Chapter 1
Social Trauma: A Bridging Concept

Andreas Hamburger

1.1 Introduction: Background and Main Theoretical Concepts/Discussions

Social trauma is a clinical as well as a sociopsychological category: (1) as a clinical category it defines a group of posttraumatic disorders caused by organized societal violence or genocide where a social group is the target of planned persecution and therefore not only the individual but also its social environment is afflicted. Therefore, the concept of social trauma also describes (2) the shadowing of the original trauma on long-term social processes, be it on the family, group, or inter-group level.

1.1.1 Clinical Theories of Trauma and Posttraumatic Conditions

Posttraumatic disorders are the only DSM diagnosis defined by an external event. However, the types of traumatizing events are poorly distinguished; especially, post-social-traumatic disorders are not addressed in the diagnostic manuals (see Hamburger, 2020b, this volume). Trauma-related mental illness in general, well known in history, was (re-)acknowledged only lately by rational medicine (Hamburger, 2018c; Kucmin, Kucmin, Nogalski, Sojczuk, & Jojczuk, 2016; Ray, 2008). This picture has changed in the late twentieth century, when the acknowledgment of posttraumatic stress disorder (PTSD), along with its behavioral definition in DSM III, led to a clear-cut diagnosis, but in the same place provoked a steadily widening, even inflationary use of the trauma concept (Kirmayer, Kienzler, Afana, & Pedersen, 2010; Prager, 2011).

A. Hamburger (✉)
International Psychoanalytic University Berlin, Berlin, Germany
e-mail: andreas.hamburger@ipu-berlin.de

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The classical psychoanalytic trauma theory evolved from Freud's early adoption and subsequent rejection of child abuse as the core of hysteria, followed by Ferenczi's concepts of war trauma and child abuse (Hamburger, 2018a), and eventually to a modern psychoanalytic trauma theory that includes the social implications of trauma. There was, however, a remarkable delay in integrating the experience of the Shoah as a massive social trauma into the general psychoanalytic trauma theory (for details, see Hamburger, 2020a, 2020b, this volume; Bohleber, 2007).

Beyond the psychoanalytic discourse, clinical research like Kira's attempts to build a taxonomy of trauma (Kira, 2001) and research on differentiation of traumatic reactions by type of exposure shift the focus of clinical trauma studies from a merely behavioral approach to an increasing awareness of social conditions (discussed in Hamburger, 2020a, this volume).

But still, clinical theories of trauma—besides genocide studies, where the social factor is usually at the center)—often suffer from an individualistic bias, as they rarely take into account that traumatizing events occur in the inter-individual and inter-group space.

1.1.2 Social Theories of Trauma

In social sciences, a vast discussion on social trauma has been evolving since the 1980s—and, not unlike the abovementioned widening of the terminological scope in the clinical trauma concept, has led to a broad and even careless use of the term (Fassin & Rechtmann, 2007/2009). The use of the term trauma in sociology is even more metaphorical than in psychopathology, since social trauma in this perspective is not a reaction to a historical cause at all, but a collective construction. To people, traumatic is what they experience as unsupportable, horrifying, or overwhelming. Trauma as an intuitively understood term is a social fact in itself, and it points to some underlying social experience which can be sociologically reflected. Using trauma in everyday language as a predicate for a societal fact is metaphorical, as it implies a quasi-natural impact that causes a symptom, while in reality social trauma is an ex-post construct (Alexander, Eyerman, Giesen, Smelser, & Sztompka, 2004). Prager (2011) defines social trauma in a theoretical framework that addresses social reality and, at the same time, psychoanalytically reflected individual experience, as "an event or series of events remembered as so dangerous as to be impossible to preserve an equilibrating belief in a world that presumes our presence" (p. 429). He distinguishes three types of social trauma, (1) traumas of lethality, in which the loving self is placed at risk; (2) traumas of violence and bodily harm, where the illusion of safety and security as guaranteed by a social contract based upon equal rights is undermined; and (3) traumas of personal invisibility, when the failure to be recognized as an individual produces anti-social results and, therefore, generates a withdrawal of solidary connections with the larger whole (p. 446).

In the sociological and culturological discussion, different terms and concepts have been proposed, and they will be discussed in the following sections.

1.1.2.1 Cultural Trauma

Alexander et al. (2004) coined the concept of "cultural trauma," underlining that social facts are not causes, but attributions:

> Events are not inherently traumatic. Trauma is a socially mediated attribution. The attribution may be made in real time, as an event unfolds; it may also be made before the event occurs, as an adumbration, or after the event has concluded, as a post-hoc reconstruction. Sometimes, in fact, events that are deeply traumatizing may not actually have occurred at all. (p. 8)

Traumatic events in history are constructed reference points of memory and/or re-projection of societies, serving their group identity.

1.1.2.2 Collective Trauma

Vamık Volkan, in developing the key concept of "chosen trauma" as an identity marker for ethnic, national, or religious group, usually does not draw on the term "social trauma," but uses "collective trauma" instead (Volkan, 1991, 1997; see also Volkan, 2020, this volume). His theoretical approach is based on a psychoanalytic concept of identity and underlines the transgenerational transmission of a shared imagination of the mostly archaic, traumatic event. Thus, the concept of a collectively chosen trauma combines a trauma concept derived from individual psychoanalysis to a sociological approach: the collectively shared imagination of the trauma serves as a symbol that psychologically links large-group members together. Similarly, Hirschberger (2018) describes the collective memory of traumatic events as a:

> dynamic social psychological process that is primarily dedicated to the construction of meaning. The creation and maintenance of meaning comprises a sense of self-continuity, a connection between the self, others and the environment […], and the feeling that one's existence matters. It is a process of identity construction that comprises the sense of self-esteem, continuity, distinctiveness, belonging, efficacy, and ultimately a sense of meaning. (p. 2)

1.1.2.3 Historical Trauma

The notion of "historical trauma," quite different from the social sciences' term "cultural trauma" or "collective trauma," has been emerging in historiography (Sotero, 2006) since the 1990s. In their seminal books *Unclaimed Experience* and *Representing the Holocaust,* Cathy Caruth (1996) and Dominick LaCapra (1996) opened a debate that challenged historiography over the irrepresentability of the Holocaust (see also LaCapra, 2001, 2004; Rüsen, 2020, this volume). Some historians developed a strong interest in psychoanalytic approaches to individual testimony as a historical source and established empirical cooperations (see Lamparter, Wiegand-Grefe, & Wierling, 2013; Laub, 2005b; Laub & Hamburger, 2017). From the science of history, however, doubts were articulated about the validity and

objectivity of testimonies as historical sources (see Laub, 1992a, 1992b, 2005b; Trezise, 2008; and Laub's reply, 2009; for a detailed discussion, see Hamburger, 2020b, this volume).

A second line of historical discourse relates to colonization, consciously alluding to the Holocaust (e.g., Thornton, 1987; see also Brave Heart & DeBruyn, 1998). However, there are huge differences between postcolonial/structural violence against Indigenous people and the Holocaust regarding the spatial, temporal, and qualitative extent of the traumatizing conditions, their social and cultural contexts, and the availability of coping mechanisms. One distinctive element of historical trauma is its persistence over generations.

1.1.2.4 Conceptual Criticism

The use of the trauma concept in sociology, historiography, philosophy, and cultural and literary studies, on the other hand, provoked some fierce criticism. Kansteiner and Weilnböck (2008) objected the concept of cultural trauma as a paradigm error, an understandable but misleading application of a psychopathological concept to society. In a huge, sarcastic essay, Weilnböck (2007) depicted the deep confusion a psychotherapeutically educated reader might experience when reading about the application of the trauma concept in however well-intended philosophical writings (see also Khadem, 2014). Still, the concept of social trauma, if well-defined, is significant, and these critical remarks should remind us to use it properly.

1.2 Learning Outcome Related to Social Trauma

The concept of social trauma describes the psychological and relational consequences of a traumatic experience in the frame of societal occurrences, where a social group is the target of a planned persecution. Genocide and persecution are committed by one group against another and thus affect the holding environment of the victims. It damages the social identity of both the victim and the perpetrator and their societal groups, causing an increased rate of trauma transmission. The concept of social trauma aims at widening the scope of general clinical theories of posttraumatic disorders by including the specificity of the historical circumstances of their traumatic origin, as well as perpetuating conditions, as seen from history, sociology, and political and cultural science. The clinical category of social trauma is related to concepts like massive or extreme trauma, as well as to categories from social sciences like cultural and historical trauma. Consequently, it leads to a relational therapeutic approach, rendering space and giving a voice to the unspeakable through witnessing the "failure to assimilate experience into psychic representation and structure" (Laub & Lee, 2003, p. 433). In its openness to the unspeakable, the notion of social trauma should not be understood as just another entry in the catalogue of diagnostic classifications.

1.3 Preferred Model of Explanation

1.3.1 Clinical Starting Point

The concept of social trauma presented in this chapter started from psychoanalytic research on videotestimonies with Shoah survivors diagnosed with chronic schizophrenia (Hamburger, 2015; see Hamburger, 2020a, 2020b, this volume). Here it became clear that clinical categories are insufficient to understand these patients and their diagnoses, as both their original suffering and subsequent hospitalization are determined by specific social interactions. Thus, the scope of the theory had to be widened beyond the individual patient, considering the interpersonality of both the trauma and the process of witnessing.

1.3.2 Theoretical Implications: Relational Theory

This interpersonal widening of the trauma concept parallels a development in psychoanalytic thought from a biology-based one-body psychology to a relational theory. Following extensions of classical psychoanalysis into ego-psychology, object relations theory, and self-psychology, an interpersonal or relational approach has become prominent in the past few decades (Mitchell, 2009). Both participants, the analyst and the analysand, are subject to unconscious processes; both are striving for an interpretation of this unconscious sense. Such a relational or interpersonal model is much more suitable for the conceptualization of social trauma than the classical theory referring to overwhelming quantities of anxiety (Grand, 2000; Thomas, 2009).

1.3.3 Phenomena Related to Social Trauma

Social trauma is not just a clinical category; however, if survivors display clinical symptoms, they are partly comparable to general posttraumatic reactions. However, there are symptoms like increased guilt feelings, emotional disruption, and adjustment issues that have been described as the "survivor syndrome," like continuous sadness, hopelessness, and social withdrawal (for details, see Hamburger, 2020b, this volume). However, social trauma is in no way defined by a symptom list that allows for a psychiatric diagnosis. Social trauma describes the group-specific reverberation of group persecution; accordingly, its specificity lies in the field of interpersonal communication. Dori Laub, in his paper "Traumatic Shutdown of Narrative and Symbolization" (2005a), described the interactive difficulties that emerge when survivors try to recount their traumatic life story. The co-construction of a coherent autobiographical life history is hampered by splitting off and replacement by screen

memories but also by an erasure of emotional resonance and a denial of the trauma, leading to characteristic countertransference reactions on the part of the interviewer/therapist in the form of co-confusion, freezing, and psychosomatic reactions (see Hamburger, 2017a, 2017b).

Beyond the individual, some social phenomena can be regarded as symptoms of social trauma, such as conspiracy of silence, institutional rejection, heroization, avoidance, and blaming (Grand, 2000; Herman, 1992; Rinker & Lawler, 2018). The most specific trait of social trauma, however, that links the individual and transgenerational level to the societal phenomena is the often-reported observation that persecuted families and groups show transgenerational trauma transmission (see Grand & Salberg, 2020). It can be explained by a mentalization model of transgenerational trauma transmission (Hamburger, 2018c).

1.3.4 Mentalization Model of Social Trauma

The crucial difference between social and individual trauma is transgenerational trauma transmission. It has been described and empirically researched mainly among offspring of Shoah survivors (Fromm, 2012; Kogan, 2002, 2012; see Grand & Salberg, 2020, this volume; Fromm, 2020, this volume). Also, survivors of other forms of massive social trauma have been acknowledged and studied (Danieli, 1998; Volkan, Ast, & Greer, 2002). Literature and research on children of individually traumatized persons, however, is scarce (e.g., Kelly, 2018); even the children of war veterans, which might be included in the category of social trauma survivors, are rarely studied (Dekel & Goldblatt, 2008).

The importance of transgenerational transmission for the theory of social trauma is based on the fact that by its being embedded in the social environment it not only impacts the survivors but also their coping through narrativization and recounting of this traumatic impact. While possibly many traumatized parents might hand on some difficult issues to their children, as it has been studied in attachment research (Hesse, Main, Abrams, & Rifkin, 2003; Lyons-Ruth, 2003), in cases where the victim is traumatized as a protagonist of a social group (by a perpetrator, who also acts as a protagonist of a social group, with both groups appertaining to the same overarching society), then the traumatizing event is part and parcel of the social environment and will be recounted (if not by words, then by significant silence) over and over again. It becomes part of history, not only within the family but in the child's overall social environment. Thus, it affects in a much more powerful way the "epistemic trust" (Fonagy & Allison, 2014) or the mental horizon of the child.

The theory of mentalization (Fonagy, 2010; Fonagy, Gergely, Jurist, & Target, 2002) provides an explanatory concept for the interference of emotional development with social circumstances. In its significant relations to caregivers and peers, the infant internalizes the image of himself in the mind of others. This process builds upon a growing ability to read the intentions of others and to emphasize his/her subjective perspective. In order to support this development, caregivers regularly show

"marked affects" in playful exchanges with the infant, especially in their mirroring behavior. Thus, the infant learns to connect internal sensations with external affect responses that imitate and underline at the same time the child's own affect displays. Through repeated emphasizing interactions of this kind, the child moves from his/her original *equivalent mode*, where the difference between imagination and reality is not yet established, to the construction of an "inner" and an "outer" world. One major passage toward this difference is pretend play, where children relentlessly make up "as-if" situations. In this genre of universal play, children try to establish an imaginative world, inhabited by persons (including themselves) in possession of a mental life and intentions. This stage that Fonagy et al. (2002) call "pretend mode" is a major prerequisite for mentalization, where the developing individual can distinguish and shift between the perception and imagination of his own feelings to the empathic perception of the feelings and intentions of others. The mentalizing capacity, which is acquired by healthy individuals after about 3 years of life, is, at the same time, a building block for society. Fonagy and Allison (2014) describe "epistemic trust" as the ability to accept new knowledge from another person as trustworthy, developing in secure attachment relations. Reversely, it is also fostered by a stable social environment that offers institutional security and predictability to the caregivers themselves, such as to enable them to help their children to distinguish between anxiety-loaded archaic phantasies and reality in the equivalence mode, to transform them in playful imagination in the pretend mode, and, eventually, to acquire the necessary reflexivity to successfully emphasize mental processes. This social dimension of mentalization is condensed in the proverb "It takes a village to raise a child" (Young-Bruehl, 2012, p. 550); but it makes also clear that, on the other hand, a societal impairment, as it takes place in social trauma, must influence the individual, familial, and societal processes that lead to mentalization and epistemic trust.

> Caregivers under a threat of persecution in reality can hardly provide the secure base the child needs to distinguish between his inner fears, experienced in equivalence mode as outer threats, from reality. And beyond the nuclear family, also the social functions of the wider environment will tendentially be restricted. When a healthy social environment is able to provide a good-enough "eudaimonia" (Young-Bruehl, 2012) through protective social institutions and healing mechanisms like judicial institutions, social security, everyday narratives, urban legends and myths, jokes, and social and cultural events, including the benign subgroup formations celebrated in sports, then all these social processes can be compared to the "pretend play" by which the infant learns to distinguish phantasy and reality and develop pro-social behaviour. If, on the other hand, the social environment itself is under threat of annihilation, many of these pro-social, eudaimonia-producing mechanisms, the digesting capacity of the environment, will fail. (Hamburger, 2018c, pp. 18–19)

Fonagy (1999) describes transgenerational transmission in the case example of the grandchild of a Holocaust survivor as an interplay between attachment and mentalization, meditated by "a vulnerability to dissociative states established in the infant by frightened or frightening caregiving, which, in its turn, is trauma-related" (p. 92). The dissociative core self-originating from this condition "leaves the child susceptible to the internalization of sets of trauma-related ideation from the attachment figure, which remain unintegrated in the self-structure and cannot be reflected on or thought about" (p. 92).

Since "the infant perceives and internalizes the caregiver's representation to form the core of his or her mentalizing or psychological self" (p. 103), it may happen in cases where the caregiver themselves carry an unmourned, unmentalized, or dissociative internal image or a state of persecution that through this gate the caregiver's persecution-imbued images of the child are then internalized and can be handed on through the next generations.

1.4 Practical Implications in the Field of Social Trauma

The theory of social trauma connects clinical psychotraumatology (in a relational psychoanalytic key) to a sociological view. This theoretical connection allows for some changes in practical approaches, be it in psychotherapy or in the understanding of societal phenomena. In the field of mental health, it alerts therapists that the patient is not an insulated individual, but a part of the group, that the traumatic event was shared by this targeted group, and that it took place in the frame of an overarching societal context. Thus, some individual defense mechanisms noticed in the therapeutic work, like repression, denial, and splitting, might well mirror group-dynamic processes. Moreover, the theory of social trauma reminds therapists that such societal defense mechanisms might very well work in the therapist himself. In sociology, on the other hand, the theory of social trauma can make researchers realize (and adequately incorporate in their research designs) that the objects of their studies, societies and groups, are composed of living people who do have an inner world, which, despite (or even because) working partly unconsciously, heavily influences their social behavior and—as symbolic interactionism has emphasized all along—their interpretive participation in societal processes.

1.4.1 Acknowledgment and Witnessing

Working with videotestimonies of Shoah survivors (Hamburger, 2015) is a deep experience of the inescapable entanglement social trauma entails. The testimonial process is an encounter between the survivor and the witness that not only follows the designed path of opening up to the public and transmitting experience but, at the same time, restages the desymbolization and muting resonance of the social environment—the interview dyad itself becomes the site of a narrative annihilation. Only by reflecting this inevitable repetition, not only on the part of the interviewer but also on the part of researchers who work with the testimony, the testimony can be received as a whole. Thus, witnessing is not just listening, but exposing oneself to the blind eye one is so willingly going to turn on the survivor's often fragmented account—the very neglect that makes social trauma so characteristically unspeakable (Laub, 1992a). Psychoanalytic listening acknowledges this entanglement and intentionally exposes itself to uncertainty. This open process may result after some

time in a relief for survivors as well as interviewers and staff, as if an unconscious "conspiracy of silence" had been broken (Laub, 2005a; Strous et al., 2005).

1.4.2 Social Healing

The fact that sharing traumatic memories in a holding, witnessing frame can heal individual suffering from posttraumatic disorders has led to the idea that also societies can heal from their traumatic past by establishing reconciliation processes. Starting from the 1980s in South America, truth and reconciliation commissions became famous after the end of the apartheid in South Africa. Today, all over the globe, such processes are at work (Hamber, 2009; Hayner, 2010; Worthington & Aten, 2010). However, it has been remarked that truth and reconciliation commissions are oft assigned a conflicting task, namely to offer an opportunity for a personal voice, while simultaneously aiming at the construction of an accepted national history (Prager, 2008; Thomas, 2009).

Besides government-based practices to provide space for mourning and reconciliation, there are also multiple initiatives of negotiating social trauma; one notable enterprise is the International Dialogue Initiative (IDI), an independent, interdisciplinary building in the psychoanalytic theories and negotiation experiences of Vamık Volkan (see Fromm, 2020, this volume). Volkan and IDI have mediated in many national and ethnic conflicts, trying to understand the conflict in terms of collectively chosen trauma.

Academic cooperation may also contribute to social healing (Delić et al., 2014). The present volume roots in a scientific network that connects universities from countries that were former enemies. It resulted in a nearly decade-long series of cooperative study and teaching on the social scars this enmity had caused and has led to an ever-growing process of exploring conflicts. To give an example: Right at the start of the network, in 2013, Bosnian researchers Amra Delić and Esmina Avdibegović were invited to present their study on war rape during the Yugoslav wars at Belgrade University. It was the first lecture on this topic ever given at the Faculty of Philosophy. The scientific exchange on the former battlefield is an effective way to address social scars and, at the same time, to re-establish mutual epistemic trust; but it is not possible without acknowledging the conscious and unconscious prejudices that even afflict the network process itself (Hamburger, 2018b).

1.4.3 Psychotherapy

As Bohleber (2007) points out, contemporary psychoanalytic treatment technique emphasizes the present transference-countertransference relationship, rather than unearthing buried memories from the past, which had been its major concern in the first place. Trauma, however, is the great exception. "Traumatic memories […]

constitute a kind of foreign body in the psychic-associative network," requiring "a remembrance and reconstruction of the traumatic events in the analytic treatment" (p. 329; see also Bohleber, 2010).

For social trauma, this twofold approach in psychotherapy is furthermore complicated by the fact of unconscious reenactment. Even if both the therapist and the patient are open to face the traumatic past, social neglect or narrative shutdown will often unconsciously reemerge in the here-and-now—all the more, as the patient and the therapist are part of the same society. Testimony, which Laub emphasizes as an essential element of trauma therapy (see Mucci, 2018, p. 97), takes on a different meaning through the social connections between therapist and patient. In the case of social trauma, the splitting, which in general trauma already begins in the peritraumatic situation and can be gradually dissolved by a holding relationship in therapy, is not an intrapsychic process but a social reality, manifesting itself, for example, in the conspiracy of silence, in denial or trivialization, and in other forms of institutional defense. This split in reality must also be acknowledged and dealt with in the analysis. To treat dissociation processes merely, as in trauma therapy, as intrapsychic, might even retraumatize the socially traumatized patients. Also, silence in therapy can, in the traumatization context that has essentially been perpetuated by silence, bring about this retraumatization or re-staging (see Mucci, 2018, p. 100).

The reflective relationship in transference and countertransference is the essence of psychoanalytic therapy. However, this attitude is particularly challenged in the case of social traumatization by a shared social affiliation to a traumatized society, which leads to a characteristic unfolding of the transference and countertransference different from neurotic or individual-traumatogenic disorders (see also Marcus & Rosenberg, 1988). The individual process of therapy/testimony allows for the interpenetration of external events, personal experience, coping, and resilience. Therefore, in the psychotherapeutic treatment of traumatized patients whose trauma is of a predominantly social nature, an approach is recommendable that reflects on the tendency of social trauma to restage in the here-and-now, with full awareness of the importance of mentalization as the core mechanism of transgenerational transmission. The same mechanism of mentalization, however, can be used to establish a therapeutic contact that focuses on "playful engagement with feelings and beliefs rather than a classical insight-oriented, interpretive approach" (Fonagy, 1999, p. 103).

1.5 Suggested Reading

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