

THERE'S NOTHING NEW ABOUT TRAUMA

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Why do I yield to that suggestion

Whose horrid image doth unfix my hair

And make my seated heart knock at my ribs

Against the use of nature?

Present fears

Are less than horrible imaginings.

William Shakespeare

“MacBeth”

Accounts of the effects of overwhelming stress on the body, mind, and soul victim go back at least as far as of the the Greeks, who had a great deal to say about combat, traumatic death, grief, horror, guilt, betrayal and tragedy (Shay. 1991; 1994). Likewise, women have been describing their incest experiences since at least the twelfth century (McLennan 1996). Shakespeare knew well the signs and symptoms of states of terror, and in 1666, Samuel Pepys described post-traumatic stress disorder in depicting people's reactions to the great fire of London (Meichenbaum 1994). Over the years, post-traumatic stress disorder has had many names - , railway spine disorder, soldier's heart, hysteria, shell shock, physioneurosis, combat fatigue, battle fatigue, psychic trauma neurosis, traumatic neurosis, survivor's syndrome, rape trauma syndrome, battered wife syndrome, child-abuse syndrome.

In the last century, knowledge about the effects of psychological trauma has twice surfaced into public consciousness and then been lost again.

Judy Herman has shown that each time awareness has grown, it has been in connection with a political movement that gave it support (Herman 1992). The first emergence accompanied a growing interest in hysteria in the late 19th century and grew out of the republican, anticlerical political movement of late nineteenth century France. Freud and his colleagues noted a strong connection between the psychiatric symptoms of “hysterical” women and a past history of sexual molestation. These concepts were not disproved but lost, when Freud focused attention on the fantasy life of his patients.

The study of trauma reemerged as a result of the First and Second World Wars when so many soldiers and POW’s returned with what was called “shell shock” in W.W.I and “combat fatigue” or “combat neurosis” in W.W.II. Just after the war, researchers asserted that 200-240 days of combat was enough to break anyone. Despite this, combat fatigue was still considered to be a result of individual weakness on the part of the soldier and the study of the effects of trauma in their biopsychosocial and political context waned. It was not until the 1970’s that interest in the study of trauma emerged again. The reality of violence and its effects became central to American culture as a result of the returning Vietnam War veterans who organized themselves outside of official governmental systems. At the same time, American and Western European feminist concerns about violence towards women and children moved onto the social stage.

In 1980, the diagnosis of “Post-Traumatic Stress Disorder” entered the formal psychiatric lexicon of the *Diagnostic and Statistical Manual*. In 1985, the *International Society For Traumatic Stress Studies* was founded to provide a forum for the sharing of research, clinical strategies, public policy concerns and theoretical formulations on trauma in the United States and around the world.

Now there is a large and growing body of theory and research that demonstrates the profound and complex biopsychosocial and ontological consequences of overwhelming stress. Dr. Judith Herman has observed: *“To hold traumatic reality in consciousness requires a social context that affirms and protects the victim and that joins victim and witness in a common alliance.... The systematic study of psychological trauma therefore depends on the support of a political movement.* Our hard-earned knowledge about the effects of trauma is producing a burgeoning of knowledge about the biopsychosocial causes

of trauma syndromes with accompanying knowledge about how to best treat these syndromes. But we now await a political and social will that can direct our accumulated wisdom *prevention*.

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