THE CLINICAL USES OF PSYCHOHISTORY

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I came to psychohistory out of desperation. Through my clinical work as a psychiatrist directing an inpatient unit, I had come to recognize that we were "missing the boat" on many of our patients. Long ignored, the actual traumatic events of life, particularly events of childhood trauma, clearly played a much more significant role in the evolution of mental disorder than I had been led to believe in all my training.

By the late 1980's, some of us working in general psychiatric settings had begun to routinely ask about trauma while gathering data from patients presenting with depression, self-mutilation, addictions, eating disorders, panic anxiety, dissociative disorders, and character disorders. To our astonishment, we began discovering that over 80% of them had histories of pro- longed, severe, and repeated experiences of trauma in their background, usually beginning in childhood and compounded in later life.

The patients did not change-they had apparently always been prepared to reveal their histories. But we began asking different questions. Instead of asking the question that is implicit in most psychiatric interviews, namely "what is wrong with you?" we began asking "what happened to you?" The shift away from blaming the victims and toward a willingness to be a wit- ness to the victims resulted in entirely different answers. The answers began to change our outlook on our work and, in doing so, began to change our lives.

Events of recent history have played a significant part in this evolution of thinking about post-traumatic stress. It was the historical reality of the Vietnam War and all its aftermath that led to the development of an entire field of trauma research. But prior to that it was the history of the Holocaust, World War II, and Hiroshima and Nagasaki-along with the history of even more recent survivors of kidnapping and torture and various man made and natural disasters throughout the world-that provided researchers with enough data to insist that

there is a universal human response to trauma that has biopsychosocial and cross-generational long-term effects.

Psychotherapy has always been a historical method. However, many therapists have been as selective in their historical studies as any other group of historians, choosing only certain individual historical details as the major focus of attention. But beginning in the '70s, therapists working with veterans of war, feminists working with battered wives and rape victims, and child workers witnessing the abuse of children began to look at the histories of their particular patients. As they did so, they became increasingly aware that something was missing from the traditional therapeutic formula-the pro- found effect of the external trauma itself on normal development.

It is easy to understand why there has been so much historical resistance to just how traumatic human life generally is, particularly for children. Once you are willing to recognize how astonishing damaging trauma is for human beings and how widespread is the amount of trauma, it can become an obsession. I found myself driving down the road at night, looking at the houses in my neighborhood, wondering what was *really* going on behind those apparently welcoming windows.

Trauma pierces the shield of invulnerability that we surround ourselves with as a defense against an often harsh reality. Witnessing the traumatization of others produces secondary traumatization in the onlookers-it is why torture of a loved one is so much more effective than torturing the subject. When faced with the magnitude of this new information, the clinician immediately becomes de-skilled, shorn of the usual defenses that we have all built up over the years of our training to protect us from too much affect. The attendant feelings become overwhelming and chase more than one clinician away from this theoretical and practical approach.

The more questions I asked my patients, the more answers I got that I didn't want to hear. I found myself becoming increasingly filled with despair, feeling helpless and hopeless, not so much about my individual cases, but more about the state of my civilization. Then I came upon psychohistory.

By the time I came to psychohistory I was several years into the study of post-traumatic stress and in that context had rapidly come to terms with the limit of our present state of knowledge. It had become quite obvious that neither biological nor psychological interventions were sufficient to heal the deep wounding of trauma. In traditional psychiatric care as I understood it, the

profound social and moral wounding of child abuse was not even comprehended, much less addressed.

I came to the study of psychohistory through Lloyd deMause's work on the history of childhood, as well as Alice Miller's psychobiographical work. This material had a powerful influence on me. Like so many others, I had somehow acquired the idea that things used to be better and that civilization has been going downhill for an indeterminate amount of time. According to this mythology, somewhere in the misty shrouds of the past there was a golden age of childhood, when parents knew how to be parents and children were allowed to be children. This attitude is typical of many of my patients who come in with severe pathology, all the while claiming that although there is clearly something wrong with them, they had wonderful and faultless families.

Psychohistorical data informed me that my idealized notion of the past was ridiculous and untrue. "The history of childhood is a nightmare from which we have just begun to awaken," said Lloyd deMause, backing up this claim with masses of historical data.

I read this material and was struck by a sort of "inner vision." Suddenly I saw that, as a civilization, we are not inevitably and irrevocably sliding headlong into the slime. As far as our treatment of children is concerned, we are still evolving, still learning about the "responsibility of care," as feminist researcher Carol Gilligan has called it. The challenge to us as a species is whether we will learn to be responsible towards children-and all other living things-before we self-destruct. But at least there is *hope* that our continuing evolution will outstrip our compulsion to reenact trauma.

These insights provided an antidote to the helplessness and hopeless despair into which I had been sinking. As my understanding increased I became aware of the arbitrary isolation into which much of the practice of psychotherapy had fallen. Therapy in itself had become disconnected from any wider social meaning, narcissistically preoccupied with helping the individual to "adjust."

Psychohistory provided the theoretical construct for social reconnection. The suffering of my individual patients became embedded in a historical and political context out of which could be derived a meaning and purpose both for their pain and for the transformation of this pain into social action and social reconstruction.

Trauma isolates the victim. Trauma, particularly the secret suffering of the child-places the victim out in the wilderness, set outside of the human community, weighed down by the burden of shame and alienation. Trauma experienced at

the hands of other humans alienates the victims from their experience of full humanness and seriously impairs their capacity to trust or love other people. It may in fact be true that the most essential and far-reaching damage that trauma does is to destroy the sense of social bonded- ness and substitute traumatic bonding to relationships of the past that are compulsively relived in the present.

I use the study of psychohistory to help reconnect victims to this human community. Recovery from trauma is about empowerment. If you are a victim and you believe that your victimization was an inevitable consequence of something deeply and fundamentally wrong with *you,* then there is very little hope of change or freedom from the repeated cycle of victimization.

If, however, your victimization is a result of a legacy of abuse that has been unthinkingly passed on from generation to generation, generated by the pain and difficulty of historical and evolutionary human development, then there is hope that you may be able to do something about consciously refusing to continue that cycle of victimization.

Additionally, if you can begin to see your suffering experience in the context of a larger human process, then there is no cause to sustain that continued burden of personal shame. The roots of every totalitarian and fascistic political movement can be found in the totalitarian abuse of power intrinsic to our historical family structure. When this material becomes evident, there is an increasing recognition that it is not just *your* family or *your* parents who engaged in ignominious and appalling behavior-there is no family that has been unscarred by the abuse of children. It is simply a part of our common human heritage.

It makes no more sense to drown ourselves-as individuals or as a culture-in shame and guilt over this reality than it does to blame ourselves because we once thought the earth was flat. The evolution of thought and the development of consciousness is still progressing, and there is some reason to believe that there is still opportunity for creative rather than destructive change.

The fundamental assumption of the trauma-based approach is that "abnormal reactions to abnormal situations is normal behavior." This process of the normalization of apparent pathology is fundamental to the recovery movement, as it takes the power and responsibility for change out of the hands of the experts and puts it back into the hands of the populace. When personal pathology is placed in the context of major historical change and development, it ceases to be personally pathological, freeing the individual from the crushing

weight of hopeless culpability, enabling him or her to assume increased responsibility for necessary personal and social change.

Debunking the myth of some golden age of childhood serves the purpose of moving us back into the flow of time, creating new possibilities for the future instead of pursuing the hopeless task of restoring the past. Victims of trauma are, by definition, trapped in time, arrested at the stage of the trauma, endlessly repeating their past. The ability to see and understand this historical repetition compulsion provides people with the opportunity to make an informed choice about whether they want to continue to do things the way they have always been done, with the same ultimate outcome, or whether to entertain the possibility of real, rather than simulated, change.

The available psychohistorical material allows me to help the individual recognize his or her own patterns of repetition and place those patterns firmly in a context of an entire civilization repeating trauma. This intellectual exercise in itself is a reconnecting act, a way of joining individual suffering to group and historical suffering and in doing so decreasing individual alienation, guilt, and shame.

In this way, psychohistory becomes an intellectual weapon in the fundamentally subversive and rebellious work that is effective psychotherapy. The goals of individual psychotherapy are to subvert the process of the repetition compulsion and allow for the possibility of creative endeavor. This must be, by its nature, a rebellion against the forms and authority of the past. This is, perhaps, the reason why effective psychotherapy and radical psychohistory tend to meet such resistance, denial, and outright opposition: they both implicitly demand a change in the status quo that must inevitably lead to individual and social change.

In the individual, the unconscious need to reenact trauma wields a power over individual choice and will that is truly awesome to behold. This drive to repeat trauma appears to be fueled by the unacceptable and dissociated affect pressing for expression and integration. The unconscious speaks directly through affect, symbols, images, and actions, not through language expression.

There appears to be something vital about the transfer of affective and symbolic experience into narrative expression to enable integration of dissociated affect to occur. It is also through language that our private and interior images and feelings can be shared enough to create a bridge with other human beings. It is in the context of relationships with other human beings that the individual is offered the choice of repeating the past or creating a future.

This transformation of image to words, of unconscious to conscious, of body to mind, of animal to man is the essential work of psychotherapy. It is why it has been called the "talking cure," But this transformation does not come easily, It requires that the individual stop acting out his or her unexpressed emotions, hold still, and feel. The feelings produce such discomfort that if compulsive behavior is inhibited, the intellect and will – the executive functions of the mind - are forced to come to the aid of the suffering organism. In other words, the individual is forced to learn how to think. Civilization has produced the increasing inhibition of affective expression, but unfortunately, sometimes civilization forgets the purpose of the inhibition-meaningful problem solving and thought.

For the last several years, we have been endeavoring to create an in-patient milieu that would provide the opportunity for victims of childhood abuse to have a "corrective emotional experience." Our goals are to provide an intensive psychoeducational curriculum that promotes the conscious development of the intellectual capacities.

Our psychoeducational curriculum uses psychohistorical data as the foundation for creating a new framework of knowledge to replace the patient's limited understanding of the workings of human nature, an under- standing that begins with fundamental self-blame and proceeds in a down- ward spiral of self-recrimination, guilt, shame, and alienation.

But, as we know, intellectual understanding is not enough to produce behavioral change. At some point in treatment the intellect is called upon to assist the will in making the crucial decision to inhibit whatever compulsive behavior is preventing the surfacing of unresolved and unintegrated affect. The therapeutic milieu then provides the structure, limit-setting, and support necessary to assist the person in the deliberate inhibition of these behaviors. When this is effective, the repressed affect, memories, and images rise to the surface.

The danger is that this reconstructive work will simply be retraumatizing if there is not a significant reworking of the previous experience. The environment is designed to provide for just such a different reworking. We assume that the fundamental trauma is not the physical or emotional direct damage of the trauma. The fundamental trauma is that of experiencing pain and helplessness without obtaining comfort and solace from other human beings.

Given this assumption, then once the traumatic affect and memories resurface, it is the function of the therapeutic milieu to provide that safety, support,

comfort, and training that was missing in the original experience. We cannot change the past but we can change the way the past is constantly relived.

When we are successful, the change in our patients is, at times, miraculous. The victims regain their lost sense of personal mastery, feel empowered, are able to empathize with the sufferings of others, and develop a profound social commitment to conscious and positive change.

Thus far I have been describing ways in which psychohistory enriches my clinical work. Complementarity is a test of all mutual relationships, therefore it is worthwhile to explore how clinical work leads to psychohistory. It is my contention that our increasing knowledge about the manifestations and effects of psychological trauma on the human psyche has broad application to the understanding of the group psyche as well.

As a clinician, I am devoted to discovering ways in which recovery from trauma can be facilitated. From the point of view of psychohistory, I am interested in exploring the practical applications of psychohistorical insights. I see the trauma-based therapeutic milieu that we call a "Sanctuary" as a human laboratory for what I hope will eventually be larger social change. If individuals who have suffered severe degradation, neglect, and abuse can discover ways to heal their wounds and transform their pain into creative endeavor, then it should be possible for larger social groups to do so as well.

I suspect that the next step in the evolution of psychohistory is the further development of concrete ways to implement and utilize psychohistorical knowledge. The insights derived from individual psychotherapy form the experimental situation in which to try out different strategies. But individual psychotherapy is not a solution to the universal and profound social changes that are necessary if we are to survive and prosper as a species. The questions are - When? And How? Answers to these questions necessitate the collaboration and networking of representatives from all fields of human endeavor. The various fields that focus on the study of human nature have been practically separated for far too long. There is much that we are learning in individual treatment that has direct relevance to the larger social body. But the field of psychiatry presently lacks the knowledge or experience to apply such insights to widespread social change.

There are indications that the society, or at least a large part of it, is ready to be exposed to new and more hopeful solutions. I would contend that the Senate debates, limited as they were, over entry into the Gulf War, the Thomas-Hill hearings, and even more recently the preoccupation with the L.A. riots all

indicate a desire on the part of the American public to move out of apathy and alienation. A large proportion of the population stayed glued to their televisions throughout these events. For a few days, the populace had a common focal point, an opportunity for social and private discourse.

More importantly, perhaps, these events evoke underlying and repressed "national" affect. All the detritus that we would rather deny-sexism, racism, narcissistic rage, hatred, fear, and loathing-rises to the surface when our national defense is threatened, just like they rise to the surface in the individual who is threatened. The opportunity is therefore presented for a conscious recognition and resolution of the underlying dark forces that secretly motivate so much of human behavior. If we ignore or repress those dark forces, they become powerful unconscious motivators for human action - both individual and group action – action that is frequently violent and self-destructive. When individuals are able to take responsibility for their dark side and integrate it instead of denying it, they discover that the unconscious is the wellspring of endless creativity and self-protective, not self-defeating energy, and humor. There is no reason that the group, any group, cannot do the same. It would serve us well to laugh a bit more at how silly, horrid, self-defeating, and stupid we are as a nation, as a people, without having to always find someone else to blame, some political figure to denigrate. After all, we must remember that our politicians are *our* delegates.

There is a tremendous opportunity available to direct the national psyche toward more constructive, open, and problem-solving skills. The knowledge base is already present. There is a massive amount of psychoeducation that is being spread throughout the culture through the mass media. Unfortunately, however, at this point in time, the insights gained from individual psychotherapy have yet to fit into a methodology that can be applied to larger groups in a way that does more good than harm. This may be one of the next tasks for psychohistorians.

Which brings me to the question of When? Our patients enter treatment because their suffering has become unendurable. They do not do it because they know it is right, or because someone tells them they should. They do it because life has become unsupportable as it is. Human evolution has geared us for "survival," not for satisfaction, pleasure, self-actualization, or higher consciousness. We repeat today whatever strategy guaranteed our survival yesterday, no matter how miserable it makes us. How much more will we have to suffer before we convince ourselves that life has become unendurable and must be changed? How much closer to the brink of annihilation must we edge

before we recognize, as finally do my patients, that continued survival can only be accomplished by holding still, integrating uncomfortable affect, learning how to reason and care, and growing up?