

Collective trauma, memories and identity

Dear colleagues and friends,

To be here with you in Sarajevo is a great honor. When the invitation came, I was enthralled immediately – Sarajevo, this name has a sound, it resonates and evokes many associations. At the same time I was intimidated; one hundred years ago the Great War started here; these days people around the world and especially in Europe celebrate the end of WWII in May 45. The Winter Olympics were held there in 1984 – and it's round about 20 years now that you here had the worst times after 45. So I asked myself - what can I tell you about trauma? I do not know what you went through, your pain, your sufferings – and also your joys and your pride. The only thing I can try is to stay with you, to be with you - and in this paper to offer you my thoughts on collective trauma and identity, then listen to your reactions, hoping that there is something that resonates with your experiences.

This paper is about collective trauma, about the influence of time and about some consequences in regard to personal and collective identities.

First I want to give a short outlook on what you can expect.

- First I'm going to specify different types of collective trauma,
- then I will connect these types of trauma to different types of memory, emphasizing different emotional tasks,
- eventually focusing – connecting to identity issues - on some consequences that are to be considered, if working in the field.

Collective trauma – some specifications

Let us first have a closer look to the term 'collective trauma'. The term trauma - which originally means wound - in the psychic realm already is debatable, more

so the term collective trauma, because a collective does not have a body, or only in a metaphorical sense. But usually the notion is not used in such a strict theoretical way. At first hand it doesn't say more than that a great number of persons had been harmed. The notion has been criticized as being too vague. A main further objection is that it is veiling concrete political circumstances and makes no difference between victims and perpetrators (Becker, D. 2006, Hillebrandt; R. 2004). One proposal to overcome the disadvantages of the concept was to specify different types of collective trauma (Kühner, A. 2007), since under the shared name of 'collective trauma' a multitude of phenomena is described, from a concrete mass trauma to the 'making up' of a trauma narration (Kühner, A. 2008).

I myself elaborated a bit on this subject (Scholz 2004, Scholz 2011), and want to share this with you. I use 'collective trauma' an umbrella concept, further specifying it in a first step into *mass trauma and group trauma*.

Mass Trauma means first of all that many people are affected by an event (e.g. earthquake), or a field of connected events. Not all individuals experience the same, but many of them experience similar and terrible things and all experiences can be classified within and refers to the same context. Not all those affected will develop trauma symptoms in a narrower sense or connected mental illnesses such as depressions or anxieties (Heuft, G. 2008), and yet the mental organization of the survivors will to a large extent remain affected by the events.

For a mass trauma to be called a **group trauma** it definitely *presupposes a group* that is 'hurt'. Emphasis is laid on the aspect of the group as an already existing community of which the individuals are part. Following this definition e.g. wars are always group trauma.

A group trauma thus includes on a first level those that were directly exposed to a terrible event and secondly also those that feel connected to those directly concerned via identification with a previously defined social group. In this sense the 9/11 can be considered as a collective or group trauma. It not only affected the people in the WTC and their relatives, but via the immediately distributed

pictures first all Americans and beyond that what is called 'the whole free world' (Kühner, A. 2007, Wirth, H.-J. 2004).

The example of 9/11 also shows clearly that the number of traumatized people – though a certain amount is needed – is not necessarily the crucial momentum for the characterization of a disastrous event as a collective or group trauma.

A mass trauma can be considered to be a group trauma, when the event is relevant for the self-understanding and the self-definition of the group and thus the psychic life of the group members.

This perspective allows a new approach to what is called '**chosen trauma**' (Volkan, V. 1999), which I regard as - possibly the most important - special case of a group trauma, because very often it is connected to an ideology of entitlement.

With the term 'chosen trauma' Vamik Volkan describes large scale traumatic events which are unconsciously being chosen by a given group for their self-definition. What happened lies back so far in time (the fall of Constantinople, the destruction of the second temple in Jerusalem, the Polish separations) that no personal or even family memory can exist. Nevertheless: to participate in the mental representation of these events – to feel certain feelings, to think certain thoughts - is what decides about group membership (no Irish protestant will consider the Battle of the Boyne – where in 1690 William of Orange defeated the Catholic Jacobites - as irrelevant, and if so he wouldn't be accepted as a true Irish protestant any longer.)

Here again it is the identification with the social group that allows to speak of a collective trauma, but in this case the trauma is highly condensed through a transfer over generations.

Memories

This raises the question how the original traumatic events are communicated and transferred. Roughly one might say that direct trauma – on the level of mass trauma and of those personally involved in group trauma - is first remembered mainly without words, by **body memory** and by acting unconsciously traumatic

scenes. Perhaps you know the men, standing at the window at 2 o'clock in the morning, sleepless, smoking, looking to the other windows, where they know other men are standing smoking.

Additionally – and later - speaking becomes relevant. And by telling to your family members, to the members of your community, what has happened, how it was, we are at the beginning of the narration of a group trauma. This mainly oral tradition constitutes the so called “**communicative memory**” (Welzer, H. 2005); it includes people not directly involved and creates a memorizing community – limited to the close and intimate context of a family and nearer community. Later books and films are added. While the body memories definitely die with the traumatized individual dying, the communicative memory can have a span of approximately 80 to 100 years.

Chosen trauma usually date back much further in time. What ‘really’ happened fades over the generations, because oral and/or family transfer here cannot secure the tradition. What remains is a highly condensed version of an historic event, which becomes part of what Aleida (1999) and Jan Assmann (1992) call the **cultural memory**. Contents of the cultural memory have to be laid down/ externalized in holy books and in memorials, they have to be revived in ceremonies and rituals in order to bring them to mind over and over again so that they can become part of the mental representation of each group member and thus of the ‘we’-feeling (Bosse, H. 2005) of the group. E.g. the killing of 82 Swedish nobles in 1520 in the ‘Stockholm bloodbath’ - the chosen trauma and thus the founding myth of the Swedish nation – is revived every year by the ‘Vasaloppet’ a 89 km long cross country ski race with thousands of participants.

Time collapse as memory-disorder and threat to identity

The special relation between trauma and memory is, that **trauma is always now**. That holds true on the individual level in the flashbacks. I remember my mother around 1960 throwing herself under the table in our living room, when she heard an airplane flying deep over the house (it was a late reaction to hedgehoppers at the end of WWII).

And it also applies to the collective level, especially when recent or not so long bygone traumas are interpreted against the background of a “chosen trauma”, which then can become ‘hot’, when it used as a pre-existing foil or mold how to

experience, how to make sense of actual traumatic events (Volkan, V. 2006). You probably have many examples for that in your communities.

This might be on the collective level the equivalent to the individual's flashback. Volkan summed up these collective phenomena under the term '**time collapse**', i.e. when chosen trauma of the past are memorized and emotionally reactivated they can be felt as if the trauma occurred recently, as if belongs to the present – and its repetition is even projected into the future, where it can be fought. Past, presence and expected future come together, the familiar order of time collapses (see Volkan, V. 1999). *In other words: chosen trauma causes something like a 'collective memory-disorder'.*

That is where on the personal as well as on the collective level the question of identity comes in. As you probably all know, Ego identity is defined as a feeling of selfsameness and continuity (Erikson 1946), whereas large group identity (ethnic, national, religious) is understood as 'the subjective experience of thousands of millions of people who are linked by a persistent sense of sameness' (Volkan, 2001:79). Erikson's notion was criticized being too monolithic, leaving out failed trials, circumventions and – very important – the others, that we all need to validate our identities (Keupp 1999). A similar criticism applies to Volkan's idea of large group identity, omitting all the power struggles within a community, that determine, what in the end will be considered to be worthwhile to become part of the collective memory. Nonetheless - personal as well as group identity is based on a feeling of continuity, and this continuity needs memories, some ideas that shape your image, who you are and what you are. *Disruptions or major gaps and dysfunctions of individual and collective memories will eventually be accompanied by identity problems, i.e. psychic pain– as trauma usually does: Nothing is like before, I am not like before, we are not the same as we were before.*

The task is to integrate painful and contradictory material with very difficult feelings (as helplessness, pain, despair, rage, hate, guilt, shame etc.) arising from the traumatic past on personal and collective levels, thus redefining the personal identity, which is embedded in the large group identity, which also has to be 're-invented' after major traumatic events. Often for this 'reinvention' a chosen trauma is used - because *the chosen trauma can be the (ab)used trauma* – thus

becoming a source of new violent conflicts leading again to mass traumatization and becoming again part of the collective memory.

So a better understanding of the processes involved might help to 'defuse' these hot spots in the foundation matrix of given large groups.

Some conclusions

The differentiation made earlier in this paper, when I have tentatively tried to connect the different types of collective traumata with various forms of memory, wants contribute to this aim. Mass trauma and first level group trauma were allocated with body memory and scenic actions, group trauma additionally with communicative memory and chosen traumata with cultural memory. From this very rough scheme some different emotional tasks and therefore varied needs of action on various personal and social levels can be derived.

In case of direct traumatization the emotional task for the traumatized persons is to learn to live with their unbearable memories and feelings, to integrate them – slowly, in very small doses – into their personal identity, instead of dissociating them. On the individual level - psychotherapy – including group analysis - here has its place in bringing some relief. The task of the collective is to rebuild the elementary general living condition and to prevent further traumatization – which often is difficult enough and sometimes not impossible.

With regard to group trauma this naturally also holds true for those directly traumatized but beyond this we enter into the area of identifications that build up our identities. No individual and no group can do without identifications, but if they are too contradictory and/or become too tight, if only one identity is allowed, group members can be severely harmed. The most endangered are those from mixed backgrounds and affiliations (once a Christian Palestinian with an Israeli passport told me: “In times of crisis you better decide for one identity, if you are completely convinced or not”).

The task of the community here is to keep communication channels open (or to reopen them) for overlapping identities and different interpretations of traumatic events and to allow for deviating versions. That implies to guarantee the security of the (deviating) individuals and to prevent their expulsion from the group. Carefully constructed experiential groups can do a great job here.

May be some of you have heard about the Slansky process 1952 in Prague, which is sad example for these processes. In the heated atmosphere of the cold war Rudolf Slansky was accused to be a spy, sentenced to death and executed. He – being a communist, a Czech citizen and a Jew – had to be eliminated, also because the public was frightened by his different affiliations/identities and their complexities.

All action mentioned till here are necessary yet insufficient in the area of chosen trauma. Since in this case we deal with a transformation of collective identity on a great scale, additionally the ‘invention’ of new rituals, museums and memorials is called for. To bring these huge changes in mentality forward, you will always have protagonists; at best you have transformative leaders. As the transformation of large group identities affects every single individual of the group in the core, enormous emotions are set free; what is needed then is to safeguard a culture which guarantees the physical protection of ‘dissenters’ which in this context are easily called ‘traitors’. The killings of Martin Luther King, J.F. Kennedy, Itzak Rabin, Anwar El Sadat (just to name a few) and e.g. the concern colleagues in the US still have for the physical safety of president Barack Obama speak its own language here and probably are only the tip of an iceberg. Creating and maintaining such a culture of openness and safety demands among other things a multifaceted civil society and a wise government. If we have to deal with a non-existing or criminal state things will go bad for a long time.

The arguments outlined above imply that group analysis can contribute a lot to the understanding of these processes, though its direct possibilities to influence them are limited.

It is obvious that the time rhythms of the mentioned processes and the dimension of the groups involved imply emotional forces of such magnitude that their containment cannot be achieved by one group leader alone (or with a co-leader) and moreover needs time in itself. The treatment of a trauma always means “reclaiming space and time” (Schlapobersky, J. 2000), i.e. the abolishment of the time collapse and thus restructuring identities on personal and collective levels.

It’s about leaving (or sometimes for the first time assigning) the past its worth in the past in order to live the present and to meet the challenges of the future. One could also call it to discontinue or at least to mitigate the repetition compulsion.

That again is a collective task in which persons, small groups, all sorts of social groups and institutions take part. Our workshop here is part of and an example for this kind of larger endeavors. This is our contribution - not more, and not less.

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