, "Post-Traumatic Stress Reactions before the Advent of Post-Traumatic Stress Disorder: Potential Effects on the Lives and Legacies of Alexander the Great, Captain James Cook, Emily Dickinson, and Florence Nightingale," *Military Medicine* 173, no. 12 (2008): 1158-1163.

²¹ Laes, *Beperkt?*, 22.

²² *Ibidem*, 22.

²³ See: T. Benediktson, "Caligula's Madness: Madness of Interictal Temporal Late Epilepsy?," *Classical World* 82, no. 5 (1989): 370-375; or J.F. Ratcliffe and R.D. Milns. "Did Caesar Augustus Suffer from Psoriasis and Psoriatic Arthritis?," *Ancient History Bulletin* 22 no: 1-2 (2008): 71-81.

²⁴ Van Lil, "Ritual, Narrative, and Trauma", 22; O. Rees, "We need to talk about Epizelus: 'PTSD' and the Ancient World," *Med Humanities* 46, (2020) 47; In his work Rees speaks of Epizelus as the first recorded case of PTSD, this conception is often followed, however for even older references see W.K. Abdul-hamid, and J.H. Hughes, "Nothing New under the Sun: Post-Traumatic Stress Disorders in the Ancient World," *Early Science and Medicine* 19 (2014): 549-557.

²⁵ Van Lil, "Ritual, Narrative, and Trauma," 22.

events and receptiveness to trauma. Melchior discusses this in her work ‘Caesar in Vietnam’ which I have previously mentioned. Melchior is primarily concerned with one specific form of trauma: PTSD. She presents the popular view among relativists of the cruelty of the classical world, where violence, death and helplessness were less alien to the average person than today. This relative normality of suffering would, she argues, leave them less vulnerable to trauma.²⁶

To put this debate to the test, it might be useful to briefly delve into the discipline of psychiatry. After all, if trauma is a result of western social and cultural norms rather than a universal psychological reaction, one would expect to find considerable differences in the reactions to possibly traumatic stressors throughout different cultures. ‘The cross-cultural validity of posttraumatic stress disorder: implications for DSM-5’ is an article by American psychiatrists Hinton and Lewis-Fernandez.²⁷ In their article they discuss how cultural differences influence the forming of PTSD. The conclusion is that there is indeed a difference on if and how PTSD manifests itself across different cultures in America, however this difference is not big enough to label PTSD a purely western phenomenon.²⁸ I do acknowledge that this work concerns itself with cultures that are not nearly as far removed from ours as the Roman culture. Therefore, another pilot study that might present some more convincing arguments for the universality of trauma should be considered. This study concerns itself with the occurrence of PTSD in Ju/’hoansi, better known as the Kalahari Bushmen, a ‘radically non-western folk society’ situated in Southern-Africa.²⁹ The focus is on victims of domestic violence, and the researchers concluded with relative certainty that there were in fact cases of PTSD present in this far-removed cultural unit. It must be noted that there was indeed a difference in the manifestation of the trauma, which the researchers believe to be culturally dependent. The deviations were, however, not big enough to stray from diagnosing certain victims with PTSD.³⁰ Concluding from these studies, the truth is somewhere in the middle.

²⁶ A. Melchior, “Caesar in Vietnam: Did Roman Soldiers Suffer from Post-Traumatic Stress Disorder,” *Greece & Rome* 58, no. 2 (2011): 222-223; Shay (1994) does not write about the presence of cruelties and whether they might be more frequent in antiquity. He is concerned with the inherent unfairness of war, he argues this is what causes distress in soldiers, therefore paving the way for the universalist view; Van Lommel, (2013) presents an overview of the debate and argues against the universality of trauma, therefore his focus is on broader mental disorders; Van Lil (2019) looks for common ground, he concludes, that whichever theory you adhere to, there is consensus that experiences of the past can be reconstructed.

²⁷ D.E. Hinton, “The cross-cultural Validity of Post-Traumatic Stress disorder: Implications for DSM-5,” *Depression and Anxiety* 28, no. 1 (2011).

²⁸ *Ibidem*, 796.

²⁹ G.J. McCall and P.A. Resick, “A Pilot Study of PTSD Symptoms Among Kalahari Bushmen,” *Journal of Traumatic Stress* 16, no. 5 (2003): 446, 450.

³⁰ McCall and Resick, “A Pilot Study of PTSD Symptoms Among Kalahari Bushmen,” 448-449.

There are indeed differences in how trauma will manifest itself, leading to some symptoms being more widely present than others due to cultural differences.

This leaves only one thing to discuss shortly, which is the style of fighting. Melchior makes an interesting point, namely that the style of fighting in antiquity is less psychologically taxing than modern warfare, and thus trauma would occur less. The main arguments that Melchior bases this analysis on are, first the lack of constant danger, in the form of incoming missile attacks, and second the lack of concussive injuries, the result of constantly exploding shells, which had such a devastating effect on soldiers in the First World War.³¹ I thoroughly disagree with these statements. Firstly, nobody can refute the lack of ballistic missiles in antiquity, but the lack of constant danger is a difficult argument to defend. It is widely known that legionaries would be tasked to construct encampments and guard them every night. I believe these laborious tasks would not have been made common practice, had there not been a constant threat of surprise attacks and ambushes. The lack of concussions has also since been disproven. Belfiglio, published an article on traumatic brain injury in the Roman army in 2015.³² In his work Belfiglio notes how all soldiers with head injuries were placed in one section of the ward.³³ The existence of a special section for soldiers with head wounds, implies they would have been quite numerous.

In general, I believe there is little reason to assert that ancient warfare would be less psychologically taxing, and I would argue for the universality of trauma. This thesis is built on upon this assumption.

Roman knowledge of trauma

This chapter will focus on the first sub question: which knowledge did the Romans possess regarding trauma and its treatment? This includes both forms of trauma, which will be compared on multiple levels.

Since I will be concerned primarily with the martial sphere, I will have a short look at the state of medical treatment in the army. Analysing the available knowledge and practices will provide an insight into the efforts that were taken to care for the traumatised soldiers. An important innovation made by the Romans is the introduction of *valetudinaria*, or field

³¹ Melchior, "Caesar in Vietnam," 118-120.

³² V.J. Belfiglio, "Treatment of Traumatic Brain Injury in the Roman Army," *Balkan Military Medical Review* 18, no. 4 (2015).

³³ *Ibidem*, 103.

hospitals.³⁴ These field hospitals were introduced during the reorganisation of the army under Augustus, when each division of the army was appointed a *medicus*.³⁵ It is hard to say anything meaningful about the state of medical care in the army before Augustus' reforms; one should expect that soldiers, who were expected to be highly self-reliant, were supposed to administer most medical care themselves.³⁶

Field hospitals, from the time of Augustus, were being run by specialists, who were divided into three subcategories. Firstly, the *capsarii*, who would render first aid and move injured legionaries to the field hospital as quickly as possible, this would happen after but even during battle. Secondly, the *medici*, which were physicians, who would treat their patients inside the field hospitals. And finally, the *nutrici*, functioning as nurses, similarly inside the field hospitals.³⁷ Medical care during campaigns was surprisingly sophisticated. *Capsarii* were instructed to put pressure on wounds, apply vinegar, which acts as a kind of deterrent for bacteria, and then wrap wounds in linen in a way that specialists today know as pressure dressing. Furthermore, they were taught to stabilise the head or neck of a wounded soldier if they deemed necessary. After the first aid was successfully performed, the victim would be transported to the field hospital on a stretcher or wagon.³⁸ Upon arrival in the field hospital there were several sections: sick soldiers would be accommodated separately from wounded soldiers as to avoid diseases. Similarly, all surgical instruments and other medical gear like bandages would be boiled in water prior to use to avoid the spread of diseases.³⁹ Anaesthetics were well known and used to alleviate distress during surgical procedures. The proper anaesthetics were selected depending on the condition of the patient and the speed with which they were to be administered.⁴⁰

Next, I want to investigate the Roman knowledge on the psychological burden of warfare. The level of knowledge the Roman's possessed on the mental side of warfare is highly related to their knowledge of trauma. After this analysis, a comparison between both forms of trauma will be presented. I will first present the level of knowledge on the psychological burden of warfare through some primary source material. First, a fragment from Appian's *The Punic Wars*. Appian was a Greek historian from Alexandria, writing in the second century CE. *The*

³⁴ C.F. Salazar, "Treating the Sick and Wounded," in *The Oxford Handbook of Warfare in the Classical World*, ed. B. Campbell, and L.A. Tritle (Oxford: Oxford University Press, 2013), p. 308-309.

³⁵ E.H. Byrne, "Medicine in the Roman Army," *The Classical Journal* 5 no. 6 (1910): 269.

³⁶ *Ibidem*, 267.

³⁷ Belfiglio, "Treatment of Traumatic Brain Injury in the Roman Army," 102.

³⁸ *Ibidem*, 102.

³⁹ *Ibidem*, 103.

⁴⁰ Byrne, "Medicine in the Roman Army," 272; Belfiglio, "Treatment of Traumatic Brain Injury in the Roman Army," 104.

Punic Wars was a book in a series called *The Foreign Wars*, describing Rome's clashes with foreign powers. *The Foreign wars*, in turn is a mere section of an even bigger collection, which discussed the entire history of Rome from the time of the Gracchi brothers onwards. This collection was appropriately named: *Roman History*. In this fragment Appian describes the fighting inside the city of Carthage. The fight inside of the city reportedly lasted 'six days and nights.'⁴¹ The Romans must have been well aware of the psychological burden that this kind of street fighting took upon the soldiers, because Appian reports that acting general Publius Cornelius Scipio Africanus made sure that soldiers were being changed frequently, so that 'they might not be worn out with toil, slaughter, want of sleep, and these horrid sights.'⁴² The fact that being worn out by 'horrid sights' would be considered in the tactics, shows that there was a significant level of knowledge on the psychological effect of warfare, and that generals acted on this knowledge.

Appian also describes a situation in which this might have gone horribly wrong. In *The Civil Wars*, another part of the *Roman History*, Appian describes the aftermath of the siege of Perusia. Octavian, who had not yet been honoured with the title of Augustus at this stage, had given his soldiers permission to plunder the city of Perusia after a long siege. Inside the city they encountered a man named Cestius, who appeared to be out of his mind, which was well known by the local population. Cestius, it is claimed, had left for Macedonia as a soldier in normal condition, but after the fighting he returned home as a madman.⁴³ If a general did not consider the minds of his men, like Scipio had done so effectively during the fight in the city of Carthage, the result might have been the same. Psychological trauma thus appears to have been a well-known phenomenon, since the Perusian citizens were aware of his psychological state and its cause.

It was not just the average person that was ascribed feelings like this in the ancient texts. We return to the Punic Wars. Livy, a Roman historian writing during the reign of Augustus, reports on these wars in his work *History of Rome*. He describes the history of the Eternal city *Ab Urbe Condita*, from its founding. Livy writes about consul Publius Cornelius Scipio, father of previously mentioned Scipio Africanus.⁴⁴ Livy writes that Cornelius was 'sick in spirit rather than in body.'⁴⁵ Cornelius Scipio had been wounded in a previous fight and since then displayed

⁴¹ Appian, *The Punic Wars* 19.130.

⁴² Appian, *The Punic Wars* 19.130.

⁴³ Appian, *The Civil Wars* 5.5.49.

⁴⁴ See above, p. 10-11.

⁴⁵ Livy, *The History of Rome* 21.53.2.

an uncharacteristic fear of battle and especially missiles.⁴⁶ Although Livy does not go into further detail regarding Cornelius' the text implies that the wound was caused by a missile, a possibly traumatic experience, and that this caused the sudden dread for missiles. Though we cannot prove it, it is tempting to suggest that the understanding of the son would have been fuelled by the experiences of the father as Scipio Africanus would have been 18 years old when his father was consul.

Another person who reportedly suffered from a similar condition as Cornelius Scipio is highlighted by the Greek historian Plutarch. Plutarch wrote *Parallel Lives*, a series of biographies, in which he dedicated one book to Gaius Marius, seven-time Consul and highly regarded for his military reforms. The context of this excerpt is Marius' election as consul for the seventh and last time. However, Sulla was returning from his war with Mithridates.⁴⁷ Even Marius, a military man *optima forma*, reportedly shivered at the thought of going to war. The terrors of war had scarred him to such an extent that he could no longer sleep. Previous experiences, which, judging by the description, possibly left him traumatised led him to turn to alcohol. Eventually this proved to be the beginning of the end for the Roman statesman, who died not much later.⁴⁸

The fact that even some men of fame were portrayed as suffering from anxiety due to war, can tell us something about the way people received this problem. The small sample size of this research coupled with the less than varied background of its authors, which makes it difficult to provide much more than an educated guess about Roman sentiment towards people who lived through a traumatic experience in the martial sphere. With this caveat I would like to note that except for the writings on Cornelius Scipio, anxiety as a result from warfare is not being reported as something negative. The highly misogynistic and martial Roman culture, lead me to expect references to cowardice in writings as previously shown. After all, being different or acting contrary to social expectations was often framed in discourses of emasculation. Reading the excerpts, I found compassion rather than aversion. Trauma seems to be put on par with illness or injury. Livy regards it as being "sick in spirit rather than in body," which beautifully summarises the implicit attitude of understanding, which can be traced throughout the sources through their choice of words and narrative.⁴⁹

⁴⁶ Livy, *The History of Rome* 21.53.2.

⁴⁷ Plutarch, *Life of Marius* 45.1.

⁴⁸ Plutarch, *Life of Marius* 45.2-45-5.

⁴⁹ Livy, *The History of Rome* 21.53.2.

This sentiment is echoed by two funerary monuments from the Roman era. The first funerary monument was made for Ulpius Optatus.⁵⁰ Ulpius most likely originated from Africa and was stationed in Henchir Suik, in modern-day Algeria.⁵¹

Sacred to the Spirits of the Departed. Here lies a young man in former times, of noble name, a soldier, Ulpius Optatus. He sported a staff as an accolade and held a distinction of bravery, a praiseworthy offspring of an old lineage. He vanquished and struck down many unspeakable enemies across these mountains around here, he engaged in many disgraceful campaigns, he always achieved entirely on his own what many young men could not do as a group. As he unleashed his excessive anger in its entirety, that familiar rage of battle itself sent this young Roman straight into enemy-inflicted wounds. Victorious, trapped by missiles everywhere, . . . of the tribe . . . nothing . . . wild . . . he himself for his . . . to the downfall and life . . .

CIL VIII 21562⁵²

The monument mentions that Ulpius had to participate in “disgraceful” campaigns, the inscription unfortunately does not elaborate on this assumption. Eventually he met his end, through what appears to be a suicidal charge into the enemy, fed by deep frustration and *furor*.⁵³ This *furor* is described as *obvius*, signalling that the reader would be familiar with this, once again showing the familiarity of the Romans with the effects that warfare could have on the mind. It is implied that it was not uncommon for soldiers to go blind with anger, meeting their end on the battlefield.⁵⁴

The second funerary monument was for Ulpius Quintinianus, a young Pannonian man who was part of the Imperial cavalry.⁵⁵

Under tears I erected what you see placed here as an offering. Pannonian land begot, Italian land buries him at the age of 26. To acquire for himself by his own efforts the honour of having served the army, he endured great pain over a long time. Later, when

⁵⁰ CIL VIII 21562.

⁵¹ C. Laes, “Oorlogsmisdrijven, Slachtoffers en Daders in de Oudheid. Suggesties voor een Historisch Verantwoorde Benadering,” *Tijdschrift voor Oude Talen en Antieke Cultuur* 49, no. 3-4 (2020): 104; P. Kruschwitz, “War, Combat Trauma and Poetry: Evidence for PTSD in the Latin Verse Inscriptions?,” *The Petrified Muse* (blog), 13 November, 2015, <https://thepetrifiedmuse.blog/2015/11/13/war-combat-trauma-and-poetry-evidence-for-ptsd-in-the-latin-verse-inscriptions/>.

⁵² Kruschwitz, “War, Combat Trauma and Poetry: Evidence for PTSD in the Latin Verse Inscriptions?.”

⁵³ *Ibidem*.

⁵⁴ Laes, “Oorlogsmisdrijven, Slachtoffers en Daders in de Oudheid,” 104.

⁵⁵ CIL VI 32808.

he hoped to have escaped that unspeakable pain, Pluto plunged him into the underworld before his time was up. Had the Fates allowed him to see the light, he himself, filled with pain, would have preceded me in the duty – an unrewarding duty, too! – to erect such [a memorial]. Now this soil spreads out his bones instead. You, traveller, wish him, in your dutifulness, earth that rests lightly on him, (wish) us a blessed fate, so that you may safely relinquish your offspring after you died yourself. Valerius Antoninus and Aurelius Victorinus, the heirs, had this set up for Ulpus Quintianus, Imperial Horseguard, who deserved it well.

CIL VI 32808⁵⁶

The inscription of the Monument, commissioned by a nephew of Ulpus, mentions the excruciating pains that Ulpus had had to undergo throughout an extended period for the sake of personal glory. Eventually these unspeakable pains led him to seek a way out, possibly resigning from his martial life, or even deserting. He never got this chance however, since he died before he got this chance. The circumstances surrounding his death are not mentioned, only the short but significant remark that it was a useless sacrifice.⁵⁷

This inscription represents similar themes as the previous one. Both men were longing for glory, and one must conclude that both excelled on the battlefield, Ulpus Optatus was a centurion, the highest rank for a man of his standing, and Ulpus Quintianus was part of the Imperial cavalry, a prestigious contingent of the Roman Army.⁵⁸ Yet in the end, both met their inglorious and untimely end, after suffering for some time. It is difficult to state how we should imagine this pain to have manifested itself but I would argue that there is a good chance, reading these sources that they were not referring to any physical discomfort. After all both men were still serving at the time of their death, making any heavy and painful disability or disease unlikely. Therefore, a mental discomfort seems to me the more likely culprit for the pain and suffering.

Funerary monuments are, and always have been a place to celebrate the life of the deceased, not to state their shortcomings. The fact that these funerary monuments exist confirms my earlier hypothesis that trauma was known and understood in the Roman world. The Roman people appeared to be aware of the mental toll of warfare and did not scoff at people suffering from this. Once again this comes with the caveat that this sample size is extremely small.

⁵⁶ P. Kruschwitz, “Lest We Forget,” *The Petrified Muse* (blog), 13 November, 2015, <https://thepetrifiedmuse.blog/2015/11/11/lest-we-forget/>.

⁵⁷ Laes, “Oorlogsmisdrijven, Slachtoffers en Daders in de Oudheid,” 105.

⁵⁸ *Ibidem*, 104-105.

Unfortunately I have not managed to find any more sources relating to this subject during my research.

Psychological trauma and physical trauma appear to have been relatively well understood by the Romans. I have not been able to find any notes of treatment for mental illnesses in the field hospitals.⁵⁹ Although absence of evidence is never evidence of absence, one can assume that there was most likely no physician, specialising in sicknesses of the mind in the average army camp. Although soldiers seem to have recognised and understood both kinds of trauma to some degree, soldiers with psychological trauma, compared to those with physical trauma would have found it more difficult to find help on campaign.

This does not mean that they would have to battle their demons alone. The Romans practiced a ritual before going on campaign called *Iustratio*. Van Lil notes how *Iustratio* was firstly supposed to create a marking point in the soldiers' narrative of war, which now has a clear starting point.⁶⁰ More importantly for this research however, *Iustratio* also turned the army into a cohesive unit. This means the army was considered as an independent social entity from this point onwards.⁶¹ They would face and defeat dangers together from this point onwards. This kind of ritualised social security could be of great help against the development of traumas. A 2013 study among military veterans shows that those classified as having more social support were more resilient to the development of trauma and other types of psychological distress.⁶² Although this is a measure that is not deliberately taken to avoid developing mental disorders in the minds of soldiers, I would put it in the same category of the aforementioned practice of boiling medical instruments. They would not have had an idea how and why it worked, but experience would have shown its positive effect.⁶³ They might have fought harder after they were ritually unified, or they might have been more resilient to upcoming dangers and fear thereof.

Van Lil also discusses rituals signalling the end of warfare, namely the *devotio hostium*, in which the enemy's arms and armour would be heaped on one big pyre, before being ritually burned and sacrificed.⁶⁴ Together these opening and closing rituals served as a timeframe for

⁵⁹ See above, p. 10.

⁶⁰ For more on the ritual narrative of Roman warfare, see Van Lil, "Ritual, Narrative, and Trauma;" For a more extensive overview of Rituals and warfare throughout indo-european cultures see R.D. Woodard, *Myth, Ritual, and the Warrior in Roman and Indo-European Antiquity*, (Cambridge: Cambridge University press, 2013).

⁶¹ Van Lil, "Ritual, Narrative, and Trauma," 97.

⁶² L.M. Sippel, "How does social support enhance resilience in the trauma-exposed individual?," *Ecology and Society* 20 no. 10. (2015).

⁶³ Bacteria were first discovered in the seventeenth century by Dutch microscopist Antonie van Leeuwenhoek, see A.L. Demain and A. Fang, "The Natural Functions of Secondary Metabolites," In *History of Modern Biotechnology I*, ed. T. Scheper and A. Fiechter (Berlin: Springer-Verlag, 2000).

⁶⁴ Van Lil, "Ritual, Narrative, and Trauma," 65.

the soldier. The narrative that would be conveyed in this regard is the end of battle and a return to order.⁶⁵ Such narrativizations, as is argued by Van Lil, would greatly decrease the likelihood of traumas affecting the minds of soldiers since danger and fear would be confined to a strict period in between the opening rituals and the closing rituals.

One ritual that is disregarded by Van Lil is the Roman Triumph. Perhaps the most famous of all Roman rituals, in fact their modern counterpart is still performed today in countries like France and Russia.⁶⁶ Van Lil concludes that it is not of importance for the narrativization of warfare, since it was not always performed due to the fact that the senate had to grant permission for a triumph.⁶⁷ This is correct, but if one returns to the origins of the Roman Triumph a different angle becomes apparent. The triumph was originally an Etruscan ritual and *triumphus* is an Etruscan word.⁶⁸ More importantly, the triumph, best known as a celebration of a victorious general and his army, started out completely differently. The original triumph was a purification ritual. Soldiers were cleansed of the guilt of killing and rehabilitated into civic life.⁶⁹ Due to the purifying nature of the ritual it can be expected to have been performed habitually as it would be peculiar to purify the army one year and leave it guilt-ridden the next. Therefore, I agree with Van Lil that the triumph of the late republican and imperial era might not have had such a significant narrativizing role. The earlier triumph however, I believe, did have an important role in this. The fact that a purification ritual was deemed necessary for soldiers to return to civic life is further testament to the Roman's knowledge of the psychological toll of warfare, even in its early days.

To assess the treatment of wounds of the body and the mind, I will turn to the state of physiological knowledge in the Roman world. This part will be primarily concerned with the perceived causes and treatments for mental illnesses. A psychological war trauma would most likely have been classified and treated similarly. This is followed by a small section on the treatment of physical injuries and a comparison between the two.

This section starts with one of the most influential physicians in history, a Greek from Cos: Hippocrates. His teachings formed the base for mainstream European medicinal studies, which outlived the author by two millennia.⁷⁰ In fact, his teachings were held in such high

⁶⁵ Van Lil, "Ritual, Narrative, and Trauma," 74.

⁶⁶ Beard argues that the modern military parade is a remnant of the Roman Triumph, see M. Beard, *The Roman Triumph* (Cambridge: Harvard University Press, 2007), 2.

⁶⁷ Van Lil, "Ritual, Narrative, and Trauma," 89.

⁶⁸ L. Bonfante Warren, "Roman Triumphs and Etruscan Kings: The Changing Face of the Triumph," *The Journal of Roman Studies* 60, (1970): 49.

⁶⁹ *Ibidem*, 49.

⁷⁰ E.N. Anderson Jr, "Why is Humoral Theory so Popular?," *Social science and Medicine* 25 no. 4 (1987): 331.

regard in the ancient world that Pliny the Elder, in his *Historia Naturalis* notes how the Greeks decreed to Hippocrates the same honours as they did to Herakles.⁷¹ Throughout his *Historia Naturalis*, Pliny repeatedly praises Hippocrates for his contribution to medicinal studies and alludes to the level of fame he still has in the Roman era.⁷² Like many aspects of Roman culture, medicine was also built upon Greek fundamentals. Roman physicians based a lot of the medicinal studies on the Hippocratic tradition.⁷³

The four humours theory was first written down by Polybus, a student of Hippocrates in the fifth century BC.⁷⁴ The term ‘humour’ comes from the Greek word for ‘juice.’⁷⁵ It is important to note that there is more than one humoral theory. Many humoral theories were present in antiquities, some recognised only three humours, some as much as ten.⁷⁶ The four humours theory describes that the human body consists of four liquids: blood, yellow bile, black bile, and phlegm. Each liquid corresponds to a season and represents its temperature and humidity.⁷⁷ The hypothesis described by Polybus is that a person in which all four humours are perfectly mixed and balanced will show good health. His theory, which would leave a great mark on history in the next millennia, did not gain popularity immediately.

The predominance of the humours reached its peak through the studies of Galen, who wrote in the second century AD. Galen made his own interpretation of the humour’s theory, in which he ascribed great importance to black bile. Black bile’s prominence in the Hippocratic tradition was peculiar, since its elevation to the same level of blood, phlegm and yellow bile was relatively unique.⁷⁸ Even within the Hippocratic corpus the importance of black bile is not always apparent. An interesting part of his hypothesis is that an excess of yellow or black bile was regarded as the cause for most mental illnesses. The problem of terminology arises again, for example: *melancholia*, which is caused by yellow bile is a term that was used for a large extent of conditions.

⁷¹ P.J. Van der Eijk et al. ed. *Greek Medicine from Hippocrates to Galen* (Leiden: Brill, 2012), 83.

⁷² Pliny, *Nat. Hist.* 19.2; Pliny, *Nat. Hist.* 26.6.

⁷³ Van der Eijk et al., *Greek Medicine from Hippocrates to Galen*, 242.

⁷⁴ *Ibidem*, 335.

⁷⁵ K.A. Stewart, *Galen’s Theory of Black Bile: Hippocratic Tradition, Manipulation, Innovation* (Leiden: Brill, 2018) 8-9.

⁷⁶ Van der Eijk et al., *Greek Medicine from Hippocrates to Galen*, 337.

⁷⁷ The relation of binary oppositions in nature like wet/dry and hot/cold, interestingly, is a returning aspect of ancient medicine throughout multiple cultures in Europe and Asia, see Anderson Jr, “Why is Humoral Theory so Popular?.”

⁷⁸ Stewart, *Galen’s Theory of Black Bile*, 2.

The Romans believed that disorders could be treated by a number of different methods.⁷⁹ First, there were certain medicinal options. Poppies and vinegar were thought to have a calming effect on the troubled mind.⁸⁰ Secondly there were several therapies, aiming to humidify and cool the body. It was thought that certain conditions like *phrenitis*, *mania* and *melancholia* originated from an overdose of yellow bile, which was thought to be the hot and dry bodily liquid. To counteract this yellow bile, people were thus served lukewarm soups and told to do physical exercise in combination with bathing and massaging.⁸¹ In turn other kinds of conditions were caused by black bile, which included insanity and depression according to Celsus. These, supposedly, were best treated by bloodletting; if this did not work, abstinence and vomiting were encouraged.⁸²

An important discussion in the world of ancient physicians was the effect of light on troubled individuals, which seems to be linked to the general effect of senses on rehabilitation of patients. Light appeared to have different effects on different patients. Some would benefit from a light environment, while others would prosper in the dark.⁸³ An idea of sensory deprivation appears to have developed. A calm environment would ease the mind of the patient. Caelius Aurelianus writes how stimuli should be removed as much as possible. The patient's room should be as quiet as possible and should not feature any striking wall-paintings.⁸⁴ Seneca also writes about the *furioso*, or mentally disturbed. Although he does not denounce the other treatments, he writes how simple corrections, like positive incentives for behaving correctly, and punishment for misbehaviour can increase the medical treatment's effectiveness.⁸⁵ These treatments, which meant to relax and ease the mind, are just two in a wide range of relaxation methods, thought to help against numerous disorders.⁸⁶

A discussion of the treatment for physical traumas, presents a problem. The huge range of physical traumas that a physician, especially an army physician would have encountered, comes with an even larger list of treatments. The discussion of a large part of this list is far

⁷⁹ For an analysis of the Greek treatment of psychological trauma see Y. Ustinova, "Combat stress disorders and their treatment in Ancient Greece," *Psychological Trauma: Theory, Research, Practice and Policy*, 6, no. 6 (2014): 739-748; or, for a more extensive research see P. Meinick and D Konstan, ed. *Combat Trauma and the Ancient Greeks* (New York: Palgrave Macmillan, 2014).

⁸⁰ Laes, *Beperkt?*, 84.

⁸¹ *Ibidem*, 84.

⁸² Celsus, *De Medicina* 3.18

⁸³ Laes, *Beperkt?*, 84-85.

⁸⁴ Caelus Aurelianus, *Tardarum Passionum* 1.155.

⁸⁵ Seneca, *Ep. Mor.* 94.36.

⁸⁶ For more, see Laes, *Beperkt?*, 86-88.

beyond the scope of this research.⁸⁷ For my analysis I will therefore employ the same distinction that was most prominent in antiquity: wounds to soft tissues and wounds to the bones.⁸⁸

The most immediate concern for doctor that was treating a wound would have been to stop the bleeding, which was done in several ways. Doctors could decide to apply pressure in multiple ways, or they could decide to use styptic substances to stop the bleeding.⁸⁹ Once the bleeding was curbed, the physicians would decide their course of action depending on the kind of wound. Galen discusses fractures in multiple works. Depending on the nature and severity of the fracture, physicians could opt for multiple treatments. In the worst case it was common to perform surgery. Galen was well-aware of the importance of aftercare after operations, thus postoperative care, such as immobilisation or additional medication could be proscribed.⁹⁰

Open wounds would be classified according to depth, and the presence of foreign bodies or gangrene. They would be cleansed, using a mixture of water and Ammoniacum.⁹¹ Both soft tissue wounds and wounds caused by surgery, could be closed by sutures of linen or flax if they were deemed large enough.⁹² Instead of, or in combination with sutures, *Fibulae*, steel pins, could be used to hold the wound together.⁹³ Wounds could be dressed using linen or woollen bandages. Galen explains that woollen bandages were used for wounds that needed protection, whilst linen bandages were preferred for wounds that needed pressure.⁹⁴

In the case of an extraordinarily complicated wound or an infection, posing danger to a person's life, physicians could decide to amputate the limbs. This was often the case if patients suffered from severe Gangrene.⁹⁵ Celsus notes how the question of the safety of amputation was of secondary importance as this was the only chance of survival.⁹⁶ Many patients did not survive this complicated treatment.⁹⁷ There are a few references to prosthetics to compensate for missing limbs in the ancient sources.⁹⁸ It appears that these were relatively rare.

The treatment of mental conditions compared to the treatment of physical conditions was much less developed. The unclear distinctions between multiple psychological afflictions

⁸⁷ For a more extensive list, see C.F. Salazar, *The treatment of war wounds in Graeco-Roman antiquity*, (Leiden: Brill, 2000).

⁸⁸ C.F. Salazar, *The treatment of war wounds in Graeco-Roman antiquity*, 11.

⁸⁹ *Ibidem*, 43.

⁹⁰ I. Johnston, "Galen and His System of Medicine," in *Oxford Handbook of Science and Medicine in the Classical World*, ed. P.T. Keyser and J. Scarborough (Oxford: Oxford university Press, 2018), 768.

⁹¹ Belfiglio, "Treatment of Traumatic Brain Injury in the Roman Army," 13.

⁹² C.F. Salazar, *The treatment of war wounds in Graeco-Roman antiquity*, 51

⁹³ Belfiglio, "Treatment of Traumatic Brain Injury in the Roman Army," 13.

⁹⁴ C.F. Salazar, *The treatment of war wounds in Graeco-Roman antiquity*, 52.

⁹⁵ Laes, *Beperkt?*, 175.

⁹⁶ Celsus, *De Medicina* 7.33.1-2.

⁹⁷ Laes, *Beperkt?*, 175.

⁹⁸ *Ibidem*, 174.

comes back to their treatment. The discussion on the preference of darkness or light is representative of the uncertainty regarding the treatment of mental illnesses. The treatment of wounds and fractures is comparatively much more sophisticated.

The position of trauma in legislation

I will now look at soldiers' and veterans' position within the judicial system. This chapter is concerned with the second sub question: how did legislation for psychologically traumatised soldiers and veterans compare to legislation for physically traumatised people? Throughout the chapter I will make comparisons between the two types of traumas that this thesis concerns itself with.

First I will look at the process preceding a soldier's premature career ending. A lot of Roman laws survive to this day. Many of these are bundled together in the *Codex Justinianus*, a Byzantine code of Law. Much of this codex is based on older Roman laws. I have selected a few fragments of the codex relating to what we would see as traumatised soldiers, these fragments stem from the time of, and were issued by, 'The Divine Hadrian.'⁹⁹

In the early imperial era laws were passed regarding the possibility of early discharge. A medical discharge could be granted to any soldier who was found to be unfit to serve due to a defect in either mind or body.¹⁰⁰ To be eligible for a medical discharge the Romans had created a surprisingly modern system. A soldier applying for medical discharge was assessed by multiple physicians, who would independently diagnose the patient. This way the margin of error was smaller and the chances of corruption were marginalised. After these physicians, most likely two or three, had developed their expert opinion an *iudex competens*, or competent judge, would make the final decision of whether discharge would be granted.¹⁰¹

This medical discharge, as was confirmed by multiple emperors in the third century AD, was an honourable discharge. Veterans who left the army on these terms could hold their head up high and keep their good reputation. I have not found any sources describing of medically discharged soldiers would receive the privileges of a veteran, like a plot of land, a sum of money, citizenship, and marriage rights.¹⁰² These privileges should be regarded as the soldier's pension. Judging by the fact that veterans kept their good reputation after a medical discharge, one would assume that they would receive the full pension that their comrades received. In this

⁹⁹ *Dig. 28.3.6.7.*

¹⁰⁰ K. van Lommel, "The Recognition of Roman Soldiers' Mental Impairment," *Acta Classica* 56, no. 1 (2013): 159.

¹⁰¹ Van Lommel, "The Recognition of Roman Soldiers' Mental Impairment," 158-159.

¹⁰² *Ibidem*, 160.

regard the mentally and the physically traumatised soldier were put on par. Both soldiers' impediments were regarded as reasons for honourable discharge.

For some soldiers the medical discharge came too late. Soldiers who wounded themselves in an attempt at suicide should, be put to death. They were seen as deserters and treated as such. There are some exceptions to this rule, most notably he who committed suicide because 'he was unable to bear pain, or was influenced by weariness of life, or by disease, insanity, or the fear of dishonour.'¹⁰³ The soldiers that suffered any of these fates were instead dishonourably discharged.¹⁰⁴ The fact that soldiers suffering so much that they chose death over suffering their pains any longer were brought into ill repute by a dishonourable discharge seems cruel. To think that dishonourable discharge would also mean you would lose the privileges of a veteran seems even more cruel.¹⁰⁵ So, although there seemed to be a concept of mitigating circumstances, the troubled mind or body would still be punished significantly, especially the Roman society where glory was all-important and where shame was a highly negative emotion.¹⁰⁶ This, oddly enough, does not reconcile with the previously presented idea of leniency towards the troubled soul. Once again, no distinction between physical and psychological discomfort is made.

Soldiers who successfully committed suicide also faced judicial repercussions. As mentioned previously an attempt on one's life was considered desertion. The most notable repercussion was that their will would be considered null and void. Once again we see the same exception as previously. Soldiers who had killed themselves due to 'weariness of life, an unbearable ailment, or sorrow' would have their will be declared fully legally binding.¹⁰⁷ In order to find out whether a soldier did indeed suffer from any of the above, physicians were most likely tasked with interviewing eyewitnesses, the soldiers *contubernium* in particular, since they would have been closest to the deceased soldier in question. The physician would base their judgement on these eyewitness accounts.¹⁰⁸ I assume this might also be done by multiple physicians, like the procedures that were followed for failed suicide attempts, but this is not discussed in the sources.

¹⁰³ *Dig. 49.16.6.7.*

¹⁰⁴ *Dig. 49.16.6.7.*

¹⁰⁵ K. van Lommel, "The terminology of the Medical Discharge and an Identity Shift among the Roman Disabled Veterans," *Ancient History Bulletin* 27, no. 1 (2013): 65.

¹⁰⁶ Van Lommel, "The Recognition of Roman Soldiers' Mental Impairment," 160.

¹⁰⁷ Van Lommel, "The Recognition of Roman Soldiers' Mental Impairment," 162.

¹⁰⁸ *Ibidem*, 162.

It becomes apparent that in the laws presented above, no real distinction is made between physical or psychological suffering. They are equally sufficient for the application for a medical discharge, as proscribed by law.

Now I will present how traumatised veterans would be treated by the judicial system after their return to a civil life. I will once again look at the treatment of the mentally ill since the Romans had no concept of psychological trauma. Of course, not all traumatised people end up with a disorder. Some might recover partially or completely, although this is much less likely with a lack of knowledge on treatment. The people who have recovered will be left out of this analysis as they would be considered ‘normal’ again in Roman eyes, and thus did not need any special treatment in court. The section on physical trauma in this chapter will be considerably shorter, as they were judicially in a less disadvantageous position. Their mental state was not affected, and thus they could properly represent and defend themselves in court.

People who were ‘mad’ in the Romans’ eyes received different treatment in court. We have already seen a classical concept of extenuating circumstances, as presented above. But how was this concept outlined in court cases? People who were considered mad would be protected by law in trials. This was done by labelling them as *infantes*, which literally translated to ‘non-speaking’ or ‘children.’¹⁰⁹ They could not be considered fully responsible for their deeds. Not all people who are mentally impacted show signs of their impediment constantly. Some only lose themselves at certain moments. This complication is one that the Romans had also identified. A fragment from the Digest of Justinian, originally written by Roman jurist Macer shows that if a person violated the law while he was temporarily insane, and he could prove this, his punishment would be remitted.¹¹⁰ In this case the defendant would be compared to a person who was not present or sleeping.¹¹¹ Interestingly, it was explicitly mentioned in the Digest of Justinian, in a passage quoting Ulpian, that any person who was considered to be insane, kept his dignity, citizenship and possessions.¹¹²

The proverbial coin of legal protection also had a different side for the mentally impeded. Their mental state prohibited them from certain rights that other Roman citizens did possess. This includes the right to draft a will, marry, hold public office and the right to hold custody over their children.¹¹³ For people whose impediment was so severe that they could not care for themselves, a guardian and curator could be assigned. This task was usually performed

¹⁰⁹ Laes, *Beperkt?*, 60.

¹¹⁰ Macer, *Dig. 1.18.14*.

¹¹¹ Laes, *Beperkt?*, 60.

¹¹² *Ibidem*, 60; For passage Ulpian see *Dig. 1.5.20*.

¹¹³ Laes, *Beperkt?*, 60.

by a family member. They would be expected to care for the physical and financial wellbeing of their loved one and could be replaced if they failed to do so effectively.¹¹⁴

Of course, it is difficult to compare the mentally and physically challenged in this regard, since the physically disabled veteran can still defend himself in court, just as well as before the injury. For them getting to and from court might be the most challenging part of the trial. It had been proscribed in the Laws of the Twelve Tables, dating back to around 450 BC that the crippled should arrange a litter or a cart to attend their trial.¹¹⁵ The mentally impaired received special treatment in order to protect them from unfair judgement. A similar obligation was present for the physically impaired. As the state was obliged to provide those, who could not afford it, a means of transport to their trial with a litter or a cart.¹¹⁶ This way they could defend themselves in court like anyone else.

What can be read in the sources is that the role of the state in the lives of traumatised veterans remained important after active service, at least in a judicial sense. Psychologically traumatised soldiers, who would be similarly treated to the mentally ill, would be presented with judicial protection against crimes which they might have committed in a state of absence. This would protect them from unfair judgement. Similarly, veterans who had physical disabilities that prohibited them from attending court, would be transported there by the state. This ensured their presence and thus a fair trial.

Conclusion

The Roman knowledge of the mental toll that warfare takes on a soldier, was quite extensive. The sources show that soldiers suffering mentally were not shunned. Generals even appeared to make special efforts to relieve their men from the horrors of war, as to prevent them from developing lasting problems from their potentially traumatic experiences. Looking at the way that trauma was most likely treated and judging by how mental illnesses in general were treated, it becomes apparent that there was very little knowledge on this subject. A multitude of widely ranging methods complementing an even wider range of poorly defined mental conditions is testament to the fact that the Romans' knowledge of physical trauma in comparison was much greater. In the army there had been soldier's wards, complete with a primitive form of ambulance service and first aid, ever since the time of Augustus. Here, quick and effective healthcare could be provided for the wounded. They were even able to perform

¹¹⁴ Laes, *Beperkt?*, 61.

¹¹⁵ *Ibidem*, 61,177.

¹¹⁶ *Ibidem*, 177.

successful surgeries and did this with some degree of sophistication. Although their knowledge of infections and bacteria would have been minute, they knew how to sterilise surgical and other medical equipment as they learned most likely through bitter experience. Just like the narrativization of the warfare was most likely an act of pure habit, which might have originated from experienced benefits. This way the men could confine their experiences of the horrors of war to within the ritualised boundaries, after which a return to civic life would follow.

The knowledge of the mental and physical toll of warfare is reflected to some degree in the legislation. Both physically and psychologically traumatised soldiers could apply for medical discharge, which would leave them in good stead if granted. Those who failed to seek discharge and tried to end their lives, however, were not. Troubled soldiers who attempted suicide, would be treated as deserters. Despite the mitigating circumstances that were acknowledged for the physically and psychologically challenged, which meant they would escape capital punishment, their reputation would be forever damaged through their dishonourable discharge. Additionally, their veteran's pension would be revoked, meaning their livelihood would be stripped from them. Successful suicide would be punished by revoking a soldier's will, once again the same mitigating circumstances applied. Soldiers suffering from unbearable pain would have their will declared valid. After their return to civic life, psychologically traumatised veterans would be protected by the state during judicial procedures if they were deemed 'mad,' while the physically traumatised people would be transported to trials by the state if necessary. Despite the protection they received in court, 'mad' veterans would lose multiple rights that all Roman citizens possessed.

The conclusion answers the main question: how did the Roman state handle soldiers suffering from psychological trauma compared to physical trauma? The Roman state institutions were familiar with traumatised veterans. The state appears to have treated both physically and psychologically troubled veterans similarly. During service, the army was attentive to the physical and mental wellbeing of soldiers. Although help for mentally traumatised soldiers does not seem to have been as readily available. In the judicial sphere too, hardly any distinction appears to have been made between physical and psychological trauma. They were regarded as essentially equal by Roman state institutions.

Finally, I would like to point out a few interesting angles for future research. An important shift in the Roman empire, was its shift from a traditional Roman religion towards the Christian religion. Laes dedicates a very short section on the influence of Christianity on the attitude towards the mentally impaired. Persons who were previously thought to be mad,

were now thought to be possessed.¹¹⁷ On the other hand, the laws that I discussed, were still in use in the Byzantine empire, far after Christianisation took place. It could therefore prove fruitful to research the role that the Christianisation of the Empire had on the attitudes towards traumatised soldiers, especially mentally traumatised soldiers, because of their possible bedevilment.

¹¹⁷ Laes, *Beperkt?*, 88-89.

Bibliography

Primary Sources

Appian, *The Punic Wars* 19.130. (H. White, *Appian. The Foreign Wars*, New York 1899).

Appian, *The Civil Wars* 5.5.49. (H. White, *Appian. The Civil Wars*, London 1899).

Caelus Aurelianus, *Tardarum Passionum* 1.155. (C. Laes, *Beperkt? Gehandicaptten in het Romeinse Rijk*, Leuven 2014).

Celsus, *De Medicina* 3.18. (W.G. Spencer, *Celsus. De Medicina*, Cambridge 1971).

Celsus, *De Medicina* 7.33. (W.G. Spencer, *Celsus. De Medicina*, Cambridge 1971).

CIL VI 32808. (C. Laes. *Oorlogsmisdrijven, Slachtoffers en Daders in de Oudheid. Suggesties voor een Historisch Verantwoorde Benadering*, 2020).

CIL VIII 21562. (C. Laes. *Oorlogsmisdrijven, Slachtoffers en Daders in de Oudheid. Suggesties voor een Historisch Verantwoorde Benadering*, 2020).

Dig. 28.3.6.7. (S.P. Scott, *The Civil law*, Cincinnati 1932).

Dig. 49.16.6.7. (S.P. Scott, *The Civil law*, Cincinnati 1932).

Livy, *The History of Rome* 21.53.2. (B.O. Foster, *Livy. The History of Rome*, Cambridge 1923).

Macer, *Dig.* 1.18.14. (C. Laes, *Beperkt? Gehandicaptten in het Romeinse Rijk*, Leuven 2014).

Pliny, *Nat. Hist.* 19.2. (J. Bostock, *Pliny. The Natural History*, London 1855).

Pliny, *Nat. Hist.* 26.6. (J. Bostock, *Pliny. The Natural History* London 1855).

Plutarch, *Life of Marius* 45. (B. Perrin, *Plutarch. Life of Marius*, Cambridge 1920).

Seneca, *Ep. Mor.* 94.36. (C. Laes, *Beperkt? Gehandicaptten in het Romeinse Rijk*, Leuven 2014).

Ulpian, *Dig.* 1.5.20.

Secondary Literature

- Abdul-hamid, W.K. and J.H. Hughes. "Nothing New under the Sun: Post-Traumatic Stress Disorders in the Ancient World." *Early Science and Medicine* 19 (2014): 549-557.
- American Psychiatric Association. "Narrative Exposure Therapy (NET)." *PTSD Guideline*, 31 July 2017. <https://www.apa.org/ptsd-guideline/treatments/narrative-exposure-therapy>.
- Anderson Jr, E.N. "Why is Humoral Theory so Popular?." *Social science and Medicine* 25 no. 4 (1987): 331-337.
- Beard, M. *The Roman Triumph*. Cambridge: Harvard University Press, 2007.
- Belfiglio, V.J. "Treatment of Traumatic Brain Injury in the Roman Army." *Balkan Military Medical Review* 18, no. 4 (2015): 101-105
- Benediktson, T. "Caligula's Madness: Madness of Interictal Temporal Late Epilepsy?." *Classical World* 82, no. 5 (1989): 370-375.
- Bonfante Warren, L. "Roman Triumphs and Etruscan Kings: The Changing Face of the Triumph." *The Journal of Roman Studies* 60, (1970): 49-66.
- Byrne, E.H. "Medicine in the Roman Army." *The Classical Journal* 5 no. 6 (1910): 267-272.
- Campbell, B. and L.A. Tritle, ed. *The Oxford Handbook of Warfare in the Classical World*. Oxford: Oxford University Press, 2013.
- Demain, A.L. and A. Fang. "The Natural Functions of Secondary Metabolites." In *History of Modern Biotechnology I*, edited by T. Scheper and A. Fiechter, 1-48. Berlin: Springer-Verlag, 2000.
- Dobson, M. and B. Ziemann. "Introduction." In *Reading primary sources: The interpretation of texts from nineteenth- and twentieth-century history*, edited by M. Dobson and B. Ziemann, 1-18. Abingdon: Routledge, 2009.
- Hinton, D.E. "The cross-cultural Validity of Post-Traumatic Stress disorder: Implications for DSM-5." *Depression and Anxiety* 28, no. 1 (2011): 783-801.
- Hovens, J.E.J.M. and I.M. van Vliet and A.J.L.M. van Balkom. *Posttraumatische stressstoornis: Als verwerking niet lukt*. Vleuten: Secrass, 2004.
- Keyser, P.T. and J. Scarborough, ed. *Oxford Handbook of Science and Medicine in the Classical World*. Oxford: Oxford university Press, 2018.
- Kruschwitz, P. "Lest We Forget." *The Petrified Muse* (blog), 13 November, 2015. <https://thepetrifiedmuse.blog/2015/11/11/lest-we-forget/>.

- Kruschwitz, P. "War, Combat Trauma and Poetry: Evidence for PTSD in the Latin Verse Inscriptions?." *The Petrified Muse* (blog), 13 November, 2015.
<https://thepetrifiedmuse.blog/2015/11/13/war-combat-trauma-and-poetry-evidence-for-ptsd-in-the-latin-verse-inscriptions/>.
- Laes, C. *Beperkt? Gehandicapt en in het Romeinse Rijk*. Leuven: Christian Laes en Davidsfonds Uitgeverij, 2014.
- Laes, C. "Oorlogsmisdrijven, Slachtoffers en Daders in de Oudheid. Suggesties voor een Historisch Verantwoorde Benadering." *Tijdschrift voor Oude Talen en Antieke Cultuur* 49, no. 3-4 (2020): 101-116.
- Mackowiak, P.A. and S.V. Batten. "Post-Traumatic Stress Reactions before the Advent of Post-Traumatic Stress Disorder: Potential Effects on the Lives and Legacies of Alexander the Great, Captain James Cook, Emily Dickinson, and Florence Nightingale." *Military Medicine* 173, no. 12 (2008): 1158-1163.
- McCall, G.J. and P.A. Resick. "A Pilot Study of PTSD Symptoms Among Kalahari Bushmen." *Journal of Traumatic Stress* 16, no. 5 (2003): 445-450.
- Meinick, P. and D Konstan, ed. *Combat Trauma and the Ancient Greeks*. New York: Palgrave Macmillan, 2014.
- Melchior, A. "Caesar in Vietnam: Did Roman Soldiers Suffer from Post-Traumatic Stress Disorder." *Greece & Rome* 58, no. 2 (2011): 209-223.
- Musazzi, L. et al. "What Acute Stress Protocols Can Tell Us About PTSD and Stress-Related neuropsychiatric Disorders." *Frontiers in Pharmacology* 9, no. 758 (2018): 1-13.
- Oxford English Dictionary. "trauma, n." September 2022.
<https://www.oed.com/view/Entry/205242?redirectedFrom=trauma#eid>.
- Ratcliffe, J.F. and R.D. Milns. "Did Caesar Augustus Suffer from Psoriasis and Psoriatic Arthritis?." *Ancient History Bulletin* 22 no: 1-2 (2008): 71-81.
- Rees, O. "We need to talk about Epizelus: 'PTSD' and the Ancient World." *Med Humanities* 46, (2020) 46-54.
- Salazar, C.F. *The treatment of war wounds in Graeco-Roman antiquity*. Leiden: Brill, 2000.
- Shay, J. *Achilles in Vietnam: Combat Trauma and the Undoing of Character*. New York: Scribner, 2003.
- Shay, J. *Odysseus in America: Combat Trauma and the Trials of Homecoming*. New York: Scribner, 2002.

- Sippel, L.M. “How does social support enhance resilience in the trauma-exposed individual?.” *Ecology and Society* 20 no. 10. (2015).
- Stewart, K.A. *Galen’s Theory of Black Bile: Hippocratic Tradition, Manipulation, Innovation*. Leiden: Brill, 2018.
- Tritle, L. “Xenophon’s portrait of Clearchus: A study in post-traumatic stress disorder.” In *Xenophon and his World*, edited by C. Tulpin, 325-339. Stuttgart: Franz Steiner Verlag, 2004.
- Ustinova, Y. “Combat stress disorders and their treatment in Ancient Greece.” *Psychological Trauma: Theory, Research, Practice and Policy*, 6, no. 6 (2014): 739-748.
- Van Lil, A.J. “Ritual, Narrative, and Trauma: Considering the Socio-Psychological Significance of Roman Martial Rituals.” RMA-Thesis, Utrecht University, 2019.
- Van Lommel, K. “Heroes and Outcasts: Ambiguous Attitudes Towards Impaired and Disfigured Roman veterans.” *The Classical World* 109, no. 1 (2015): 91-117.
- Van Lommel, K. “The Recognition of Roman Soldiers’ Mental Impairment.” *Acta Classica* 56, no. 1 (2013): 155-184
- Van Lommel, K. “The terminology of the Medical Discharge and an Identity Shift among the Roman Disabled Veterans.” *Ancient History Bulletin* 27, no. 1 (2013): 65-74.
- Woodard, R.D. *Myth, Ritual, and the Warrior in Roman and Indo-European Antiquity*. Cambridge: Cambridge University press, 2013.
- Van der Eijk, P.J. et al. ed. *Greek Medicine from Hippocrates to Galen*. Leiden: Brill, 2012.