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Democracy and Traumatic Memory in Discourses of Transitional Justice

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> The traumatized—the subjects of history—are deprived of a language in which to speak of their victimization.
>
> —Shoshana Felman

Abstract: The development of social and political institutions after the end of the Cold War (and to a limited extent also before) that have adopted the aim of bringing about historical justice and societal reconciliation, has coincided with a powerful academic trend in theoretical humanities: the turn to the concept of traumatic memory to approximate the subjective experience of violence. It is thus surprising that while both these areas deal with politics and ethics of the past, so far there have been few attempts at discussing their mutual imbrications, creative conjunctions and productive tensions. This paper seeks to rectify this omission, and suggests that the conceptual lens of trauma illuminates subjective dimensions of transitional justice insofar as it presents the reconciliatory and/or retributive projects as a construction of a particular the subject of transitional politics, constituted in terms of *bearing witness* to a traumatizing historical event. The argument is that the traumatic experience of a subject is not solely a matter for therapeutic and/or psychological assistance, but that it demands a radical political reflection about the interconnection of democracy and collective memory. The concept of traumatic memory suggests that witness testimonies are not simply incorporated within the transitional reconciliatory machine, but are potentially transformative (and sometimes subversive) of it insofar as they orient political institutions to questions of discontinuous memory, irreparable harm, and irreversible temporality.

keywords: trauma | transitional justice | redressive democracy | subjectivity | suffering

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The inquiry into the measures and strategies for addressing legacies of mass historical violence have overlapped with a renewed interest in the humanities and social sciences in the concept of traumatic memory (see e.g. Schwab 2010). In fact, following the victim-oriented focus of transitional justice, as well as its restorative and reconciliatory discourses, one of the key assumptions of that field has been that the mitigation of the effects of traumatic experiences of victims of mass violence defines, at least partly, what transitional justice stands for in terms of its objectives and political legitimacy. The nexus of trauma, justice and reconciliation has become deeply entrenched in a variety of political projects and initiatives, even if the relationship between them often lacks more specific articulation, and carries multiple meanings. In the contexts of mass violations of human rights, the traumatization of individuals and groups seems to emerge as the central subjective response to, and psychic mediation of, the experience of gross violence and atrocity. Yet, the question that has paradoxically remained unaddressed is whether the reverse is true as well—namely, is the process of doing justice for the past coterminous with the alleviation of trauma? Even a very cursory look at the relevant cases and literatures suggests that the *positive articulation* of the relation between trauma and historical justice is both ambiguous and complex. Accordingly, this essay asserts that there is a need for greater clarity about these diverse conceptual constellations, and, more generally, for a critical engagement with the idea of trauma within the field of transitional justice. It thus maps and analyzes the various conceptual constructions of this nexus in order to investigate the political meaning and significance of making recourse to the notion of trauma in the contemporary democratic theorizing of transitional justice.

In spite of diverse conceptualizations and uses of the nexus of trauma, justice and reconciliation, the dominant human rights discourses on transitional justice build their engagement with the psychological and mnemonic questions of violence on a shared premise—that the field of transitional justice constitutes a complex of plural, but mutually coherent and reinforcing aims. These aims include, but are not reducible to: (a) instituting accountability for human rights violations; (b) preventing future violence; (c) achieving reconciliation and forgiveness; (d) promoting commemorative practices; (e) alleviating psychological trauma; and (f) restoring societal trust, safety and peace (Crocker

2003). While some scholars have pointed out tensions and potential incompatibilities between some of these goals (see e.g. Leebaw 2008), the primary focus has been on the "truth versus justice" and "justice versus reconciliation" debates (Roht-Arriaza 2006), rather than on the potentially problematic alignment of psychological trauma with the pursuit of historical justice within the logic of harmony and coherence (see e.g. Mendeloff 2009).

At the level of political practice and the transitional democratic discourse, the dominant approach of "all good things go together" in respect to traumatic memory and historical justice has framed initiatives and positions, such as the Peacebuilding Initiative (run by the Professionals in Humanitarian Assistance and Protection in collaboration with the UN Peacebuilging Support Office and the Program on Humanitarian Policy and Conflict Research at Harvard University). The Peacebuilding Initiative has included "psycho-social recovery" among its goals as a way of "broaden[ing] conventional perspectives on peacebuilding." It has suggested that "transitional justice measures can play a role in healing processes," and has argued that while "concrete actions to address [the] 'invisible wounds' [of trauma] are considered by many experts as still often inadequate, if not entirely missing, from paradigms of assistance and development employed by relief and development organizations in post-conflict transition" there is "growing evidence of the individual and collective consequences of trauma" at the level of politics, societal change and democratic consolidation. Such positions and discourses suggest strongly that there is a need for more conceptual and political clarity about the ability and the legitimacy of redressive projects to engage with, and to alleviate, the psychological effects of trauma in individuals and collectives alike.

These issues are discussed in this essay in three distinct steps. First, it provides a model of four different causal relations between trauma and transitional justice, and analyzes how the idea of trauma has been incorporated by normative academic approaches to the question of redress. Second, it moves to therapeutic and clinical uses of the trauma concept in post-atrocity contexts. The suggestion is that while the social-scientific approaches engage quite critically with the "practical" political gesture that assumes compatibility between traumatic alleviation and addressing past human rights abuses, they have produced little reflection on the very political meanings, uses and usability of trauma. In contrast, the psychological, medical and therapeutic approaches have provided an interesting and operational definition of trauma in terms of the overwhelming effect of catastrophic events on the individual (and collective) psyche and the damaged temporal experience of the self within which the subject operates (living the present *as if* it were the past). A defining characteristic of these approaches is the interpretation of the relation between trauma and historical justice in terms of linear causality. Consequently, in section three, this investigation proposes some critical perspectives on trauma, drawing primarily on feminist and post-colonial insights. I argue that while these critiques of trauma have revealed its entanglement with colonial and patriarchal epistemology at the site of its modern origins in the 19th century, the concept of trauma is of greater complexity and productive potential than it has been acknowledged so far in historical justice debates, in so far as it signifies disruptions and ambiguities of history and of memory.

The Nexus of Trauma, Justice and Reconciliation

Within the contemporary transitional justice discourses, the conceptual and empirical nexus of (a) mass historical violence, (b) the psychological effects of political conflicts, and (c) redressive and reconciliatory politics has been articulated as a primarily *causal relationship*. Taking as their point of departure the common premise of the transitional justice scholarship that punitive idioms of justice constitute an inadequate response to mass political violence and its socio-psychological sequelae, these causal connections have centered on:

- The achievement of healing and recovery from trauma through participation in truth-telling fora;

- The examination of whether addressing psychological and emotional trauma strengthens the processes of social and political reconciliation.

For example, Joanna Santa Barbara and Graeme MacQueen (2004: 385) have advocated a "peace-through-health" approach, suggesting that therapeutic "methods of healing and rehabilitation [are] linked to social processes of reconciliation and peace building." However, that connection is most apparent at the level of *negative argumentation* where the lack of therapeutic mechanisms, and thus persistence of the symptoms of psychological trauma in post-conflict populations, is claimed to contribute to "demoralization and lack of initiative, [...] and rigid patterns of thinking [and] chronic war" (2004: 385).

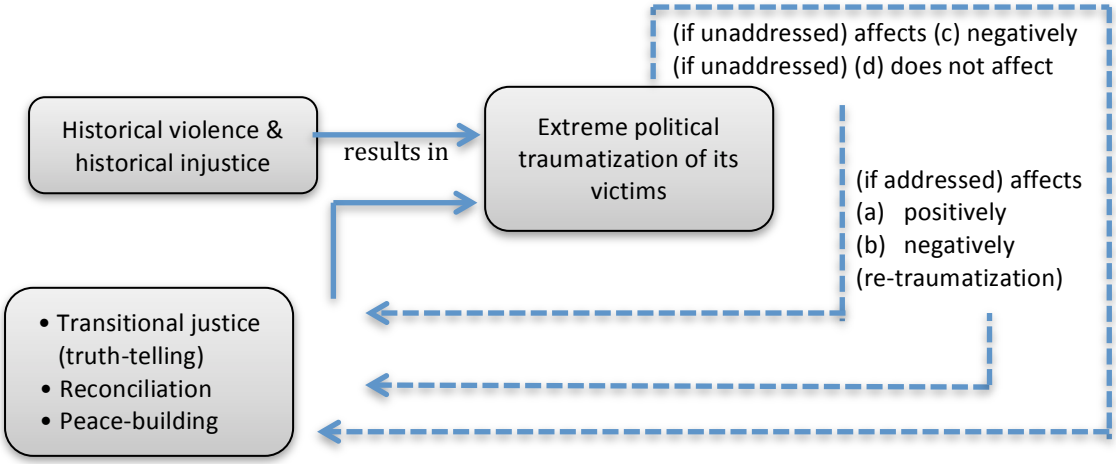

Figure.1. The causal model of the relation of psychological trauma and transitional justice in medical and therapeutic debates.

Figure 1 outlines the current academic debates about the connection between individual and social healing on the one hand, and the perspectives for the successful redressive, restorative and reconciliatory measures on the other into four streams. Accordingly, addressing trauma through diverse therapeutic measures can have (a) positive effects on implementing transitional justice and reconciliation, or (b) negative effects, if it results in re-traumatization of the victims, or in so-called "secondary traumatization" of witnesses (Hayner 2001: 145-162; O'Connell 2005; Kerr & Mobekk 2007: 9). In turn, the failure to address post-conflict traumatization in the affected populations (collectively or

individually) has, as most researchers and policy-makers have agreed, (c) negative effects (Kritz 1995; Barsalou 2005; Brunner 2008). Drawing on Johan Galtung's well-known distinction between "negative peace" (as the absence of war) and "positive peace" (as societal integration), Mendeloff (2009: 611) suggests that the affective component of the experience of victimization (resentment, rage, anger, mistrust, sense of betrayal) can have a serious impact on the chances for "positive peace." Denied or non-existent access to truth-telling fora for affected populations "hinders […] psychological healing," and amplifies "[people's] tolerance for violent retribution," which in turn decreases opportunities for social reconciliation (2009: 599).

The fourth, and perhaps most provocative, connection between transitional justice and trauma occurs when the lack of organized therapeutic engagement with traumatization has no apparent effects on successful transitional justice and reconciliation, or when it allegedly *facilitates* restoration of post-atrocity societies. Proponents of the latter view argue that the excessive emphasis on trauma in transitional contexts—especially, as I argue further, within the distinctively Western therapeutic paradigm of PTSD diagnosis and the "talking cure"—tends to overlook people's cultural-subjective resilience in catastrophic circumstances, and underestimates the importance of defensive memory mechanisms (Summerfield 2002; Mendeloff 2009: 616-618). The most striking example of this position is the research on the responses of children and young adults to conflict and war, which has advocated non-oppositional and integrated approach to human vulnerability and human resilience within the rubric of post-atrocity recovery and redress (see e.g. Berk 1998; Layne et al. 2008: 13-47).

The empirical findings on the contribution of redressive programs and policies to social and individual repair are not straightforwardly supportive of a positive causal relation between them, or, at the least, challenge its linear and direct presentation (Pham, Vinck and Weinstein 2010). What is of particular interest for this essay, however, is that in spite of the scarcity of affirmative empirical findings, there has been a consistent and strong conceptual and political investment in constructing transitional justice as the way "to address the effects of war on traumatized communities and bring justice" (Pham, Vinck and Weinstein 2010: 98) at the level of policy debates and public health discourses, as well as in selected academic literature (see e.g. Fletcher, Weinstein and Rowen 2009; Herman 2001 [1992]; 2009; Weinstein and Stover 2004). In particular, the alleviation of societal trauma has been connected to two modalities of transitional justice: (a) the operation of truth and reconciliation commissions and (b) social reconstruction through reparative, material and/or symbolic, measures, such as monetary payments, non-monetary benefits and public apologies (Pham, Vinck and Weinstein 2010: 100).

In *Between Vengeance and Forgiveness* (1999), Martha Minow suggests that starting with the South African Truth and Reconciliation Commission, the distinctive feature of the TRCs has been not only the restorative focus on the victim (rather than the punitive focus on the offender), but also the incorporation of "reconciliation and healing" as its explicit objectives. Within the often strongly normative discourses of the TRCs, the prospects for healing are conditioned upon the subject's willing engagement with their "truth regime" through the production of a narrative (verbalization of the subjective experience

of violence) and through affective submission (the surrender of vindictive desires, granting forgiveness, etc.). The result of TRCs' use of therapeutic language of injury and recovery is that

> [I]t casts the consequences of collective violence in terms of trauma; the paradigm of health, rather than justice. Justice reappears in the idea that its pursuit is to heal victims of violence and to reconcile opposing groups. At the same time, the formal justice system recurs in discussion of healing as a potential barrier or provocation for renewed trauma (Minow 1999: 63).

Priscilla B. Hayner (2002: 145-162; see also Minow 1999: 61) argues that truth commissions can achieve the objective of "healing from the past" (which for Hayner is tantamount to reconciliation) [i] insofar as they politically and institutionally facilitate confessional and testimonial processes, and provide structures for the expression of memories of victimization and suffering. It is in this accumulation of and interactions between individual memories, stories and affective responses that *collective traumatic memory* emerges. In effect, the TRCs, at least in the South African context (which Hayner focuses on) are founded on a premise of a *pastoral state* (see Foucault 2007): they create a platform where victims, witnesses, and perpetrators can "express [their] feelings" and "talk out traumatic experience," which preconditions "recovery and […] psychological health." Hayner (2002: 146) quotes a mental health specialist from South Africa, saying that in those post-atrocity cases where that political process does not occur, "repressing intense emotional pain leads to psychological trouble." Nevertheless, while for some participants these quasi-judicial processes have satisfied the psychological need "to tell one's story" and resulted in some cathartic or transformative experience, and an ensuing sense of relief, there are also profound ambiguities in the design and functioning of truth commissions. Acorn (2005: 46) suggests that the law's restorative objective is based on "pillars of optimism," regarding the achievability of the assuagement of psychological pain, and of the "well-being, dignity and secure membership in community."

Asserting the "irreconcilability" of transitional justice objectives, Leebaw (2008) argues that the "the goal of individual healing" in post-atrocity politics has been in conflict with other redressive goals. In particular, referring to the processes in the former Yugoslavia and in Rwanda, Leebaw (2008: 114) suggests that the international criminal tribunals have not decreased, but seemed to exacerbate, the victims' "painful or volatile emotions associated with the past." Admittedly, the matter is more complex in the case of quasi-juridical solutions (like TRCs discussed above), insofar as therapeutic aims and attentiveness to emotional and psychological expression of the witnesses (the "healing through truth") becomes integral to the design and running of these institutions. There is, however, a potential conflict between the therapeutic investment in the truth-telling and commemorative institutions and the constitutive goal of the post-conflict transition to reintegrate the "ex-combatants through 'social forgetting'," and to achieve "closure" (Leebaw 2008: 115).

The Medical-Therapeutic Notion of Trauma in Transitional Justice

The last two decades have witnessed proliferation of various medical, psychological and therapeutic initiatives addressed at transitional and post-conflict political contexts, which have concerned the investigation, management

and prevention of mental health consequences of mass political violence, including psychosomatic, affective, behavioral and mental disorders. A recent example of the accompanying inter-sectional and cross-disciplinary dialogue was the *Global Response: International Conference on Violent Conflict and Health*, organized in 2010 by the Copenhagen-based NGO, Global Doctors. The event consisted of a series of medical professional, academic and public activities, including the publication of three special journal issues on public health in conflict and post-conflict societies (by *The Lancet*, *Social Science and Medicine*, and *The Journal of the Danish Medical Association*). The conference also produced a report, which, interestingly, went beyond the inquiry into the impact that violent conflicts have on public mental and physical health, but explicitly stressed that dealing with post-conflict trauma needs to be recognized for its direct bearing on the prospects of achieving reconciliation and justice, and for ensuring security and lasting peace (*Global Response. International Conference on Violent Conflict and Health. Final Report* 2010).

Médecins Sans Frontières, as well as other medical humanitarian and relief organizations, such as International Medical Corps or Medical Relief International, have in the last two decades incorporated strategies of addressing psychological trauma, primarily under the rubric of post-traumatic stress disorder (PTSD). Their sustained programmatic focus on the psychological and emotional effects of mass violence and armed conflicts on civilian populations by medical humanitarianism dates back to the war of Yugoslav dissolution in 1990s. For example, in the 1993-1997 mental health program implemented in Bosnia (and consequently extended to over 40 conflict zones and post-conflict situations), Médecins Sans Frontières established counseling centers and training local councilors in the country, which affected over 10.000 people. The conceptual framework of the engagement located the process of trauma recovery at the nexus of the individual and collective domains. As such, it explicitly aimed to "help Bosnians restore the bonds among family, friends, community, and society." This was because, in the words of Kaz De Jong, health expert at Médecins Sans Frontières, "[t]he stigma of weakness, the acknowledgment of suffering, and the shame that so often surrounds traumatized people became a collective experience." The International Medical Corps, which defines mental health as one of its priorities, has also taken a collective and communal approach to emotional and psychological trauma. From the perspective of the conjunction of trauma and historical justice, it is interesting that the program on mental health in humanitarian crises of the International Medical Corps assumes causal connection between "suffering from mental disorders as a result of conflict or violence" and lacking or insufficient democratic "[support for] reconciliation or peacebuilding efforts."

As suggested in the previous section, some of the early studies on the hypothetical correlation between the symptoms of war trauma among affected populations and redressive democratic politics have focused on the Truth and Reconciliation Commission (TRC) in South Africa. An instance of this is a study conducted by Debra Kaminer, Dan J. Stein, Irene Mbanga and Nompumelelo Zungu-Dirwayi (2001) in the Western Cape region, whose aim was to examine "the degree to which participation in the TRC [was] related to current psychiatric status and forgiveness among survivors" (2001: 373). Their approach was based on the assumption that in addition to the socio-political function of the TRC, its

reconciliatory objectives had a bearing on individual survivors and, hence, "the TRC's effectiveness should be evaluated also at [the] level [of the] psychiatric status [of the participants]" (2001: 373). While the study found no firm proofs of an association between the exposure to TRC and the diagnosed disorder due to the experience of gross human rights violations (depression, PTSD and other anxiety disorders), or between the exposure to TRC and "forgiveness attitudes," it did draw a connection between "lack of forgiveness [and] psychiatric adjustment" (2001: 375). It thus concluded that truth commissions constitute an important (though in itself insufficient) condition for the recovery of survivors, and thus "additional therapeutic interventions that are culturally appropriate and specifically address the needs of survivors of human rights abuses should supplement the truth commission process" (2001: 377).

Central in this context has been the work of Brandon Hamber, a clinical psychologist specializing in the effects of violent political history, who, under the aegis of the Centre for the Study of Violence and Reconciliation in Johannesburg, worked during the South African TRC on a project assessing its psychological consequences on the apartheid survivors (see e.g. Hamber 2007; 2009; Hamber & Wilson 2002). Hamber's psychology of mass political violence situates the process of recovery from trauma (addressed as a process of "healing") at the cross-section of three dynamics: justice, truth and reparations. While Hamber has been skeptical about the trend of "medicalization" of trauma in reconciliatory and restorative discourses—with the PTSD diagnosis becoming the key vocabulary for the public expression of the subjective experience of pain and suffering (see also Acorn 2005; Pavlich 2005)—he endorses and explores the "healing potential" of the South African TRC specifically, and of the post-apartheid "nation building discourse" in general (2009: 54 & 75). The importance of this intervention is that it transcends the clinical notion of trauma and relates it also to a *breakdown of meaning and representation*; it marks "rupture, discontinuity and disconnection" in possibilities of communicating pain and suffering of mass violence. Trauma is the "*collapse of language* in the face of uncontainable and unintelligible suffering" (Felman 2002: 157, *emphasis added*). Following theoretical insights from Holocaust studies, Hamber argues (2009: 22) that "massive trauma has an amorphous, ahistorical presence, not delimited by place, time, or agency; it precludes its knowing, and not knowing is part of the cycle of destruction." Within the psychoanalytic theory trauma, that is precisely what its "unassimilability" means; trauma codes not a trace on the human psyche, but a rift in meaning. It is that *negative metaphoric approximation* of trauma as *incommunicability* of a violent experience or memory of atrocity, and as historical *unrepresentability* (rather than only as a psychological injury) that suggests (as I explore later) its productive potential for theorizing transitional justice and the dynamics of post-atrocity democratic consolidation.

An important academic forum for debating the topic of psychological and emotional healing in redressive societies has been provided by the *Journal of American Medical Association*, which in 2000s published a series of articles investigating the nexus of trauma and transitional justice. Among others, Pham, Weinstein and Longman (2004) argue—on the basis of surveys conducted in post-conflict Rwanda—that there is a strong correspondence between negative popular attitudes towards transitional justice in the juridical framework of the *gacaca* courts and high levels of traumatization (defined as direct exposure to

violence and signs of the PTSD symptoms). While the support for the processes of national reconciliation, and personal willingness to engage in communal reconciliatory and dispute mechanisms offered by the *gacaca* courts varied according to levels of education, gender and ethnicity, the authors state that it was possible to establish direct negative correspondence between unaddressed exposure to violence and prospects for successful post-genocidal redress.

Further on, focusing on Uganda and the Democratic Republic of Congo, Bayer, Klasen and Adam (2007) have conducted a cross-sectional field study of the processes of recovery from trauma, rehabilitation and reintegration of the former child soldiers. Similarly to the study cited above, Bayer, Klasen and Adam (2007: 555) have also concluded that there is a strong situational correspondence between the PTSD symptoms in the war-affected populations, on the one hand, and the "less openness to reconciliation and more feelings of revenge," on the other. Moreover, the authors suggest (2007: 558) the strong possibility that "children with PTSD symptoms might regard acts of retaliation as an appropriate way to recover personal integrity and to overcome their traumatic experiences," with the PTSD contributing to "the cycles of violence found in war-torn regions."

Vinck, Pham, Stover and Weinstein (2007) have focused their examination on conflict zones in Northern Uganda, and found "high prevalence rates for symptoms of PTSD and depression," which, though varied across the respondent groups, correspond strongly with the preference for "violent over nonviolent means to end the conflict." The article recommends that "international and national peace-building policies must take into account the psychological well-being of those most affected by war-related violence" as there is a strong probability that personal traumatization will affect negatively popular support for peaceful redressive processes (Vinck, Pham, Stover and Weinstein 2007: 553). For example, "when amnesties are granted to those responsible for war crimes, some individuals with psychological trauma may feel that the authorities have failed to consider their desires for reparation or to see those responsible for such crimes punished or required to apologize for their actions." Consequently, the study links high levels of traumatization among the affected populations to weakened prospects for democratic consolidation, including introduction of measures for addressing peacefully the legacies of past violence and authoritarianism.

How is trauma understood in the medical, psychological and therapeutic initiatives, survey and findings published in the recent years by the *Journal of American Medical Association* (and elsewhere)? At the most general level, the psychological definition of trauma remains indebted to its etymological and conceptual predecessor—physical trauma—which is a body-altering injury that causes the rupture of a protective shield, such as penetration of the skin (the word trauma means "wound" in Greek, and is in turn derived from the verb "to pierce," see Laplanche and Pontalis 1973: 465). The image of wounding—piercing or penetrating—connotes "a spatial model [of trauma], in which the reality of trauma originates 'outside' an organism which is violently imposed upon" (Caruth 2002: 107; see also Caruth 1995). This is not to suggest that the analyzed debates unanimously endorse the so-called exogenous model of trauma (i.e. ascribe its occurrence entirely to an external event, rather than, for example, subjective predisposition or internal organization), but, rather, to emphasize the

significance of a particular *imaginary* in the contemporary conceptualization of trauma, which remains highly indebted to Freudian psychoanalysis (Laplanche 1999). This imaginary of a violent shock as a "wound" draws on an analogy between "the breaking of a skin" (the organism's physical protection) and a breach of ego defenses under a surge of intolerable (and unexpected) psychic stimuli, overflowing strong emotions or accumulated excitations (Laplanche and Pontalis 1973: 466-467). That breach of psychic defenses prevents "the subject from integrating the experience into his conscious personality" (Laplanche and Pontalis 1973: 467).

Following this line of thinking, Kai Erikson has referred to situation of trauma to reconfigure the question of agency in catastrophic events. For Erikson (1995: 83, *emphasis added*), they come to "possess" the victims; in traumatogenic events "something alien breaks in on you, smashing through whatever barriers your mind has set up as a line of defense […] *it invades you*, [it] *takes you over* becomes a dominating feature of your interior landscape."

The legacy of the psychoanalytic theory of trauma is conspicuous in the way in which the subject of trauma is imagined and addressed. That subject position is oftentimes defined as "defenseless," which in Freudian psychoanalysis implies certain "incapacity to help itself" (Laplanche 1999: 75). This means, importantly, not that the subject is passively receptive of the occurrence, but, rather, that her/his existential fragility articulates itself always in a relation to another person—a relation of radical dependence with always real possibility of abandonment, denial of help and solitude. For example, the non-profit medical organization *Helpguide* defines psychological and emotional trauma as a "result of extraordinarily stressful events that shatter [the subject's] sense of security, making [the subject] feel *helpless and vulnerable*" (*emphasis added*). Eriksen (1995: 194) approximates the vulnerability of the victims of trauma as a feeling that one "[has] lost an important measure of control over the circumstances of [one's] own [life]," or that one "[has] lost a natural immunity to misfortune."

In addition, the objective circumstances that threaten one's life or safety often coincide with the effect of psychic traumatization, but are not its necessary condition (hence in the quoted studies it is particularly interesting the occasional lack of correspondence between exposure to violent events and the (missing) signs of PTSD). Again in agreement with the Freudian theory of trauma, its occurrence can take place in "any situation that leaves [the subject] feeling overwhelmed and alone [because] *it's not the objective facts that determine whether an event is traumatic*, but [the] *subjective emotional experience* of the event" (Robinson, Smith and Segal 2011; *emphasis added*). Subsequently, the possibility of traumatization seems to depend on the subjective experience of fright, terror and helplessness; it is thus linked to the psychic situation in which the subject experiences herself/himself as *vulnerable*. Consequently, faced with the impossibility to objectively identify some events as "traumatogenic," this approach instead seeks to identify their situational psychic effects of unexpectedness, unpreparedness, and powerlessness. It is therefore the heightened subjective vulnerability in the face of a *catastrophic experience* that becomes a characteristic mark, or a trace, of trauma (cf. Laplanche 1999).

Post-Traumatic Stress Disorder and the Collective Dimension of Trauma

In the literature on the emotional and psychological implications of mass political violence, the concept of trauma is often used synonymously with Post-Traumatic Stress Disorder (PTSD). According to the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders,* where PTSD was first incorporated in 1980 (the third edition), this particular type of anxiety disorder follows "a traumatic event which causes intense fear and/or helplessness in an individual." PTSD has come to replace in medical discourses other related concepts (coined in the context of combat exposure, such as "soldier's heart" and "the effort syndrome" in 1900s; "shell shock" during World War I and "combat fatigue" during World War II; and "stress response syndrome" in 1950s; Jone and Wessely 2005).[ii] Within the contemporary humanitarian and therapeutic approaches to post-atrocity politics, the PTSD has not only displaced these "previous [conceptual] incarnations" of war trauma (extending its scope to civilian populations), but it also has been "more broadly applied [to become] the shorthand by which we understand human responses to a variety of violent experiences ranging from war, genocide, and torture to rape and child abuse" (Moon 2009: 72 & 74).

Perhaps the most sophisticated and widely quoted attempt at conceptualizing trauma in terms of the PTSD is *Trauma and Recovery* by Judith Lewis Herman, a clinical psychiatrist at the Harvard University Medical School (2001 [1992]). Herman maps the "complex post-traumatic stress disorder" according to its effects of alteration of different socio-psychic dimensions of human life (2001 [1992]: 119-122). The aim is to emphasize that trauma affects the whole psych-somatic organization (rather than being isolated within it) and encompasses "a spectrum of conditions rather than […] a single disorder." These alterations occur (a) in "affect regulation," including dysphoric conditions; (b) in "consciousness," including memory effects, such as amnesia or hypermnesia; (c) in "self-perception," (d) in the "perception of perpetrator," (e) in "relations with others," and (f) in "systems of meaning" (2001 [1992]: 121).

Furthermore, exploring the multifarious terrain of traumatic disorders and modes of recovery, Herman employs the conception of the "complex post-traumatic stress disorder" after mass political violence to address the connection between historical justice and "social healing" (2001 [1992]: 242). Herman defines the collective concept of trauma ("societal trauma") as an aggregate of cases of individual traumatization. However, she also attributes to it a coherent subjective dimension that is irreducible to this accumulative result. More specifically, Herman invokes the notion of *transitional society as a collective subject of trauma*, which she models upon the individual trauma victim and individual psychic world. Consequently, she is able to identify at the level of public life as the traumatic symptoms of individual psyche. These symptoms include (a) hyper-arousal (permanent alertness of the self-preservation system);[iii] (b) intrusion (temporal distortion where the violent past is re-lived as if it were the presence and displays enormous affective capital, defined by Kardiner as "fixation on the trauma");[iv] and (c) the constriction or numbing (emotional detachment, passivity, or exaggerated calm in the face of danger).[v] Herman argues (2001 [1992]: 242 & 243):

> [I]n the aftermath of systemic political violence, entire communities can display symptoms of PTSD, trapped in alternating cycles of numbing and intrusion, silence and reenactment. […] Under the threat of renewed violence, one country after another has played out the conflict between knowing and not knowing, speech and silence, remembering and forgetting.

Herman's argument is based on the logic of the collective subject of transitional society positioned as analogous to an individual subject, or, more specifically, as its synecdoche. Herman thus attributes to a collective psyche agency or qualities specific to individual psychic life (only within the pluralized grammar of a national community). This extrapolating gesture generates the vocabulary of "societal healing," derived from the understandings and imaginaries specific to the area of psychic traumatization and recovery (Herman 2001 [1992]: 242-243).

In Herman's *Trauma and Recovery,* the idea of collective trauma enables signification of the contextual features of selected transitional societies in the therapeutic-organicist terms. For instance, the suppression of public discussions around past violent events and the institution of a culture of impunity (or lack of accountability and restitution) become "amnesic symptoms." At stake in the act of suppression of historical memories is not only the forceful attempt at preventing disclosure of potentially subversive, pluralizing and critical narratives, but also a collective-psychological defense mechanism where undesirable memory and affects are eliminated from the subconscious. In turn, the presence of passionate ethno-nationalist investments in transitional societies (at times accompanied by anti-internationalist attitudes, as well as sacrificial or martyrological national identity) figures as symptomatic of a collective paranoia and hypermnesia.

According to the collective logic of trauma, Herman argues in *Trauma and Recovery* that the process of "social recovery" has a dual component: (a) it requires establishment of a "public forum where victims can speak their truth and their suffering can be formally acknowledged," as well as (b) "an organized effort to hold individual perpetrators accountable for their crimes" (2001 [1992]: 243). Since the post-conflict transition is approached through the prism of (collectivized) psychic trauma, it also follows the recovery model, which Herman proposes for individuals. It is based on three "stages of recovery": (a) safety, which includes restoration of control of the situation and of a secure environment, as well as of the possibility of "naming the problem" (2001 [1992]: 155-174); (b) national "remembrance and mourning"; and (c) "reconnection," which is conceptualized relationally as an active engagement in the construction of a peaceful future. Brandon Hamber (2009: 76) in his work on the South African TRC makes a similar claim: because, just like individuals, "nations have psyches that experience traumas;" consequently, there is a need in post-conflict societies for "a cathartic public process of truth telling." Within this conceptual and imaginary framework, a post-atrocity society is posited as a "living organism […] in need of healing." The "healing potential" of redressive processes is mapped onto three stages: as (a) "sufficient truth is revealed" within the platforms of transitional justice institutions, (b) "individual experiences are placed within a narrative that makes personal sense" and, consequently, (c) the

"individuals' place in society is rebuilt [which has been previously] undermined by political trauma" (2009: 83).

Within the psychoanalytic theory of trauma, Kai Erikson (1994; 1995) has proposed a concept of "communal" trauma. He has argued (1995: 183) that "one can speak of traumatized communities as something distinct from assemblies of traumatized persons." The communal trauma has distinctive socio-political and cultural effects and is *irreducible* to the sum of traumatic symptoms of directly or indirectly affected individuals. Erikson's articulations of collective trauma position it as "blow to the basic tissues of social life that damages the bonds attaching people together and impairs the prevailing sense of community" (1994: 233). From the psychoanalytic perspective, however, this is not equivalent to the transposition of individual recovery model at the societal level, but, rather, recognition of cultural meanings and productions as a way of mediating, signifying (but also buffering from) trauma. Thus "[c]ultural stories, myths and legends," and other artistic and creative products can provide recourses—symbols and meanings—for coming to terms with the diverse experiences of atrocity as a field where seemingly incompatible responses can co-exist (de Young 1998).[vi]

The Critique of the Nexus of Trauma and Transitional Justice

A number of observers have been skeptical about the causal relation between PTSD levels and the redressive preferences in post-conflict societies. An international research team, consisting of medical scientists from Bosnia-Herzegovina, Croatia, Serbia and the United Kingdom, investigated the effects of war trauma on broad segments of post-Yugoslav populations in relation to questions of political accountability and restoration (Besoglu 2005). Conducting a cross-sectional survey among the war survivors in four cities (2000-2002), the scientists examined "the mental health and cognitive effects of war trauma and how appraisal of redress for trauma and belief about justice, safety, other people, war cause, and religion relate to posttraumatic stress responses in war survivors."

The interpretations of the findings suggest the concurrence of (a) persisting high levels of psychosomatic, affective, and mental disorders among the war survivors, primarily PTSD and depression (a widespread sense of injustice was due to the perceived insufficiency or inadequacy of state policies addressing survivors' traumatization), and (b) prevalent feelings of dismay and frustration resulting from the perceptions of lacking accountability of those who had been responsible for the war atrocities. However, while these two social phenomena *coincided*, the researchers saw no significant *correlation* between them. In other words, the study concluded that there was insufficient evidence of a cause-effect relationship between the levels of traumatization and the socio-political redressive measures. Rather, more important mediating factors of the PTSD and depression among the affected populations were material insecurity and the loss of control over one's life.

The implications of the findings of the "relative independence between appraisal of redress and posttraumatic stress responses" for understanding the "possible psychological effects of truth and reconciliation processes […] and retributive justice processes such as the International Criminal Tribunal for former Yugoslavia [whose mandate included] facilitat[ing] healing of

'psychological wounds',"[vii] is that dealing with war trauma extends beyond the immediate transitional justice mechanism, and involves "a change in beliefs about self, others, and the world" (2005: 589). It also involves an *affective shift*—for the authors of the study, who favor a cognitive-behavioral approach, this means "behavioral interventions [that alter] processes leading to attribution of blame to the perceived enemy and associated feelings of anger, hostility, and anger" (2005: 589). However, I suggest that such affective shift in a post-atrocity context can be defined more broadly (and less behaviorally). Such shift implies a process by which the catastrophic and traumagenic event is deprived of its affective power—which it otherwise continues to posses as long as it resides in the subject's unconscious, where it has been relegated dissociatively.[viii]

The presentation of how the concept of trauma has been used in the transitional justice debates reveals the internal complexity of its field. Contrary to the political logic of "all good things go together," which views transitional justice as a project of mutually coherent and reinforcing objectives, this conceptual exposition not only suggests that there is a potential conflict and irreconcilability between the therapeutic imperative and other redressive aims (Leebaw 2008), but it also demonstrates that the very *meaning* of the nexus of trauma and justice can differ quite substantially across diverse positions. Such plurality of meanings is not negative per se. However, it becomes problematic when it is used in ways that assume the significatory certainty and the stability of its referent—psychic trauma—as if the condition of trauma existed, as a psychic condition of the body, *independently of* its political uses and without the acknowledgment of the socio-cultural realities of its articulation.

The critical perspective on the uses of trauma in the debates on transitional justice points out that in the majority of cases the concept of the traumatic effect has contributed to "medicalization" of the redressive questions. As Pavlich argues (2005: 35), this presents political and ethical decisions as "technical necessities." This reductive take on trauma through the clinical rhetoric of harm, injury, and healing has in turn fuelled the emergence of what Moon calls (2009: 72) the "therapeutic mandate" of transitional political agency, where "the basis of the claim to govern made by some postconflict states, lies in their ability to lay national trauma to rest." Moon (2009: 76-78) situates this development in the context of the emergence of the model "therapeutic governance" more generally, and of the idea of a citizen subject as a "psychological man," as theorized, among others, by Phillip Rieff. In effect, in the "new order of [the] therapeutic state"

> [t]he style of justice that [the postconflict states] deploy suggests a radically new mode of state legitimation. The state is legitimate not just because it can forcibly suppress conflict and violence (Hobbes), or because it can deliver justice and protect rights (Locke), but because it can cure people of the pathologies that, on this account, are a potential cause of the resurgence of future violence (Moon 2009: 86).

Since its inception in the 1970s, PTSD has become, perhaps, the most "compelling […] diagnostic category" for the characterization of individual emotional reactions to some kind of catastrophic experience, and has now become "the shorthand by which we understand human responses to a variety of violent experiences ranging from war, genocide, and torture to rape and child abuse" (Moon 2009: 74). The use of the PTSD as the key indicator of the levels of

traumatization among the violence-affected populations, and thus as the dominant discursive register of subjective human experiences of pain, suffering, and loss, has played a significant role in the emergence of the "therapeutic imperative" of the post-atrocity state formation (see e.g. Prager 2006; 2008).

Concurring with critics of the clinical trauma discourse, I suggest that the *medicalization* of the transitional and redressive imaginaries of the post-conflict state have to with the preponderance of the rhetoric of "injury" and "healing." However, rather than conclude that the incorporation of the concept of trauma in the discourses of historical justice is problematic and potentially detrimental *in its entirety*, I suggest that the critique of trauma has to do with its political understandings as basically synonymous with the PTSD. What is being neglected in many of the transitional justice discourses is therefore the plurality of meanings and the rich conceptual history of the trauma, which are irreducible to, and often strikingly different from, the clinical and pathological implications of PTSD. I suggest that one can potentially draw on these (non-pathologizing and non-therapeutic) meanings and conceptualizations of trauma to revisit the relation between human experience of suffering and questions of historical justice, democratic transition and consolidation, as well as post-atrocity politics of commemoration.

According to Derek Sommerfield (2001: 95), the ever increasing number of PTSD diagnoses in our times has to do with "changes in the relation between individual 'personhood' and modern life" (as the "age of disenchantment"), which locates "human misery, stress [and] distress" in the clinical vernacular. The traumatic rhetoric treats human suffering (as particular ways of reacting or feeling) in terms of psycho-medical pathology or as a disorder. It thus approaches suffering and pain in "narrowly deterministic" way (Sommerfield 1996: 376). The diagnosis of PTSD "does not simply describe a number of symptoms, but, importantly, also determines what has caused them […]," within a model of positivist psychology, linear causality and progressive (Newtonian) temporality (Bracken 2003: 75 and 76). Within this epistemic paradigm, time and temporality are understood "independent[ly] of mind and consciousness." The sequential and linear idea of temporality structures past, present and future are separate, singular and immediately following one another. The PTSD diagnosis medicalizes and pathologizes human experience of historical injustice and mass violence, as the *intrusion of past memories onto the present,* or *living in the present as if it were the past* (Bracken 2003: 75; see also Prager 2008).

These dominant conceptualizations of trauma in transitional justice debates are thus in line with Western understandings of the subject and well-being—which are individual rather than communal, secular rather than inclusive of belief systems, medico-therapeutic and technical rather than socio-communal and holistic, etc. (see also Sommerfield 2000; 2002). Reflecting the "Western ontology and value system," the clinical notion of trauma is often offers dissatisfying accounts of the "subjective meaning[s] of violence" in a given socio-cultural context. This concerns situations where the available therapeutic techniques or treatment strategies—such as the confessional or testimonial approaches to the emotional life of the subject (i.e. techniques for the narrativisation of the self within redressive institutions)—might be considered culturally inappropriate, intrusive, and at times downright violent (Bracken, Giller & Summerfield 1995). A distinctive inflection of this approach is the

ideological register of *individualism*; it is taken as a given that "heal[ing] the nation requires [healing] of the self"—consequently, the post-atrocity "public policy orients itself to the re-inscription of private experience" (Prager 2008: 407).

From the perspective of the use of traumatic imaginary for the opening of, and productive insight into, redressive politics as regards, in particular, the place of subjective experience of historical suffering in transitional democracies, there is thus a need for correctives in the conceptualization of trauma. I propose that it requires *increased self-reflexivity*, or *self-reference* in the redressive discourses of trauma. The objective is to achieve greater awareness of the historical and cultural trajectory of trauma—of its own social construction and contrivance, as well as problematizing its universalistic and naturalistic premise—and thus of its own epistemological investments in a particular understanding of what violence is, who is the subject of violence and how it affects the subject.

Particularly instructive in this context is the exercise in the "gendering of trauma."[ix] The redressive uses of the traumatic concept within the PTSD paradigm are assumedly gender-neutral and gender-inclusive. In contrast, the historical conceptualizations of trauma have been distinctively gender-specific and at times explicitly sexualized. Notably, the psychological diagnosis of the "traumatic hysteria," studied at the turn of the 19th and 20th century by Jean-Martin Charcot, Pierre Janet, Josef Breuer, Sigmund Freud, and others, was centered on women. It signified ways of being and feeling considered "feminine" in the industrial European middle-class, including, primarily, emotional excess and sexual uncontrollability (see Bergo 2009: 205-233; Roth 2012: 39-73). This also structured the positivistic relationship between the patient and the therapist, inscribed within the binary of male-female, as well as that of rational-emotional. Within the contemporary redressive situations that binary is potentially reproduced insofar as selected societal groups, or even entire (non-Western) societies, are characterized in such "feminizing" terms, and subsequently presented as in need to protection and assistance by their "masculine" other.

With the outbreak of World War I, the prototypical traumatic scene shifted from the "scene of seduction" to that of the "shell shock" or "battle fatigue" (coding direct experience of industrialized warfare), and the trauma research has focused on the figure of the male combatant. Importantly, however, the groups of traumatized male soldiers were often described in terms that reflected the initial feminization of the concept of trauma: excessive and unmanageable emotionality. Thus in 1915 the British psychologist Charles Myers described the "shell shock" through enumeration of hysterical symptoms: involuntary shivering, crying, spasms, sensory inhibition, amnesia and different forms of irrational behavior (Luckhurst 2008: 54-55).

While a more in-depth engagement with the question of gender in the history of trauma is beyond the purview of this essay, it draws attention to two coinciding tendencies, which have a bearing on the way trauma is theorized and imagined in redressive contexts today: (a) the first one reflects the undisclosed and implicit "feminization" of the traumatic symptoms belying the purported universal and gender-neutral notion of trauma; and (b) the second trend evinces the privileging of particular types of distressing situations as proto-typical of traumatic events (including direct exposure to violent shock; violence defined as

military aggression; a product of industrialization of warfare, etc.), and exclusion of others (for example, indirect and socio-material stressors, from the category of traumagenic violence). Consequently, the binary opposition between "trauma-focused" and "psychosocial" approaches to violence and atrocity (Miller and Rasmussen 2010), situates women as subjects of war trauma when they experience sexual violence, but not, for example, when they suffer socio-material hardship during the armed conflict.[x]

In Lieu of a Conclusion: Trauma, Aporias of Suffering, and "Untellability"

The critical inquiry into the use and signification of trauma within the theorizing of transitional justice needs to consider more closely the cultural history of the trauma concept insofar as its incorporation in the transitional justice discourses relies on its genealogical remnants. I want to suggest below that the genealogy of trauma not only reveals the problematic epistemological and ontological commitments that mark its history, but that it also encompasses moments of productive tension and even emancipative possibility, which could be explored within the redressive settings. Below I will explore only one such productive tension: the pervasive ambiguity about the origins of trauma. What this means more broadly is that the concept of trauma escapes sequential and progressive model of time, which can in turn affect the way we theorize redressive democratic politics in terms of transitional societies being "after" or "post" historical atrocities.

The cultural history of trauma as responsive to, and constitutive of, the "modern condition" of the Western subject (Micale and Lerner 2010; Luckhurst 2008), situates the origins of the psychological and psychoanalytic meanings of trauma, secondary to the medical-surgical ones, [xi] in nineteenth-century industrial accidents and the early development of neurological science. As Michael Roth (2012) has persuasively argued, trauma emerged in a metonymic vicinity to the study of "maladies of memory" (*maladies des la mémoire*)—memory disturbances, such as amnesia/hypermnesia, nostalgia, multiple personality, etc.—which preoccupied writers and medical researchers during the 19th century.

One of the proto-traumatic notions, the so-called "railway spine syndrome," reportedly experienced by those who underwent industrial accidents, captures the contradictory cultural reactions to technological progress, such as the expansion of the railway system in Britain in 1860s. Industrialization elicited an ambivalent response insofar as it signified simultaneously "progress and ruin, liberation and constraint, individualization and massification" (Luckhurst 2008: 20). Importantly, these early debates identified the *question of causes*—namely whether the traumatic reaction was exogenous or endogenous to the nervous system of the subject (that is, whether it occurred outside or within the psychic structure)—as the key problem in the study of trauma.

This preoccupation appears to still be with us, while it also questions the positivist premise of its clinical articulations. Within the theoretical humanities, the so-called "trauma turn" refers to both the exogenous and endogenous aspects of traumatization as contributors to the constitution of its subject position. For example, Cathy Caruth (1995: 8) has located the origins of trauma both within "the historical reality of violence" *and* inside the "individual's

phantasy life." This duality at the heart of the humanist trauma concept has found its expression in the negotiation between (a) "structural trauma," which is general and trans-historical (trauma as a philosophical concept and as a psychic mechanism in infantile development), and (b) "historical trauma," which arises in consequence of a specific disaster (LaCapra 1999; 2001; Ramadanovic 2004).

To return to the modernist (pre-psychoanalytic) theories of trauma, John Eric Erichsen, a British surgeon, posed in his 1866 paper on the proto-traumatic concept of the "railway spine" the question of whether trauma is a *puzzle* or an *enigma* (even if, ultimately, he did propose an organic proto-neurological explanation of the its occurrence). What is perhaps most significant about such an inquiry, is the consideration of the concept of trauma as a question of the *irreducibility of the psychological response of the body to the material conditions of its occurrence* (including both the circumstances of the accident and the physical wound); Erichsen has in this way asserted the inadequacy of the reference to the external and the visible in constituting this field of knowledge.

Another neurologist from that era, Herbert Page, described the proto-traumatic occurrence in terms of a structural functional disturbance, which is irreducible to the "organic impact" from the outside (Luckhurst 2008: 23-24). For Page, the proto-traumatic "railway spine" was a form of hysteria (an argument advanced, perhaps most famously, in the work of Jean-Martin Charcot in his diagnoses of *nervose traumatique,* or "traumatic hysteria"). While there is no place to expand on it in this paper, the fascinating conceptual history of trauma in Freudian (and post-Freudian) psychoanalysis is also rife with tensions and inconsistencies about the question of causality. It is a well-known fact that the idea of traumatic hysteria, defined as "any experience which calls up distressing affects—such as those of fright, anxiety, shame, or physical pain" (Freud and Breuer 1982 [1893-1895]) played a central role in Freud's formulation of his theory of childhood seduction. This primarily mechanical and neurophysiological understanding of trauma as a *repression of memory* (of external events from childhood) in the so-called "late Freud" gave way to a fantasy model of the unconsciousness, where the aims of the repressive mechanism were conflicts and fantasies, and the key emphasis in the traumatic mechanism was on how events and experiences were translated into the world of fantasizing and imagining.

The contemporary critics of the use of the trauma concept in redressive discourses alert us to its positivist and cognitivist legacies, which result in medicalization of the subjective experiences of harm, suffering and pain, and which render redressive democratic politics in terms of restorative and therapeutic achievements. While this is an important critical engagement with redressive discourses of trauma, it nevertheless risks throwing the proverbial baby out with the bathwater. I suggest that (even) within these modernist and positivist "origins" of trauma, its idea troubles its causal explanations, because trauma has *always already* carried an enigmatic or perplexing remainder—an indication of something one could not quite grapple with, or explain away, within the available frameworks of knowledge.

What are the implications of the fact that the meaning of trauma is irreducible to a condition of a psychic disorder for theorizing transitional justice and redressive forms of democracy? Trauma defies the referential theory of the psyche (i.e. psychic life as entirely reflective of external impacts and events).

Instead, it introduces a complex system of mediation through diverse psychic mechanisms, fantasies, desires, and imaginations for the subject (individual or collective) to come to terms with catastrophic experiences of mass violence. This means that there is a need for thinking about redressive politics beyond (what Jacques Derrida called) "therap[ies] of reconciliation" (2001). Rather, the concept of trauma in transitional justice can potentially institute a "hiatus" within the politics of historical injustice (Zolkos 2011: 48-49)—a "site of memory" of violence as a human experience of suffering, grief and mourning that is "unintegrable [and] residual, […] that cannot be translated into legal [and political] consciousness and into legal [and political] idiom" (Felman 2002: 162).

The idea of trauma as a breakdown of meaning and of historical narratability signifies certain *recalcitrance of the human experience of violence* vis-à-vis the political efforts to come to terms with, and do justice for, the past. Trauma codes what incessantly returns to, and *haunts*, redressive politics, and the prospects for peaceful and consolidated post-conflict democracy, and which, ultimately, cannot be encompassed within (or mastered by) the political and transitional discourse. It does not mean that trauma has *no relation* to redressive democracy; on the contrary, addressing historical injustice and suffering are at the very heart of many transitional justice projects. The productive potential of trauma for transitional justice is thus that it marks transitional justice as an *aporetic* democratic project—a project that must face the ultimate impossibility of achieving what it sets to do (see Derrida 2001; Cubilié 2005; Zolkos 2011). The aporetic desire to "do justice for the past" marks the *limits of the political* in transitional justice, and gestures instead at the question of ethics of alterity. Rather than leading to a sense of impasse or disempowerment for the democratic agency, the aporetic nature of its endeavor reveals an ethical claim, which is a response to the trauma of another's suffering—and its untellability.

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Endnotes

[i] Hayner's book on truth commissions is an important example of contemporary academic position on reconciliation—an admittedly polysemic and disputed concept—that equates its meaning with "social healing." Reconciliation means "[repair of the] torn relationships between ethnic, religious, regional, or political groups, between neighbors, and between political parties." Thus post-atrocity recovery occurs when "a society [is] reconciling itself with its past, and groups reconciling with each other" (2002: 145).

[ii] The first conceptualizations of the psychiatric condition related to war exposure by the American Psychiatric Association, which took place during the Vietnam war, were classified as "situational disorders," rather than, as with PTSD, as "anxiety disorders." The development of the concept of PTSD, as a medicalization and legitimization of subjective precariousness in combat situations, is linked to the efforts of anti-Vietnam War activism, in particular the group Vietnam Veterans Against the War, insofar as the PTSD has contributed to normative and pathologizing narratives of war (see for example […]). However, as others have argued, the recognition of the traumatogenic character of war has served a contrary political purpose, namely to "legitimize […] 'victimhood' of US soldiers in Vietnam" (Sommerfield 2001: 97).

[iii] Herman (2001 [1992]: 35) follows here research of Abram Kardiner on traumatic neuroses of war. Kardiner suggested that in the case of the "shell shock" syndrome of the World War I veterans such clinical symptoms as "startle reactions, hyperalertness, vigilance for the return of danger, nightmares, and psychosomatic complaints," was a result of their "shattered 'fight or flight' response" and of the "chronic arousal of the autonomous nervous system" (Herman 2001 [1992]: 35).

[iv] Herman (2001 [1992]: 37) explains the idea of traumatic intrusion in the following way: "[l]ong after the danger is past, traumatized people relive the event as though it were continually recurring in the present. […] It is as if time stops at the moment of trauma. The traumatic moment becomes encoded in an abnormal form of memory [such as flashbacks or nightmares]."

[v] These are related to what lists as the symptoms of the PTSD: "[…] re-experiencing the trauma through nightmares, obsessive thoughts, and flashbacks (feeling as if you are actually in the traumatic situation again). There is an avoidance component as well, where the individual avoids situations, people, and/or objects which remind him or her about the traumatic event (e.g., a person experiencing PTSD after a serious car accident might avoid driving or being a passenger in a car). Finally, there is increased anxiety in general, possibly with a heightened startle response (e.g., very jumpy, startle easy by noises)"

[vi] De Young (1998) exemplifies this by the reference to the camp incarceration of the nearly 120.000 Japanese residents in America during World War II: "Caught between the demand to show allegiance to their country of birth by renouncing their cultural heritage, and the temptation to embrace their heritage even while risking expulsion from their country, many of the detainees felt demoralized, confused and powerless. But the paintings and sketches of the camps' artists provided images of dignity and efficacy and, perhaps most importantly, also

celebrated the richness and the strength of the very dual cultural identity, that of Japanese-American, that under conditions of internment had become the source of so much anxiety and even shame for the detainees."

[vii] In the study this leads to the concluding suggestion that "psychological interventions designed to enhance sense of control in survivors might be helpful in reducing traumatic stress responses even when the sociopolitical circumstances associated with impunity remain unchanged [and] conversely, posttraumatic stress responses in survivors may persist even after a successful resolution of the problem of impunity through political action" (2005: 589).

[viii] The affective shift differs radically from the defensive mechanisms and fantasies of "undoing" that some redressive politics, including cases of political apologies, have incorporated ("undoing" is understood here in accordance with its psychoanalytic definition as the animating desire to make things "unhappen" or transform them into something that "never occurred," Laplanche and Pontalis 1973; see also Prager 2008).

[ix] For the gendered history of the trauma concept see e.g. Cubilié 2005.

[x] These include: "poverty, malnutrition, displacement into overcrowded and impoverished refugee camps, strife and divisions within communities, the destruction of social networks and the resulting loss of social and material support, and the ostracism and struggle for survival of groups such as former child soldiers, widows, sexual assault survivors, orphans, and people with war-related disabilities" (Miller and Rasmussen 2010: 7).

[xi] The medicinal understanding of trauma as "an external bodily injury in general" (*Oxford English Dictionary*) dates back to Steven Blankaart's *The Physical Dictionary,* 1684. It continues to be used like this contemporarily within the medicinal-surgical discourses of traumatology.