

Trauma and Recovery

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Chapter One

Over time, Freud's refusal to accept or be associated with the traumatic theory of hysteria took on a dogmatic quality. The man who had pursued and investigated the furthest and grasped its implications the most completely retreated into the most ridged denial and in the process he disavowed his female patients. He no longer acknowledged the exploitive nature of women's real experiences. He insisted the women imagined and longed for the abusive sexual encounters of which they complained.

To hold fast to his theory would have been to recognize the depths of sexual oppression of women and children. The only potential source of validation and support for this position was the nascent feminist movement which threatened Freud's cherished patriarchal values. He disassociated himself at once from the study of psychological trauma and from women.

(Anna O, who was abandoned remained ill for several years) then she recovered, the mute hysteric found her voice and her sanity in the women's liberation movement. Under a pseudonym, Paul Bertald, she translated the classic treatise "A Vindication of the Rights of Women" and authored a play under her own name Birtha Papenhyme, she became a prominent social worker, founded a feminist organization for Jewish women, and traveled throughout Europe and the Middle East to campaign against the sexual exploitation of women and children.

Her dedication, energy and commitment were legendary. In the words of a colleague “a volcano lived in this woman.” Her fight against the abuse of women and children was almost a physical pain for her. Marten Buber commented at her death, “not only had I admired her but I loved her and will love her until the day I die.”

The reality of psychological trauma was forced upon public consciousness once again by the catastrophe of the first world war. In this prolonged war, over 8 million men died. One of the many casualties of the war’s devastation was the illusion of manly honor and glory in battle. Under conditions of unremitting exposure to the horrors of trench warfare, men began to breakdown in shocking numbers.

Confined and rendered helpless, subjected to constant threat of annihilation and forced to witness the mutilation and deaths of their comrades many soldiers began to act like hysterical women. They screamed and wept uncontrollably. They froze and could not move. They became mute and unresponsive. They lost their memory and their capacity to feel.

When the existence of a combat neurosis could no longer be denied, medical controversy as in the earlier debate on hysteria centered upon the moral character of the patient. The soldier who developed a traumatic neurosis was at best constitutionally inferior at worst a malingerer and a coward. Medical writers at the time described these patients as moral invalids.

American psychiatrists focused on identifying those factors that might protect against breakdown or lead to rapid recovery, they discovered once again (as was found earlier) the power of emotional attachments.

In 1947 Cardener and Spiegel, argued in their book that the strongest protection against overwhelming terror was the degree of relatedness between the soldier, his immediate fighting unit and their leader. (Similar findings were discovered by other psychologists at the time.) They observed that the strongest support against psychological breakdown was the morale and leadership of the small fighting unit.

(Through many great trials) In 1980, for the first time the characteristic symptom of psychological trauma became a real diagnosis. In that year, the American Psychiatric Association included in its official manual of mental disorders a new category called Post Traumatic Stress Disorder (PTSD).

The late 1900 studies of hysteria floundered on the question of sexual trauma, at the time, there was no awareness that violence was the routine part of women's sexual and domestic lives. Freud glimpsed this truth and retreated in horror. Not until the women's liberation movement of the 1970's was it recognized that the most common post traumatic disorders are not of those of men in war but of women in civilian life. The cherished value of privacy created a powerful barrier to consciousness and rendered women's reality practically invisible. Women were silenced by fear and shame and the silence of women gave license to every form of sexual and domestic exploitation.

(Through the women's liberation movement, science research and newly formed consciousness raising groups), Sexual assaults against women and children were shown to be pervasive and endemic in our culture. In addition to documenting pervasive sexual violence, women found it necessary to establish the obvious, that rape is an atrocity. Feminists redefined rape as a crime of violence rather than a sexual act. This was done to counter the prevailing view that rape fulfilled women's deepest desires. Feminists also redefined rape as a method of political control, enforcing the subordination of women through terror... a means of

maintaining male power.

Only after 1980, when the efforts of veterans had legitimated the concepts of PTSD did it become clear that the psychological syndromes seen in survivors of rape, domestic battery, and incest were essentially the same as was seen in the survivors of war. The implications are as horrifying now as they were a century ago, the subordinate condition of women is maintained and enforced by the hidden violence of men. Psychological trauma is an affliction of the powerless.