Criticizing Collective Trauma: A Plea for a Fundamental Social Psychological Reflection of Traumatization Processes

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Abstract
Since 9/11 at the latest, the idea that entire collectives or societies can be traumatized by shattering historical events has witnessed a significant upsurge. Theoretical concepts of collective or societal trauma are surprisingly scarce though. Notable exceptions are Volkan’s mass psychological concept of ‘chosen trauma’ and Alexander’s rather sociological notion of ‘cultural trauma’. But while Alexander’s focus on the social construction of trauma narratives is blind to the real suffering of people and its possible societal consequences, Volkan takes human suffering as a starting point but falls prey to the analyzed communities’ own ‘invention of tradition’ (Hobsbawm/Ranger). His blindness towards the constructive character of ‘collective traumas’ is problematic because the trauma-related concept of victimhood is used by many collectives in order to legitimate political claims or mask their own perpetratorship. In my chapter I want to follow up the question of how it is possible to speak about human suffering after wars, genocides and persecutions while at the same time countering the pervasive ideological trauma and victimhood discourses. With Hans Keilson, Ernst Simmel and psychoanalytic trauma theory I argue that all traumatization processes must be understood in societal context. The psychosocial reality before, during, and after the traumatizing event always shapes the trauma.

Key Words: Collective trauma, cultural trauma, war neurosis, trauma theory, psychoanalysis, social psychology, political psychology.

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In recent years, not only the term ‘trauma’ has witnessed a significant upsurge, but also the idea that entire collectives or societies can be traumatized by shattering historical events. Since 9/11 at the latest, everyone is talking about ‘collective traumas’ when it comes to describe the aftermath of incidents or states of violence. One hereby looks at the impacts of very different events and historical constellations like the civil wars in Rwanda or in former Yugoslavia, the Holocaust with regard to the Israeli or the post-national socialist countries, the apartheid in South Africa and the bombing of the German cities in the Second World War. But even political or media events like the assassination of John F. Kennedy are said to unsettle a nation or a minority in it in a traumatic way.

It is said that the nations, societies, or groups concerned have been wounded by these events and that they can only cope by using defence mechanisms specific to trauma coping. They try to suppress the event and collective experience and to
rigidly exclude it from social discourses. The numbness of general responsiveness is contrasted by a state of increased attention and arousal when something associated with the traumatic events is brought up. And when the dissociated memories are evoked nevertheless, the pent-up aggressions caused by the traumatic incident are released against the groups or persons now identified as perpetrators. In this discourse, public media and historical, sociological, and social psychological explanations are often entangled and amplify one another.

But before I come to the theoretical questions this discourse raises, I want to point out a political problem. The discourse of trauma is quite immediately linked to the inflation of another discourse: the victim discourse. David Becker speaks of an emerging ‘ideology of victimhood’, an international competition of nations and groups to achieve the status of a victim. This status is very much coveted, because it brings some advantages: First, it distracts from one’s own wrongdoings. Second it allows the nations and groups to claim compensation from the supposed perpetrators. And third, the status of a victim can, if not legitimize, at least ostensibly explain and somehow validate ‘acts of revenge’ as taking place in response to one’s own suffering, for at any rate it blames the attacked ‘perpetrator’ too. Thus, the discourse about ‘collective traumas’ gains a problematic ideological dimension.

Naturally it cannot be denied, but on the contrary it is important to underline, that events of violence like wars, genocides, persecution, and banishment leave tremendous scars for the - sometimes massive amounts of - people who sustained them. I think that all the mentioned events like civil wars, the Second World War, certainly the Holocaust, but also events like 9/11 leave incisions in a lot of the individuals concerned that we should call traumatic in a clinical sense. The term ‘trauma’ has a critical potential for establishing and denominating a connection between societal violence and individual suffering. So actually, the mentioned events force us to use the term in this critical sense. And of course those traumas of sometimes masses of people shape the societies and groups that are affected by the violence.

So this is my problem: How can we talk about the suffering of individuals, about its causes and about the societal effects of this suffering without falling into the trap of the described ‘ideology of victimhood’?

Against this background I want to examine the term and the few existing concepts of ‘collective,’ ‘cultural,’ or ‘societal’ trauma. As you see, the question of what the notion of ‘collective trauma’ precisely means is not only a scientific but also a moral or political question. Therefore the answer has to be found in the tension between these layers.

1. **Existing Concepts of the Notion Collective Trauma**

Considering the described boom of the idea of collective trauma it is surprising that only a few efforts have been made to theoretically conceptualize it. Possibly
best known is the concept of ‘chosen trauma’ by Vamik Volkan. Another one often brought up is the more sociological concept of ‘cultural trauma’ by Jeffrey C. Alexander.

For reasons of limited space, I can only state here that both concepts simplify the analyzed phenomena and their complex interrelations of psychological and social processes by singling out one dimension only.

For Alexander, ‘cultural trauma’ is a ‘socially mediated attribution’, which was proposed by social agents and has achieved acceptance in a public discourse. It doesn’t really matter if and in which form a traumatic event actually happened, what matters is the people’s belief that an event has damaged the bonds attaching people together. Thus, Alexander focuses on the social construction of trauma narratives. Against this background it is very surprising that Alexander nonetheless mentions that a trauma sometimes is not collectively recognized, ‘despite [its] objective status … and the pain and suffering it had caused’. The real suffering of the people seems to trouble the scientific ‘neutral’ and merely sociological focus, but Alexander does not try to reflect on the connection between traumatic event, traumatized humans, and trauma discourse.

Volkan on the other hand takes human suffering as a starting point. People suffer a traumatic event and are not able to mourn the loss, so they pass the task of mourning and reparation on to the next generations. The representation of this trauma can gain a massive importance for the large-group identity and when it is reactivated by anxiety-inducing circumstances, a so called ‘time-collapse’ occurs: the fears, fantasies, and defences associated with the chosen trauma reappear and the traumatic event that occurred sometime centuries ago ‘will be felt as if it happened yesterday’. The new enemy in a conflict will be perceived as it was the ancient enemy and people feel entitled to regain what was lost and to seek revenge for it. But in focusing only on the real suffering and intergenerational trauma-transmission-processes, Volkan falls into the trap of the analysed communities’ own ‘invention of tradition’. Therefore, he legitimizes the ideology of large groups as a reaction to massive suffering.

Both concepts do not ask about the relationship between the individual traumatic experience and the collective processing at all. Therefore I suggest social-psychologically reflecting the term of trauma itself. We need a concept of trauma that can handle the complex relationships between the traumatizing event, the psychosocial framing, the subjective experience, and the later processing within a social context. Deterministic concepts of trauma or mere lists of symptoms like the PTSD definitively can’t offer this.

2. Social-Psychological Reflections on Traumatization Processes

I will not present such a concept but rather have a look into the history of psychoanalytic trauma theory. The psychoanalytic debates on trauma are a big field, firstly because of the permanent debates between conflict - and drive - on the
one hand and other trauma-theoretical perspectives on the other hand. Since Freud’s rejection of his early seduction theory and his discovery of unconscious fantasies the constant question about the relationship between inner and external reality has emerged and is constantly hard-fought. Then secondly, the notion of trauma includes very different subjects like the impacts of the imprisonment in concentration camps, train accidents, infantile sexual abuses, and structurally stressed parent-child relationships.

Instead of going into these debates, I just want to highlight some insights and approaches I regard as vital for a social-psychological approach to traumatization processes.

The first author I want to address is Ernst Simmel. As a young army doctor in the First World War he treated hundreds of German soldiers who suffered from war neurosis, i.e. shock traumas in short therapies. After the war and again in 1944 he reflected on his experiences and called attention to the specific context of the particular group relationships in the army. Simmel argued that the group psychological structure where what Freud called the ego-ideal is externalized to the protecting leader of the company and the comradeship has an arcissistic stabilizing function – in this structure the soldiers gain ‘a feeling of security and even an immunity against fear of death’. Thus, in this group psychological situation the soldiers are basically protected against a trauma. In contrast, the war neuroses are an effect of a disintegration of the mass psychological bonds when the soldiers feel humiliated or disappointed by their superiors. When the soldier feels abandoned by the protecting ‘parent imago’ the realistic anxiety comes up and is amplified by feelings of guilt because of the aggressive feelings towards the superior. When there is no chance to removal by flight or attack these aggressions are turned against the soldier himself. Simmel argues that because of the systematic destabilization of the individual ego in the army the soldiers are even more vulnerable to trauma than civilians if the group coherence falls apart. Thus even the shock trauma in a war is not the direct effect of experiences of violence but is embedded in a psychosocial context and therefore linked to the bindings of the individual to other persons.

In their report on London children during the Second World War, Dorothy Burlingham and Anna Freud document similar experiences of immunization effects against traumas by attachments to protecting persons. The Blitzkrieg bombs hardly scared the children as long as they felt sheltered by their parents. Only when they were separated from their parents or when the parents got anxious themselves the war experiences had traumatic impacts on the children.

Simmel not only highlights the stabilizing effects of personal group bonds, but also explains that one of the stabilizing key factors was a shared ideology, which secured the psychological structure even when personal attachments loosened. An ideology can prevent a psychic breakdown and therefore, he argues, soldiers of a
a totalitarian state, where civilians already have a shared ideology, are more immune to trauma than others.

Thus, Simmel shows that we have to look at potentially stabilizing or weakening mass psychological processes before and during a possibly traumatic event.

And as if that were not enough, Simmel’s therapy is also noteworthy: he encouraged the traumatized soldiers to fight against a life-sized puppet which he identified as an incarnated enemy. As the soldier transformed his fear into anger and aggression and imaginarily regained the group’s recognition again by killing an enemy the traumatic symptoms disappeared. The removal of aggression against an imagined enemy and the reintegration into the group’s collective narcissism had stabilizing and curative impacts. Thus, there are mass psychological mechanisms or rather ideological proposals that can cushion or compensate for traumatizations again. Freud called this curing effect of mass psychology *Schiefheilung*, in English this translates as crooked cure.

So, in his remarks on trauma Simmel shows the importance of analyzing the specific context, above all the scope of action and the mass psychological and ideological integration potentials, which are both always entangled with power structures.

The next theorist I want to mention briefly is Alfred Lorenzer. In comparing different traumatic situations he discovered that the patterns of these situations structure the later symptoms. Especially longer-lasting traumatic situations produce specific levels of regression and corresponding structures of symptoms. Lorenzer discovered a ‘concise congruence of the exterior situation of the event, the enforced position of the ego and the according symptomatology due to the [reactivated psychosexual] phase’.

So, Lorenzer shows as well that the reference to a trauma alone doesn’t say a lot about the impacts of the traumatic situation. There are differences between different scopes and restrictions of actions that cause different symptoms.

It was Hans Keilson who revealed that the analysis of the traumatizing overall situation has to be even more expanded. In the 1970s he studied Jewish people who as children had survived the persecution by the Nazis but had lost their parents. Keilson differentiated three stages that should be examined separately: The first one is the phase of the beginning of the terror against the Jewish families. The second one is the phase of the direct persecution when the children were separated from their parents and had to endure years in hiding places or in concentration camps while their parents had been killed. The third stage is the post-war period, the growing up in different milieus, in foster families, or orphanages. Keilson made the remarkable discovery that the third phase determined the perspective of healing more than the severity of the previous phases. The possibility of an integrating processing was more important for the development of symptoms than the extreme traumatizing situation during the ‘Third Reich.’
Referring to Keilson, David Becker developed an advanced concept of sequential traumatization with some more stages that also includes the prehistory. This concept should be used as a frame of reference for a close analysis of traumatizing processes caused by political conflicts. Becker points out that an ‘after-the-trauma’ doesn’t exist but only ‘a continuing traumatic process that proceeds in a healing or destructive sense after the end of a war, direct violence or persecution’.\textsuperscript{15}

The traumatic process always develops in the mode of ‘afterwardness,’ a Freudian notion that can prevent us from a too simple deterministic concept of trauma. Afterwardness is not a simple deferred action as it is often translated into English but it designates a complex dialectic temporality of determination which is continuously revised and retroactively constructed. And as we have seen, these processes of afterwardness always have to be seen in relation to societal circumstances and discourses.

Thus, in an analysis of traumatization processes we always have to take a closer look at all the stages, the psychic and psychosocial prehistory, the stress situation, and the later chances, limits, and ways of processing. The reference to a traumatic situation hardly says anything about the long-term handling of it. Trauma is a process that doesn’t have a static form but is constantly altering and developing. We always have to consider the social, psychosocial, and ideological or discursive context before, during, and after the trauma, which is essential for the chances to empower and enable the traumatized, and to help them integrate the traumatic event.

3. Conclusions

1) Due to the inflation of trauma discourses and associated victim discourses I plea for a careful use of the term trauma. If everything is traumatic the notion of trauma becomes meaningless. We should reserve it for cases of massive violence and fear of death. And I think my look into the history of trauma theory has shown that even in cases of what is called extreme traumatization we have to consider the whole historical context. Not only out of political or moral but also out of clinical reasons: in many ways, the external reality is always inscribed in the trauma process.

2) I recommend letting go of terms like collective, national or cultural trauma. They obscure more than they are able to enlighten. Either they are used just metaphorically in the sense of a disruption of communication structures or a narcissistic humiliation of a large group. Here the recourse to trauma theory is unnecessary but rather confusing. Or the terms are really used to describe the societal impacts of mass traumatizations. Then they are insufficiently complex because, in a clinical sense, only individuals can be traumatized.

Instead of these terms I suggest using three different terms: Firstly ‘collective processing of mass individual traumatizations’ for the cases I mainly discussed in
this chapter. The second is ‘trauma narration’ or ‘trauma discourse,’ which can either be just invented or correspond to a real trauma of several group members. In the last case we could talk about a ‘discursive collectivization of individual traumas,’ which sometimes is the downside of the first category. Thirdly, Angela Kühner suggests speaking of ‘trauma induced collectives,’ i.e. large groups that aren’t formed until their persecution.

3) In this conceptual framework we always have to ask what constituted the traumatic effect, why, when, and in which context, and what have been the impacts and the short- and long-term chances and limits for the traumatized to process and adapt his experiences.

Notes

4 Ibid., p. 8.
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**Bibliography**


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