Introduction: Trauma and Textualities

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This special issue of the *Journal of Medical Humanities* focuses on papers from an International Health Humanities Network conference held in Nottingham, UK. Informed by the centenary of World War I, the theme of ‘trauma’ was chosen, and the presentations over the lively three-day meeting included a wide range of topics such as trauma in literature and text; managing trauma in clinical practice related to domestic violence and abuse; a theatrical performance involving trauma, personal history and theory; and using humanities in clinical education to offer new ways of making sense of and addressing trauma.

To underscore the value of taking such a diverse approach, it is worth considering that trauma in the psychosocial sense is a relatively recent arrival to the medical and social sciences. It was only in the 1970s that post-traumatic stress disorder found its way into the lexicon of those helping Vietnam veterans and only in 1980 that it found its way into DSM III. Of course, there had been earlier attempts to characterize the malaise of serving or ex-combat personnel with terms such as ‘nostalgia’, ‘shell shock’, ‘combat fatigue’ and so on finding their way into the literature in earlier conflicts. The point, however, is that the difficult sequelae of adverse experiences had been largely formulated, conceptualized, discussed, and perhaps consoled outside of formal medical settings for much of human history. Therefore, it is no surprise that these experiences have found prominent roles in drama, literature and visual media, as imaginative works have often been the most important and accessible fora in which such experiences could be understood and communicated.

As one of the earliest documented forms through which stories are told and appreciated, the legends of classical antiquity have featured prominently in attempts to make sense of trauma. Hence, Laura McKenzie reflects on Robert Graves’ attempts to grapple with his own World War I experience through his work, ‘The Anger of Achilles’. The First World War also transformed the way experiences of this kind were written about in the contemporary fiction of the period. As Samantha Walton describes, this can be seen in the way that inter-war writers addressed nature, and the way that nature was evoked almost nostalgically, as something that had been sullied by human destruction yet nevertheless remained intertwined with human life.

Sometimes, accounts of trauma are metaphorical and allegorical. As Jenny Cochrane argues here, the story of Dr. Doolittle represents a response to the trauma in the trenches of World War

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I. She writes of the curious interplay of the innocence of the pre-war period with the physical and psychological maladies of combat. Nearer to the present, Nicole Drozd discusses the challenges of bringing music therapy to military contexts in the United States as well as the difficulties faced by service personnel in their transition to civilian life after periods of active duty.

The notion that because trauma may not leave physical scars and, thus, may be hard to detect was supported by the rapid development and popularization of psychoanalysis through the twentieth century, which yielded a seductive armamentarium of devices through which the half-submerged residues of adverse experiences could be explored. Attempts to bring psychoanalysis to a wider audience via radio in France in the 1970s form the basis of the paper by Richard Bates. Such a move was controversial, as it went against the conventional wisdom of the field that psychoanalytic psychotherapy was best undertaken through many hundreds of hours of careful analysis. Just as interesting, Bates suggests, is the voluminous correspondence these radio programs prompted, in which issues of child development and maturation featured prominently. Yet as Colin Wright demonstrates, the tools of psychoanalysis mean that we cannot let the notion of post-traumatic stress disorder stand undisturbed. Drawing on Lacan, he shows how this is not the only, or indeed the best, way of making sense of the issue; an overinclusive application of the concept may misrepresent the experience of people in other cultures or with different backgrounds.

These brief descriptions do not fully illustrate the variegated and often creative efforts of the contributors, and readers are encouraged to peruse the rest of the issue to get a feel for how the conference participants tackled different aspects of the problem. It is our intention to sketch how the political history of the twentieth century was accompanied by new ways of thinking, representing and storytelling, themes that we have sought to explore through our series of International Health Humanities Conferences, beginning in 2010 and following the inauguration of the International Health Humanities Network.

Our first conference in Nottingham in 2010, on the theme of “Madness in Literature,” attracted over one hundred fifty attendees, along with keynote lectures from Professor Elaine Showalter and Professor Kay Redfield Jamison. The Health Humanities Network is now a thriving international community of practitioners, users of healthcare services, carers, scholars, academics, teachers, artists and writers. The website (www.healthhumanities.org) forms a hub of connectivity and promotes innovative and impactful work in the Health Humanities. Our focus on the *health* humanities is deliberate because a great many disciplines other than medicine are seeking to draw on the arts and humanities in understanding the human condition, and there is growing interest in disciplines as diverse as nursing, physiotherapy and occupational therapy as well as the therapeutic specialisms which have traditionally used the arts in healing practice. A further distinctive focus of the health humanities is the interest in experiences from patients and service users as well as informal carers.

It is this inclusive focus which we have sought to reflect in the selection of papers for this special issue. In line with the conference theme of trauma, the group of papers here trace a broader genealogy of the concept across a variety of sites – the battlefield, childhood, the family, textual and visual arts – and trace the notion as one of the unifying human narratives of the present day, deployed to explain distress in a variegated array of contexts. Our inevitably selective tour through a few themes in some of our contributors’ work illustrates both the diverse array of approaches as well as the value of adopting a health humanities approach in that it allows an appreciation of the history of the idea, the concept itself and responses to it in context. Taken as a whole, the papers here also facilitate a degree of critical reflection not only

on the idea itself but also on the way professionals have often responded to trauma as a kind of psychiatric symptom. We hope that these essays set the stage for future critical and creative explorations and reformulations of related key ideas in health.