

## Trauma and Memory

### *Between Individual and Collective Experiences*

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#### Threads of Trauma

Our book is about trauma and memory, and it is born out of a significant interest in this subject within several disciplines and contexts during the past two decades.<sup>1</sup> We view trauma as socially constructed through a constant interplay on the individual and communal levels. We take a critical view of the legal and medical professions for the way they deal with trauma and produce its meaning. This book explores several dimensions of trauma, discusses the relationship of trauma to the social sphere and to group identity, and opens new horizons for approaching trauma from a healing perspective.

We employ the language of trauma repeatedly in our daily lives as we construct events in its image, live it, and reconstruct it. Trauma inspires the writing of books, the creation of art, and developments of new fields of research. But although trauma can explain some of our personal behavior, it also influences historical sequences, the emergence of nations, and the collapse of empires. Trauma always entails a gap one must overcome through the mechanisms of forgetting, denying, and enacting a new cognitive reality. At the same time, trauma calls for a digging in and a finding of reasons, processes that entail efforts to comprehend, to remember. The fertile tension between two ways of addressing trauma—cognitive treatment, through which those experiencing this condition try to forget or at least reconstruct an event into a meaningful narrative, and psychodynamic analysis, which focuses on remembering—delineate one space in which various responses to trauma can be elaborated upon. Nevertheless, this collection will bring forward a broader array of approaches to trauma ranging from professional

ones (medical and legal) to ritual, narrative, and artistic representations. All will serve as possible frameworks for trauma analysis.

We seek to explore tensions arising between collective and individual trauma as well as the role of professions in the constructions of trauma, its treatment, and even its production. We assume that trauma itself is used as a scheme to construct reality. Moreover, trauma is “invented” or “revealed” as a development of the psychiatric gaze, but it soon penetrates other areas of social life and is “borrowed” to explain a broad spectrum of phenomena including the collective subconscious, cultural identities, and contemporary ethnic and political struggles. In this context, one can explain the writing of history as being driven by the traumatic experience of the community; the phenomenon of immigration can be analyzed through the lens of trauma; one can address trauma through professional self reflection on its treatment and production; and images of trauma can be infused into film, literature, and photography. These and related themes will be elaborated and explored throughout the book.

Our second focus, on the professions, has its own significance and logic. Here, we primarily deal with medicine and law. Both have long histories, and, over the past two centuries, they have established themselves as prominent agents of reality in dealing with the social order.<sup>2</sup> Their unique positioning has helped to “invent” trauma, and doctors and lawyers have become main arbiters of its diagnosis and treatment, whether on the therapeutic sofa or in court. Both doctors and lawyers deal with illness, injuries, and death, and their responses to the psychological, sociological, and political conditions of the previous century have shaped the notion of trauma, making it a fundamental scheme of thought with which to approach reality.

Finally, this book addresses the therapeutic dimensions of trauma and their relationship to reconciliation. The origins of psychological trauma can be found in the medicalization of human experiences and “traditionally” have been discussed in psychiatric studies and medical circles. As our book shows, the expanding interest in trauma and its consequences has made legal, moral, historical, and philosophical inquiries particularly relevant. Dealing with trauma calls for a whole new array of mechanisms, including some that are outside of the legal and medical domains.

Acknowledging the social dimension of trauma and its construction within discourse and practice provides new opportunities for healing trauma. Today such opportunities can be found in mediation or truth committees. These mechanisms are far from cohesive and are not capable of giving full

answers to the complex questions found in the social arena of trauma. Yet they still open new horizons, providing alternatives to traditional treatments of trauma.

### Linking Trauma and Memory

Although many books about trauma and memory deal with the history of this linkage or analyze conceptually some of its elements, our book discusses various appearances of these in medicine and law, including a few accounts of foundational traumas as they appear in contemporary culture. The contributors to this book, coming from diverse disciplines such as history, sociology, anthropology, philosophy, literature, law, medicine, and public health, use trauma to reread their own disciplines and to explain intercultural and ethnic conflicts in context. They analyze legal and medical healing mechanisms, or alternatives to these professions, and delve into the structure of trauma and the ways in which it can be renarrated into healing stories. Their definitions of trauma do not always overlap, their methodologies are diverse, and even their reference to basic psychological approaches to trauma vary between suspicion and acceptance. Still, the juxtaposition of the chapters in this book provides a rich account of trauma in the context of collective identity formation in our era. The references to ethnic tensions, fragmented identities, professional responses to trauma, and trauma representations in film and literature inspire us to consider new paths toward healing trauma through institutional and public reforms.

Beginning in the nineteenth century, the idea of *psychological trauma* replaced the original meaning of the word trauma, which previously referred to wounds or physical injuries.<sup>3</sup> Trauma studies emerged as a riddle for psychiatrists and doctors, and trauma was first identified and examined only in specific populations, such as persons injured in railway accidents, women, and soldiers.<sup>4</sup> Only after the Vietnam War was posttraumatic stress disorder (PTSD) identified as a distinct medical entity. In 1980, the American Psychiatric Association added PTSD to the third edition of its *Diagnostic and Statistical Manual of Mental Disorders* (DSM-III) nosologic classification scheme. Seeing trauma as an external etiological event has become a way to imagine the human condition. Today, we talk about trauma as a way of understanding WWII's aftermath and the holocaust as well as everyday life situations. Its unique expression of both bodily and mental manifestations exposing vulnerability and helplessness encourages discussion on responsibility

and agency and inspires new ideas about healing. Individuals haunted by traumatic memories and who manifest posttraumatic syndromes reveal something about our construction of reality, and transferring these personal experiences to collective understandings can help us to develop new perspectives on contemporary phenomena.

Our focus on collective trauma requires further analysis of the development of this idea. Most research on trauma has focused on individual psychology and has been dominated by a clinical perspective. Recent studies even reduce trauma to its *biological* dimension. Some have tried to find a pill to treat it, as a “magic bullet” solution typical in many arenas of medical thought.<sup>5</sup> Yet, in the past few decades other directions of trauma research have emerged, guided by more interpretive methodologies. Some of these consider tensions between *individual* and *collective* trauma. A central question when dealing with collective aspects of trauma and memory is whether traumatic memories operate in the same way in communities as they do in individuals. Kai Erikson’s work on disaster suggests that “sometimes the tissues of community can be damaged in much the same way as the tissues of mind and body” and that the term *trauma* can thus “serve as a broad social concept as well as a more narrowly clinical one.”<sup>6</sup> However, as Saunders and Aghaie have shown, the application of clinical categories to social constructs can have its own problematic aspects: “Can the category of PTSD be applied to societies or nations? Are communities ‘split’ in the same way that an individual mind is? Or is this merely a convenient—or misleading—metaphor?”<sup>7</sup> In response, it seems that some scholars insist on distinguishing between trauma as it affects the individual and as a broader cultural process.<sup>8</sup> These theories of cultural trauma posit memory as “usually mediated through newspapers, radio, or television,” such that it “always involves selective construction and representation,” and inevitably “engages a ‘meaning struggle.’”<sup>9</sup> The cultural construction of trauma, it is argued, begins with a claim to “some fundamental injury that is then transmitted through influential cultural agents such as the mass media and religious, aesthetic, legal, scientific, and state institutions, which define the nature of the trauma and the victim, establish the relation of the trauma to those who experience it only indirectly, and assign responsibility.”<sup>10</sup> This, then, is a very different model of collective trauma than one that treats societies more or less as individuals, and it provides a more nuanced notion of collective trauma.

Another problem with the unitary model of collective trauma is that it presupposes trauma “as both a concept and a diagnostic category,” as “a Western artifact, the product of a specific sociopolitical and clinical geneal-

ogy that emerges with late modernity and is assembled out of Euro-American experiences of industrialization and warfare, its gender relations, and its conceptions of normalcy and deviance.”<sup>11</sup> This, of course, omits non-Western interpretations in their local contexts. It also leaves out the material conditions of trauma, or, as anthropologist Paul Farmer has termed them, the conditions of structural violence that create environments in which traumatic experiences can thrive.<sup>12</sup> We intend, in this book, to reflect on the social conditions that produce trauma while remaining sensitive to their local operations.

The study of collective trauma is influenced by a rich tradition that can be traced to the second half of the twentieth century, and which is still very influential. It begins with a critique of liberalism and its overemphasis on individualism. Although the origins of such a critique may be found in Nietzsche and even as far back as the pre-Socratics, as a broad, distinctive cultural phenomenon, we can point to conditions after WWII as the background for the strengthening doubts about basic liberal tenets such as reason, autonomy, and progress. The inability of the old liberal worldview to address the horrors of WWII, especially the Holocaust, brought about efforts to expose the collective ideological foundations of racism and prejudice and to emphasize the dynamic that enables trauma to emerge and be reproduced in various cultural contexts. Emphasis on social construction and the use of cultural narratives as a means to explain the self, produced a shift in trauma analysis by tying it to broad social structures (including structural violence) and moving it away from the individual as a primary unit of inquiry.<sup>13</sup> Instead, collective identity becomes the unit of analysis and a group that shares an identity such as ethnicity, nationality, gender, or religion is considered as the primary unit that experiences trauma. The focus on collective trauma is, in our view, an important step within the critique of liberalism, but our analysis takes this critique a step further by coming back to the interaction of identities and narratives. The notion of identity in trauma, embeds at least three phases of liberal thinking: First, there is the classic idea of autonomy and identity as a secret of the self, which can be invaded or exposed through traumatic events. Second, it carries with it the collectivist notion of identity as constructed by culture and society, explained by narratives and texts that shape the horizons of perceptions and influence entire societies. Under this notion of identity, trauma is indeed explained by a rift in the collective texture upon which all individuals depend. Third, the “multicultural identity” perspective, as developed in the late twentieth century, introduces the notion of multiple identities and assumes that individuals are not fully

autonomous, but rather carry the unique stamp of cultural interaction that conditions them. In this view, individuals have possibilities of agency, even if limited, because of the play between their identities and their awareness of their constructed location. Various accounts of trauma attempt to work *with* the gaps that this notion creates—between absence and loss, past and future, analysis and pragmatic overcoming, mourning and resurrection.

### Linking Trauma, Memory, and History

Early discussions of collective memory tried to carefully differentiate their objectives from the writing of history. In these discussions, memory was popular, organic, living, and composed of visual images, whereas history was deemed elitist, external, textual, and lifeless. History only comes in and takes over when memory is no more alive.<sup>14</sup> Yet, our book suggests that this opposition is artificial. “Tradition,” “folklore,” “myth,” or oral tradition has recently become much more useful for historical accounts written by “professional” historians. As sociologist Gil Eyal wrote, “When social memory studies took off again, after the 1960s, it was in a context in which traditions, folklore and myths no longer signified errors but were treated as forms of ‘subjugated knowledge,’ no less valid than the official history written by historians.” This meant that:

it was impossible, anymore, to maintain a strong distinction between collective memory and the writing of history by the historians. Writing history became one mode of reflecting and constructing collective memories. Writing history “on the margins” while reflecting repressed collective memory became an acceptable practice as well. History opened itself up to the subaltern and the popular, as witnessed, for example, by the emergence of the discipline of oral history, and memory studies opened themselves up to history. Historians and intellectuals began to construe their work as an “art of memory,” thereby seeking to partake of the privileged relation to the sacred collective subject that the term “collective memory” denotes.<sup>15</sup>

Our book deals with the convergence of the work of collective memory and writing history in various contexts, such as the practices of Nazi medicine during the Holocaust and the construction of Palestinian identity following the traumatic events of the 1948 war.

There are several possible categorizations of collective memory. Here we focus on four dimensions.<sup>16</sup> First, an *injunction to remember* is imposed on various practices, rituals, and discourses and turns them thereby into forms of “memory-work.” Memory is highlighted as a problem and as something

toward which the subject has a duty. Repression of this duty and moments of denial are expressed in the chapters dealing with the Holocaust. The duty to remember can also be inferred when reading both the chapters dealing with female trauma and the Palestinian “al-Nakba.” In the Palestinian case it even informs the architecture of the refugee villages, preserving the basic familial structures that existed before the trauma and providing thick narratives and public spaces for collective identity formation.

The second dimension has to do with what is to be remembered, or the *mnemonic substance* upon which memory operates. Trauma, in a sense, “completely escapes the historical or biographical time of events”<sup>17</sup> and requires use of memory to combat repression. For example, how and why has female trauma, as expressed by generations of oppression, been repressed (see Chapter 3)? Why has Nazi human experimentation been remembered while Nazi euthanasia programs escaped the same attention (see Chapter 9)? How can the private, traumatic memory of an abused child become the collective experience of his or her enlarged family as an adult (see Chapter 12)?

The third dimension has to do with what it means to remember, or how memory works. Repetition and recollection are just two possible examples of this work. Should memory-work necessarily imply material compensation? How do the possibilities of healing and forgiveness impact trauma memories?

The fourth dimension is related to how memory is interpreted. In other words, what is its utility, effect, or function? One common function is the preservation of collective identity over time. Sometimes memory plays a role in healing trauma. In the case of the Czech memories of the traumatic Communist regime period, “[m]emory emerged as a moral duty, as ‘historical responsibility,’ because power benefited from forgetting and encouraged it. Forgetting was rife and systematic, caused by repression and censorship, and historical memory was full of ‘black holes,’ where nobody knew anymore what had happened.”<sup>18</sup> Yet, to tell the truth about the past does not mean simply to recover an event that has been lost or censored but to own up to its significance; to recognize that one has denied it in the past and to accept responsibility for one’s moral complicity. Traumatic events should be *confessed* and *witnessed*, rather than simply remembered and told.

On the other hand, sometimes forgetting is the right thing to do in specific local and temporal contexts, as the investment in memory for the purpose of overcoming trauma can be unfruitful until such time as it is ripe for a different reaction.<sup>19</sup> As philosopher Avishai Margalit wrote:

Making the traumatic, repressed communal memories open, explicit, and conscious is said to have healing power. We are asked to believe that this is the only way to overcome the irrationality that springs from past traumas, and the only way to gain peace of mind. . . . Still memory breathes revenge as often as it breathes reconciliation, and the hope of reaching catharsis through liberated memories might turn out to be an illusion.<sup>20</sup>

Margalit's argument opens the way for an ethical inquiry into the roles of traumatic memories and memory in general:

Are we obligated to remember people and events from the past? If we are, what is the nature of this obligation? Are remembering and forgetting proper subjects of moral praise or blame? Who are the "we" that puts the obligation to remember: the collective "we," or some distributive sense of "we" that puts the obligation to remember on each and every member of the collective?<sup>21</sup>

As several chapters in this book point out, the question of memory—how to memorialize or sometimes forget or avoid the experience of trauma—has its own ethical dimension.

### Trauma and the Professions

Studies of both law and medicine have been transformed in the past several decades. This change is partially explained by growing criticisms and suspicion of professions, science, and other hegemonic forces. Taking up these criticisms, many of the contributors to this book examine the borders of the professions and the social and cultural conditions in which they have been developed.

The development of the professions in the modern era has attracted the attention of a large number of sociologists, many from Anglo-Saxon countries. Talcott Parsons even argued that "the development and increasing strategic importance of the professions probably constitute the most important change that has occurred in the occupational system of modern societies."<sup>22</sup> In this work, the medical and legal professions have been considered by many to be the prototypes of the modern professions.<sup>23</sup>

Following Foucault, we see professions as disciplines and fields of knowledge. Discipline is a complex system, almost like a transparent spider's web, capable of controlling citizens. It enables the accumulation of knowledge necessary for epidemiology, sociology, criminology, and so on, through the constant observation of subjects and the obsessive collection of information about them. On the other hand, the fields of knowledge themselves, which



develop through the use of this accumulated information, also justify and improve the ability to control and “educate” citizens of a modern state.

The medical and legal professions occupy a central place in this process. The medicalization and legalization of daily life, from birth to death, is a further aspect of the development of disciplines in modern society. Regulation in the modern state pervades all realms of social life, including health, education, professional licensing, and migration, producing schemes of control that become our primary framework of experience. Grids of legal and medical regulations, and other social mechanisms of control, distribute power and wealth, producing, *inter alia*, traumatic experiences. These secondary experiences, constructed and produced by symbolic systems that are themselves human-made, will occupy us in the analysis of trauma.

### Trauma and Healing

Trauma has a unique temporal and structural quality, located between past and future, sometimes preceding events that we cannot yet capture and at the same time always delayed. In the first sense, trauma comes too early and seems not to have a cause. In the second sense, trauma has both cause and reason, and it is already too late to be avoided. Responses to trauma vary along these lines of past and future: On the one hand, cognitive treatments take the traumatic event at face value, trying to overcome it by moving forward to operate through reconstruction of the disrupted reality. In contrast, psychodynamic treatments dig into the past and attempt to comprehend trauma’s causes while exposing its roots. They assume that testimony itself has a therapeutic value.

These two conflicting modes of healing can be found in both law and medicine and can also be viewed as a continuum along which victims and healers navigate in the process of dealing with trauma. The healing of trauma begins with providing victims a safe space in which the routines of everyday life can bridge the cognitive gap produced by the trauma, and proceed by encouraging testimony and analysis in order to promote understanding of the causes of trauma. Although these aspects were once more conspicuous in the medical treatment of trauma, it is clear today that courts can contribute to healing by considering the therapeutic consequences of legal rules and procedures for trauma victims.<sup>24</sup> “Alternative” legal mechanisms such as “truth committees” or “victim–offender mediation” operate on the healing spectrum while exposing tensions associated with it.

## Chapter Overview

The chapters in this book reflect the multidisciplinary range of trauma scholarship today. Our authors include lawyers, medical doctors, historians of medicine, sociologists of law, narrative experts, and philosophers. They belong to various ethnicities, religions, nations, and continents, and live their everyday lives using diverse languages. The collaboration and dialogue between scholars from Canada, the United States, France, Germany, Palestine, and Israel expose the phenomenon of trauma in its global form, as a bridge between disciplines and cultural experiences.

Following the Introduction, Part II deals with what we call “constitutive trauma,” addressing trauma as constituting identity. This section provides a glimpse into the relationships between memory, history, and social construction. In his chapter on *PTSD of the Virtual Kind—Trauma and Resilience in Post-9/11 America*, Allan Young traces an evolution in the construction of PTSD following the 9/11 attacks in the United States. “A new variety of PTSD has emerged, combining partial PTSD and distanced PTSD into a *mass phenomenon*—a threat and, likewise, an opportunity affecting an entire nation.” Young’s diagnosis, situated within the psychiatric and anthropological discourses, should be read in light of his previous well-known ethnographies of PTSD, specifically with his depiction of it as “a harmony of illusions” (Young, 1997). PTSD of the virtual kind strengthens the constructed quality of the overall syndrome because it emphasizes the fact that the traumatic event itself can be a TV image. The response of resilience training described by Young is a reflection of the elastic quality of trauma.

In Chapter 3, on *Female Trauma*, another notion of trauma is discussed, this one related to identity and to Western liberal thinking. Ariella Azoulay describes a female identity that is based on trauma and that has origins in the constitution of the modern liberal subject. Azoulay develops a political claim regarding the abandonment of women as an ongoing life experience awakened by rape. Instead of following Freud by perceiving rape as an illustration of trauma, Azoulay suggests viewing trauma as a paradigmatic case of rape. It offers a psychoanalytic, Lacanian reading of trauma. Her writing resonates with many feminist accounts of trauma as being unique to women’s experience, whether as girls in cases of parental abuse and molestation or as wives caught in a patriarchal regime of control and submission.<sup>25</sup> She also repudiates scholars who challenge the realness of the “invented” traumatic experiences produced on psychiatric sofas and finally in courts, call-

ing them myth.<sup>26</sup> In Azoulay's writing, trauma is neither "invented" nor "real." Rather, it is best located at the symbolic level where it constitutes the female subject and produces a deep cultural experience of "abandonment." Recent developments described by Azoulay offer hope with regard to the reconstruction of the female subject.

Chapter 4—*The Trauma of al-Nakba: Collective Memory and the Rise of Palestinian National Identity*—proceeds by analyzing in detail the emergence, construction, and reconstruction of Palestinian identity in relation to the 1948 trauma of "al-Nakba." By taking a political/historical stance, Issam Nassar argues that the experience of dislocation is foundational for Palestinian identity. This historical occurrence can explain events that happened before and after it and might be connected to the notion of abandonment. Nassar's implicit claim is that any renarration and reconstruction of Palestinian identity should acknowledge trauma as a constitutive element.

The final chapter in Part II, Chapter 5, *Trauma-Image: The Elephant Experience*, written by Roei Amit, introduces us to image and film theory, but still treats trauma as a gap, as invented, and as preserving a riddle and an abyss that cannot be transcended by analytical means or rigorous explanation. The chapter discusses the cinematographic value of avoiding the sociological or the historical accounts. Through analysis of the film *Elephant* and the image of blind men attempting to determine the nature of the animal, we are introduced to Deleuze's differentiation between "movement image" and "mental image," and to the way they interact to produce the trauma that the film portrays.

Part III of the book addresses trauma and the professions and provides close analyses of concrete collective traumas. The first chapter provides a broad overview of the treatment of trauma in law and medicine. In Chapter 6—*Trauma and Justice: Moral, Legal, and Political Trajectories of Trauma Discourse from Wilhelmine Germany to post-Apartheid South Africa*—Brunner argues that the infiltration of legal discourse into the medical treatment of trauma has deep etiological roots and a long historical background. He shows the gradual penetration of discussions of justice and sociopolitical issues into the analysis of trauma. He analyzes this infiltration process, which culminated in the Truth and Reconciliation Committee in South Africa, with reference to the political and social factors that underlie public responses to trauma.

The next two chapters address the reproduction of trauma and discuss the roles of law and medicine in this process. In Chapter 7, *Public Health*,

*Law, and Traumatic Collective Experiences: The Case of Mass Ringworm Irradiations*, Davidovitch and Margalit describe the interaction of the two professions in the reproduction and healing of collective trauma. They show how the social construction of diseases resulted in a mass ringworm irradiation campaign among immigrants to Israel in the 1950s. They discuss the limits of legal efforts to address the trauma and to heal it by offering a compensation mechanism designed by a legal–medical administrative institution. This chapter analyzes the penetration of cultural sensitivities into the legal and medical professions and calls for alternative methods for overcoming collective trauma.

In Chapter 8, “*Illegality, Mass Deportation, and the Threat of Violent Arrest: Structural Violence and Social Suffering in the Lives of Undocumented Migrant Workers in Israel*,” Willen shows how migrant workers’ lives are shaped and constrained by multiple, overlapping forms of “structural violence.” Her work focuses on the mass deportation campaign of migrant workers in Israel since mid-2002 and the construction of their “illegality.” According to Willen’s analysis, “structural violence renders individuals and communities vulnerable, in multiple and compounding ways, to discrimination, racism, poverty, disease, and injury as well as more direct assaults on personhood, dignity, and physical integrity.” Although these factors are usually described as the very basic conditions which can create trauma, both on the individual and the collective levels, Willen’s analysis challenges the traditional use of trauma discourse. Instead, she prefers the use of social suffering as the theoretical basis for her analysis, especially when analyzing how social suffering is situated in the political contexts. Building upon the work of anthropologist Robert Desjarlais,<sup>27</sup> she frames her investigation “as an attempt to develop a ‘critical phenomenology of illegality,’” giving attention to “the conditions of structural inequality and structural violence shaping migrants’ collective position and status . . . and . . . to the impact of these contextual factors on migrants’ individual and collective experiences of being-in-the-world.” Thus, her analysis of social suffering can open the way for reframing trauma as “an ongoing, dynamic, variably experienced process . . . lead[ing] to an understanding of the experiential impact of the reconfigured condition of migrant illegality in Israel.”

The next two chapters discuss (from two different perspectives) the distinct phases and layers of narration that have been used to reconstruct the atrocities committed by doctors in the name of science during the Nazi period. Lepicard’s chapter, *Trauma, Memory, and Euthanasia at the Nuremberg Medical Trial, 1946–1947*, addresses the “lapse in memory” during the

Nuremberg Medical Trials. Although human experimentation during the Nazi regime has received widespread attention, no equivalent memory of the Nazi euthanasia program has been created, although “hundreds of thousands of people were murdered in the Third Reich under the pretext of euthanasia, among them those then defined as defective children and the mentally impaired.” Lepicard offers an interpretation of three major early reports of the trial and their roles in memory construction and its implication for current bioethics.

In Chapter 10, *Trauma or Responsibility? Memories and Historiographies of Nazi Psychiatry in Postwar Germany*, Roelcke treats the writing of history as reflecting a posttraumatic dynamic. According to his analysis, responses to doctors’ atrocities during the Nazi period began with a denial of collective guilt. The response to trauma was to pursue everyday medical activity. The next stage involved a more psychoanalytic account of the trauma, inspired by the next generation’s fresh look into the past. This was the “collective trauma” moment of history writing. The last stage of writing of the history of trauma provides an integration of the previous ones, going beyond the cultural critique by offering new paths for responsibility and agency. Roelcke’s main argument is that trauma itself is a historical construct that should be “historicized” and not taken as a given.

The last section of the book, Part IV, examines various healing mechanisms to deal with trauma that go beyond conventional procedures. Chapter 11, *Trauma, Retribution, and Forgiveness: Should War Criminals Go Free?*, by Statman reflects a more analytic, normative inquiry. Statman examines possible moral grounds for releasing war criminals in the aftermath of a traumatic political conflict, and concludes that forgiveness justifies release under specific conditions: Forgiveness can justify an exception to retributive punishment only where there is repentance and reconciliation. Forgiveness cannot be used as a condition for reconciliation, according to Statman, because a premature process of reconciliation might have negative psychological and moral affects on the victims.

Chapter 12, *The Secrets of Mediation and Trauma in Contemporary Film: a Search from the Perspective of Restorative Justice* by Alberstein, turns to film to explore the possibilities of restorative justice. This chapter draws a conceptual link between law and trauma by describing victims as reenacting their traumatic realities through direct encounters. In contrast to the previous chapter, this one argues that victims might be able to rebuild their realities without necessarily requiring repentance from the other side. Alberstein presupposes that each individual trauma can be politicized and presented as col-

lective trauma. Experiences of child abuse and even homicide (as portrayed in the films *Festen* and *The Son*, respectively) have sociological and criminological backgrounds which provide social explanations for the malicious “private” acts. Understanding these conditions, which make the trauma “collective” (i.e., explained by ideologies and group narratives), can help to transform the traumatic event through deconstruction and renarration.

Finally, Chapter 13, *Healing Stories in Law and Literature*, by Almog, adopts a literary perspective and portrays “the poetic of trauma” as consisting of fractured, revised, and delayed stories. The definition of trauma used in this chapter is a psychological one, and the reference is to narratives of trauma in courts. This chapter attempts to address stories of trauma with reference to their own logic, not according to the traditional forms of legal narratives. The logic it suggests might be used when constructing healing responses to collective trauma.

This last section’s effort to depict alternative ways to deal with trauma, reemphasizes a deep inspiration behind this project, as expressed in the book’s subtitle: “Reading, Healing, and Making Law.” The book’s notion of trauma is interpretive, its horizon is a generous constructive reading that strives for healing, and a possible means of achieving it is through making law and defining its poetics anew.

## Notes

1. There are many recent collections and manuscripts dealing with trauma and memory from various perspectives. For some recent important examples: Cathy Caruth (ed.), *Trauma: Explorations in Memory* (Baltimore: Johns Hopkins University Press, 1995); Cathy Caruth, *Unclaimed Experience: Trauma, Narrative, History* (Baltimore: Johns Hopkins University Press, 1996); Ruth Leys, *Trauma: A Genealogy* (Chicago: University of Chicago Press, 2000); Antonius C. G. M. Robben and Marcelo M. Suárez-Orozco, *Cultures under Siege: Collective Violence and Trauma* (Cambridge: Cambridge University Press, 2000); Jeffrey C. Alexander, Ron Eyerman, Bernhard Giesen, Neil J. Smelser, and Piotr Sztompka, *Cultural Trauma and Collective Identity* (Berkeley: University of California Press, 2004). For analysis of trauma and memory with an emphasis on the less “traditional” non-Western context see Mieke Bal, Jonathan Crewe, and Leo Spitzer, *Acts of Memory: Cultural Recall in the Present* (Hanover, NH: University Press of New England, 1999); Kim Lacy Rogers, Selma Leydesdorff, and Graham Dawson, *Trauma and Life Stories: International Perspectives* (New York: Routledge, 1999); Rebecca Saunders and Kamran Scot Aghaie (eds.), *Mourning and Memory*, special issue in *Comparative Studies of South Asia, Africa and the Middle East* 25 (2005): 16–203.

2. There is ample literature on the history and sociology of the professions. One useful survey and analysis is by Andrew Abbott, *The System of Professions: An Es-*

say on the *Division of Expert Labour* (Chicago: University of Chicago Press, 1988). See also Rolf Torstendahl and Michael Burrage (eds.), *The Formation of Professions: Knowledge, State, and Strategy*, (London, Newbury Park: Sage Publications, 1990); Keith M. Macdonald, *The Sociology of the Professions* (London, Newbury Park: Sage Publications, 1995); Eliot Freidson, *Professionalism: The Third Logic* (Cambridge, UK: Polity Press, 2001).

3. Until today, in conventional medical language, outside psychiatry, “trauma” represents “a serious or critical bodily injury, wound, or shock.” See <http://www.medterms.com/> (accessed January 10, 2006). This definition is often associated with trauma medicine practiced in emergency rooms and represents a popular view of the term. “Trauma” is the Greek word for “a wound” but also for “damage or defeat.” On the history of trauma as a concept, see Ruth Leys, *Trauma: A Genealogy* (Chicago: University of Chicago Press, 2000).

4. See Allan Young, *The Harmony of Illusions: Inventing Post-Traumatic Stress Disorder*, (Princeton: Princeton University Press, 1997).

5. See Marilyn Marchione, “Pill Could Erase PTSD Memories,” *Associated Press*, January 16, 2006.

6. Kai Erikson, *A New Species of Trouble: Explorations in Disaster, Trauma, and Community* (New York: Norton, 1994), 228, 230.

7. See Rebecca Saunders and Kamran Aghaie, “Introduction: Mourning and Memory,” *Comparative Studies of South Asia, Africa and the Middle East* 25 (2005): 16–29, citation from p. 17.

8. See, for example, Ron Eyerman, *Slavery and the Formation of African American Identity* (Cambridge: Cambridge University Press, 2001).

9. *Ibid.*, 2–3; See also Jeffrey C. Alexander, Ron Eyerman, Bernhard Giesen, Neil J. Smelser, and Piotr Sztompka, *Cultural Trauma and Collective Identity* (Berkeley: University of California Press, 2004).

10. *Ibid.*, p. 21.

11. Saunders, Aghaie, p. 17.

12. See Paul Farmer, *Pathologies of Power* (Berkeley: University of California Press, 2003).

13. Jeffrey C. Alexander, Ron Eyerman, Bernhard Giesen, Neil J. Smelser, and Piotr Sztompka, *Cultural Trauma and Collective Identity* (Berkeley: University of California Press, 2004).

14. See, for example, Jeffrey K. Olick and Joyce Robbins, “Social Memory Studies: From ‘Collective Memory’ to Historical Sociology of Mnemonic Practices,” *Annual Review of Sociology* 24 (1998): 108, 111.

15. See Gil Eyal, “Identity and Trauma: Two Forms of the Will to Memory,” *History & Memory* 16 (2004): 5–36, citation from p. 8. See also Patrick H. Hutton, *History as an Art of Memory* (Hanover, VT: University Press of New England, 1993); Noa Gedi and Yigal Elam, “Collective Memory—What Is It?” *History & Memory* 8, No. 1 (Spring/Summer 1996): 30–50. Two classic texts on collective memory are Maurice Halbwachs, *On Collective Memory*, ed. and trans. Lewis A. Coser (Chicago: University of Chicago Press, 1992); and Paul Connerton, *How Societies Remember* (Cambridge: Cambridge University Press, 1989).

16. We are following here the analytic interpretation of Gil Eyal, who himself

was inspired by a similar framework used by Foucault to analyze ethical programs. See Gil Eyal, p. 8–10; Michel Foucault, *The Use of Pleasure* (New York: Viking, 1984), 25–28. See also Iwona Irwin-Zarecka, *Frames of Remembrance: The Dynamics of Collective Memory* (New Brunswick, NJ: Transaction, 1994). There are other categorizations, such as those proposed by Allan Young, who lays out three common meanings of memory: “The mental *capacity* to retrieve stored information and to perform learned mental operations . . . ; the semantic, imagistic, or sensory *content* of recollections; and the *location* where these recollections are stored.” Quoted by Ron Eyerman, *Slavery and the Formation of African American Identity* (Cambridge: Cambridge University Press, 2001), 5.

17. Eyal, p. 9.

18. *Ibid.*, pp. 19–20.

19. One important notion of memory is located in the concept of testimony. Much has been written about the crisis of testimony and of memory representations after Auschwitz, and the ways in which the past has continued to haunt its survivors. See, for example, Shoshana Feldman and Dori Laub, *Testimony: Crises of Witnessing in Literature, Psychoanalysis, and History* (New York: Routledge, 1992).

20. Avishai Margalit, *The Ethics of Memory* (Cambridge, MA: Harvard University Press, 2002), 5.

21. *Ibid.*, p. 7.

22. Talcott Parsons, “Professions,” in *International Encyclopedia of the Social Sciences* (New York: Macmillan, 1968), XII, p. 536.

23. See, for example, Magali Sarfatti Larson, *The Rise of Professionalism: A Sociological Analysis* (Berkeley: University of California Press, 1979), xi; Mary Lindemann, *Health and Healing in Eighteenth-Century Germany* (Baltimore: Johns Hopkins University Press, 1996), 75; Eliot Friedson, *Profession of Medicine: A Study of the Sociology of Applied Knowledge* (with a new afterword by the author) (Chicago: University of Chicago Press, 1988).

24. Dennis P. Stolle, David B. Wexler, and Bruce J. Winick (eds.), *Practicing Therapeutic Jurisprudence: Law as a Helping Profession* (Durham, NC: Carolina Academic Press, 2000); Bruce J. Winick and David B. Wexler (eds.), *Judging in a Therapeutic Key: Therapeutic Jurisprudence and the Courts* (Durham, NC: Carolina Academic Press, 2003).

25. See Azoulay, Chapter 3 in this collection.

26. See Elizabeth Loftus and Katherine Ketcham, *The Myth of Repressed Memory* (New York: St. Martin's Press, 1994).

27. Robert Desjarlais, *Shelter Blues: Sanity and Selfhood among the Homeless* (Philadelphia, PA: University of Pennsylvania, 1997).