Trauma as a psychological event is difficult to define, as it can refer both to an event that causes psychological effects and the psychological effects themselves. While few would deny that medieval individuals experienced the first sort of trauma; that they experience the second sort has been the source of some debate. Some scholars believe that a basic psychological sameness shared by people across time and space allowed individuals of the past to experience trauma and its symptoms in similar or in the same ways it is experienced by people today. Others, perhaps the majority, argue that expected symptoms of trauma must be situated in the particular experience of modern Western society. They argue, not incorrectly, that psychology is not physiology, and that psychological responses are embedded in a person's social and cultural experience. Further, cultural experiences of disease and the language that constructs mental and physical disability in a given society condition psychological responses and the expectations and even the experiences of symptoms. The symptoms of post-traumatic stress disorder (henceforth PTSD) that a veteran of the war in Iraq experiences might look similar to those symptoms that appear to have afflicted some soldiers in the Trojan War or the Hundred Years' War, but these similarities, the arguments run, are a product of reading the past through the lens of modern medicine and contemporary theory.

In previous work, I have tried to reconcile these two positions by suggesting both that some symptoms experienced by people in the premodern world seemed similar to those ascribed to PTSD today and that although a modern diagnosis, naming what look to be experiences of trauma and PTSD as those things enables better historical understanding of past events.¹ This essay will

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¹ The title of this article clearly references Joan Wallach Scott’s ‘Gender: A Useful Category of Historical Analysis’, American Historical Review, 91:5 (December, 1986), 1053-1075, and takes from that seminal work the idea that analytical categories, like gender and, as I argue here, trauma, serve to make visible aspects of the past that might otherwise remain hidden.

¹ My earlier work noted that there were discussions in medieval texts that looked like traumatic flashbacks of various sorts, and examined medieval and modern explanations for these. See Donna Trembinski, ‘Comparing Premodern Melancholy/Mania and Modern Trauma: An Argument in Favour of Historical Experiences of Trauma’ in History of Psychology, 14:1 (2011), 80-99.
expand upon how and why a category such as trauma can be useful, not so much as a diagnosis that explains behaviours and events of the past, but as a tool for historical understanding, which opens up a space for a more nuanced and precise understanding of the past. Trauma as a category of analysis renders the past more visible and more explicable to present eyes. It allows for a reading of texts that has the potential to deepen and nuance our perceptions of historical emotions and actions and historical interactions between with people. It is, in short, a useful analytical tool in the historian’s toolbox.

Trauma, Theory and History

The interrelation of trauma, theory and history has been the subject of much debate in the last two decades. Certainly part of this interest is situated in discussions of memorialization of the Holocaust and the interrelationship between traumatic experience, memory, narrativization, and reconciliation that have arisen out of Truth and Reconciliation projects. But part of the debate stems from the discipline of psychology too, where definitions and symptoms of trauma-induced conditions have been the subject of much scrutiny. This is perhaps most clearly seen in the change in how trauma is dealt with the Diagnostic and Statistical Manual of Mental Disorders, 4th edition (DSM-IV) and the new edition, the DSM-5. In the previous edition, PTSD and its short-term correlate, Acute Stress Disorder, were treated under the general rubric of Anxiety Disorders. In the new DSM, a category of disorders that relates specifically to trauma has been created. Included in the category are all disorders which can explicitly be linked to a traumatic experience, including PTSD and Acute Stress Disorder, but also disorders such as Reactive Attachment Disorder, a condition found in children who, according to the DSM, have experienced the trauma of receiving ‘extremes of insufficient care’ while an infant.2

To some extent, this reality highlights the very real concern of theorists who argue that such disorders, and others like it, are constructed – that until the language necessary to describe the symptoms of PTSD or Reactive Attachment Disorder and to link it to something we have defined as a trauma existed, such disorders and people suffering from them could not be said to exist. In the words of Ian Hacking, new psychological descriptors allow for ‘new options of being and acting’.3 He adds, that ‘[i]nventing ... a new kind, a new classification

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2 DSM-IV, 318.39, 265.
3 Here Hacking discusses the increasing prevalence of Multiple Personality Disorder in the last decades of the twentieth century. He argues, in principle, that the diagnosis and discussion