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EARLY SCIENCE AND MEDICINE 19 (2014) 549-557

Early
Science and
Medicine
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Nothing New under the Sun: Post-Traumatic Stress Disorders in the Ancient World

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Abstract

Herodotus' account of the Athenian spear carrier Epizelus' psychogenic mutism following the Marathon Wars is usually cited as the first documented account of post-traumatic stress disorders in historical literature. This paper describes much earlier accounts of post combat disorders that were recorded as occurring in Mesopotamia (present day Iraq) during the Assyrian dynasty (1300–609 BC). The descriptions in this paper include many symptoms of what we would now identify in current diagnostic classification systems as post-traumatic stress disorders, including flashbacks, sleep disturbance and low mood. The Mesopotamians explain the disorder in terms of spirit affliction; the spirit of those enemies whom the patient had killed during battle causing the symptoms.

Keywords

ancient psychiatry – ancient psychology – Mesopotamia – war and mental health – Post-Traumatic Stress Disorders (PTSD)

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Introduction

Sigmund Freud (1856–1939) defined trauma as “an experience which within a short period of time presents the mind with an increase of stimulus too powerful to be dealt with or worked off in the normal way.”¹ The French neurologist Pierre Janet (1859–1947) was one of the first scientists to explore the psychological impact of trauma empirically. In a study of more than 5000 patients he suggested that traumatic memories have the all or none feature. He also concluded that trauma is often decontextualised and misplaced in its historical context.²

In more recent times, the third edition of the American Diagnostic and Statistical Manual (DSM) of Mental Disorders defined Post-Traumatic Stress Disorder as the most severe manifestation of trauma exposure, which used to be called by different names such as shell shock, battle fatigue, etc.³ The fifth edition defined trauma in terms of extreme and exceptionally threatening and distressing events that includes “actual or threatened death, serious injury, or sexual violence.”⁴ Trauma can cause disturbances in the function of the body and mind that could be disabling, as well as varied psychological disorders from the temporary acute stress reaction to anxiety, depression, somatic or body function disturbances to the more severe Post-Traumatic Stress Disorder (PTSD) and dissociative disorders. PTSD symptoms have been defined by different clinical classification systems as including defined clusters of symptoms. These include: the re-experiencing of trauma in the form of intrusive images or nightmares, avoidance of reminders of trauma and numbing of emotions, and increased arousal, irritability and insomnia.⁵

It has been repeatedly suggested that ancient Greece was the first culture to document post-traumatic stress disorder. Greek medicine related both physical and mental health to the equilibrium of the different humours, which are blood, phlegm, black bile and yellow bile, and that sickness is caused by the distur-

1 Sigmund Freud, *Introductory Lectures on Psychoanalysis*, ed. and transl. J. Strachey [1917] (London, 1963), 315.

2 Onno Van der Hart, Paul Brown and Bessel Van der Kolk, “Pierre Janet’s Treatment of Post-traumatic Stress,” *Journal of Traumatic Stress*, 2 (1989), 379–395.

3 American Psychiatric Association (APA), *Diagnostic and Statistical Manual of Mental Disorders*, 3rd ed. (DSM-III) (Washington, DC, 1980).

4 APA, *Diagnostic and Statistical Manual of Mental Disorders*, 5th ed. (DSM-V) (Washington, DC, 2013), 271.

5 *Ibid.*, 275–276.

bance of this equilibrium.⁶ It was suggested that two cases of female patients of Hippocrates (460–370 BC) might have been victims of PTSD. Hippocrates described the symptoms of the first women described as having fear, depression, and incoherent speech while the other “without speaking a word [...] would fumble, pluck, scratch, pick hairs, weep and then laugh but [...] not speak.”⁷ Regel and Joseph, in their 2010 book on *Post-traumatic Stress*, quoted the Greek Historian Herodotus’ (484–425 BC) description of the blindness suffered by the warrior Epizelus during the battle of Marathon of the year 490 BC:

Epizelus, the son of Cuphagorus, an Athenian soldier, was fighting bravely when he suddenly lost sight of both eyes, though nothing had touched him anywhere – neither sword, spear, nor missile. From that moment he continued blinded as long as he lived. I am told that in speaking about what happened to him he used to say that he fancied he was opposed by a man of great stature in heavy armour, whose beard overshadowed his shield but the phantom passed him by and killed the man at his side.⁸

However, we would like to suggest that Mesopotamian sources mention earlier cases of Post-Traumatic Stress. Mesopotamia is the Greek name for the area between the two major rivers, Tigris and Euphrates, which constitute present-day Iraq. This region was the cradle of one of the earliest civilizations in human history. The first cuneiform text was written in 3200 BC in Uruk in southern Iraq. Almost half a million cuneiform tablets written by the ancient Iraqis from that time until the birth of Christ have been discovered to date.⁹ Several hundred of these tablets comprise medical texts, mainly consisting of handbooks and collections of prescriptions.¹⁰

Diagnosis had an important role in medical practice and the management of disease in ancient Iraq. A letter written by a royal physician named Urad-Nana to the Assyrian King Esarhaddon demonstrates the importance of diagnosis:¹¹

6 Stanley W. Jackson, *Melancholia and Depression from Hippocratic Times to Modern Times* (New Haven, 1986) 7.

7 David Emerson and Elizabeth Hopper, *Overcoming Trauma through Yoga* (Berkeley, 2011), 9–10.

8 Stephen Regel and Stephen Joseph, *Post-traumatic Stress* (Oxford, 2010), 3.

9 Jean Bottéro, *Everyday Life in Ancient Mesopotamia* (Edinburgh, 2001), 90.

10 A. Leo Oppenheim, *Ancient Mesopotamia: Portrait of a Dead Civilization* (Chicago, 1977), 294.

11 The Assyrian King Esarhaddon ruled between 680 and 669 BC. He was the successor of the more famous King Sennacherib (705–681 BC); see Georges Contenau, *Everyday Life in Babylon and Assyria* (London, 1969), 8.

My lord the king is continually asking me why I have neither made a diagnosis of the illness from which he suffers, nor yet prepared the appropriate remedies. It is true that, speaking earlier to the king's person, I was unable to identify the nature of his illness.¹²

It is clear from the text that the process of "reaching a diagnosis" involves seeing the patient and examining the symptoms.

The Ancient Mesopotamians believed that many diseases were punishments from the God(s) because of patients' sins or shortcomings.¹³ Leo Oppenheim suggested that the Gods, in their turn, allowed demons or ghosts of dead people to attack the sick person. The treatment of disease was holistic and usually involved a combination of religious-magical and pharmacological treatments. The cuneiform tablets discovered from the era suggest the presence of the two different professions that were necessary in order to perform diagnosis and treatment.¹⁴ Up-to-date research on the subject suggests that the *ašipu* was the real physician, who performed diagnosis and treatment, while the *asu* was principally a pharmacist, who used specific drugs for specific sets of symptoms suggested by experiments regardless of causes.¹⁵ JoAnn Scurlock has suggested that attributing disease to demons and spirits is closer to modern medicine's theory of infections caused by organisms that are invisible (at least to the naked eye) than the Hippocratic notion of the imbalance of humours.¹⁶

As for the *asu*, they applied medication in a pragmatic way; for example, drugs used for "ghost aches" were also used for "non-ghost" aches and pains. The decisive factor for choosing these drugs seemed to have been trial and error on actual patients rather than theory.¹⁷ The other, doctor-like type of healer, the *ašipu*, diagnosed and treated diseases either by prescribing medicine or employing religious-spiritual healing either against the cause ("with offerings, recitations etc. to chase off the ghost, taking away the headaches with it") or against the symptoms of an illness ("to chase off the headache taking the ghost with

12 Bottéro, *Everyday Life*, 164.

13 Mesopotamia was governed by many dynasties, including the Sumerian 3200–2330 BC, Akkadian 2330–2000 BC, Old Babylonian 2000–1100 BC, Assyrian 1300–609 BC and the Neo-Babylonian 605–539 BC.

14 Oppenheim, *Ancient Mesopotamia*, 294.

15 JoAnn Scurlock and Burton R. Andersen, *Diagnoses in Assyrian and Babylonian Medicine. Ancient Sources, Translations and Modern Medical Analyses* (Urbana, 2005), 10.

16 JoAnn Scurlock, *Magico-Medical Means of Treating Ghost-Induced Illness in Ancient Mesopotamia*. (Leiden, 2005), 82.

17 *Ibid.*, 80.

it”).¹⁸ The spiritual approach of the *ašipu* boosted the effectiveness of available remedies dispensed by the *asu*.¹⁹ The two types of practitioners often worked together simultaneously in an holistic model of care that incorporated both the medical and spiritual approaches. An Assyrian letter stated: “Let him appoint one *ašipu* and one *asu* and let them perform their treatment together on my behalf.”²⁰

In addition to medicines, the *ašipu* used incantation texts which were read either by the *ašipu* himself, or by the patient, or by both of them.²¹ Some of the texts used in recitation were composed in the barely comprehensible Sumerian language – after the death of the Sumerian civilization – and some used nonsense syllables.²² Examples of the *ašipu*'s recitations illustrate the function of such recitations: “My god, turn to me; my goddess, be relaxed towards me. Let y(ou)r angry heart become calm towards me”; or “Let your spirit be relaxed. Establish wellbeing for me.” Offerings were another method administered under the supervision of the *ašipu*, as in the following example:

On Ashago-thorn coal you set-up before Samas.²³ You pour out a libation of beer and then you prostrate yourself. Well water, river water, ditch water, and vinegar (and) hiqar-beer you mix together, you pour it into an ox horn. You scatter ash(es) on (its) surface.

The *ašipu* was involved in further rituals, such as those involved in the following examples: “When you have said this, the liquid which is in the ox horn in the pa(tient's) hands he pours out.” In another ritual, the *ašipu* would invoke the name of the dead person: “You are made to swear, You lift up the reed torch and say as follows: ‘From this day on, head for (somewhere) else.’”²⁴

Mental Illness and Trauma in Ancient Mesopotamia

Let us now approach the issue of Post-Traumatic stress disorder by way of the issue of mental illnesses, which were clearly known to the Mesopotamians.²⁵

18 Ibid., 82.

19 Ibid., 83.

20 H. W. F. Saggs, *Civilization before Greece and Rome* (London, 1989), 259.

21 Scurlock, *Magico-Medical Means*, 24.

22 Ibid., 76.

23 Samas was the Mesopotamian Sun God.

24 Scurlock, *Magico-Medical Means*, 192.

25 Scurlock and Andersen, *Diagnoses*, 367.

The King of Elam seems to have suffered a mental disorder. Texts mention that “his mind changed”, meaning that he became disturbed.²⁶ Also, sexual impotence was recognised as having a psychological basis. That the *ašipu* might have once again been the physician who dealt with mental problem and psychosomatic illnesses has been suggested by Julio Cesar Pangas.²⁷ Stressing that our ignorance of the pathology of ancient Mesopotamian medicine should not be an excuse for dismissing or ‘caricaturing’ it, Pangas has justly called for more comparative studies of the ancient records of symptoms and their comparison with current nosological and diagnostic criteria.²⁸

More specifically, trauma was also commonplace in Iraq’s ancient civilisations. This involved not only traumata associated with daily life, industry and farming, but also traumata associated with warfare. *Ašipus* seemed to be working with armies, particularly in the Assyrian period (between 1300–609 BC). The majority of cuneiform medical texts on trauma were concerned with war wounds.²⁹

The Assyrians left detailed accounts of their military campaigns.³⁰ Some of these texts were medical texts, which document the traumata and injuries that Assyrian soldiers suffered during these campaigns despite the fact that they were protected by various forms of shields, helmets and armour made from iron scales, a technology that reached its highest level of effectiveness in the Assyrian period.³¹ Unfortunately, offensive weapons had also reached their highest level of effectiveness in that period. The Assyrian army was recruited from different towns and villages of the empire, which were all obliged to provide a certain number of fighting men as a form of taxation.³² The military drafting of Assyrian citizens into the royal army used to take the form of a rotation on a three-year cycle – the first year for military service, the second for public works, and the third to be spent at home, working on the land, spending time with the family and raising children. However, because of the frequent wars during the Assyrian period, the male population of the kingdom was exposed to significant trauma associated with the battles being fought in every third year during their military service. It was this engagement in regular fighting (which the military would

26 Henry William Frederick Saggs, *The Greatness that Was Babylon: A Survey of the Ancient Civilization of the Tigris-Euphrates Valley* (London, 1962), 193.

27 Julio Cesar Pangas, «La mano de un espectro. Una enfermedad de la Antigua Mesopotamia,» *Aula Orientalis*, 7 (1989), 215–233, at 232.

28 *Ibid.*, 232–233.

29 Scurlock, and Andersen, *Diagnoses*, 345.

30 Contenau, *Everyday Life*, 141.

31 Scurlock and Andersen, *Diagnoses*, 345; Contenau, *Everyday Life*, 144.

32 *Ibid.*, 141.

describe nowadays as being high “op-tempo”³³) that was probably the main cause of post-traumatic stress disorders.³⁴

Cases of Post-Traumatic Stress Disorder in Ancient Mesopotamia

Scurlock and Andersen mention three cases which they found in the series of diagnostic and prognostics.³⁵ They describe post-traumatic stress disorders as mental health manifestations of severe mental and/or physical (traumatic) stress that does not usually cause the death of the patient:³⁶

14.34 “If his words are unintelligible for three days [...] ³⁷ his mouth [F...] and he experiences wandering about for three days in a row F...1.”

14.35 “He experiences wandering about (for three) consecutive (days)”; this means: “he experiences alteration of mentation (for three) consecutive (days).”

14.36 “If his words are unintelligible and depression keeps falling on him at regular intervals (and he has been sick) for three days F...”]

They furthermore list the following symptoms associated particularly with post-traumatic stress disorders as a result of military operations (military casualties):³⁸

19.32 “If in the evening, he sees either a living person or a dead person or someone known to him or someone not known to him or anybody or anything and becomes afraid; he turns around but, like one who has [been hexed with?] rancid oil, his mouth is seized so that he is unable to cry out to one who sleeps next to him, ‘hand’ of ghost (var. hand of [...]).”³⁹

33 C.A. Castro and A.B. Adler, “OPTEMPO: Effects on Soldier and Unit Readiness,” *Parameters* (Autumn 1999), 86–95.

34 Scurlock and Andersen, *Diagnoses*, 438.

35 *Ibid.*, 351. See René Labat, *Traité akkadien de diagnostics et prognostics médicaux* (Leiden, 1951).

36 Scurlock and Andersen, *Diagnoses*, 351.

37 Square brackets [...] denote broken entries or texts (Scurlock and Andersen, *Diagnoses*, 576).

38 *Ibid.*, 429–430.

39 Hands of Gods or hand of ghosts are seen by the Mesopotamians as a cause of illness; see Pangas, “La mano.”

19.33 “[If] his mentation is altered so that he is not in full possession of his faculties, ‘hand’ of a roving ghost; he will die.”

19.34 “If his mentation is altered, [...] (and) forgetfulness(?) (and) his words hinder each other in his mouth, a roaming ghost afflicts him. (If) [...], he will get well.”

As seen in the cases of military casualties, the signs and symptoms of the victim were attributed by the Ancient Mesopotamians to ghosts, as was the case with many mental and psychosomatic disorders seen during that period.⁴⁰ It looks as if, in the case of military casualties, the responsible ghosts were usually assumed by the treating *ašipu* to be the ghosts of the enemies whom the patient had killed during military operations.⁴¹

Discussion

In spite of the fact that ancient warfare might not have been as devastating as modern military operations which, with all the technological advances, use progressively more lethal weaponry, ancient soldiers facing the risk of injury and death must have been just as terrified of hardened and sharpened swords, showers of sling-stones or iron-hardened tips of arrows and fire arrows. The risk of death and the witnessing of the death of fellow soldiers appears to have been a major source of psychological trauma. Moreover, the chance of death from injuries, which can nowadays be surgically treated, must have been much greater in those days.

All these factors contributed to post-traumatic or other psychiatric stress disorders resulting from the experience on the ancient battlefield. As Scurlock and Andersen show, a series of texts may be associated with the identification and presence of such post-traumatic stress disorders. Many of the symptoms listed, particularly those of military psychological casualties, fit well with our modern understanding of post-traumatic stress disorder. The ancient Iraqis’ explanations of these maladies were in keeping with their psychopathological understanding, which continued to influence the diagnosis of psychiatric disorders well into the medieval period.

As we have seen, the ancient Iraqis attributed disorders in sick soldiers to “roving” or “roaming” ghosts who were blamed for an alteration of mental state

40 Scurlock, *Magico-Medical Means*, 17–18 and 80.

41 Scurlock and Andersen, *Diagnoses*, 429.

causing what they described as being a “wandering mind.” Of significance to post-traumatic psychological disorders is the recording of “ghost-induced mutism with vivid nightmares.”⁴² The reference in these cases to “slurring of speech and loss of cognitive functions” might indicate the presence of drug abuse comorbidity, which is now known to be prevalently associated with post-traumatic psychological disorders.⁴³ However, it is difficult for us to exclude other explanations such as neuro-psychological signs of head injury. However, the above cases were chosen because they did not result in death.⁴⁴

Generally, the symptoms described fit the symptoms of post-traumatic stress disorder as we understand them now.⁴⁵ The flashbacks of images of dead people, particularly those occurring at night (in the form of nightmares) and accompanied by fear, are an important symptom. The changes of mental state with fear, forgetfulness and depression are also symptoms that we see often in clinical practice.

For a long time now, Herodotus’ account of the Athenian spear carrier Epizelus’ psychogenic mutism following the Marathon Wars has been taken to be the first account of post-traumatic stress disorders in history.⁴⁶ However, we are suggesting here that several ancient Mesopotamian accounts relating to an affliction of the spirit document symptoms of post-traumatic stress disorders at a much earlier point in history.

42 Ibid., 438.

43 Ibid., 438. See P.J. Brown and J. Wolfe, “Substance Abuse and Post-traumatic Stress Disorder Comorbidity,” *Drug and Alcohol Dependence*, 35 (1994), 51–59.

44 Scurlock and Andersen, *Diagnoses*, 351.

45 APA, *DSM-V*, 275–276.

46 Marc-Antoine Crocq and Louis Crocq, “From Shell Shock and War Neurosis to Post-traumatic Stress Disorder: A History of Psychotraumatology,” *Dialogues in Clinical Neuroscience*, 2 (2000), 47–55; H. Stephan Bracha, “Human Brain Evolution and the “Neuroevolutionary Time-depth Principle: Implications for the Reclassification of Fear-circuitry-related Traits in DSM-V and for Studying Resilience to Warzone-related Post-traumatic Stress Disorder,” *Progress in Neuropsychopharmacological and Biological Psychiatry*, 30 (2006), 827–853; Regal and Joseph, *Post-traumatic Stress*, 3.