Trauma has reflected central issues of life throughout human history. But traumatology as a scientific discipline has only developed over the last century. The following is a personal view on aspects of this development. And when looking at history, one inevitably looks at the present and future too, so I will hazard speculations about them too.

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It has struck me that one way to look at the history of traumatology is to see it as recapitulating the exponential evolution of the mind in the last two to three millennia. This is manifest in evolution of self-consciousness. Superimposed on this general development, traumatology may be recapitulating the features of trauma. This is manifest in cycles of forgetfulness and recovery of awareness. Let me explain.

With regard to evolution of self-consciousness, we may presume that our distant forebears dealt with stresses and traumas with midbrain and hind-brain animal like unselfconsciousness. Their reflex and instinctive strategies of survival such as fight and flight remain part of our heritage. But with increasing capacities of forebrain symbolization over the last millennia, trauma too came to be symbolized in words and art. Trauma (not traumatology) entered consciousness, and could be dealt with via thought.

Thought made it possible for trauma to be dealt with in the external world. Thought could also mitigate trauma which could not be dealt with, giving hope and coherence through myths and religion.

Self-consciousness which in this case meant seeing oneself as actor and victim in stresses and traumas, started to evolve around two and a half millennia ago. At that time the ancient Greeks projected into their gods and on to the stage human capriciousness and conflicts. Only in the last two centuries did self-consciousness arrive at noting unconscious aspects of the human mind. Novels depicted people manifesting unconsciously motivated patterns of behavior. Magic, myths and religions when scientifically examined were shown to be ubiquitous unconsciously developed belief patterns. It was inevitable that the mind, the secular soul should itself be studied, such as in the new sciences of psychology and psychiatry.

It was into this changing world that toward the end of the nineteenth century the first wave of modern traumatology was born. It was first concentrated in the figure of the great French neurologist Charcot (1825-1893), who was intent on wresting hysteria (which would now include borderline personality, somatization disorder and PTSD) from myths and religion into science. The issue was that mental illness was neither divine punishment nor possession by the devil, but an illness, a scientific phenomenon.

Charcot brought together two relatively recent discoveries to prove his point. One was that in France tens of thousands of girls had been recognized to have died as a result of sexual abuse. Many more must have survived but were suffering its consequences. The second was hypnosis, another recent discovery of unconscious mentation. Hypnosis demonstrated clearly that the mind could be split into different compartments that were unaware of each other. A further example of such a split was that people could not remember their abuse. Charcot brought the two discoveries together, in that under hypnosis he could access the unaware trauma, with relief of hysterical symptoms. Traumatic hysteria replaced sin and possession.

It remained for Charcot's students Janet and Freud to refine Charcot's ideas. Janet (1859-1947) developed the concept of dissociation of knowledge within the mind, refined the hypnotic technique and added cognitive and life management procedures.

Freud (1856-1939), connected hysteria more unequivocally with sexual and other traumas, coloured by specific individual unresolved personal and relational conflicts. He noted that traumas were alternately relived and suppressed through use of defences such as repression. The nature of the defenses, he noted, determined the nature of neurotic and psychotic illnesses. For instance, somatization led to physical symptoms. Freud also replaced hypnosis with free association in which patients retained their consciousness and control as they accessed their traumas. Access to traumas utilized particular rules of communication (e.g., nonverbal communications, dreams, associations and metaphors). Lastly, Freud introduced transference interpretations, whereby he interpreted re-enactments of trauma in the therapeutic situation.

Finally in this first wave, as happens when an idea is ready to be born, different pockets of traumatic stressors, such as accidents and wars were similarly being recognized.

The nascent traumatology ideas came up against the scientific *zeitgeist* of the era which favoured reductionist physics, chemistry and biology. Disturbances of the mind were seen to be due to different genetic or biochemical defects, not due to environmental impacts (especially childhood sexual abuse).

Traumatic consequences if recognized, were often given "brain" diagnoses, such as spinal concussion and shell shock.

For this kind of science, where believing was only both seeing and measuring, evidence of unawareness was disbelieved in every traumatic stressor situation. If a soldier has a paralyzed arm and cannot fire a gun, surely he knows he is malingering? Is this accident victim not aware that he is putting it on for financial gain? Surely this child is fantasizing, or this adult is having thoughts put to her by her therapist? Mind with all that was important to humans, and "brain" trauma languages talked past each other. Traumatology was squashed. The critical mass to resist was absent. Too few were aware of their own capacity to be unaware, so they could not empathize or understand another's unawareness.

Freud himself contributed significantly to the end of the first wave of traumatology, probably in conjunction with lack of awareness of his own traumas (his "analyst" Fliess nearly killing his patient through incompetence, and the death of his father; and later the death of his

favourite daughter). Though psychoanalysis kept exploring the intricacies of the mind, as a discipline it lost contact for eighty years with its origins in trauma.

Nevertheless, psychoanalytic traumatology did help to seed a higher level of self-consciousness and awareness of unawareness in general culture. It became common knowledge that even if unremembered by adults, children have their own rich vulnerable worlds (which includes childhood sexuality), and they can be traumatized through neglect and abuse.

Traumatology also brought the mind and the body closer in psychosomatic medicine, and a cultural knowledge that stress and trauma can lead to a variety of illnesses. And even ardent detractors of Freud came to accept the unconscious into their language.

As mentioned evolution of the human mind and its reflection in traumatology has been accompanied throughout this century by remembering and forgetting of trauma, as happens with trauma itself. Traumatology tended to resurface near the end of the World Wars, and latterly of the Vietnam War, at times when the magnitude and numbers of casualties could not be denied. Each resurfacing seemed to be new to those who rediscovered trauma, although historical bridges did exist, and each new incarnation took the subject further.

Where is traumatology today? How far has traumatology itself evolved, and what is currently remembered and forgotten?

Many early islands of knowledge from different traumatic situations such as rape, combat and disasters have now coalesced under the same conceptual umbrella. Coalescing concepts have allowed traumatology to be a self-conscious, self-aware discipline, and indeed it assumed the name traumatology in the last decade. Traumatologists have formed similar societies in different countries, they speak roughly similar trauma languages and they have a world organization. Research in traumatology has been increasing exponentially, traumatology journals, web sites, exchanges of information are all flourishing.

Though fragmentation remains, such as between child and adult traumatology, biological, psychological and social workers in trauma, between researchers and clinicians, pathologising and depathologising, activism and observation, and science and humanism, perhaps a critical mass of coherent knowledge, awareness and organization has been reached to ensure that trauma will remain part of cultural knowledge. Like the world learned that the world was round, it may be learning that trauma has adverse effects on all aspects of human functioning.

What has been relearned in traumatology? Examples may include Freudian reliving and suppression, Cannon's fight and flight, Janet's dissociation. All are fragments currently re-highlighted in PTSD and Acute Stress Disorder, even if explored to new depths. Sexual abuse of children has recently been rediscovered for the fourth time, but this time it too is researched with more sophistication. The same is true for memory and unawareness themselves.

What may be kept in relative oblivion currently, to be re-highlighted at some later time? Examples may include defenses and their psychodynamics in trauma syndromes and psychosomatics. Similarly, some major concerns in Second World War literature, such as the importance of morale and the unwitting corruption of mental health professionals, are in the main currently "forgotten".

Self-conscious historical narratives are of traumatology are emerging. But how much is traumatology still not self-aware? The question does not include the inevitable lack of knowledge of a new discipline. It involves blind spots, and lack of self-awareness due to mental survival maneuverings, as in other situations of threat.

In clinical traumatology at least, two types of lack of self-awareness have been recognized. One, called vicarious traumatization (also secondary traumatization and compassion fatigue) is due to excessive unconscious imbibing of others' traumas through empathy. The other is helper blind spots (possibly due to own past traumas), leading to lack of empathy, and even unconscious reenacting of one's own traumas in with clients, to their detriment. It is being increasingly recognized that either way helpers' unconscious may interfere with treatment, and that they are ethically bound to manage their unconscious through proper training programs, stress management, supervision and trauma therapy.

However, unawareness may pervade traumatology's own systems. For instance, at the beginnings of wars, mental health workers and their disciplines have generally conformed and denied combat breakdowns. To do otherwise may have seemed to hinder the war effort, and at times also threatened their own survival. Such workers and their disciplines could be caught flat footed when suddenly required to treat undeniable numbers of casualties; or as happened after Vietnam, to cater for a movement of veterans who demanded a diagnosis, treatment, and were backed by the government.

This brings us to money, the modern hunting ground of survival. It too may influence unawareness within traumatology.

Historically, the recent rediscovery of traumatology occurred at a time of funding stringency for the parent mental health disciplines.

For survival, they had to "prove" their worth according to the prevailing "hard science" paradigm, which like at the beginning of the century, required seeing and measuring. Psychiatry for one, responded with DSM III (1980), full of syndromes proven by instruments and mathematics.

The unusual political pressure and funding which parented the rebirth of traumatology was embarrassing to the new official psychiatry. Causal "unscientific" psychodynamics was threatening to return through the back door. An uneasy compromise was reached. One diagnosis, PTSD, was allowed into a corner of DSM. In return it was denuded of "soft", unmeasurable emotions and moral concerns. And mainstream journals and Ph. D.'s were circumscribed to a large extent to internal mathematical proofs of the existence of PTSD in different situations. Tension exists, but for its survival, traumatology cannot give it words and awareness. So the different points on the ripples which radiate from trauma and are unconnected in DSM are called co-morbid diagnoses. Complex PTSD, which may give dynamic rationale to a variety of symptoms is still denied official diagnosis.

Availability of money may influence awareness in other ways. If plentiful, treatment may be seen to require long inpatient treatment programs involving multiple senior staff. Stringency may lead to reports of favourable results from few individual treatment sessions by less trained workers. Similarly, drug funding may influence drug use. Law firms, insurance companies, firms who sack workers, may all employ trauma counsellors whose views inadvertently conform with their employers' needs. As with helper blind spots, it is becoming increasingly clear that ethical

practice requires the needs of the traumatized to be uppermost, and that they should have the best possible professional help.

So as intimated, traumatology today has evolved a broad consciousness of trauma knowledge, as well as a state of self-consciousness and self-awareness. It is aware of a certain lack of awareness, but not all. At the same time traumolotogy is reenacting the cycles of traumatic forgetting and remembering.

However, perhaps because of its greater coherence and inner strength, traumatology has stayed in consciousness currently longer than ever before. It has certainly not repeated Freud's self-destructiveness, nor has it succumbed to recurring external harassments. Instead, traumatology has been increasing its scope of compassion and seeking of more knowledge.

What of the future? Of course, one predicts at one's peril.

However, I believe that traumatology will continue to evolve strongly. For instance, it is not unreasonable to suppose that consciousness of basic physiological responses, their connections and patterns will increase exponentially. This will not only be aided by new technology such as visualizing brain functioning in different states, but a much more complex theory which will inform observations and what to look for. The same is likely to be true for psychological and social patterns.

As traumatology develops a firmer identity, it will develop its own faculties, training programs, degrees, accreditation, and subspecialties of knowledge. It will depend less on its parent disciplines, which in fact will draw core knowledge from traumatology. Unawareness in the clinical setting will be ubiquitously countered by general acceptance of rigorous training, peer presentations, supervision, and personal trauma therapy. Traumatology's awareness of its own lack of self-awareness and the reasons for this, will enable it to counter its own survival imprints and blind spots, splitting, fragmentation and self-forgetfulness. Rather, it will self-consciously facilitate the natural process of its fragments cohering into ever greater wholes. So some forgotten fragments such as psychosomatic medicine and dynamics of defenses will be self-consciously facilitated in their reintegration.

But knowledge will be synthesized in new amalgams, forged by new discoveries and new paradigms. It may be that traumatology will lead the mind sciences out of their limited linear scientific vision, into their more natural home in nonlinear paradigms, which are indeed the home of modern physics and mathematics. Traumatology will be seen to be more fruitfully aligned with relativity theory, quantum mechanic concepts of big bangs and black holes, energy soups out of which freeze different dimensions, virtual bodies which like memories influence each other over distance, and unpredictable chaotic patterns which nevertheless self-repeat on different levels and regulate their own development.

Traumatology like physics will be an ever more unifying and whole science. It will become the first science to truly subsume biological, psychological and social arenas, and include knowledge of processes of human harmony and disruptions, charted from molecular to spiritual dimensions.

It may also be the first science to not shoot itself in the foot by ignoring what may be simplistically called the "right brain". The right brain was banished from science as it could be emotional, invent myths, magic and witchcraft. But it will be realised that it did so according to its own logic, in order to mitigate traumatic consequences and conflicts, that is, for the sake of safety and coherence. For instance, for the sake of survival and coherence, a person may arrange her mind to not be aware of the deeper meaning of an abusive situation, or to morally blame herself for it. Rather than be horrified by them, right brain communications will be read in their own rich language and translated from an un(self)conscious, silent world. This is analogous to the way transference and countertransference were initially seen as confounding the truth, but later were seen, if read correctly, to reveal important aspects of it. Traumatology will be in the vanguard of the study of sophisticated right brain revelations, such as the source of morality and meaning. Thus current concerns about whether memories reflect true situations will be seen as naive. Rather, awareness will be seen as a vector result of complex right and left brain functioning, each instituted to deal with traumatic events over time.

Just like in physics equations fit nonlinear insights based on creative, inspirational, intuitive recognition of patterns, elegance, harmony, economy and beauty, so traumatology will synthesise left brain observations, words and logic with right brain nonverbal, timeless, emotionally coloured, creatively arranged records. Together, they will be seen to describe with as much safety, harmony and coherence as possible human strivings and their disruptions.

In the next century we will have a much more sophisticated understanding of the objective and creative parts of our minds, of consciousness with its sequestrations and revelations, of aspects of trauma as well as of happiness, and of symptoms and contentments. Perhaps we are in the stage of evolution where we are becoming aware of the rich world of our silent right brains. Using our own whole minds, in the future we will be able to read in both our clients and ourselves concordant and discordant notes and symphonies, with their crescendos and silences.

This will enable us to become ever more sophisticated in tailoring treatment. But more importantly still, healing will be supplemented by prevention. In all the situations where in this century we studied post-traumatic consequences, in the next one we will study causes. And perhaps through our more sophisticated capacities of penetration of the human mind, communication with it, and salving its wounds, we will be able effectively to turn around say, the frequency of sexual abuse of children, of violence and wars. Thus we will build significantly on the platform of cultural benefits from the first wave of traumatology.

Let us not make any mistake about it. By knowing and facing the greatest pains of mankind, as it were by eating from the tree of knowledge of good and evil, we are giving original sin new words in human trauma.

It was not sin which drove us out of paradise, but trauma which drove us out of our minds. By making claim to our whole brains, we do not project on to the heavens causes of trauma, nor the sources of morality and spirituality. We see their earthly origins and take responsibility for them. So I believe that traumatology will have an important place and responsibility in the next century. Trauma has always been important in life, because it diminished it. Traumatology will tilt the balance toward fulfillment of life and happiness.