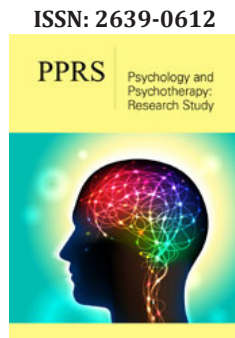


Freud's Approach to Trauma

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Mini Review

Stress, despite not being pleasant is something that is part of every day's normal life. Stress itself is not regarded as a mental health disorder, but there is a link between stress and mental health disorders. That is, stress is capable of triggering mental health related disorders such as major depressive disorder (MDD), post-traumatic stress disorder (PTSD) and anxiety disorder. Over the years, even before the Diagnostic Statistical Manual of Mental Disorder (DSM), lots have been said regarding what triggers mental health disorders. The idea that stress triggers psychiatric illness in normal individuals had early origins than the formal Diagnostic Statistical Manual of Mental Disorder (DSM) [1] classification systems. For example, before the development of the nosologic classification system, there were writers with regards to traumatic events. In his book *The Aetiology of Hysteria*, Freud [2] was well aware of the sexual abuses that were inflicted upon children and even believed that they could be beneficial to the men who had been abused as young boys by women in order to escape neurasthenia.

He postulated that hysteria had traumatic origins; however, he later withdrew his position in favor of more developmental model. (This was when Freud shifted his theory from Seduction Theory to the Oedipal Theory). Even though he acknowledged the existence of child sexual abuse, he held the view that sexual abuse was not harmful to the child unless it resulted in unconsummated excitation. Freud thought that all hysterical symptoms were caused by childhood sexual "abuse or molestation" which left unconscious memories; and later during adolescence when exposed to situations that reminiscent the original trauma, those memories were activated. The trauma repeatedly disturbed the capacity to deal with other challenges and the victim "reaped the repressed materials as a current experience"; this phenomenon was called "repetition compulsion." Freud believed that the aim of repetition was to gain mastery, but current clinical findings have shown that this rarely happens; instead, Fine [3] believed that "repetition compulsion" is an attempt to transform a passive traumatic experience into an active one.

Therefore, repetition causes further suffering for the patients and their families [4]. Nonetheless, Freud postulated that the phenomenology of responses to actual trauma (traumatic neurosis) could be differentiated from those that were the product of developmental fixation [5]. On the other hand, some criticized his theory, saying that Oedipal and other sexual fantasies were in fact past sexual abuses. Although Freud [6] gave some acknowledgement to the role of trauma in hysteria in his book *Beyond the Pleasure Principle* (1961) after World War I, he never integrated his ideas about the effects of war trauma on hysterical symptoms with his earlier ideas on the role of childhood sexual abuse in symptoms of hysteria. According to Terr [7], Freud's original theoretical constructs regarding psychic trauma were useful and durable. This notion was stimulated by the study of individuals as well as group reactions to catastrophes in World War I. Furthermore, Freud described "trauma" as "any excitations from the outside which are powerful enough to break through the protective shield there is no longer any possibility of preventing the mental apparatus from being flooded with large amounts of stimulus which have broken in and binding of them" [7]. Later on, in 1926, Freud added that the essence of the traumatic situation is the "experience of helplessness" on the part of the ego which is suddenly overwhelmed.

Many of Freud's followers believe that the application of his theory to the understanding of group catastrophes has led to innovative approaches and advances in the understanding

and treatment of individuals who have been traumatized as well as in the prevention of prolonged serious disorders in those who have experienced disaster or who may face extreme danger in the future. Even though Freud looked forward to later investigations, the war neurosis disappeared following the war. The interest of psychoanalysts was focused on psychoneurosis, character neuroses and behavioral disorders that are on the psychosis rather than on the traumatic neurosis. It could be concluded that, with regards to experiencing the result of World War I, Freud recognized the neuroses caused by the trauma of the war, but he was also aware of the fact that any trauma is capable of triggering unsuccessful repressed emotions from past experiences.

Abbreviations: MDD: Major Depressive Disorder; PTSD: Post-Traumatic Stress Disorder; MMD: Manual of Mental Disorder.

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