

A Sociology of Trauma: Violence and Self-Identity


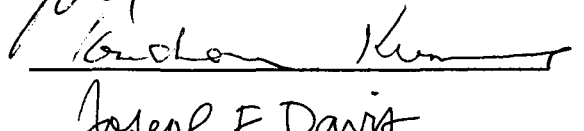
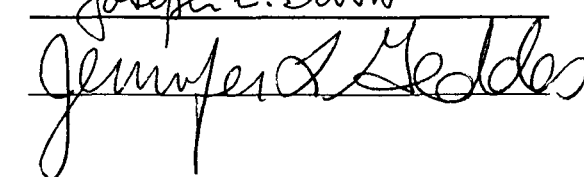
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Abstract: A Sociology of Trauma

This project relates the experience of violence to self-identity. It involves a systematic content analysis of memoirs published on rape, terrorism, genocide, and war. The content analysis provided a complex typology of traumatic stressors that is general to the instances of violence considered. The typology is a style of formal sociology comparable to what has been termed *social pattern analysis* (Zerubavel 2007). The identified stressors are as follows: the symbolic and cognitive expansion of violence, the loss of self-propriety during violent physical exchanges, the frustration of mundane choices and routines, and the blurring of moral and cognitive boundaries.

A theoretical description was fit to the empirical findings. The typology illustrates that more happens in the process of violence than just direct physical harm. I employ the concepts of *reflexivity* and *authenticity* to describe the traumatic meaning of these events. Reflexivity and authenticity are two interrelated concepts used to capture aspects of contemporary Western self-identity. During violence, reflexivity and authenticity appear impossible; the stressors undermine an individual's basic confidence in his or her self-concept. As a consequence, individuals experience a comprehensive *mortification of the self*. Symptoms of posttraumatic disorder (PTSD) result from this experience of severe humiliation.

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Jeff Olick, my dissertation chair, introduced me to my topic and encouraged me to approach it in an ambitious way. I worry that his expectations exceed my talents, but he has helped me write a dissertation of which I am proud. Throughout the development and writing processes, Jeff was earnest in his criticisms but always respected my disagreements. I am sure I will regret not seeking his counsel more frequently.

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This dissertation is dedicated to my family. First are my parents. I hope my achievement repays some of my debt for their love. Finally is my wife, Amanda. This dissertation would not have been possible without her. She has been a benefactor, copyeditor, and therapist. Our intimacy has sustained me through years of stress and self-discovery. My achievement is just as much hers as it is mine, and without Amanda my life would be far diminished.

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Chapter 1

Introduction: A Living Death

This dissertation is about people who suffer trauma after violence. What is trauma? What happens in extreme violence to cause trauma? How do traumatized people describe their experiences? How can sociology help us understand their descriptions? To answer these questions, I conducted a content analysis of memoirs written on rape, terrorism, genocide, and war. The content analysis produced a typology of traumatic stressors, which identifies stressor forms common to diverse violent experiences. The stressors include the symbolic and cognitive expansion of violence, the loss of emotional propriety during violent physical exchanges, the frustration of mundane choices and routines, and the blurring of moral and cognitive boundaries.

The audience for this project is not just scholars who are interested in trauma. It is also medical sociologists, sociologists of identity, sociologists of emotions, and cognitive sociologists. I situate the empirical findings by relating them to contemporary self-identity. In particular, I use the notions of *reflexivity* and *authenticity* to conceptualize the meaning of the stressors and their relationship to traumatic symptoms. Authenticity refers to a sincere and voluntary identity defined by the individual. Authenticity is often expressed by one's choices regarding religion, morality, emotionality, appearance, work, recreation, sexuality, intimacies, and family life. The agent of authenticity is reflexivity. Reflexivity is continuous self-observation and self-

management. Reflexivity and authenticity together serve as bases of contemporary Western individuality; they are sources of dignity.

Reflexivity is a condition of doubt. The reflexive individual is responsible for creating his or her own identity, and people are persistently anxious about this burden. I confirm what two prominent theorists of trauma have suggested in passing: "[O]ften trauma does not present a radically new experience, but rather confirms some belief that an individual has tried to evade" (van der Kolk and McFarlane 1996: 8). The typologized stressors are meaningful signs for the individual that his or her burden is impossible. In ordinary life, people endure similarly embarrassing anomalies to reflexive authenticity, but not all at once, so individuals can regain comportment with relative ease. During violence, these events accumulate, and dignity is difficult to restore.¹ Individuals experience a comprehensive *mortification of the self* (Goffman 1961). One Holocaust survivor explains, "You lost the capability of proving to yourself, in a moment of doubt, that you are still the same human being you were when you came here. That being is gone, and only a miserably wretched creature remains in her place" (quoted Des Pres 1975: 182). Though trauma is tied to common anxieties of reflexive individuality, the traumatic mortification of self is an incomparable agony. Trauma is what Vietnam veteran Ron Kovic called "a living death."

Individuals suffering posttraumatic stress disorder (PTSD) have been humiliated to the point that their self-identity is symbolically annihilated. This accounts for

¹ The "accumulation of anomalies" is a common mechanism for the ruptures of other kinds of social entities, including, for example, scientific paradigms (Kuhn 1996), states (Goldstone 1991), and, Karl Marx thought, global political-economies (1978 [1848]).

symptoms of trauma: guilt, hypervigilance, social withdrawal, feelings of helplessness and hopelessness, and death imagery. The notions of reflexivity and authenticity also capture the traumatic stress of symptoms, which continue the mortification of self endured during extreme violence. The trauma victim's social network is crucial in breaking this cycle of humiliation. In ordinary life, others help the individual maintain a sense of dignified self-propriety; the same is true for an individual who has lived through extreme violence.

Victimhood in the West

My project comes at a time when Westerners, indeed people across the globe, have devoted much of their attention to victimhood.² For example, under the banner of multiculturalism, Westerners are rewriting their national histories to give voice to the repressed (see Engelhardt 1995; Gitlin 1995; Glazer 1997; Hollinger 1995). This is one agenda of *identity politics*, a new style of politics devoted to redressing the unique needs of oppressed categories (Bernstein 2005; Nash 2000: Ch. 4). Through identity politics, a number of groups have successfully secured apologies and financial redress for injustices such as the Holocaust, sexual slavery, Japanese American internment during World War II, the Tuskegee experiment, and settler policies toward indigenous groups in Australia, Canada, and the United States (Barkan 2000; Barkan and Karn 2006; Marrus 2006; Minow 1998; Torpey 2003, 2005; Weiner 2005). Restitution for past victimization has recently become so common and successful that some have deemed ours an "age of apology" (Brooks 1999).

² This trend gained deliberate speed at the latest after the Second World War (see Bartov 2000; Confino 2005; Farmer 1999; Moeller 1996; Olick 2005).

Likewise, the legal system in the past 40 years has become increasingly attentive to the rights of victims (Garland 2001), while the "victim defense" has become a standard strategy for defendants, particularly female defendants, in homicide cases (Westervelt 1998). In the economic sphere, entrepreneurs have capitalized on consumers' fascination with victims to sell books (O'Neill 2007; Lemann 1992) and perfume (King 2006), to boost TV ratings (Illouz 2003), and to attract tourists (Fitzpatrick 2007; Meskell 2006: 168-170).

Much of the discourse about victims is spoken in the language of therapy. Therapy models rhetoric and practice in politics (Nolan 1998), education (Hunter 2000), and corporate cultures (Illouz 2007: Ch. 1; Tucker 1999). Not surprisingly, individuals are increasingly seeking psychological services. Three of the seven most prescribed drugs in the U.S. are antidepressants (Horwitz 2002: 4). According to the World Health Organization, depression was the fourth leading contributor to the global burden of disease in 2000 and will be second by 2020, behind only heart disease (WHO 2008). Considering that today the majority of therapy visits are for mild to moderate diagnoses of anxiety or depression, people are regularly seeking therapy for even common life troubles (Horwitz 2002). Sociologists and others often explain these facts not as a result of increased stressors in contemporary life, but as the consequence of changing norms and classifications. These changes include the medicalization of life troubles, a new culture permissive of emotional expression, and the destigmatization of anxiety disorders and depression (Horwitz 2002; Moskowitz 2001; Reiff 1966; Shorter 1997: 322-7; Sommers and Satel 2005).

In many psychiatric sessions discussion will turn to the patient's memories. Following the emergence of psychoanalysis, many therapeutic approaches assume that memories of past troubles cause current dysfunctions (Hacking 1995; see also Megill 1998), but memory has also become an important framework for other kinds of misery. After a century of extremes (Hobsbawm 1994), for example, there has been a rush to memorialize and commemorate collective atrocities and injustices of the past (see Fussell 1975; Maier 1993; Olick and Coughlin 2003: 52-7; Olick and Robbins 1998; Winter 2006).

Robert Hughes believes these trends create a "whining, denunciatory atmosphere" (1993: 22). He is one of many scholars critical of this climate of victimhood, therapy, and memory (e.g. Finkelstein 2003: 47-55; Maier 1993; Rieff 1966; Sommers and Satel 2005; Summerfield 2001; Sykes 1992; Torpey 2005: 160-6). One concern among critics is that people claim victimhood to evade personal responsibility. Writes a concerned author, "The ethos of victimization has an endless capacity ... for exculpating one's self from blame, washing away responsibility in a torrent of explanation — racism, sexism, rotten parents, addiction, and illness" (Sykes 1992: 11; Holstein and Miller 1990: 108-9; Sommers and Satel 2005: Ch. 3; also Young 2002). Another concern is that people no longer value steely resolve. Christopher Lasch famously described our age as one of "diminishing expectations." According to Lasch, individuals "no longer dream of overcoming difficulties but merely surviving them" (1979: 49), and in Ian Buruma's (1999) words, victimhood has become a "peculiar source of pride." The culture of victimhood for these critics is, in short, an orgy of self-pity.

Posttraumatic Culture

"Trauma" is the emblem of contemporary victimhood. Psychiatrist Derek Summerfield writes,

In Western societies the conflation of distress with "trauma" increasingly has a naturalistic feel; it has become part of everyday descriptions of life's vicissitudes. The profile of posttraumatic stress disorder has risen spectacularly, and it has become the means by which people seek victim status — and its associated moral high ground — in pursuit of recognition and compensation (2001: 96).

Paul Lerner and Michael Micale elaborate that "trauma has become a metaphor for the struggles and challenges of late-twentieth-century life, a touchstone in a society seemingly obsessed with suffering and victimization" (2001: 1). "Trauma" is a medical concept with powerful normative implications, first, because it is a category of psychological harm, which is a kind of harm receiving much attention. Second, the common formulation of trauma places the harm outside the individual and inside his or her environment. Trauma, conventionally defined, exculpates the victim and indicts the etiological circumstances.

This was true of earlier scientific formulations of trauma — say, "railway spine" in the 1800s or "shell-shock" during World War I — but it is starkly true of *posttraumatic stress disorder*, the now dominant diagnosis of severe trauma. American Vietnam veterans were the first to be officially diagnosed as suffering from the disorder. While after World War II "the symbol of the vet was GI Joe, the lovable, typical young American, the veteran who came home from Vietnam was perceived as something

sinister, disturbing, frightening" (quoted in Shephard 2001: 365).³ Vietnam veterans were viewed as prone to divorce, unemployment, alcohol and drug abuse, and violence. To explain the dysfunction of veterans, sympathetic experts determined that the vicissitudes of war had caused irreparable changes in the personality and psychology of many soldiers. They labeled these changes "post-Vietnam syndrome," a term which clearly suggests the normative nature of the diagnosis. "Post-Vietnam syndrome" blamed veteran improprieties on the unnecessary war Americans had started. Robert Jay Lifton, a leading author of the diagnosis, explained, "Most of the harmful behavior that occurs in Vietnam is due to the malignant environment we create there, an environment for murder" (quoted in Shephard 2001: 372). The lasting psychological effects of the war, according to Lifton, were ones that would occur to "all civilized men who have ever been sent to make murder in the name of virtue" (quoted in Herman 1992: 27).

After committees were formed and conflicts resolved, Lifton and his colleagues successfully medicalized the suffering of Vietnam veterans in the third edition of the *Diagnostic and Statistical of Mental Disorders (DSM)*. In the process, "post-Vietnam syndrome" became "posttraumatic stress disorder." The latter diagnosis can be widely applied to victims of any intensely threatening experience. PTSD locates disorder in the events that befall an individual, not in his or her character. The intensity of potential harm dominates the etiology of PTSD. This critical implication of the diagnosis has

³ Note that this image of GI Joe was a propagandistic fiction that estranged many soldiers (Fussell 1989). For a poignant but realistic account of the psychological effects of the Second World War, watch John Huston's *Let There Be Light* (1946), a government suppressed documentary of a military psychiatric hospital.

made it "almost totemic," as Summerfield puts it (2001: 95). After the *DSM-III* was published in 1980, experts and activists were using the diagnosis for victims of all kinds.

Activists representing victims of sexual assault were some of the first people to use the new diagnosis for political agendas. The anti-rape movement of the 1970s, an aspect of feminist activism, pushed to have rape classified as a violent rather than sexual crime (Bevacqua 2000). According to popular sentiment and the law, women were partially culpable for rape if it was the result of sexual intent, but they are not culpable if the rape is the result of violent intent. Joseph Davis explains,

If the rapist is acting out of sexual arousal toward the victim, then the victim must have done something, inadvertently or by choice, to stimulate this desire, and thus might be seen as bearing some responsibility for the rape ... To affix blame solely on the male, therefore, activists argue that the great majority of rapists act not out of sexual desire but out of hostility and contempt for all women (2006: 84).

The PTSD diagnosis served a useful function in framing rape as a violent infraction by placing the etiological pathology clearly outside the target. Anything less was easily construed as "blaming the victim" (Davis 2006: 115-6; Herman 1992: 28-32; also see Pitman *et al.*: 386-7).

Currently, the events which cause PTSD are thought to include experiences such as being the victim of child abuse, watching one's home burn, helping extinguish a burning home, living through a natural disaster, being diagnosed with breast cancer, learning that a family member suddenly died, perpetrating rape, and being involved in a major vehicle accident. The PTSD diagnosis has flooded psychiatric discourse and streamed into many other discussions among Westerners. Medical historian Ben Shephard writes, "Vietnam helped to create a new 'consciousness of trauma' in Western

society" (2001: 355). Because of the PTSD diagnosis, "trauma" and its generic meaning have become a common part of popular vernacular. When Westerners want to define something as evil or even just bad, they call it "traumatic."

In the wake of the PTSD diagnosis, trauma has become a central concern among humanitarian organizations, such as UNICEF and US-AID, alongside or often ahead of poverty and hunger (see Shephard 2000: 387; Sommers and Satel 2005: 165-7). It has become axiomatic that communal violence and natural disasters lead to large numbers of psychiatric casualties, so organizational actors ready an army of therapists for when catastrophe strikes.

PTSD has also become a fundamental concept in Western tort law. Threat alone can cause trauma; the actuality of physical harm is not necessary. Consequently, while compensatory law has had "a traditional distrust of mental damage claims," the PTSD diagnosis can overcome common restrictions on injury claims that require proof of physical impact or organic harm (Pitman *et al.* 1996: 380-1). Trauma and healing have also provided useful frameworks for actors seeking political apologies and reparations (Minow 1998; Olick 2007: Ch. 7; Olick and Coughlin 2003; Olick and Demetriou 2006; Torpey 2006: 15). Actors drawing attention to the current effects of historical injustices have their claims buttressed by research on the "transgenerational transmission" of trauma (e.g. Fierke 2006; Kidron 2004; Nagata 1993; Rakoff *et al.* 1965; but see Figely and Klebler 1995).

Intellectual interest in trauma follows its popularity in everyday discussion (see Cohen 1999). Since the PTSD diagnosis, the psychological literature on trauma has

become insurmountable, but the focus has not been on PTSD alone. "Trauma" is a broad category in which PTSD is a restricted manifestation. Because of the interest generated by the diagnosis, psychologists have reevaluated a number of experiences in terms of their traumatic qualities. Some of these experiences include sexual harassment, racial discrimination, and childhood in the inner-city (e.g. Brown 1995; Root 1992; Sommers and Satel 2005: 172). The study of trauma has also overflowed into other disciplines, such as political science (e.g. Bell 2006) and literary theory (e.g. Caruth 1996; Farrell 1998). Many historians, as Lerner and Micale write, have found that the study of trauma "provides a useful entry into many complex historical questions and uniquely illuminates points of conjuncture in social, cultural, military, and medical history" (2001: 6-8; see also Winter 2006).

The Psychology of Trauma

The dominant theory of trauma relies on the concept of *dissociation*, a splitting of the mind. Some experiences, theorists believe, are so out of the ordinary that people cannot make sense of them with preexisting meaning schemes. As a result, extreme events are stored in an alternate state of consciousness, split-off from the linear flow of normal subjectivity. In regular awareness, people remember by altering their experiences to meet their expectations of the world — revising, adding, or forgetting details. Normally, in other words, people interpret. Trauma occurs, however, when these processes of subjectivity fail; the mind cannot interpret traumatic experiences. The process of interpretative representation is overwhelmed by the extreme events, so the memory of these experiences is inviolate. Traumatic memories are untouched by

subjective representation; they are unassimilated imprints, iconic images. Interpretative alteration provides people with the ability to symbolize and narrate their experiences, but traumatic memories are non-verbal and cannot be narrated or otherwise represented. As a result, traumas exist as if they are continually present, and recall occurs through unmodified, veridical reenactments, of which the flashback is prototypical (Brett and Ostroff 1985; Caruth 1996; Herman 1992: 34-5, 41-2; Krystal 1995; Leys 2000: 105-116; van der Kolk and van der Hart 1995; van der Kolk *et al.* 1996; see also Hacking 1995).

Sociology and Trauma

The theory of dissociation emphasizes the way that interpretation fails in the course of trauma. Some events just cannot be interpreted, it maintains. Sociologist Jeffrey Alexander explains that common notions of trauma assume it is a natural and automatic experience, "an immediate and unreflexive response" (2004a: 3). However, as I will detail in the next chapter, recent cognitive and psychiatric research suggests that subjective interpretation, particularly as it is conditioned by culture, is necessary for trauma. For example, the degree of exposure to violence is an inconsistent predictor of PTSD, which would not be so if extreme events automatically traumatized. As Alexander writes, "Events are not inherently traumatic. Trauma is a socially mediated attribution" (*ibid.*: 8). My project considers how trauma is socially mediated through conceptions of self-identity.

The Contributions of Sociologists to the Study of Trauma

Identity has been a common consideration among sociologists who use trauma as a scientific concept. Under the terms *cultural trauma* and *collective trauma*, for example,

sociologists have studied the threats to collective identity (Alexander *et al.* 2004; Erickson 1976, 1995; Eyerman 2004; Neal 2005; Olick 1999: 343-5; Saito 2006; also Schivelbusch 2001). Closely related to anomie (see Sztompka 2004), collective trauma occurs when social solidarity and communality is abruptly wrenched apart. Neil Smelser writes about collective traumas this way: "It is possible to describe social dislocations and catastrophes as [collective] traumas if they massively disrupt social life" (2004: 37). Collective trauma is an objective process, while cultural trauma is a subjective process. Cultural trauma refers to people *claiming* that a group is facing a social or cultural crisis. Alexander writes of cultural trauma, "Traumatic status is attributed to real or imagined phenomena, not because of their actual harmfulness or their objective abruptness, but because these phenomena are believed to have abruptly, and harmfully, affected collective identity ... Events are one thing, representations of these events are quite another." (2004a: 9-10).

Kai Erickson's *Everything in Its Path* (1976) documented the effects of a coal slurry flood in Buffalo Creek, WV. His work was one of the first sociological writings on trauma, and Erickson was one of the first scholars of any discipline to comprehensively theorize collective trauma. However, *Everything in Its Path* does not just consider collective disorder; it is also an account of individual trauma. Erickson argued that traumatic "symptoms" in response to the catastrophe were an expression of a particular "mountain ethos." Erickson found that the Appalachian people shifted between contrasting poles of character: between love of tradition and personal liberty, between self-assertion and resignation, self-centeredness and group-centeredness, ability and

disability, independence and dependence. The oppressive dominance of the coal mining organizations in West Virginia had pushed the Appalachians toward resignation, disability, and dependence. This change in character was pushed further by the abrupt flood of slurry, which took lives, homes, and communities in the valley. What may have appeared as abnormal behavior to outsiders — emotional numbing, fatalism, etc. — was actually the expression of traditional cultural tendencies toward stress among these Appalachians. Erickson, in other words, illustrated that trauma can be viewed in light of conventional identity.

Erickson's account of trauma focused on the meanings *the victims* made of their experiences, while Davis (2006) has provided an important social constructionist account of trauma. His account focuses on the way that knowledge about trauma is "discovered" and defined through collective activity, how *scientists and activists* give meaning to violence and its aftermath. Davis has shown that a standard narrative of what it means to be a victim of sexual assault emerged in the 1970s as a result of political activism. Therapists carry this standard narrative of sexual abuse to their clients, and therapy is a process of helping victims understand their experience in terms of this common model of trauma and recovery. First, the therapist helps the client recognize that she was a victim of abuse by reinterpreting her biography in terms of the harm done to her. This is the "victim story." In the "survivor story," the therapist encourages the client to witness her resilience despite the injury. The client is then helped to draw upon this resilience to overcome the "false self," the disordered self, created by the abuse. Third is the "thriving story," which, according to Davis, is "a story of liberation" (p. 207). The thriver must

diligently ward off new threats to the self, but the abuse that occurred in the past no longer dictates her identity. In this stage, the client has effectively rejected her disordered self and has found her "true self," which is free from the pollutions caused by past harm.

This dissertation focuses on how victims interpret their experiences, but the argument does not imply a rejection of social constructivism. Therapeutic narration is important in defining the individual subjectivity of trauma. The resolution to my account of trauma is that individual resilience is founded in the capacity for one's social network to help the individual affirm a dignified self-concept. I discuss how friends, family, and acquaintances, including therapists armed with narratives of recovery, give the individual support to affirm or reaffirm an identity (see McGuffey 2005, 2008). The account of trauma presently provided, moreover, makes a place for the influence of activists, scientists, and others.

The Study of Trauma as a Contribution to Sociology

My research is intended to contribute to the interdisciplinary discussion of trauma by building on theoretical literatures that cross medical sociology, the sociology of self, and cultural sociology. For example, I build on Erving Goffman's (1961) sociology of mental disorder. I argue that a traumatized individual is one whose self has been symbolically annihilated. One loses his or her sense of self-propriety through the "grind of a million annoyances" (Erickson 1980 [1959]: 42). This relates to Goffman's argument that clinicians produced mental disorder in asylum inmates by stripping them of the resources to express a civilized identity. In the asylum, individuals were unable to control their self-presentation, which, according to Goffman, *mortifies the self*. Asylum

inmates and people who endure extreme violence share many experiences, such as the inability to manage one's appearance, uncivilized circumstances of bodily evacuation, disfigurement, interactions that evoke unbidden emotions, and situations that prevent the individual from stopping harm to others. Goffman, writing about institutions like the asylum, expresses something that is also true of extreme violence: "[T]otal institutions disrupt or defile precisely those actions that in civil society have the role of attesting to the actor and those in his presence that he has some command over his world — that he is a person with 'adult' self-determination, autonomy, and freedom of action" (p. 43). My analysis draws evidence from two total institutions — concentration camps and the military — but many contexts of extreme violence have similar effects of stripping reflexive individuals of their most fundamental self-conceptions.

Goffman's scholarship, especially his *Frame Analysis* (1974), is an intellectual predecessor to the emerging field of *cognitive sociology* (see Zerubavel 1997: vii). Cognitive sociology is concerned with how culture organizes individual attention, classification, memory, and meaning schemes. To varying degrees, cognitive sociologists seek to harden interpretative sociology with the research and theory of cognitive science (e.g. Brubaker 2004: Ch. 3; Cerulo 2000, 2002, 2006; Dimaggio 1997; Ignatow 2007; Martin 2000; Zerubavel 1997, 2007; see also, for example, Halbwachs 1992 [1952]: Ch. 1 and 2; Mauss 1985 [1938]).⁴

⁴ The comparative perspective among psychologists is often termed "cultural psychology." See, for example, Hedden *et al.* (2008); Markus and Kitayama (1991); Masuda *et al.* (2008); Schumaker and Ward (2001); Shweder (1982, 1990, 1991). One of the foundational texts, however, comes from an anthropologist (D'Andrade 1995).

My account of trauma is in line with this novel and powerful explanatory approach. My dissertation develops cognitive sociology in two ways. First, mental disorder has been explored little under the heading of cognitive sociology (see Cerulo N.D.). Second, and more important, the provided account considers emotions alongside cognition. Cognitive sociology has often focused on cold, emotion-free information processing (Ignatow 2007; but see Dimaggio 2002: 277-8 and Schwartz 1981). However, emotions are both a cause and effect of cool thoughts (see Elias 2000 [1939]; Ignatow 2007; Illouz 2007; Markus and Kitayama 1991: 235-9; Rosenberg 1990). For example, people make cognitive inferences about violence that elaborate its putative threat, giving violence a sense of terrifying boundlessness. There is more than one process of elaboration, but I attend most to probabilistic reasoning. Probabilistic reasoning is a thought-style that matured in the 1800s. Through it, Western victims of violence come to a traumatic conclusion about the chances of evil, both from others and within themselves. These cool statistical calculations influence the terror of boundless violence but also the trauma victim's disgust with his or her self.

Traumatic Stressors: A Formal Sociology of Trauma

The primary empirical contribution this project offers is a typology of traumatic stressors (see Sutker *et al.* 1991: 523). The four major types are as follows: the symbolic and cognitive expansion of violence, the loss of emotional propriety during exchanges of physical harm, the frustration of mundane choices and routines, and the blurring of moral and cognitive boundaries. A fifth type is the symptoms of trauma themselves. The types map onto a diversity of violent events, so instances of each type are of varied manner and

degree. For example, one sub-type under mundane choices and routines is bodily disfigurement. This includes the loss of a limb, but also physical defacement caused by being deprived bathing facilities, cosmetics, sanitary products, and clean clothes (see Goffman 1961: 20-1).

I exemplify the constituent variety of each type and sub-type to illustrate how the stressor forms are common to a diversity of violent experiences. This approach takes a cue from formal sociologists such as Goffman, Georg Simmel (e.g. 1971b [1908]), and Eviatar Zerubavel (e.g. 2006). While their sociological accounts transcend history and culture, the provided typology is culturally centered, but it nevertheless shares much with what Zerubavel terms *social pattern analysis*. Social pattern analysis is “the strategy of comparing specifically in order to identify common patterns across different social contexts ... In other words, it implies opting for lumping rather than splitting ... as one’s overall style of theorizing. That involves drawing on different contexts interchangeably so as to highlight common underlying patterns” (Zerubavel 2007: 136, 137, emphasis removed).

Futhermore, as I explain below, my qualitative analysis followed the techniques of *grounded theory*, which is an inductive approach to empirical research. Goffman anticipated this approach: “When I do these studies I take a large number of illustrations, variously obtained ... and try to get a formulation that is compatible with them all” (quoted in Zerubavel 2007: 134). Zerubavel suggests that grounded theory is particularly compatible with the goals of formal sociology (*ibid*: 139, 140). Using the techniques of grounded theory, the researcher stops collecting data when his or her analytical categories

are "saturated." In part, a category is saturated when it is "well developed in terms of its properties and dimensions demonstrating variation" (Strauss and Corbin 1998: 212). In formal sociology, the exact ways a category is saturated is theoretically significant, because the diversity of empirical properties and dimensions establishes the generality of a social type. In the context of this study, variation within the forms of traumatic stressors expresses the many paths through which violence might flank the individual.

Reflexivity and Authenticity

The typology identifies what traumatized individuals feel is most significant about violence and trauma. To understand why and how individuals find these experiences meaningful requires theoretical description. I rely on the concepts of *reflexivity* and *authenticity* for this description. Reflexive selfhood involves feeling — from the perspective of the individual — that one is almost solely responsible for determining his or her self. The contemporary individual, in the words of Lasch, needs "to establish an identity, not to submerge her identity into a larger cause" (1979: 8). A reflexive individual is an agent with the power to decide who he or she is. The individual is nothing more than his or her ability to interpretatively engage one's thoughts, emotions, actions, and biography to produce an identity. The agency of identity is the capacity for continuous self-observation and self-management, i.e. *reflexivity*. Personhood is the exercise of this power, the act of finding and building an *authentic* individuality. Authenticity is the expression of what the individual believes is his or her sincere and voluntary identity. Contemporary individuality is not given by birth or tradition, rather individuals choose their religion, ideology, and the rest of their style of life. Important to

identity are one's emotional life, one's choice of friends and romances, one's choice in presenting the body, and one's moral horizons. Moreover, reflexivity is the source of authenticity. If an individual loses propriety over his or her identity, the individual loses personhood.

This description is most true for contemporary Westerners and Westernized people elsewhere. Furthermore, the description of self-identity is a central tendency among the relevant population. People across the West and individuals over a lifetime are more or less reflexive and more or less concerned with authenticity (see DiMaggio 2002: 278-9; Gould 2003: 167-70; Spiro 1993 for interesting discussions). The same is true of collective identities; people across the West and individuals over a lifetime are also more or less bound by tradition (see, for example, Barber 2001; Giddens 1990: 38). I consider differences in identity in the conclusion, but any attempt to account for all the variation will be incomplete.

In other words, the description of contemporary selfhood in these pages is not the only useful one. I chose complementary concepts of selfhood that best fit my data. Others have conceptualized contemporary Western self-identity in divergent ways that might also help account for trauma. For example, the concept of reflexivity highlights the role of choice and self-awareness in identity, but Nicole Simek's (2007) theory of trauma and identity highlights *the lack* of choice and self-awareness. She draws on Pierre Boudieu to suggest that trauma is a disorder of *habitus*. *Habitus*, the mechanism that guides individual action on the basis of social position, allows individuals to make many decisions without reflection, which gives these choices a natural feeling. In trauma, she

argues, the individual experiences events too unexpected for the *habitus* to work as usual, and the once seemingly natural appears very unnatural. The failure of the *habitus* sends the victim into the miseries of interpretative confusion.

A number of scholars have found it useful to draw a connection between trauma and postmodern descriptions of identity. They tend to accept the idea of dissociation in making this comparison (see Leys 2000: Ch. 8). Postmodernist theories of selfhood describe the contemporary self as fragmented and incoherent. According to many postmodernists, the individual floats freely from group to group and milieu to milieu. The fluidity of life means that the individual has no center from which to hold all these experiences together. Individuals are strapped to the language of each group or milieu, each with its own description of the self (e.g. Lyotard 1984 [1979]; Rorty 1979, 1989; for reviews, see Harvey 1990: Part 1; Kumar 1995: Ch. 4 and 5). For a number of authors, the trauma victim is the principle metaphor for postmodern existence (e.g. Caruth 1996; Bracken 2001; Farrell 1998; LaCapra 2001). The dissociated self, fragmented parts that cannot be reconciled, recalls the experience of selfhood for everyone. The failure of meaning schemes to render traumatic events mimics the crisis of representation for all Westerners.

Research Design

The model of selfhood provided here emerged from a qualitative research design. I sampled published narratives of trauma and systematically coded them. Then a theoretical model was developed to account for the empirical findings.

Theoretical Sampling

My research method used a sample of memoirs. The sample includes four kinds of extreme violence: rape, terrorism, genocide, and war. I examined a wide variety of violent experiences, but my goal was not necessarily to develop a representative sample. My purpose here is to develop a *robust account* of trauma. A robust account of trauma identifies major causal processes that underlie the phenomenon (see Goldstone 1991: 54-61; Lieberman and Lynn 2002). As others have made clear, the best way to research for causal descriptions is to pick cases on the basis of their theoretical relevance — I sampled on the dependent variable — a method that should not be confused with bias (e.g. Strauss and Corbin 1998: Ch. 13; Zerubavel 2007: 139-41). Bias is a problem of statistical representation and prediction. My account complements statistical prediction but is different from it (see Goldstone 1991: 60). Statistically relevant samples help us predict empirical variations in a population, while a theory-driven sample can help define the mechanisms that influence statistical relationships. Since representation is not a priority, when helpful, I sometimes use data not formally in my sample to help illustrate concepts and processes. Furthermore, even if statistical representation does not direct my sampling method, I am still sensitive to the extent the findings can be generalized. I discuss the limits of this project below.

Source Selection

The sources for my research are published works written by perpetrators and targets of extreme violence, eyewitnesses, and intimates of victims. I term my sources “memoirs,” defined as personal reflections written for a popular audience. Excluded

were published diaries, journals, and oral histories, which are of a different genre. All memoirs were to be written or translated in English. Memoirs were to tell a story of victimhood in a broad sense, and I only used works where the main theme is the perpetration and its consequences. Excluded were autobiographies of victims where the event of victimization may not be the particular focus of the work. I avoided memoirs by individuals who experienced violence before their teenage years, because child trauma and adult trauma are not wholly comparable (see, for example, van der Kolk 2007). The authors in the study are American and European. The one exception is a woman from Rwanda who received a Western education, lived in America, and was otherwise close to contemporary Western culture.

The sample included two cases of genocide. First is the Rwanda genocide of 1994 in which Hutus targeted Tutsis. Second are the Serbian massacres of Muslims and Croats that occurred during the Bosnian War in the early 1990s. In both cases, reports of atrocities perpetrated in the opposite direction exist, but no direct accounts of them appeared in the sample. The Bosnian War is one case of war, alongside the Vietnam War and the current Iraq War. My example of terrorism is September 11, 2001. As a coincidence of my sampling method, the rape cases are all American and all perpetrated by strangers. Also by coincidence of my sampling method, and by the fact that a certain type of person writes memoirs, the authors tended to be middle- to upper-class and college educated. I discuss the implications of this below.

I compiled my sample using *Worldcat*. This is a database of the holdings of libraries worldwide. I chose *Worldcat* for two reasons. First, it provided one of the most

comprehensive lists of published materials available from a single database, and it provided a *complete* list of published sources available at or through the University of Virginia. Second, unlike other comprehensive databases such as *Books in Print*, it classifies books using a standardized taxonomy, the Library of Congress Classification System.

To identify the population of sampling elements — an inclusive list of all relevant and available memoirs — I searched the internet for titles that met my criteria for a source. I then located the titles in *Worldcat* to obtain their Library of Congress subject classification. Next, I found all works in English classified under that subject published since 1950.⁵ “Memoir” is not a Library of Congress subject, so barring some peculiarities, most of the works I used are classified under “personal narratives,” “biography,” or both. The rest of the subject classification varied by case: “rape victims,” “Vietnam War,” and so on. Many of the results from these subject searches did not meet the criteria for my sources, so for each record I tried to find a description of the book to decide whether it was an appropriate element for my sample. *Worldcat* provides descriptions for a few books, but I had to find most title summaries through internet searches. When a summary was not found, I allowed the title in the population and determined its relevance upon receipt. I did not resample if a title was later discovered not to be an appropriate element.

⁵ In other words, I found all memoirs published on that subject between 1950 and when I sampled my sources, the fall of 2006. Obviously, given my cases, the starting date was meaningful only for rape memoirs. However, none were published that early.

Upon identifying the population of elements, I sampled the memoirs using a modified quota method. I ranked each book on the basis of popularity, which I measured by the number of libraries worldwide holding that volume. I chose the most popular memoirs for each case. I aimed for around 15 elements per case, but the exact number of sources I started with in each case was determined by the characteristics of rank differences. I will illustrate by discussing the sources on rape.

In total, I found thirty memoirs written about rape, with the first appearing in 1979, *Within a Dark Wood* by Jennifer Barr. I excluded memoirs from women raped under the age of 18 and women raped in coincidence with another crime.⁶ I tried my best to exclude works that appeared to focus on self-help and used personal accounts of rape only to give authority to the author's counsel. Without seeing the books in person, of course, this was an imperfect process. Out of the thirty memoirs on rape I found, I began with 15 for the purposes of my dissertation. The fifteenth ranked book was available at around 170 libraries, the sixteenth ranked at about 90 libraries. Given the large gap, I chose to end my list with 15 memoirs.

Using the method of quota sampling described, I started with a sample of approximately 50 titles. A list of memoirs cited in this essay are organized by case in the bibliography.

Coding the Memoirs

I used the *grounded theory* technique (Straus and Corbin 1998) to analyze the data. The grounded theory approach is a set of procedures for building theories out of

⁶ For example, I excluded Debra Puglisi Sharp's *Shattered*, because it recounts her rape and her husband's murder, both perpetrated in the same man's violent rage.

qualitative research. It is an approach for deriving theory from the facts, rather than using facts to test theory. The approach begins with "open coding," in which the memoirs were read closely for patterns in descriptions of harm, emotions, thoughts, relationships, values, moral perspectives, symptoms, etc. Initial open coding established many of the sub-types in the typology. Next, I began "axial coding." Axial coding involves organizing categories based on their relationships and interactions. I then compared my findings against relevant published research. This helped prove the veracity of my categories. At this point, fitting models to the data began. Once a sociological framework was established, I began "selective coding," refining my empirical analysis on the basis of the theory. In turn, I continued to revise the theoretical description on the basis of incoming data. Primary research concluded when the established categories were empirically saturated.

Limits of the Research

My use of memoirs is partly strategic. By using memoirs, I can obtain insight into a large range of sensitive experiences more quickly and easily than I could by, say, conducting interviews. This is likely a reason that the use of memoirs to study trauma has many precedents. For example, psychologist Judith Herman draws upon them liberally in her seminal *Trauma and Recovery* (1992). Paul Fussell (1975, 1989) used memoirs to explore the meanings servicemen made of the two World Wars, and so did Terrence Des Pres (1976) in his portrayal of survival in the Nazi concentration camps. However, there is also a "theoretical" reason to use memoirs. In a culture where victimhood is increasingly permitted, more and more people are using memoirs to

publicize, reflect upon, and learn about trauma and other kinds of suffering. As a result, a whole new literary genre has emerged: "misery memoirs" (Leman 1992; O'Neill 2007).

These virtues aside, my design limits the scope of empirical and theoretical claims. First, my claims only concern the forms of extreme violence sampled, and as it is experienced by contemporary Westerners or those close to Western culture. Second, my sample represents the *bourgeois* experience of violence and trauma. This is given by the demographics of memoir authors and the possibility that the style of selfhood I describe is most common among that class (Bourdieu 1984). Statistical research shows that education and socio-economic status has a noteworthy inverse relationship to PTSD diagnosis, though factors such as social support and current life stress have significantly more predictive power (Brewin *et al.* 2000: 751, table). Third, the medium of memory affects the meaning (Olick 2007: 97-104). My empirical findings are strictly findings about how trauma is represented in non-fiction reflections of violence written for a popular audience.

Nonetheless, different styles of traumatic interpretation — memoirs, interviews, diaries, survey instruments, clinical observation — are complementary. Their messages might diverge at times, but they also often converge. Where available, I buttress empirical and theoretical claims with survey research, experimental research, interviews, and clinical observation.

A Map of What Follows

In the next chapter, I situate my description of trauma historically. I begin with an intellectual history of the concept, emphasizing that experts progressively moved the cause of trauma outside of the individual. This movement culminates in contemporary theories of dissociation, which downplay the role of subjective interpretation in trauma. However, recent cognitive and psychiatric research does not warrant this continued trajectory. Research, instead, suggests that subjective interpretation is a fundamental aspect of PTSD. As part of situating my account amongst current research and theory, furthermore, I clarify the distinction between PTSD as a psychiatric diagnosis and as a sociological concept.

Chapter three describes two aspects of contemporary Western subjectivity: reflexivity and authenticity. These culturally informed features of self-identity help us conceptualize the meaning of events that occur during violence and add up to trauma. This description was developed to fit the data, but I present it before the typology in the dissertation for concerns of style and clarity. Chapter four continues the discussion of contemporary subjectivity in terms of violence as its regularly experienced among Westerners, especially *bourgeois* Westerners. People today tend to experience a clean and tidy version of violence and death, the version of violence as it is represented in mass media, memorials, and museums. This mediated experience of violence is not just physically tidy, but also emotionally, cognitively, and morally organized. The mediated experience of violence illustrates contemporary anxieties about harm and is an influential background for trauma.

Chapter four also begins to identify the stressors involved in violence. That chapter addresses the anxiety engendered as individuals symbolically and cognitively elaborate the possibilities of violence, endowing it with a sense of boundlessness. Chapter five address the entrancing feelings of violent physical exchanges. On one side are the terrifying joys of perpetration, and on the other side are the shameful feelings of complicity among targets. Chapter six explores the way that the frustration of mundane choices and routines adds to the stress of violence. Chapter seven illustrates the way that the fog of violence traumatically betrays the distinctions between friend and foe, between good and evil, and between fact and fiction.

Chapters four through seven establish a typology of stressful symbolic experiences that occur during extreme violence, and chapter eight puts this typology to use to explain the symptoms of PTSD. In chapter eight, I also suggest that the symptoms themselves, not just the violent experiences, are subject to interpretation, sometimes with traumatic effects. Chapter nine, the conclusion, discusses the role of social support in resilience and establishes a direction for future research and theory. This includes research and theory that splits apart the features of violence and victims I lump, such as the form of violence and gender differences. Regardless of the level of specificity or generality sociologists choose, if we are to understand trauma, sociologists have to be attentive to the complex interactions of individual subjectivity and psychiatric nosology. Self-identity is one bridge between the two.

Writing about Trauma

Similar to many topics sociologists study, writing about trauma is ethically delicate, and finding an appropriate sociological language is difficult. It has become fashionable recently to label people who suffer violence as "survivors" (Bevacqua 2000: 230n; Dunn 2005). The conceptualization is usually normative or quasi-normative, imbuing the experience of violence with a heroic timbre. The suggestion is that calling targets of violence "victims" frames them as helpless or passive, while "survivor" connotes agency and growth through suffering. It is thought that "survivor" is more dignified than "victim."

On one side, many victims of violence refuse to think of themselves as survivors, some because they do not want people to attribute heroism or redemption to their suffering, others because they accept that they were passive during the violence. Alice Sebold, a rape victim, writes of the attack, "Did I say I had free will? Do you still believe that?" (Sebold 1999: 21). Another woman was convinced that she had not "escaped" but that the rapist had "let her go" (Kalven 1999: 43). On the other side, individuals attempt to stop the mortification of their selves, even risking their lives to do so. This would be "survivor" behavior. However, many traumatized individuals do not fit easily on one side or the other. "Life as a rape survivor," one such woman explains, "is full of contradictions" (Raine 1998: 121).

Given the complexities of "survivor" and "victim," I use them interchangeably for people who experience traumatic violence. When I use them, I imply nothing about heroism, dignity, or culpability. Nor should anything I say, unless I articulate otherwise.

The reader should judge my work on its sociological value, and as such I use a sociological voice, one that is neutral but hopefully respectful (see Westervelt and Cook 2007).

Chapter 2

Inside Out: Past and Present Concepts of Trauma

In this chapter, I first give a brief intellectual history of psychological trauma, then I engage recent theories of posttraumatic stress disorder (PTSD). In the first section, I emphasize a claim historians of trauma often make: Trauma is tied to modern life (e.g. Micale and Lerner 2001). Since its emergence in the mid-1800s, the concept of psychological trauma has frequently served critical functions for both scientists and the public. As such, scientists have increasingly moved its cause outside the individual to the risks characteristic of contemporary life.

This movement culminates in current theory. The predominant theories of PTSD explain it as an outcome of *dissociation* or similar processes whereby the mind automatically splits due to the experience of extraordinary harm. These theories downplay the role of subjective interpretation, but research does not support this. Research suggests, instead, that subjective interpretation is fundamental to PTSD. Recognizing the role of interpretation is the first step in putting the causes of trauma back into individual subjectivity.

Trauma: A Brief Intellectual History

Trauma, as it is typically defined, occurs by the force of a foreign agent. The term "trauma" originally referred to a sudden and physically damaging blow to the body, but in the mid- and late-nineteenth century, scientist expanded its meaning to include psychological harm caused by an unforeseen and frightful experience, usually revolving

around death or its threat (Hacking 1995: 183-5; Lerner and Micale 2001: 9-10; Schivelbusch 1979: 150-70). Psychological trauma, in this regard, occurs when people are confronted with a situation or environment that poses grave risks and violates one's general sense of safety. Consequently, Kirby Farrell explains, "[E]very trauma reveals the inability of the social world to protect the victim from harm ... Every trauma implies a criticism of life" (1998: 187; also McFarlane and van der Kolk 1996: 573-4; but compare Edkins 2003: 46-56).

Certainly, scientific notions of trauma have historically served as a critique of modern risks. American and European scientists first began to recognize psychological trauma in the 1860s (Hacking 1995: 185-7; Micale and Lerner 2001: Ch. 2-7; Schivelbusch 1979: 135-45; Young 1995: 13-24). Some people, experts observed, walked away from railway and industrial accidents without physical injury, but then displayed strange behaviors days or weeks later. The affected people would experience problems such as emotionally intense memories of the event, constant feelings of unease, severe headaches, and disturbing seizures. As a result, medical experts developed new diagnoses — "railway spine" and "traumatic neurosis" — that theorized that a frightful experience could affect psychological disturbances in people who would otherwise be emotionally sound.

A terrified public blamed the railway accident on reckless industrialists and government agencies who let mechanized efficiency run out of control (see Schivelbusch 1979). This influenced scientific opinion, as Ralph Harrington explains,

[F]or the Victorian doctors confronted with the condition ... the mysterious disorders suffered by railway accident victims ... acquired a subtext of

metaphorical and implied meanings, becoming emblematic of the condition of modern humanity, subject to remorseless efficiency of an increasingly mechanized civilization and the violent unpredictability of seemingly irrational and uncontrollable machines (2001: 55).

Similarly, the "traumatic neurosis" classification was a way for sympathetic experts to highlight the sacrifices of the new "industrial army" and the negligence of their employers who regarded industrial accidents merely as "opportunity risks" (see Eghigian 2001; Hacking 1995: 186-7; Micale 1990, 2001; also Witt 2004). However, the normative effects of trauma were not just allegorical. The "metaphorical subtext" of trauma was solidified in the courts. Scientists began developing notions of psychological trauma as the courts expanded the criteria for restitutive liability. In fact, corporations and victim advocates hired scientists to study trauma *for accident cases* and contests over disability pensions.

Until the turn of the century, experts tended to believe that "railway spine" and "traumatic neurosis" were the result of unseen damage to the brain or nervous system. Even if the etiology was at first thought to be organic, the diagnoses helped define new risks possible in the course of modern life and expanded their harmful effects into the mind. Nevertheless, Allan Young calls the period from the mid-1800s to early 1900s the "classical age of traumatic memory" (1995: 42). The "modern age" of trauma starts with the Great War. This is true for three reasons. First, scholarly interest and knowledge in trauma was limited before the First World War. Though it would ebb, scholarship on trauma gained new intensity and focus as a result of the War. Scientists were more interested in trauma partially because it became much more common during the conflict. This is the second reason that the First World War was a milestone: It was the first

“epidemic” of trauma, as cases before were rare. “Shell-shock,” the contemporary term for psychological trauma, was one of the most common sources of battlefield casualties, even after doctors were conservative with the diagnosis (Mosse 2000: 101; Shephard 2000: Ch. 1-11). Men suffering from shell-shock displayed many of the same symptoms as victims of railway and industrial accidents, but also common were episodes of blindness and deafness, periods of muteness, and exaggerated postures and gaits. Doctors often argued that this disorder was a symptom of modern warfare, and some, most notably Sigmund Freud, also argued it was a symptom of the modern conscript army, which failed to prepare soldiers for the psychological burdens of war (Bianchi 2001: 223; Young 1995: 79).

The final reason that the shell-shocked of the Great War were watershed cases is because they fomented an epidemic in public awareness. During its course, public discussion and representation of the war tended to domesticate its violence (Mosse 1990). However, though the public was suspicious of malingers, shell-shock came to be an important means through which Europeans expressed the horrors of industrialized war and the limits of modern progress. In Europe, the image of the shell-shock veteran powerfully recalled the carnage of the Great War as a vicissitude of “Progress” (Fussell 1975; Mosse 2000; Winter 2000; see also Bartov 2000).

If the cause of trauma was modernization gone awry, the individual’s “constitution” could not fully explain the disturbance, so concepts like “traumatic neurosis” and “railway spine” were important for destigmatizing those who suffered psychological disorder. Save psychotics — the “truly mad” — people tended to see

psychological disturbances as conditions that afflicted women. Westerners assumed men with psychological disturbances were either malingerers, effeminate, or racially and morally backward (Shorter 1997: Ch. 1-4). In some circles, the first two of these assumptions have continued through all conceptions of trauma including PTSD (see, for example, Bourke 2000; Shephard 2001: 396-8; Sparr and Pankratz 1983; Young 2002). However, scientists accepted that "railway spine," "traumatic neurosis," and "shell-shock" were psychological disorders even the most heroic of men could suffer (see Hacking 1995: 186-8; Micale 1990; Mosse 2000). The same is even more true of "combat fatigue," the shell-shock of the Second World War (Shephard 2000: Ch. 13-22). A pamphlet distributed to American soldiers entitled *Army Life* admitted that "YOU'LL BE SCARED. Sure you'll be scared. Before you go into battle you'll be frightened at the uncertainty, at the thought of being killed" (quoted in Grossman 1995: 53). Two American psychiatrists commented that "There is no such thing as 'getting used to combat.' ... Each moment of combat imposes a strain so great that men will break down in direct relation to the intensity and duration of their exposure" (quoted in Herman 1992: 25). Another wrote that trauma victims were often "*heroes — big apparently tough men ... [E]ven the strongest ... had his breaking point.* Because of the special horrors of modern warfare, that breaking point could be reached more quickly than ever before" (quoted in Shephard 2000: 333, my emphasis).

And this brings us to "posttraumatic stress disorder" (PTSD). PTSD was first entered in the third edition of *The Diagnostic and Statistical Manual of Mental Disorders (DSM-III)*, published in 1980. It is the most critical concept of trauma. I mean "critical"

in two ways. First, its entry was the result of approximately a decade of political activism by anti-war veterans and sympathetic clinicians, and of all the concepts of psychological trauma, it implies the most vehement criticism of the events and environment which purportedly cause the trauma (compare Edkins 2003: 46-56). Second, it has done more for the understanding of trauma than any effort before, and through it, "trauma" has become an emblem of human suffering. Consequently, as I have explained, PTSD significantly organizes the current rhetoric of victimhood.

Vietnam veterans did not come home acting like heroes. Vietnam veterans were prone to divorce, unemployment, alcohol and drug abuse, and violence. Americans often saw "something, sinister, disturbing, frightening" in the nation's sons who returned from the conflict. To explain the dysfunctional behavior, sympathetic experts determined that the vicissitudes of war had caused irreparable changes in the personality and psychology of many soldiers. They called these changes "post-Vietnam syndrome," a direct indictment of the war in Vietnam. Robert Jay Lifton called Vietnam a "dreadful, filthy, unnecessary war" that forced otherwise noble men into the commission of atrocities. Veterans came out of the war traumatized with deep feelings of guilt and alienation. They deeply regretted the acts they committed in the name of an unjust war and an uncaring nation. The changes among soldiers, according to Lifton, moreover, were thought to be one expected of "all civilized men who have ever been sent to make murder in the name of virtue" (quoted in Herman 1992: 27; Leys 2007: 54-5; Scott 1990: 301; Shephard 2000: Ch. 23-5; Sommers and Satel 2005: 141-51; Young 1995: 107-11; Young 2002).

What came to be termed PTSD placed the etiology of trauma squarely outside the victim. Personality, character, or other "risk factors" were less important than the severity and quality of traumatic experiences. How "outside the range of usual human experience" events are, in the language of *DSM-III*, is what matters most (e.g. Leys 2000: Ch. 7 and 8, 2007: 94; Scott 1990: 308; Shepard 2001: 357-61; Yehuda and McFarlane 1995; Young 1995, 2002). For Vietnam veterans, the diagnosis, like all notions of trauma, served important compensatory purposes. First, it was a kind of *symbolic* compensation. The American public did not honor those serving in Vietnam as they had soldiers from past wars. Indeed, I suggest with others that the rude homecoming, not just the fighting, was traumatic for many Vietnam veterans (Neal 2005: 101; Shay 1994; Shepard 2000: 357-9; Summerfield 1995: 20). Like "traumatic neurosis" which called attention to sacrifices of the new "army" of industrial workers, the PTSD diagnosis was recognition and metaphorical restitution for the suffering soldiers endured for the nation in Vietnam (Young 1995: 114).

Not unlike the earlier diagnoses, PTSD also made psychiatric casualties eligible for disability pensions and treatment in VA hospitals (Gersons and Carlier 1992: 742; Leys 2007; Young 2002: 646, 1995: 114). In fact, the "working group" who developed the criteria of the diagnosis worked closely with medical experts familiar with workman's compensation (Scott 1990: 306). Even though PTSD, as I will explain, shares symptoms with depression and anxiety disorders, unlike those other diagnoses scientists maintained that the presumed etiology of trauma lies ultimately outside an individual's biography or predispositions prior to the traumatic event, which makes it fully a "service-connected"

disability. As a result, the diagnosis firmly extends the harm of war to permanent psychological dysfunctions. This critical extension has been repeated again and again by scholars and advocates who continually add to the list of events that can cause PTSD.

Posttraumatic Stress Disorder: Brain and Mind

PTSD is a successful normative tool because it exculpates the victim by pushing the etiology out of the individual. This does not sit well with recent cognitive and psychiatric research on the disorder (see Yehuda and McFarlane 1995). A preponderance of evidence suggests that trauma is centrally an act of subjective interpretation. This is something that current theories of trauma, focusing on *dissociation* or similar processes, have not dealt with adequately.

The Psychological Diagnosis and the Sociological Concept

According to the *DSM-IV* (APA 1994), to be diagnosed with PTSD a patient must show one or more of the following symptoms: recurrent and distressing memories of the event, behavioral or psychological avoidance of stimuli associated with the event, or a high level of arousal not displayed before the etiological experience. The patient must have experienced the symptom or symptoms for at least a month, and they must be severe enough to impair the tasks of usual life. These symptoms, however, do not exhaust the experience of trauma. They merely constitute the minimum to be officially diagnosed with PTSD.⁷ A pure cluster of PTSD symptoms rarely occurs in practice, so scholars and therapists have accepted that other symptoms are common to trauma. These might

⁷ "Official" means for the purposes of insurance claims and disability pensions (see Horowitz 2002: 270; Shephard 2001: 361-2; Scott 1990: 306-7; Young 2002: 636, 646).

include intense shame and/or guilt, extreme dread, aggressive behavior, feeling as if dead, inanition — a lack of moral and emotional vitality — depression, belief in a punitive world, and various somatic troubles — such as dull aches, sharp pains, irritable bowels, weakened immunity, and bodily numbness (see BenEzer 2002: 161-3; Grossman 1995: 75, 87-93, 1115; Herman 1992: Ch. 3; Krystal 1995; Leys 2007; Mayer 2007; McFarlane and Yehuda 1996: 165; McNally 2003: 85-7, 104; Schnurr *et al.* 2004: 93; van der Kolk 1996a; Young 1995: 148, 200-1, 204-5, 206-10).

The heart of the diagnosis, however, is not the symptoms but the etiological event, around which most theoretical controversies about trauma beat. The first criterion of the PTSD diagnosis is that the patient had been exposed to physical harm or death and responds to exposure with strong emotions of terror. In the language of *DSM-IV*, the first criterion includes one or more of the following:

[A]n extreme traumatic stressor involving direct personal experience of an event that involves actual or threatened death or serious injury, or other threat to one's physical integrity; or witnessing an event that involves death, injury, or a threat to the physical integrity of another person; or learning about unexpected or violent death, serious harm, or threat of death or injury experience by a family member or other close associate (APA 1994: 424).

In addition, and this is important, the patient must have subjectively appraised the experience in terms of "intense fear, helplessness, or horror."⁸

To begin situating my response to current theory, I need to clarify what trauma, specifically PTSD, is as a sociological tool. PTSD as a diagnosis in the *DSM* is a scientific instrument, comparable to a survey in sociology. In its most formal usage, the

⁸ See Hochschild (1984) for a sociological theory of emotion as an interpretative act. See also D'Andrade (1995: 229) and Rosaldo (1991) for compatible views from anthropologists.

PTSD diagnosis is a tool to measure the existence and degree of a discrete empirical phenomenon of the mind. Reliability and validity are central for the integrity of a diagnostic (see Horowitz *et al.* 1987 specifically on trauma). The main concern regarding reliability is accurate diagnosis in different cultures and across ethnicities and other populations (see de Silva 1999; Jenkins 1996; Laungani 2001, 2002; Marsella *et al.* 1993; Manson 1997; Parsons 1985; Summerfield 1999; Wilson and Tang 2007). Though reliability is no less important, the validity of PTSD is more controversial. Research has not settled that the PTSD diagnosis measures a distinct entity. The symptoms, again, overlap with other disorders, such as depression and anxiety, so might be successfully treated under these other classifications (see Breslau and Davis 1987; Scott 1990: 307; see also Young 1995: Ch. 3 and 4, 2001, 2002).

However, I use "posttraumatic stress disorder" and "trauma" as sociological concepts, not as diagnostic instruments. This, I believe, is in line with the more liberal use of the terms among therapists and researchers (see Breslau and Davis 1987: 259-60). The value of PTSD, or "trauma," for sociologists depends on its conceptual usefulness, not its validity or reliability (Homans 1967: 7-31). Though clarity is always a virtue, I can proceed without delimiting all the differences between PTSD and, say, depression (see McFarlane and Papay 1992: 502). Moreover, one does not have to be diagnosed with PTSD to be sociologically conceptualized as a trauma victim. One is either formally diagnosed with PTSD or not, but one can be conceptualized as more or less traumatized.

The Traumatized Brain

The major debate over the empirical relationship between extreme events and traumatic symptoms centers on the role of objective exposure against the role of subjective interpretation. I show that empirical research suggests the centrality of subjective interpretation, and by doing so, illustrate the empirical value of a cultural sociology of trauma. Dissociation, the dominant concept of trauma, is a theory of the mind, but I want to start with the brain. Research suggests that traumatic experiences can permanently rewire the brain (Herman 1992: 36; Kirmayer *et al.* 2007b: Part 1; van der Kolk 1996a; Yehuda and McFarlane 1995: 1709-10; see also Young 2001). This damage can severely affect an individual's cognitive and emotional capacities, especially when the traumatic experiences occur at a young age, such as among children exposed to inner-city violence or sexual abuse (Bremner 2007; Krystal 1995; van der Kolk 1996a: 227-9, 2007).⁹

The rewiring is different than a simple exaggeration of negative stimulus conditioning. The constitutive emotion for Pavlovian conditioning is fright or "shock," but trauma involves the circuitry of anxiety (Kirmayer *et al.* 2007b: Part 1; van der Kolk 1996a). Observers once thought that the startling abruptness of an experience was important for the onset of psychological trauma (see Freud 2006 [1920]; Lerner and Micale 2001: 10; Schivelbusch 1979: 135-45; Shalev 1996: 87-8; also Caruth 1996: 4),

⁹ Studies consistently find a negative relationship between trauma and IQ (e.g. Brewin *et al.* 2000). Trauma might be responsible for the correlation, rather than IQ being a "risk factor." This is probably more likely for children than adults who experience violence. For both, however, lower IQ is correlated with other factors, such as poverty, that increase the likelihood of exposure to extreme events (see McNally 2003: 90, 92, 136-45), so the statistical relationship between IQ and trauma might empirically be a relationship between trauma the likelihood of exposure to severe stressors.

but contemporary psychiatric research has put this belief under significant doubt. It appears that neither abruptness nor intense startle are universal aspects of the disorder's etiology (see Herman 1992: 118-22; Lerner and Micale 2001: 20). A rape victim, for example, remembers that at "[t]he moment of collision ... [m]y first thought was, Oh, God, this is it. *This thing I've always feared is going to happen*" (quoted in Kalven 1999: 32, 37, my emphasis). Furthermore, patients who develop symptoms of PTSD often do not report or show signs of acute physiological arousal at the time of the traumatic event (McFarlane and Yehuda 1996: 173-4; McNally 2003: 93; see also Creamer 1995; Shalev 1996: 90).¹⁰ Startle is more likely a consequence than a cause of trauma (Shalev 2007: 219).

Unlike emotional shock, a Pavlovian affect, anxiety levels rise out of *persistent* exposure to stress, and at their highest levels evoke emotions which we term "horror," "dread," "terror," and the like. Fright is stimulus dependent: As a child, when I burned my hand on the stove, I quickly learned not to touch the stove, but I had to touch a hot exhaust pipe before I learned that too could be dangerous. Anxiety is free-floating: If I am traumatized because my house burned down, I am terrified that my whole world might catch flame (see Bouton and Waddell 2007). Anxiety, not simple fear conditioning, best captures the neurophysiology of PTSD (Kirmayer *et al.* 2007b: Part 1; Pitman 1988: 183-4; Shalev 2007: 217-8).

Lab rats will develop severe anxiety from intense negative conditioning — fifteen shocks at a time instead of one (Rau and Fanselow 2007). However, their anxiety results

¹⁰ Some theorists argue this lack of startle is the source of trauma, a point I explore below.

from conditioning over time and direct physical harm to the animal, neither of which hold for many cases of PTSD. People can develop PTSD because of physical harm occurring to someone else. Also, people develop PTSD from discrete events. Something else causes people to elaborate on their experiences and form a “non-specific and overgeneralized appraisal of the stressor” (Shalev 1996: 90) that develops into the complex symptoms of trauma. Culturally informed interpretations, I am arguing, are involved in a “cross talk” (Shalev 2007: 210) with the universal brain functioning that underlies PTSD. As Robert Jay Lifton has argued, “cultural emphasis should be seen as giving a special kind of intensity to a universal psychological pattern” (1964: 201n). This is not the whole story, since cultural beliefs, values, and practices can have therapeutic effects (see Boehnlein 2007; Boehnlein and Kinzie 1997; Douglas 1966, especially 89-90; Merridale 2000; Rieff 1966; Summerfield 1999), but my focus is on culture as an exacerbant and an independent cause of trauma.

Knowing that anxiety is fundamental to trauma helps justify inquiry into culture’s influence. Culture — shared meaning schemes — influences anxiety in two ways. First, anxiety is responsive to background stimuli. This is an important reason that anxiety generalizes, because the background features of a particular threat are common to many other environments. Violence is embedded in contexts. These contexts include simple environmental cues — smells, sounds, and the like — and also signals coming from people’s behaviors and actions. Culture deeply influences our conscious and unconscious attention to these situational or “background” features (Goffman 1963a; Masuda *et al.* 2008; Zerubavel 1997: Ch. 2-4; also D’Andrade 1995: 190-2). As Clifford

Geertz has famously written, culture can turn something as simple as a twitch of the eye into a signal of conspiracy (1973: 6-7, 12-13), and similarly "trivial" events can turn severely traumatic. Second, culture creates its own anxiety. Many of the culturally meaningful signs people encounter during violence agitate underlying anxieties about individual dignity and purpose common to reflexive selfhood. Furthermore, as Norbert Elias (2000[1939]) has masterfully shown, reflexive individuals are particularly anxious about death and violence (also Becker 173), with many socialized to be highly sensitive, consciously or unconsciously, about the possibilities of physical threats. I will elaborate these issues in the following chapters.

The Traumatized Mind

My description of trauma follows other recent works suggesting culture influences PTSD (e.g. Bracken 1998, 2001, 2002; Erickson 1976; Chemtob 1996; Summerfield 1998). The suggestion I am making — PTSD is an anxious interpretation dependent upon culture — is an alternative to the dominant theories of psychological trauma. Dominant theories hold that trauma is the failure of subjective interpretation (for popular examples of the theory I am describing, see Brett and Ostroff 1985; Janoff-Bulman 1992; Herman 1992; van der Kolk and van der Hart 1995). Often psychiatrists and psychologists conceptualize this process as *dissociation* (see van der Kolk 1996b). New experiences, we know, are typically understood in light of prior meaning schemes in an on-going process of interpretation. All experiences are partial and disjointed, but the mind normally integrates them into a meaningful whole. The process of integration involves revision of experiences through the addition, subtraction, and reorganization of

elements in memory.¹¹ Some events, however, the theory of dissociation suggests, are so incongruent with an individual's conceptions of the world that the mind cannot assimilate them.

The result is traumatic dissociation, whereby the experience and memory of the event is "split off" from normal cognition. While experiences are usually liquidated by the flow of cognition, extremely unexpected realities stand inviolate on the banks of awareness. Traumatic events are too unexpected, too inconceivable, for meaning schemes to work. Outside the stream of regular cognition, the dissociated experience has an independent existence in the mind, autonomous of meaning schemes. The dissociated experience is an unrevised, therefore meaningless, *idée fixe*. The thoughts and emotions an individual displayed at the time stay senseless fragments — "visual images; olfactory, auditory, or kinesthetic sensations; or intense waves of feelings" (van der Kolk 1996b: 312) — which resist the eloquence of representation (Berlant 2001).

Traumatic thoughts and emotions can only be relived literally as intense nightmares, flashbacks, and other visceral experiences. For example, Alice Sebold, a rape survivor, reports often waking from a reoccurring nightmare with a scream, expecting that her rapist lurks in the darkness. Awake, she can smell "a light scent of another person" and feel "a sense of another presence in the room, the air changed to allow for a human weight." But night after night she then turns to find that "Where the

¹¹ Richard Shweder's research provides good examples of how regular cognition works. Using experimental research, Shweder (1982) finds that individuals characterize the behaviors of others as more consistent in memory-based reports than they do while reporting observations in real-time. The inconsistencies in the behaviors of others get liquidated, revised and made meaningful, because individuals use pre-conceived, behaviorally consistent personality types to remember. Also for a good example of regular cognition, see my discussion of Karen Cerulo's research on crime reports in chapter four.

man stood so vividly in my imagination, there was no one, there was the door to my closet" (1999: 236-7). Another woman, raped in her home, recalls that years later while on a leisurely stroll through San Francisco's Chinatown, she witnessed a fish being butchered, causing her to be "overcome by an inexplicable panic," which she later accepted to be memories of the rape rearing their ugly head (Raine 1998: 181-2).

According to theories of dissociation, these symptoms occur because rape victims and other trauma survivors are faced with the limits of meaning. As Cathy Caruth defines it, trauma is a "departure from sense and understanding" (1996: 56). This, for example, could account for the reason that many do not show signs of fright directly after traumatic events: Because events were unimaginable, individuals were not cognitively present enough to be startled. It also explains the purported delayed onset of symptoms, which scientists have noticed since the earliest conceptions of psychological trauma. The sensations and feelings of the experience sit dormant on the banks of consciousness until some cue tied to the originary experience automatically brings them alive in the present (Aarts and Op den Velde 1996: 360-1; Sutker *et al.* 1991: 526; van der Kolk *et al.* 1996: 309; also Leys 2000: 20; Young 2007: 342-4). Contemporary psychiatric research, however, suggests that latency rarely occurs. To understand this, we first have to understand the role of interpretation in trauma.

Subjective interpretation has been shown again and again as necessary for the onset of PTSD. For example, objective levels of exposure are not consistent predictors of trauma. The *DSM-IV* estimates the prevalence of PTSD for at-risk individuals to be between three and 58 percent (APA 1994: 426). In other words, a significant percentage

of people who endure extremely threatening events never develop PTSD. Exposure to physical harm, research has found, explains less than 10 percent to upwards of 76 percent of the variance in the onset of PTSD (McFarlane 1995: 36-7; Yehuda and McFarlane 1995: 1708). Meta-analysis has shown that degree of exposure to harm explains around 20 percent of the variance on average (Brewin *et al.* 2000). Twenty percent, however, is probably a liberal estimate. People suffering from persistent symptoms of trauma are likely to over-report their exposure, in which case symptoms and not objective experiences are being measured (see Konner 2007: 311; Laney and Loftus 2005; McFarlane 1995: 37; McNally *et al.* 2004; Solomon *et al.* 1987; Southwick *et al.* 1997; Sparr and Pankratz 1983). Also regarding the 20 percent, many trauma victims have had *no* direct exposure to harm or the threat of such (see Lerner and Micale 2001: 18).

These facts pose a problem for the concept of dissociation. Extreme events do not automatically traumatize. *Direct exposure to severe violence is not a sufficient cause*, and in some cases not even necessary, while subjective interpretation is both sufficient and necessary. Theorists of dissociation have accommodated this in an *ad hoc* fashion. Some postulate subjective appraisal as the mechanism for dissociation. Individuals dissociate events because they are “objectively” beyond the limits of meaning schemes, but they must appraise them as severely threatening. Bessel van der Kolk, the preeminent theorist of trauma in psychology, writes that dissociation is accounted for by “the intensity of the emotion reaction — determined by the meaning attributed to the event, rather than the event itself” (1996b: 309; van der Kolk and van der Hart 1995: 173-5). Willy-nilly solutions like this make it unclear as to how meaningful or meaningless

traumatic events are in the concept of dissociation. Van der Kolk writes with Alexander C. McFarlane (1996) that "the core issue [for PTSD] is the inability to integrate the reality of particular experiences" (p. 7) but also that "the critical element that makes an event traumatic is the subjective assessment by victims of how threatened and helpless they feel" (p. 6).

Others postulate *retrospective* subjective interpretation as causing the onset of symptoms. Caruth (1996) argues, in effect, that trauma occurs when individuals realize their dissociative experience. People cognitively depart, because events are "experienced too soon, too unexpectedly" (p. 4). As a result, it is only later that people realize they can barely only begin to grasp the real danger of their experience. The danger, moreover, is not an assessment of the events themselves, but the terrifying awareness that they in fact cannot be understood.

Psychiatric research does not support this, nor does it hold for my sample. As one rape survivor writes, "Although the event is external, it is quickly incorporated into the mind, where it replicates itself, like a virus," and she explains that "To a rape survivor, nothing is more desired or more impossible than forgetting" (Raine 1998: 36, 139). Victims are not always startled or frightened at the time of events, but almost all trauma victims do express some kind of intense emotions during or shortly after extreme stressors. Mark Creamer and his colleagues (2005) found that only three percent of PTSD sufferers *did not* remember responding to the stressor with "intense fear, helplessness, or horror" shortly after the event. Naomi Breslau and Ronald Kessler (2001) found this number to be less than one percent. These are self-reports and likely

exaggerate the truth, as self-reports of exposure do, but unlike self-reports of exposure, direct observation tends to corroborate what people remember. There is little evidence that trauma victims lose awareness during their experiences, which Richard McNally (2003) has shown in his massive review of the literature. In fact, those who do lose consciousness during extreme events are very unlikely to develop PTSD.¹²

There is little evidence of dramatic postponed onset. Symptoms usually occur shortly after potentially traumatic events. Though they quickly subside for the majority, *all* Westerners tend to show many symptoms of PTSD within a few days to a week after their experience of extreme events. One study found that after 60 days of continuous combat, 98 percent of American World War II veterans experienced some sort of psychiatric troubles (Grossman 1995: 43-4), while upwards of 94 percent of rape survivors fully express the PTSD diagnostic criteria one week after the attack (Shalev 2007: 211-6). There might be a *very short* delay in symptom onset — a few days or a week — but this is likely not a latency period, a period where the trauma is forgotten. It is a *gestation period* of intense reflexive rumination and interpretative action. Clinical observations suggest that many survivors are judging themselves and reevaluating their choices and actions with particular intensity during the period directly following trauma (Shalev 1996: 90; see also Creamer 1995 and Creamer *et al.* 2005). These early traumatic ruminations likely set the foundation for whether survivors recover from the near

¹² Though it is part of my sample, for example, Trisha's Meili's experiences will not appear in my argument. Meili, "the central park jogger," was gang-raped and severely beaten, but she did not suffer psychological trauma, because in the beating before the rapes, the perpetrators knocked her unconscious.

universal onset of trauma symptoms or if the symptoms persist and enlarge (Shalev 2007).

We also have to consider the practical matters victims face. Theorists of dissociation take a lag in declarative accounts as proof of dissociation and latency. Rigorous research finds that in most cases of adult trauma there is no delay in the declarative memories of traumatic events (Leys 2000: 262; McNally 2003; also Young 2007: 344). Jennifer Barr, another rape survivor, for example, recalls giving her story to the police: "My descriptions were detailed. I had no problem with recall" (1979: 30). However, some people might have a hard time expressing themselves beyond the strict facts. A woman raped on Valentine's Day remembers writing to a friend that "I can tell you what happened and all the details, but *I don't know* what happened to me!" (Rossen 1988: 188). Her difficulty conceptualizing her experience is much different than a lack of awareness.

Karen Cerulo (2006) has shown that in America, and probably most of the West, people have to work harder to cognize worst cases scenarios, such as death, violence, divorce, and unemployment. Evaluation and judgment take time and effort; this explains the gestation period for the "normal" onset of trauma. It takes time for confusing details and blurry evaluations, of which I will show there are many in memories of violence, to form into "specific perceptions." Not only that, it takes physical and emotional stamina to describe terrible experiences, and violence often taxes people's strength severely. Romeo Dailaire, head of UN peacekeeping during the Rwanda genocide writes, "It took me seven years to finally have the desire, the willpower and the stamina to begin to

describe in detail the events of that year in Rwanda" (2005: 5). And there are quite a few details to describe. Through the analysis of oral testimonies, researchers have found that Holocaust survivors remember their most extreme experiences with the greatest detail (Suedfeld *et al.* 1998).

Compounding the difficulty of cognition, many trauma victims may simply be so distracted with life that they fail to think about what happened, while others try to deny or suppress their traumatic experience and symptoms for one reason or another (McNally 2003). Soldiers often prefer action instead of lulls, because when they are fighting or expecting to fight, they do not have time to think about their grief and horror (see Caputo 1977: 201-2; Reickhoff 2007: 115). Rape survivors do not share their stories because they do not want to burden their families or they deny they have been affected (e.g. Barr 1979: 28, 52; Raine 1998: 131-2, 138-9; Sebold 1999: 63-4, 69).

These women must carry an extra burden because of how others view rape victims. Many are silent because they feel the stigma of rape, and they know people do not want to hear or see the trauma of others. One author and rape survivor remembers that she met a woman who had read her article telling the story of the attack. "I thought your article was well-written," the woman told her. "But let's face it, no one wants to hear about such terrible things" (Raine 1998: 119).

Finally, speaking about victimhood can have severe negative political consequences because of its critical implications (Dwyer and Santikarma 2007). World War II survivors — soldiers, Holocaust survivors, victims of Japanese American internment — diagnosed with delayed onset "developed" their trauma at the historical

moment when expressing their suffering became politically and culturally permissive in the West (see Nagata 1993; Novick 1999; Takezawa 1995; Winter 2006: 60-2). Many of these cases of "delayed onset" measure historical changes, not individual psychology. Cultural changes simply made it more acceptable to talk publicly and with therapists about their agonies.

Splitting the Mind Anew: Subjectivity and Violence

Jeffrey Alexander has argued from the perspective of cultural sociology that conventional notions of trauma are wanting. He explains, "For trauma is not something naturally existing; it is something constructed by society" (2004a: 2). Recent research, moreover, confirms his sociological imagination, suggesting that trauma is something more than an "unreflexive response," as Alexander put it. Ultimately, dissociation begs the questions it is supposed to answer. What makes an event extreme? Why these symptoms and not others? How do people get from the event to the symptoms?

The theory of dissociation defines the cause of trauma to be the automatic, unreflexive effects of an external factor. This makes the phenomenology during and after extreme events just a lump of effects and provides no means to get from the event to the symptoms. Theories of dissociation create an explanatory black-box. I split apart the experience of extreme violence into multiple elements, and I split apart the phenomenology of violence into conditions and outcomes. I then order these pieces by elaborating the elements of subjective interpretation that serve as causal pathways for

trauma. This splitting process occurs in chapters four through eight, after I describe the cultural background for traumatic interpretation.

For example, consider what has been termed "peritraumatic dissociation."

Peritraumatic dissociation is a splitting that occurs at the time of the traumatic event. It includes the feeling that one is on "auto-pilot" and feeling detached from the scene or one's body, as well as an uncontrolled "freezing," "stupor," and "surrender" (van der Kolk 1996: 307, 313-6; Shalev 1996: 89). In chapter five, I discuss these experiences at length in describing the phenomenology of violent exchanges. While "peritraumatic dissociation" has been found to be an important predictor of PTSD (Shalev 1996: 88-9; van der Kolk, van der Hart, and Marmar 1996: 314), these states of trance-like absorption do not automatically traumatize. First, the experience of being on auto-pilot is not a loss of awareness or meaning. It is better understood as a loss of self-propriety or reflexive control, occurring when one is caught up in moments of *intensified* awareness.

Individuals feel entranced with their bodies in during violent exchanges, so subjectivity is distorted, but not lost (see Collins 2008; McNally 2003). Furthermore, this entrancement is merely an element of violence that serves as a phenomenological precondition for trauma. "Peritraumatic dissociation," in other words, is not a cause of trauma but an object of the interpretation that leads to traumatic realization. In some cultures, this loss of self-propriety would not be traumatic, because trance-states are seen as honorable, often indicating contact with the supernatural (Kirmayer 1994). However, the loss of self-propriety is traumatic within reflexive selfhood because self-propriety is a foundation of dignity.

Chapter 3

Authenticity and Reflexivity

Psychiatrist Judith Herman writes that a trauma “destroys the belief that *one can be oneself* in relation to others” (1992: 53, my emphasis). The self is a symbolic entity, and if the self appears to fall apart during violence, it is because the self loses its symbolic supports. The world of violence, it seems, conspires to wreck one’s self-concept from all sides. To understand the mortification of self that occurs in violence, we have to begin with a self that is alive. This chapter offers a description of selfhood that can help account for trauma. I am not arguing all symptoms of trauma are dependent upon self-identity, nor am I arguing this is the only way to describe contemporary selfhood. Rather, the model of selfhood provided is a good fit for the empirical findings of this project. Below is a synthetic literature review on the sociology of *reflexivity* and *authenticity*, the key concepts for the concerned model.

The Self Stands Alone: Authentic Individuality

Richard Jenkins defines the “self” as “the individual’s private experience of herself and himself” or “an individual’s reflexive sense of his or her own particular identity” (2004: 27, 28; also Callero 2003: 119-21). Individuals have always reflected upon their life — past, present, and future — and what that means for them as a person. However, it is only recently that disengaged reflection has become *the defining feature of personhood*. In the words of Charles Taylor:

[T]he modern ideal of disengagement requires a reflexive stance. We have to turn inward and become aware of our own activity and of the processes which form us. ... Disengagement demands that we stop simply living in the body or within our traditions or habits and, by making them objects for us, subject them to radical scrutiny and remaking (1989: 174-5, 1991, 2007).

Self-observation and self-authorship, *reflexivity*, is no longer just something individuals do, it now also constitutes who individuals *are*. The contemporary self, in other words, is authored by the individual. Contrary to past conceptions of personhood, the contemporary self is a "spontaneous source of activity" with "the capacity and authority to act for itself" (Durkheim 1984 [1893]: 285; Meyers and Jepperson 2000: 105).¹⁴ In contemporary culture, a self is an agent with the power to discover who he or she truly is and decide who he or she wants to be. Personhood is the exercise of this power; the act of finding and building an *authentic* — sincere and voluntary — individuality. It is through reflexive action, moreover, that people define and express authenticity (e.g. Berger 1983; Durkheim 1984 [1893]; Foucault 1970; Meyer and Jepperson 2000; Taylor 1989, 1991, 2007).¹⁵

The Loss of Religion

Old meanings of individuality and personhood are hard for contemporary people to get their head around. Many once accepted the individual to be unbounded, porous, and engorged by the cosmos. His or her individual experiences were often considered

¹⁴ Much of classic sociological theory was concerned with theorizing the contemporary self. See Durkheim (1984 [1893]); Elias (2000 [1939]); Marx (1978 [1843]; 1978 [1848]); Simmel (1971 [1908]); Weber (2002 [1930]).

¹⁵ The way that Saul Bellow describes the main character of his *Seize the Day* serves as an appropriate analogy for the contemporary condition: "He was a little tired. The spirit, the peculiar burden of his existence, lay upon him like an accretion, a load, a hump." Bellow explains that the main character "was assigned to be the carrier of a load which was his own self, his characteristic self" (2003 [1956]: 35).

irrelevant epiphenomenon of cosmic destiny. Individual identity was considered to be constituted by one's immersion in communal relations or an enchanted world (see Foucault 1970; Geertz 1984; Kolig 2000, Salmond 2000; Spiro 1993; Taylor 1989, 2007). The life of the individual was so subordinate to outside forces, moreover, it may be wrong to talk of those people having selves at all (see Mauss 1985; Meyer and Jepperson 2000).

In comparison to old models of identity, contemporary individuals stand alone, outside community and tradition. Robert Bellah and his colleagues write that culture has changed in ways that "leave the individual suspended in glorious, but terrifying, isolation" (1985). We have to be careful about this, however. Contemporary individuals are not cultureless. That would be impossible. Rather, contemporary culture is marked by a "cult of the individual," as Emile Durkheim once put it (1984 [1893]: 338; see also Taylor 1991). Today, contemporary Western ideals locate the authority of meaning and action largely in the individual (Giddens 1991; Meyers and Jepperson 2000). I will detail the consequences of this for cognition and emotion momentarily. Now I want to detail its consequences for theology and political ideology.

Theology and ideology are losing innate power over the individual. Religions, political ideologies, and systems of morality are open to doubt like never before. Individuals do not accept their answers without question. Susan Neiman (2002), for example, has shown that soteriological ideas have lost their power to make sense of evil (see also Taylor 2007: 680-5; Wilkinson 2005: 34-6). Philosophers began to seriously doubt theodicy and its rationalization of suffering in the mid-1700s, particularly in

thinking about the earthquake that ravaged Lisbon earlier in the century. Doubt in theodicy, according to Neiman, reached its climax with the Holocaust. Facing an already skeptical audience, narratives of redemption could not contain the Holocaust — the genocide was too extreme — nor could theological distinctions between good and evil — the intentions were too ambiguous. For example, the massive atrocity could not have happened without the complicity of German citizens, but it is difficult to assign evil to their passivity. If we do, we must recognize the possibility for evil in everyone who fails to fully resist wrongdoing.

While Neiman's argument is restricted to intellectuals, these sentiments trickle down to the general populace (see Alexander 2004). God's authority has quickly weakened over the past few centuries. This largely concerns the Judeo-Christian God, but it is true of other religions dominant outside the West, though often to a lesser extent. First, God is conceived as having less and less agency in the affairs of the world (see Meyers and Jepperson 2000; Neiman 2002). Surely, while some lose faith in the course of violence, others admit to finding it, but the God they find is weak. For example, one Westernized Tutsi survived the Rwanda genocide by hiding for more than three months in a small bathroom with seven other women. She reaffirmed her belief in God over the course of this experience, but she had circumscribed faith in God's powers. She writes, "I believe that God had spared my life, but I'd learned during the 91 days I spent trembling in fear with seven others in a closet-sized bathroom that being spared is much different than being saved." The Tutsi woman also explains that in opening up to God,

"He will plant our feet on the path that's best for us ... but *it's up to us* to do the walking" (Ilibagiza 2006: xx, 114, my emphasis).

In part because individuals are aware of other choices, God has also lost authority sociologically; from the perspective of actors, religion is no longer an automatic sources of meaning. As Charles Taylor puts it, "Belief in God is no longer axiomatic. There are alternatives" (2007: 3). In sum, popular belief suggests that God has less influence in secular life, and individuals are coming to faith from a secular starting point, individual authenticity. This is true even for people who choose to join a faith. "One may continue to belong to the church of one's parents," write Bellah and his colleagues. "But the expectation is that at some point in adolescence or early youth, one will decide on one's own that that is the church to belong to. One cannot defend one's views by saying that they are simply the views of one's parents. On the contrary, they must be particularly and peculiarly one's own" (1985: 62-3, 228). For example, the woman who reaffirmed her faith in the bathroom sanctuary explains that to be set upon the right path is a decision that ultimately rests in the individual. God waits until "when *we're* ready," she writes (Ilibagiza 2006: 114, my emphasis).

Not only do individuals choose their own religion, they also have new freedom to choose which doctrines of their religion they adhere to (see Brooks 2000: 241-4; Bellah 1985: 221). Bellah and his colleagues are writing about Americans, but the same is true for others close to contemporary Western culture; religion serves the individual, rather than the opposite. As Taylor makes clear, this position toward religion makes sustaining belief difficult, because one will always reflect on whether or not they have made the

right choice. Once, all community life was intended to be a "bulwark of belief." Now there is little beyond the individual to ground his or her beliefs other than the dignity of authenticity, being true to one's individuality (1991: 37; 2007: Ch. 17 and 18).

We can define secularization as the restriction of God's authority and presence: a belief in a less potent God, a more strict division between church and state, the retreat of religion to private life, and the like. Or we can define it as Taylor does, people now make their choices about religion from a hypothetical secular position. This secular position is the ethics of authenticity. Both are ways to address the secularization of the individual, and secularized individuals lack a soul. Or at least, the soul has lost authority over the individual. Ian Hacking (1995: Ch. 14 and 15) argues that memory replaced the soul as the essence of the individual in the late-1800s (see also Winter 2006: 56-9). The emblematic figure here is Sigmund Freud. Richard Rorty writes that Freud "helped de-divinize the self by tracking conscience home to its origin in the contingencies of our upbringing" (1989: 30). It is now taken for granted among people that memories constitute the individual (see Illouz 2007: 7-8). We can see this in the way that Westerners and others have become preoccupied with past suffering, traumas, and therapy. Memories of wounds have a special importance, but memory of all kinds have become a "surrogate for the soul" (Hacking 1995: 260; Megill 1998), and the source of one's true identity.

The Loss of Ideology

A generation or so before Freud replaced the soul with memory, political and cultural leaders were replacing religion with political ideologies, such as nationalism,

communism, and later imperialism (Olick and Coughlin 2003: 53-4; see also, for example, Anderson 1991; Breuilly 1994; Gellner 1983; Kumar 2003). Even as they were gaining mass support in the mid-1800s, these ideologies started to crumble under their own weight. However, there are some important events in the twentieth century that make their dissolution seem inevitable: the unprecedented carnage of World War I, its out-doing in World War II, the failure of mid-century civil rights movements, and the abrupt end to world communism in 1989 (see Bartov 2000; Fukuyama 1992; Fussell 1976; Gitlin 1995; Glazer 1997; McAdam 1982: 201-5; Olick and Coughlin 2003: 54-5; Torpey 2006: 24-32; Winter 2006).

Overarching political ideologies are now widely distrusted. Jeffrey Olick and Brenda Coughlin write that our age is an age of "shifting allegiances, indeed of skepticism toward allegiances at all" (2003: 56). An indicator of this is the spread of collective memory and regret focused centrally on past injustices perpetrated in the name of transformative politics (see Barkan and Karn 2006; Bell 2006; Brooks 1999; Edkins 2003; Olick 2007; Torpey 2003, 2006; Winter 2006). At the national and international level, unifying ideologies are often at best vague notions of human rights, tolerance, and improvement (see Appiah 2005: Ch. 6; Barkan 2000; Fukuyama 1992: 45; Levy and Snzaidier 2002). The language for these ideas is often that of therapy, recognition of which helps situate the individual in relation to political ideology. As James Nolan, Jr. (1998) has shown, Western policy-makers consistently justify their decisions in terms of the potential for the psychological enrichment of individuals (see also Bellah *et al.* 1985: Ch. 10). National politics, in other words, often eschews the nation and social groups.

Nolan argues this is an insidious means of state coercion; it extracts consent for power through the pretense of happily valorizing individual development and authenticity (p. 291-308).

Nolan's normative position, however, does not capture the subjective experience of politics. The subjective experience of politics is the therapeutic discourse, whether explicit or not; politics and political ideals are meaningful to the extent that they validate the self. Politics no longer enters us into a community of fate. Now politics is often a means to express and have recognized our differences, a reality captured in terms like "identity politics" and "multiculturalism" (Bernstein 2005: 50; Gitlin 1995; Glazer 1997; Hollinger 1995; Nash 2000: Ch. 4). The individual no longer sacrifices his or her own self for the political good, at least not automatically. Like religion, where concrete interests are not immediately at stake, political ideals are now in the service of individual authenticity. People pick and choose to help build-up an individual lifestyle. These realities, furthermore, have been classically documented (i.e. Bellah *et al.* 1985; Lasch 1979).

The Labors of Authenticity: The Reflexive Self

As other sources of meaning fall away, authenticity, a sincere and voluntary self-concept, stands as an organizing principle of identity. Authenticity, however, cannot be understood without "reflexivity." Reflexivity is the work of contemporary selfhood, so the following outlines this second concept and experience. First, "reflexivity" can be distinguished from "rationality." People have always deliberated over the possible outcomes of their actions and behaved accordingly (see Douglas 1966; Massey 2002).

Indeed, George Herbert Mead (1934) convincingly theorized that all socially significant action requires that individuals consider how others will respond to their acts. This is “rationality,” assessing possible outcomes of action, which is universal. “Reflexivity” is contemporary. In one sense, it is a high quantity of rationality; reflexive individuals deliberate chronically or fastidiously.

However, in a more important sense, “reflexivity” is a qualitatively unique thought-style (Giddens 1990: 36-45, 1991). In the self-concept of the individual, his or her actions, worth, purpose, and biography are not given by social institutions or transcendental laws. Rather, one authors the self through “continuous self-observation” and a “heightened awareness of thoughts, feelings, and bodily sensations.” This is according to Anthony Giddens, who goes on to explain of contemporary selfhood:

The self is seen as a reflexive project, for which the individual is responsible ... We are, not what we are, but what we make ourselves ... [W]hat the individual becomes is dependent on the reconstructive endeavors in which she or he engage ... The reflexivity of the self is continuous, as well as all-pervasive. At each moment, or at least at regular intervals, the individual is asked to conduct a self-interrogation in terms of what is happening ... [T]he narrative of the self is made explicit ... [I]t is something that has to be worked at, and calls for creative input as a matter of course (1991: 71, 75, 76).

Reflexive individuality is the unceasing labor to produce a self, and self-analysis and self-control is the means of production. What Giddens is describing, others, including Weber, have confusingly called modern “rationality” (see Giddens 1991: 110; Illouz 2007).

Some scholars have used terms that better suggest the unique characteristics of contemporary reflexivity. Douglas Massey (2002) characterizes industrial and post-industrial cognition as uniquely “theoretic.” Georg Simmel called contemporary mental life “essentially intellectualistic” (1971 [1903]: 325). Michel Foucault (1977)

pejoratively implied that the contemporary individual is made through "surveillance" and "discipline," including self-surveillance and self-discipline. Others have talked about the process of reflexive selfhood in more positive terms, such as self-actualization and self-realization (see Taylor 1989, 1991).

It is important to recognize that the contemporary conceptions of selfhood and their historical conditions have altered mental life. Paul DiMaggio (2002: 277-8) argues that the space of action can be mapped on two axes of cognition. One axis is the continuum between automatic and deliberate cognitive work. The other axis is the continuum between cool and hot affect. This provides us with four types of cognition: automatic and cool (scripted or routine action), automatic and hot (impulsive or stereotyped action), deliberate and hot (competitive or strategic action), and deliberate and cool (sober reflection). Contemporary individuals conceive that they spend much of their time thinking coolly and deliberately, and to a large extent they are right (see Das 2004; Elias 2000 [1939]; Giddens 1991; Illouz 2007; Weber 2002 [1930]). However, just because people do frequently engage in sober reflection, conscious or unconscious, does not mean that they do little of the other kinds of cognitive work (see Durkheim 1984 [1893]: 284). And cool deliberation is warmer than it first seems; emotions are a cause and consequence of sober reflection.

The Emotionality of Reflexive Selfhood

Emotions are an important part of meaning schemes; they are a cause, consequence, and constituent of interpretation. Emotional arousal can also be a basis for reflexivity; warm and automatic cognition can engender cool deliberation (Hochschild

1983: Ch. 2, 218-22; Ignatow 2007; Massey 2002; also Schwartz 1981).¹⁶ Norbert Elias famously argued that anxieties about approval from others undergirds reflexivity (2000 [1939]). Cognition has nonetheless cooled off as emotions gain a new importance as the *object* and *consequence* of reflexivity. Therapeutic thinking, for example, is an emblem of contemporary reflexivity (see Giddens 1991: 34), and therapeutic thought is an instrumental approach to emotions. Sociologist Eva Illouz writes that “therapeutic persuasion offers a variety of techniques to enable awareness of one’s needs and emotions, but it also makes emotions into objects external to the subject, to be observed and controlled.” She goes to explain that “emotions have become objects to be thought of, expressed, talked about, argued over, negotiated and justified” (2007: 35, 36-7). Emotions, in other words, are coolly deliberated over.

This is true about public life, but also true about mental life (Hochschild 1983: 38-8; Rosenberg 1990; also Turner and Stets 2006). Arlie Hochschild explains of the contemporary experience of emotion, “the individual learns how to treat feeling as a recoverable object, with ego as the instrument of recovery. In the course of ‘getting in touch with our feelings,’ we make feelings more subject to command and manipulation, more amenable to various forms of management” (1983: 19). Consciously and unconsciously, individuals are constantly scrutinizing their emotions to discover and form an authentic identity.

How did that situation make me feel? Why did I feel that way? Did others understand my emotions? How did they feel? What did they think? Were my emotions right for the situation? Is there something wrong with me? Were those

¹⁶ See Thoits (1989: 318-9) for distinctions among “emotions,” “affects,” “moods,” and the like. I do not need to honor these distinctions to make my argument about trauma.

emotions really me? Is that how I really feel? Is there a more healthy way to feel? What would I do different?

Through reflexivity, emotions have become important symbols for the individual in understanding and displaying his or her self (see Hochschild 1983: Ch. 2; Thoits 1985, 1990).

This cognitive experience, like my account of trauma, is not restricted by gender or other demographic variables. It is well-documented that people have consistently stereotyped men as "rational" and women as emotional (see Mosse 1996; Rotundo 1993; Shorter 1997). This does influence subjectivity for men and women, respectively (see D'Andrade 1995: 190-1), but it does not mean that women are less reflexive than men. One reason is that the stereotyped difference is "rational" versus "irrational." The opposite of reflexivity is not "irrational" but a kind of passivity of observation. Sociologists should be careful about saying that men and women are more or less reflexive than each other (see Illouz 2007: 23), but it is important to note that Hochschild has forcefully argued that women *more actively* manage their emotional expressions (1983: Ch. 8; see also Giddens 1991: 103-8).¹⁷

Because individuals, consciously or not, put their emotions under constant surveillance, feelings are significantly meaningful for self-perception. They are also particularly meaningful for how others perceive the individual, or at least that is what people think. Reflexivity toward emotions not only describes contemporary subjectivity,

¹⁷ Hochschild reasons that women tend to be subordinates, and this raises the costs of showing situationally dissident feeling. Her argument is largely based on reflexivity toward specific kinds of emotion: anger, aggression, hurt, offense, disapproval, and the like. What Hochschild's argument, then, suggests is that women manage *certain emotions* more than men, not that they tend to manage emotions more overall. However, recent research suggests that women must do more emotional work to shake unwanted feelings (Lively 2008).

it is also a public norm. Reflexive individuals are expected to present themselves as individuals aware of and in control of their emotions. Individuals must stay composed, which proves to themselves and others that they have "presence of mind" (see Goffman 1963a, 1967; Hochschild 1983). Consequently, not only do we reflect more on our selves, we reflect more on the behaviors and actions of others.

We know, too, they are doing the same to us. Elias writes that contemporary life "is founded on the assumption that every individual is himself or herself regulating his or her behavior with the utmost exactitude." Contemporary norms of reflexivity require that "the individual incessantly ... overcome his or her momentary affective impulses" (2000 [1939]: 368, 374). Elias recognized that our dignity is so close to our ability to stay composed that vigilant reflection and control of affects become a great source of anxiety, in fact, the greatest source of anxiety (*ibid*: 415, 443). Goffman also understood this, as did, he suggested, social actors. In every encounter, he argued, individuals feel they risk losing self-control and being embarrassed (see 1967: 39-40, 77, 107). Bellah and his colleagues put it another way, which summarizes both the cognitive work of reflexivity and the adherence to public norms of affective composure.

[T]he relentless insistence on consciousness and the endless scanning of one's own and others' feelings while making moment-by-moment calculations of the shifting cost/benefit balances is so ascetic in its demands as to be unendurable (1985: 139).

Doubt animates persistent self-observation, and the pressures of reflexivity would be less taxing if individuals could relieve some of their self-doubt by grounding identity in some transcendent source, like religion or nationalism (see Taylor 2007: 620-2). We have

seen, though, that reflexive individuals increasingly reject such external bases of self-affirmation.

In some senses, reflexive observation and control has made contemporary life *blasé* (Elias 2000 [1939]: 375; Illouz 2007; Simmel 1971 [1903]). However, reflexive life also has special emotional intensity. *Ennui*, for example, can be oppressively frigid. Kirby Farrell shows that writers often use boredom as a euphemism for death (1998: 54-5). This likely exacts a real relationship between boredom and death anxiety. Boredom, the experience of nothing happening, is like death for reflexive actors, who are defined by their constant action. In addition, while reflexivity involves emotional control, it also involves the persistent exploration of feelings to find and create an authentic self. Furthermore, reflexive culture intensifies anxiety, shame, and disgust. Reflexive selfhood is characterized by a persistent low-level unease, which threatens to roar at the slightest kindling. Without the gift of faith, reflexive identity starts in a place of "mortal panic" (Johnson 2006: 87) rather than security.

The animating emotion of reflexive selfhood is existential uncertainty. Giddens points out that today, "Personal meaninglessness — the feeling that life has nothing worthwhile to it — becomes a fundamental psychic problem" (1991: 9), and feelings of personal meaninglessness are rooted in death anxiety and the horror of nothingness (Becker 1973; Bracken 2002: 138-40). Psychiatrist and philosopher Irvin Yalom likens existential insecurity to staring at the sun; it is so intense "you can stand only so much of it" (2008: 5). As I describe in this and the next chapter, existential anxieties are never forgotten, but people have developed a number of resources that help them cut the glare.

In the next chapter, I show how people order the chaotic ugliness of violence so it is easier to look at. Below, I discuss how individuals maintain reflexive watch over their identities, putting their choices and actions under constant doubt, to minimize the risk of meaninglessness.

The Reflexive Body

The contemporary possibility for existential anxiety brings with it more intense feelings of disgust, including self-disgust. According to Elias, contemporary levels of disgust and shame begin with the body. People are now highly interdependent. This requires that people behave toward one another with predictable restraint. What is first required for contemporary life is that people curtail their impulses to act out aggressively, otherwise they prove they are undependable and not worthy of help. But curbing violent tendencies is not enough; individuals need to prove their self-control to others, which requires them to exude a whole demeanor of propriety. This starts with the body. Pierre Bourdieu writes, "The body, a social product which is the only tangible manifestation of the 'person,' is commonly perceived as the most natural expression of innermost nature" (1984: 192). As a result, our bodies are fundamental symbols of reflexive propriety, so individuals must exert "sustained control" (Goffman 1963a: 25) to keep their appearance together. A properly assembled body is neatly dressed with styled hair. Hygiene is an important expression of self-control, and an individual should not relieve himself or herself in public or let fluids drip out of his or her body (Berry 2008: 19, 20; Elias 2000 [1939]: Part 2; Giddens 1991: 56; Goffman 1961: 20-22 and 1963a: 24-8, 33-5, 235-8 Taylor 2007: 136-42).

Disordered bodies are revolting to reflexive individuals. Such an appearance evokes the contemporary repugnance with violence, and consequently, a disordered body communicates a person is not trustworthy. The individual might become physically aggressive, as Elias has made clear, but Goffman adds that people are repulsed by messy and unhygienic bodies because those individuals are a situational risk. They inflame incipient anxieties about the self. Disordered bodies represent unpredictable individuals who might threaten one's composure and embarrass oneself (see 1963a: 76-8; 1967: 78, 141).¹⁸

An individual with a disordered appearance is not respectable, since reflexivity is the source of dignity. When one's own body is disordered, these layers of disgust are refracted back on one's self in the experience of shame. A disordered body communicates to the individual that he or she has lost composure. An individual cannot trust who he or she authentically is. The individual sees himself or herself as undignified and is deeply humiliated. Paradoxically, this all comes to the individual through his or her reflexivity. The effect of reflexivity, however, is geometric. The individual is not just disgusted with himself or herself but also is anxious about appraisals from others. As Anthony Giddens writes, "He ... realizes that he is being observed; seeing himself suddenly through the eyes of the other, he feels shame" (1991: 65). Undoubtedly, shame causes anxiety, and anxiety is the central emotion of trauma.

¹⁸ Elias and Goffman anticipated the findings of contemporary neuroscience, which has determined that the circuitry of disgust is tied to the circuitry of anxiety (Ratey 2001: 75-6).

Autobiography and Lifestyle

The body expresses basic self-propriety, but it also express something special, not basic, about one's self. The body expresses one's individuality; his or her style of life. Reflexivity is the cognitive power necessary to produce an authentic self. An authentic self requires momentary control of thoughts, emotions, and actions, but it also involves an entire lifestyle. Important in building up a reflexive lifestyle are occupational and career choices, style of family life, and sexuality (Taylor 1989, 2007). One's lifestyle also includes an individual's spiritual life and their choices concerning politics and morality (Bellah *et al.* 1985; Taylor 2007). The body is important, too. Taste in food, one's health choices and physique, and clothing style are parts of an individual's lifestyle (Bourdieu 1984: 177-200; Giddens 1991: 61-2, 77-8, 101-8; Milner 2004). A person's choices in lifestyle do more than reveal his or her individuality or commonalities with others. Developing and maintaining a lifestyle signifies the capacity for reflexive self-determination. As Bourdieu puts it, a "tasteful" lifestyle, one that is both socially respected and one expressing choice, is a fundamental sign of "order, restraint, and propriety" (1984: 196).

Lifestyle choices are enmeshed in a person's autobiography. Since the late nineteenth-century, more and more people not otherwise in the public-eye are publishing stories about their lives (see Rose 1992: 245-55; but see Castelli 2004: Ch. 3). This reflects contemporary subjectivity, which is not restricted to people who publish. Giddens explains that "autobiography — particularly in the broad sense of an interpretative self-history produced by the individual concerned, whether written down or

not — is actually at the core of self-identity” (1991: 76). Here we return to memory. Through the continual observation of their past, people understand their present self and set a trajectory for future lifestyle choices. In its quality as reflexivity, as incessant activity, something the opposite is also true: What individuals know, think, and feel about their past is persistently being revised in light of present experiences and one’s hopes for the future. These aspects of remembering, we will see, are involved in trauma.

Judgment and Doubt

A contemporary self is authentic and reflexive, the two being intertwined. If an individual is inauthentic or inadequately reflexive, he or she will be thrown into existential turmoil. In the best case, he or she will suffer from intense anxiety and shame (Giddens 1991: 65-9), and in the worst case, he or she will feel non-existent, as if dead to his or her self (Laing 1960). Authenticity and reflexivity, and therefore existential security, require good judgment. An individual puts his or her world and biography under constant observation and makes choices in lifestyle and future trajectory on that basis. If this observation is to yield an authentic self, an individual has to be a good judge of the world and his or her identity.

As individuals have lost religious, political, and other transcendent foundations, the affirmation of judgment rests in the individual and his or her reflexive powers. Religion or, say, political ideology cannot guide individuals, because those belief systems are themselves lifestyle choices. As Taylor writes, “our most cherished meanings find no endorsement in the cosmos” (2007: 587), which is a “traumatic loss,” in Taylor’s words, that opens a huge expanse for doubt in everyday life (see Giddens 1991: 3).

Contemporary doubt ranges from playful cajoling through serious critique; from counterfactual thinking and melancholy cynicism to existential dread. "It is indeed a feature of our age ... that we can feel the loss of meaning as a real threat" (Taylor 2007: 678; see also Frankl 1984 [1959]: 128). In fact, remember, reflexive selfhood starts from a hypothetical point of existential insecurity. Taylor explains that contemporary self-identity "consists in exploring what [sic] we are in order to establish this identity, because the assumption behind modern self-exploration is that we don't already know who we are" (1989: 178).

Reflexive doubt comes from choice. Because individuals know that their thoughts, feelings, and actions are options among others, there is no certainty they have made the right judgments. The same reflexivity that affirms the individual is also the basis of self-doubt (see, for example, Giddens 1991: 181-2; Taylor 2007: 620-1). Individuals are not only anxious about proving their good judgment to others; doubt makes them anxious about proving their good judgment to themselves, so they look for outward signs. Weber (2002 [1930]) places meticulous reality-testing at the center of capitalism's emergence. Protestant asceticism maintained that success on earth was a sign of predestination, so Protestants worked hard to prove their faith in grace to themselves. Their intense labor in the name of God and destiny, according to Weber, generated the necessary capital for industrial capitalism.

Of course, in different ways, the reality being tested — grace — has fallen away in the beliefs of many individuals, but Weber's historical account is a good entry into contemporary identity. Reality-testing is universal to human life, but contemporary

individuals are especially fastidious and anxious about it. Traditionally, threats to people's conception of reality were automatically resolved by magic or purification rituals. The cosmic order, it seemed, would not allow itself to be doubted (Berger and Luckman 1966: 156; Douglas 1966). Now, one's judgment of the world, particularly one's judgment of his or her self, is not so easily proven. People must work at verifying their good reflexive judgment.

People work at verifying in a number of ways. Individuals work on their appearance. They deliberate over it while alone or with friends. Before they enter a social encounter, they unconsciously check to make sure they are put together (Goffman 1963a: 26). People accumulate and use all sorts of other "props" to prove their identity. Graduate students accumulate books to prove to themselves that they are scholars. Individuals scour their memory for some proof they have chosen the right career or the religion that best fits their identity. As Goffman showed, in their everyday encounters, people try to control the interactions to validate their self (see Goffman 1959: 30-4), or, as I have already discussed, they avoid those interactions that might threaten their self-conception. They seek out routines of all sorts which validate their self-perceptions (Giddens 1991: 39-41, 46, 60-1; see also Berger and Luckmann 1966: 149-55). The subway commute might be tiresome and boring, but being squished in among other people dressed for business confirms the individual's choice in white-collar work (Berger and Luckmann 1966: 150). Though the testing of grace is less common, occupation is still important for validating the dignity of the self, so people search for gratification in their jobs (see Lasch 1979: 56-70; Sandage 2005; Taylor 1989). When people make

minor lapses in judgment, they address it through reflective attention. Sometimes people address their underachievement through denial (see Cohen 2001; Zerubavel 2006). Other times, they work on their identity and plan to resolve a lapse. Either way the effort needs to "keep a particular narrative going" (Giddens 1991: 54); they need to always be "articulating it afresh" (Taylor 1991: 61; also Goffman 1967: 16-23; Berger and Luckmann 1966: 151).

Social Support

In many ways, the contemporary individual stands alone, but he or she is not completely on one's own. Individuals do enlist the help of others in reflexively keeping up their authenticity. Individuals seeking professional therapy do this, of course, but more important and more common is the help from intimates, acquaintances, and even strangers. Included is help in validating our most basic sense of existence. Giddens writes,

A person encountering another on the street shows by a controlled glance that the other is worthy of respect, and then by adjusting the gaze that he or she is not a threat to the other; and that other person does the same. In many traditional contexts where the boundaries between those who are "familiar" and those who are "strangers" is sharp ... They may either avoid the gaze of the other altogether, or stare in a way that would seem rude or threatening in a modern social environment (1991: 47).

Giddens is describing what Goffman called "civil inattention" (1963a: 83-8). It is important to note that reflexive selfhood is so much work that even these passing glances from strangers are needed to test one's dignity. However, it is also important to note that individuals are typically willing to gratify others. Goffman has extensively documented the variety of tactics that actors use to console embarrassed or ashamed individuals in

face-to-face encounters. They might make a light joke about the embarrassing infraction, quickly accept apologies, or just ignore it (see especially Goffman 1967).

Contemporary life is so fluid that individuals must rely on strangers to help compose a self, but intimacy is also fundamental to selfhood (D'Andrade 1995: 131-2; Giddens 1991: 88-98). Reflexive individuals chose intimates who will help them discover and maintain their authenticity. Reflexive relationships are a lot of work, because they, like the self, are reflexively made, rather than founded in external supports. Like reflexive self-creation, contemporary relationships are also open to doubt. But when lovers and friends form committed, trusting relationships, the relationship becomes an expression of the individuals' worth and good judgment. The relationships also become important resources for building up a lifestyle and life-trajectory, and intimates are valuable allies in helping people maintain composure in everyday interactions (see Goffman 1959: Ch. 2).

The Labor of Trauma

Because its starting point is doubt, reflexive selfhood is laborious. As Goffman made glaringly clear, individuals must always be acting, by this he meant always engaged in the activity self-creation (see 1959; 1963a: 58). The laborious nature of selfhood makes identity uncertain. But normal people are not shattered selves; they live in the face of uncertainty. Reflexive individuals are very resourceful in keeping their self going, but in times of violence individuals are deprived of their resources. Individuals feel that reflexive control is difficult, if not impossible. They lose the resources to express emotional and bodily control. They lose the ability to prove their good judgment, and

they lose social support. The symbolic resources for proving the integrity of the self disappear, and the individual feels as if her reflexivity is gone. The painful irony is that it is not. He or she has no choice but to look upon the symbolic mortification of the self reflexively. The reflexivity that holds the self together becomes a burden and casts the individual into the agonies of trauma when one encounters extreme violence.

Chapter 4

The Subjectivity of Violence: Sequestration, Mediation, and Terrifying Boundlessness

Because trauma is the result of interpretation, exposure to violence, even in the extreme, is not a sufficient cause. On the aggregate level, the severity of exposure is often not substantively significant. On the individual level, traumatized individuals often report low or no exposure to physical harm. However, this does not mean that physical harm is not important to trauma. It is important if the individual finds it meaningful. Exposure to bodily harm is traumatic because individuals cognitively and symbolically elaborate it threat. To understand the traumatic meaning of physical harm, we have to understand the meaning of violence in broader culture, as well as the subjective experience of violence for an individual who has not been directly exposed.

Contemporary life in the West is relatively free of severe physical aggression, so as I will discuss, people typically witness a highly mediated and domesticated version of violence. Though contemporary Westerners rarely experience the true ugliness of violence, it is still threatening to them, and contemporary culture includes a number of resources to physically and cognitively confine it. People unfortunate enough to experience violence first-hand have these resources at their disposal to cope, though violence can pervert their effectiveness. The very tools people use to ease their anxieties can become the basis of traumatic interpretations.

Reflexive Anxieties Toward Violence

Contemporary Westerners tend to be anxious about physical harm. In many ways, the reflexive self emerged in opposition to suffering and violence. I have already discussed some milestones in this story in terms of the secularization of the self and skepticism toward progressive political ideologies. Norbert Elias argued that contemporary self-propriety, too, developed in response to violent behavior. Contemporary Western life is complex and interdependent, which requires people to behave predictably and benevolently toward one another. This means that people must maintain self-propriety, rather than give themselves over to aggressive impulses, however small. The Enlightenment, too, provided a crucial theoretical basis for contemporary selfhood and interpretations of violence. Enlightenment philosophers taught that people could behave benevolently and human suffering could be eliminated. Though Enlightenment figures have taken some intellectual hits for being overly optimistic, their values and interdictions regarding suffering still hold strong, even among some of its most formidable skeptics (e.g. Rorty 1989). Contemporary attention to victimhood, for example, cannot be understood without these eighteenth century scholars (see Appiah 2005; Barkan 2000; Taylor 1994).

Intolerance toward suffering is a motive force of contemporary Western culture.¹⁹ As a result, to begin, many Westerners assume that benevolence is a natural outcome of reflexive awareness and self-control (Taylor 1989: 281-4, 292, 294, 330-7), while cruel and violent people are thought of as "irrational" and impulsive (see Jenkins 1994: 109-

¹⁹ Wilkinson (2005: Ch. 3) has cogently argued that classical sociology was fundamentally concerned with theorizing this truth.

20; Loseke 1999: 77-9; Neiman 2002; Taylor 1989: 330, 2007: 633-4).²⁰ As a function of reflexivity, moreover, benevolence is something that must be worked at. First, Richard Rorty (1989) has suggested that contemporary benevolence is a labor of self-doubt. It is pushed forward by the persistent doubt that we are not living up to our values, that we are not being sensitive enough to suffering. I would add that contemporary benevolence is also enlivened by doubts about whether or not our style of life is the right one — we recognize, I could say, that our life projects may suddenly prove a source of humiliation — so we are willing to sympathize with the humiliation and suffering of those who have made different choices.

Second, contemporary Westerners put a high premium on safety and well-being in ordinary life. Again, according to contemporary beliefs, safety and well-being are reflexive projects that must be actively produced (Giddens 1991: 126-33). Freedom from harm, especially physical harm, is taken as a right, but not one automatically conferred, rather, “something which the possessor can and ought to act on to put it into effect” (Taylor 1989: 11). An important way that people put it into effect is through the increased use of therapy. Individuals feel that expectable suffering due to “life troubles” — marital strife, stress at work, underachievement at school, a death in the family — is increasingly intolerable (see Illouz 2007: 61-2; Horwitz 2002).

Third, the contemporary promise for well-being expands infinitely and sensitivity to harm expands with it (see Illouz 2007: 61-3). The toleration of suffering inversely relates to people’s hopes for safety and comfort in ordinary life. Consider the following

²⁰ See Bauman (1989) and Cushman (2001) for two sociological accounts intended to directly refute this folk, and sometimes social scientific, theory.

insight Talcott Parson gives on Max Weber's studies of modern "rationality," which I would term "reflexivity."

[T]he more highly rationalized an order, the greater the tension, the greater the exposure of major elements of a population to experiences which are frustrating in the very specific sense, not merely that things happen and contravene their "interests," but that things happen which are "meaningless" in the sense that they *ought* not to happen. Here above all lie the problems of suffering and evil (quoted in Wilkinson 2005: 66-7).

This is a good formulation of my claim because it references the place of reflexivity in the contemporary sensitivity to suffering, but one student of London's 1854 cholera epidemic describes the matter more concisely: "We feel fear more strongly because our safety expectations have risen so dramatically" (Johnson 2006: 87).

The Sequestration and Mediation of Violence

Anxieties about violence have effectively pushed it away. Ordinary contemporary life is relatively free of violence so most people have the luxury of seeing violence only at a distance.²¹ Violence is ordinarily *sequestered*,²² a term Anthony Giddens (1991) uses to mean contained, hidden, or distanced. Violent individuals, for example, are sequestered to prisons or other institutions (Foucault 1977; Giddens 1991:

²¹ Popular, as well as sociological, imagination tends to overestimate the occurrence of violence in other times and places (Collins 2008). Nonetheless, violence was often a ritualized or expectable part of living in ways that it is no longer in the contemporary West. Some examples include honor killings, culturally or legally prescribed vengeance, violent initiation rites, marriage by abduction, feuding, and dueling (see Benedict 1934: 70-2; Collins 2008: 212-3; Gould 2003: Ch. 4, 171-2; Kopytoff 1961; Summerfield 1998: 17; Tilly 2003: 92-101). Often violence, such as sanctioned vengeance and on-going low-intensity warfare, was important to maintain political differences between factions and sometimes solidarities across factions (see Evans-Pritchard 1940; Summerfield 1998: 19). Contemporary life carries traces of these rituals and routines, but where those traces are everyday, they are diluted and rarely escalate beyond verbal and symbolic insults. Take, for example, American high schools. Ritualized violence often occurs in status-driven societies (see Gould 2003). Social life in American high schools is also status-driven, but the conflicts there — though reminiscent of honor disputes of old — rarely turn violent (Milner 2004).

²² Similarly, Taylor (2007) describes the contemporary Western self as "buffered" to the world.

155-60). Violent groups, often quietly and against their will, are sequestered in ghettos (see Anderson 1999; Horowitz 1983; Massey and Denton 1993). Contemporary warfare can be total, but it usually happens in spurts and apparently somewhere else.

Since violence typically occurs at a distance, the default Western experience of violence is highly *mediated*. I mean “mediated” in that the medium affects the representation of violence. People are anxious about violence but also sympathetic to the suffering of others. Mediation makes violence palatable. When violence is mediated, people can look at it without really seeing it. Mediated violence is often kind of a denial (see Cohen 2001; Zerubavel 2006), and we could say that mediated violence is *cognitively sequestered* — mentally and symbolically contained or domesticated. Mediated representations of violence tidy it up. Randall Collins writes, “One reason that real violence looks so ugly is because we have been exposed to so much mythical violence” (2008: 10).

Mediation gives violence a symbolic and cognitive organization, which is not useful to individuals who experience or witness violence first-hand. As a result, when people experience violence, it appears comparatively confusing and grotesque. One obvious way that violence is beautified involves memorials and cemeteries. Memorials and cemeteries serve to “domesticate” violence, because designers appropriate the serenity of nature by situating the monuments to violence in a beautiful field of grass or in a grove of trees (Mosse 1990; see also Ohnuki-Tierney 2002). As result, visitors make a conceptual association between nature’s serenity and violence, making it less threatening.

Other methods make violence conceptually aesthetic. Memorials and museums, for example, provide a clear and simple framework for understanding violence. Memorials and museums, such as the *United States Holocaust Memorial Museum*, may provoke reflection, anxiety, or sadness in their visitors, but these thoughts and feelings are guided by a pre-determined narrative (Oschner 1995). Cognitive guides and an idea of where the story is heading are exactly the sort of things that victims lack (see Edkins 2003: Ch. 4), and as we will see, this absence is a central feature of trauma.

The themes of memorials and museums often include a redemptive narrative, which represents a more generic trend in remembering violence. In remembrance, people often represent the victims of violence as heroes, *post facto* martyrs whose suffering serves some noble cause (see Blight 2001; Castelli 2004: Ch. 6; Edkins 2003; Farmer 1999; Novick 1999). Whatever our normative position, sociologically we have to accept that this oversimplifies the messiness and ambiguity of violence, even by the accounts of many survivors (see, for example, Fussell 1989, Geddes 2003: 110-3; Levi 1989). It also alters folk conceptions of heroism to the extent that martyrdom requires one to willingly sacrifice one's life (see Castelli 2004), which victims of violence typically do not do or do so only with regret, as I will show.

Journalistic reports are an important factor here. The news media tend to select and represent stories in terms of archetypical perpetrators, whom audiences know to despise, and innocent victims, with whom audiences can easily sympathize (Best 2008: 133-4, 142-53; Cohen 2001: 168-73, 193; Hilgartner and Bosk 1988: 61-6; Loseke 1999: 91-3; see also Boltanski 1999: 30-4). One method for this is to evoke imagery that

suggests clear distinctions between good and evil. Recently, the Holocaust has been a common resource for this (Powers 1999; see also Alexander 2004b: 245-51 and Torpey 2006: 37-41). Analogies like those to the Holocaust can bring violence abroad "morally home," but violence still often feels like something that only happens "over there," among "those kind of people." Violence in under-developed or developing nations is often characterized as "just another" tribal conflict, a vestige of primitive by-gone days. Journalists framed the Rwanda genocide of 1994 this way (see Keane 1996: 5-8), though that ethnic cleansing raced with an industrial efficiency. Another example is a headline at *BBC.com* on May 25, 2008: "Indian tribal clashes kill dozens." The story goes on to explain, however, that the violence involved Indian police firing upon ethnic Gujjars protesting for affirmative action — hardly an exchange fueled by primitive grievances.

During the Bosnian War, many residents shamefully admit that even though they had heard the stories from friends and listened to the shells falling in the distance, they chose instead to believe the state-run news that assured them that war was not coming to their town. Given this, it is not surprising that the Americans and Europeans were passive to the violent purification that occurred during the Bosnian War. In an interesting essay, Thomas Cushman (2001) shows that Serbian leaders were unabashed about their war crimes when they spoke to Western media outlets. They took this posture so they could control the content of media reports. As a result, the media portrayed the atrocities as highly contained incidents, and clearly defined who was good and who was evil. Serbian leaders wanted Westerners to look at the violence, so Westerners would see the

atrocities from the perspective of Serbian nationalism, which clearly defined the violence against minorities as justified.

Electronic and print media color every aspect of contemporary Western life, and the information glut helps contain violence. Images of violence in the media have competition. Clifford Orwin writes,

[T]elevised images of suffering trade at a substantial discount. The first point about such images on which to insist is the most obvious. As with everything televised, we can always turn them off or tune them out ... In many households in which television serves as a permanent background din, the horrors that it displays remain in the background also ... Let's assume, however, that as good citizens we do watch the news each night. We then experience the rhythm of the typical newscast, which follows grave matters with trivial ones (e.g. weather, sports, "lifestyles," and entertainment news). Whatever sufferings may have assailed us at the top of the hours, our minds are eased back into the usual preoccupations of everyday life in a consumer society (1996).

The reality and immediacy of violence, if we choose to pay attention, is buffered by its context; the effects of violence are muffled by the media noise (see Boltanski 1999: 155; Cohen 2001: 187-91; Giddens 1991: 26-7).

Audience members, of course, also have the choice of simply turning off the T.V. This is one of a number of activities that individuals do to cognitively sequester violence, many of which Stanley Cohen (2001) has catalogued in his sociology of denial (see also Zerubavel 2006). The work of Karen Cerulo is also instructive in discussing individual activities of sequestration and mediation that do not fit neatly under the umbrella of "denial." First, audience members will tidy up violence themselves if the techniques of media of representation do not do a good job of it. For example, Cerulo (2000) finds that if news stories of violence are vague or ambiguous, individuals will cognitively elaborate on the stories so they can define the violence in clear terms of right and wrong.

However, things get harder to clarify when people have to think about their own relationship to violence. Cerulo (2006) has explored the ways that Americans, for example, tend toward "positive asymmetry." People are cognitively biased in ways that make them much better at thinking about and articulating the best rather than the worst. This does not mean that people essentially feel safe and good, but that it is cognitively difficult for people to think about themselves as perpetrators or victims of violence (see p. 78, 152-5, 206-12). This is not an issue of denial, which involves knowing but turning away. Nor is it an issue of ignorance — happily not knowing at all. The issue is a lack of adeptness, which means people struggle to think about their own actual or potential experience of violence.

Violence Unbound

Much of what I am suggesting is true not just for violence but also for death. As mortality rates have dropped in the contemporary era, people rarely come into contact with death among any but the elderly. Death is, in effect, sequestered to the aged. As a result, death often feels far away. Most people have cognitive difficulties with death. They do not plan for it and underestimate their risks (Cerulo 2006: 42-5; see also Yalom 2008). Moreover, death, like violence, is highly mediated. Important in mediation are hospitals, nursing homes, and mortuaries. These tidy up death. Hospitals and nursing homes make death a simple medical issue. The mortuary cleans up the dead and makes

them appear as if they are just sleeping (see Giddens 1991: 161-2; Grossman 1995: xxvi).²³

Of course, violence and death do not always stay sequestered. The violent criminal lurks in our neighborhood rather than being contained in the prison. Violence spills out of the ghettos. It happens to "us over here;" or we must go over to it. We see the dead in their ugliness, sometimes unintentionally, sometimes out of a regrettable curiosity. In these instances, violence becomes an unmediated foreground, a loud thunder over the noise of normal life. As Jamie Kalven, whose wife is a rape survivor, puts it, forced upon some people is "[t]he recognition that evil occurs not in some other dimension but in the thick of life" (1999: 55).

When people experience violence first-hand, they have the skills of sequestration and mediation at their at disposal. For instance, people can deny violence in their midst. Journalist Michael Herr remembers that it took time to be able to see the realities of the Vietnam War.

We'd all seen too many movies, stayed too long in Television City, years of media glut had made certain connections difficult. The first few times that I got fired at or saw combat deaths, nothing really happened, all the responses got locked in my head. It was the same familiar violence, only moved over to another medium; some kind of jungle play with giant helicopters and fantastic special effects, actors lying out there in canvas body bags waiting for the scene to end so they could get up again and walk it off. (1977: 209-10).

²³ Traditionally, violence and death were present but less threatening because they were given religious life. In past eras, violence was largely, we could say, mediated but not sequestered; mediated by religious meanings while being an expectable and often ritualized part of life. Furthermore, Westerners have especially high expectations for benevolence and security, which they *actively* create and maintain. Violence is mediated for people because they intentionally *push it away* and contain it, since it is unnatural by Western terms. While in the past, people mediated violence, death, and other unpleasant parts of life in the past by ritualistically *pulling them into* the cosmic order (see, for example, Douglas 1966: Ch. 11; Elias 2000 [1939]: 164-6; Grossman 1995: xxvi).

One man remembers his experience in Srebrenica during the Bosnia War.

In one little square in the town, stuck — or rather nailed by shrapnel — to the walls of a nearby building and kiosk were the remains of a woman killed in the first months of the war ... Thousands of people crossed the square every day and nobody paid any attention to the parts of her body that had in the meantime rotted ... Death was acceptable but fear of death was not (Suljagic 2005: 24).

Doctors and nurses in the Vietnam War, if they were to do their job, denied their patients' humanity. "Sometimes it's easier ... if you tell yourself they're not people you're working on, but merely bodies," a nurse remembers being told. "If you look at it any other way while you're working," a surgeon explained to her, "you might make yourself crazy" (Van Devanter 1983: 97). Similarly, Jennifer Barr, for many months, refused to accept that her attack was a rape because, she reasoned, he did not penetrate her (1979: see 34, 40, 72; also Kalven 1999: 43).

Black humor is one means to cognitively contain or diminish violence (see Douglas 1991 [1975]; Neal 2005: 147).²⁴ Some doctors and nurses in Vietnam laughingly called Napalm victims "crispy critters," referring to the fact that layers of skin were badly charred from head to toe (Van Devanter 1983: 100). When Alice Sebold first came home after being raped, she remembers her father asking her if she would like something to eat. She jokingly replied, "That would be nice...considering the only thing I've had in my mouth in the last twenty-four hours is a cracker and a cock" (1999: 59). The joke, she knew, told her parents that "The kid they knew was still there." For some, cognitive sequestration provides a reprieve from violence. For others, however, we will

²⁴ Humor is a significant predictor of resilience to PTSD (see Connor *et al.* 2003: 488). However, humor can also be a way to express the horror of violence (Fussell 1975: 34; Heller 2004 [1955]).

see that people's success in cognitive sequestration — denial and psychic numbing — can have unintended traumatic effects.

Others, however, do not or cannot use cognitive sequestration when they encounter violence. Herr, for example, remembers that many, including himself, eventually made those "certain connections" that can add up to trauma. Direct confrontation with violence is not a sufficient cause of trauma, but it definitely helps people make those connections. Barr explains,

I was filled with the terror of how close death had been, how fragile life was. Life could be lost in an instant and it could be *my* life. Death was real. It could come even on a beautiful autumn day, with no warning, no doctor's diagnosis, no lingering in a hospital bed to say good-bye and bravely face death ... Death had spit its terror in my face and I could not forget (1979: 47).

The man from the Srebrenica enclave remembers the terror of first experiencing mortar-fire. He echoes Barr: "If anything was worse than the shock of an explosion and the elemental fear of losing your life, then it was the awareness that so little stood between you and death — mere minutes or seconds" (Suljagic 2005: 43).

We cannot forget the backdrop of sequestration in enhancing the potency of these traumatic realizations. For Barr, it is death up close in contrast to death sequestered that is terrifying. The same is true for Roméo Dallaire. Dallaire describes a scene from his first trip to Rwanda in 1993. As head of UN peacekeeping operations there, he was on a fact-finding mission with the hopes of instituting a cease-fire between the government's army and Hutu supporters and the Rwandan Patriotic Front (RPF), a largely Tutsi insurgency militia. On one leg of his trip, Dallaire visited a camp of refugees displaced by the civil war. He writes,

The scene was deeply disturbing, and *it was the first time I had witnessed such suffering unmediated by the artifice of TV news*. Most shocking of all was the sight of an old woman lying alone, quietly waiting to die. She couldn't have weighted more than a dozen kilos. Pain and despair etched every line of her face as she lay amid the ruins of her shelter, which had already been stripped of its tarp and picked clean of its possessions. ... Tears stung my eyes at the thought of her dying alone with no one to love or comfort her (2004: 64, my emphasis).

Others also note that unmediated violence is more difficult to bear; Ron Kovic remembers going into the battle that paralyzed him. He walked into the fight with an air of heroism. "I had to be courageous," he writes, describing his thoughts at the time. "Here was my chance to win a medal ... This was it ... everything [I] had been praying for, the whole thing up for grabs." As he advanced upon the enemy village, he was shot in the foot, but Kovic kept moving "boldly" toward the enemy. Still firing, he fell to the ground and a medic bandaged his foot then retreated to cover. Kovic rose and a slug tore through his lung, smashing his spine to pieces. The psychic pain of the injury was his failure at heroism. "I didn't think of praying, all I could feel was cheated ... All I could feel was the worthlessness of dying right here in this place at this moment for nothing" (1976: 202-6).

People on both sides of the gun feel that violence and suffering is neither heroic nor redemptive (see Des Pres 1976; Geddes 203: 110-3). One woman who survived the attacks on the World Trade Center writes, "More than anything, I wish I could speak of joy that came through all the suffering on that particular September morning, but I cannot. There was none" (Haskins 2006: 67). A Tutsi woman who survived the Rwanda genocide also explains that there is no glory in victimhood. She remembers her second day in hiding, the second day of more than ninety.

I grimaced at the pain in my cramped legs, thinking that I'd have quite a tale of hardship to tell after the war. "Listen to what I had to endure," I'd boast to my friends. "I spent an entire day and night in a tiny bathroom with five strangers. What a hero I am!"

No sooner had I begun my little fantasy than I was jolted back to reality by images of my family: my parents fleeing our burning house, Damascene slipping away sadly, and Vianney and Augustine wandering in the open with nowhere to hide (Ilibagiza 2006: 76).

The transformation of victims into martyrs is a way to tidy up violence. At a distance, people construct clear heroes and villains, but up close, violence is too messy for easy classification. A Vietnam veteran writes "Most American soldiers in Vietnam — at least the ones I knew — could not be divided into good men and bad. Each possessed roughly equal measures of both qualities." He explains, "I saw men who behaved with great compassion toward the Vietnamese one day and then burned down a village the next" (Caputo 1977: xviii-xix).

Violence up close is not just conceptually messy; it is literally messy. Research has found that exposure to grotesque death is a major predictor of PTSD and related disorders (Green *et al.* 1989; McNally 2003: 83, 99; Southwick *et al.* 1997: 175, table). A veteran remembers how unsettling the appearance of the dead was on the battlefields of Vietnam. He explains,

[T]he mutilation caused by modern weapons came as a shock. *We were accustomed to seeing the human body intact; to us, a corpse was an elderly uncle lying in a coffin, his face powdered and his tie in place.* Death admits to no degrees: the elderly uncle who dies decently in bed is no less dead than the enemy soldier whose head has been blow apart by a forty-five-caliber bullet. *Nevertheless, we were sickened by the torn flesh, the viscera and splattered brains* (Caputo 1977: 128, my emphasis).

The woman above who survived the collapse of the World Trade Centers was working in the North Tower when the planes hit. She remembers the long and crowded journey down the stairwell in hopes of safety:

We stopped for a minute and someone opened another door. Unwittingly, I stuck my head in for cleaner air and there he was.

A man stood staring. It was a cold and bland look. ... I examined him closely from the stairs. His face ... contorted like abstract art. His eyes ... fixed on nothing. His mouth was wide and silent. His head rested between two small columns while his body was crooked and oddly twisted off to the side. He had been decapitated.

I think I shook my head in disbelief. *I had never seen so fierce a death!* Was I dreaming? Was this something my mind had conjured up? *I wanted to desperately understand what I was seeing*, or not seeing, but I couldn't (Haskins 2006: 56, my emphasis).

Not death, but unmediated death — ugly and raw — leads to disgust and cognitive difficulty. A journalist who covered the Bosnian War, moreover, explains how mutilation signals a world of chaos: “[A] corpse simply dead but not mutilated spoke of the rules of war, whereas the body of a man with his genitals severed and stuffed in his mouth conveyed a terror sufficiently savage to make the reconstitution of Bosnian society unimaginable” (Cohen 1998: 297). Seeing a friend die is one thing; watching him grotesquely splatter is quite another. For each of the people above, the torments of witnessing death are more intense when death is experienced without sequestration or mediation.

We can see this in the way people talk about age and the witness of death. Herr wonders, “How do you feel when a nineteen-year-old kid tells you from the bottom of his

heart that he's gotten too old for this kind of shit?" (1977: 16). War distorts the timeline of life. One soldier writes,

The knowledge of death, of the implacable limits placed on a man's existence, severed us from our youth as irrevocably as a surgeon's scissors had once severed us from the womb. And yet, few of us were past twenty-five. We left Vietnam peculiar creatures, with young shoulders that bore rather old heads (Caputo 1977: xiii-xiv).

This is not men maturing quickly, but men robbed of life, the horizons of their self project cut short. The soldier explains:

At the age of twenty-four, I was more prepared for death than I was for life ... I came home from the war with the curious feeling that I had grown older than my my father, who was then fifty-one. It was as if a lifetime of experience had been compressed into a year and a half ... I was somewhere in my middle fifties, that depressing period when a man's friends begin dying off and each death reminds him of the nearness of his own (*ibid*: 3, 4, 192).

All the labors of life are compressed into one tour of duty, because violence forces men to know death before they should. It is not that violence and death are unimaginable, only that particular people are supposed to have to deal with them. The trauma is that death and violence disregard the boundaries contemporary culture has set for them.

Terrifying Boundlessness: Expansion of Harm

When violence overtakes sequestration, individuals further elaborate its boundlessness. Individuals expand the harm of violence through the interpretation of symbols and probabilistic inference.

Symbolic Boundlessness and the Setting of Violence

First, in the extreme, violence appears to overtake the symbols of sequestration and mediation. Violence, once set free, unleashes its fury without respect to any physical

or cognitive boundaries. In other words, nowhere is one safe from violence. It is terrifyingly boundless. Contemporary society sequesters death to the old. When violence targets the young, it actually but also symbolically overruns its bounds.²⁵ The setting of violence can also lead people to feel that violence cannot be contained. Normally, nature is a resource for domesticating violence, because it is a symbol of serenity. However, up close, nature appears to have no power against violence. In 2001, the horrors of terrorism shook Americans out of a late-summer reverie. Writers frequently recall the weather in their accounts of the September 11 attack of that year. Davis Wyatt was finishing his summer in Cape Cod when his father called from Virginia shortly after the attacks. He recalls that during the conversation, his father commented, "The strange thing is, it's such a beautiful day" (2004: 16). One teacher from Harlem remembers walking out of his school after hearing what happened at the World Trade Center: "More than 100 blocks from the World Trade Center, the sky over Harlem was deep blue as I emerged from the school's neon-lit corridors. *The air was sweet, cool, and dry — how could such a day hold disaster?*" (Teachers 2006: 55, my emphasis). Another New York resident describes that after the planes hit the towers the "air quality had deteriorated ... breathing was difficult, and the smell, acrid and obnoxious" (Teachers 2006: 68). This is a reversal of the air just minutes before, when it was perfumed with happiness. She writes,

While getting ready for work on September 11th, I was unusually struck by the rays of dazzling sunlight beaming through my Upper West Side apartment windows ... The sky was an incredible blue; the clouds were white, billowy, and plentiful ... It was a glorious morning and I couldn't wait to venture out to listen to the day.

²⁵ Indeed, we could loosely conceptualize the symbolic events I am describing as a violent desecration of the boundary between sacred and profane (see Douglas 1966; Durkheim 1995 [1912]).

I continued to be captivated by the beauty, warmth, and clarity of the morning as I left my building. It was evident that this beautiful morning had a profound effect on many of the doormen and friends that I see and greet each day. Folks were smiling, waving, and sending good wishes for a wonderful day (*ibid*: 63).

The weather on September 11, as many recount it, put New Yorkers off guard for the wrath that day.

Many women recall being raped on a beautiful day much like September 11. For them, the beauty of nature made the violence they experienced even more atrocious when it came. Barr, a wife and mother of a small child and infant, remembers the weather on the fall day she was attacked. She finally had a chance to get away from the demands of her children for a while and have some time to herself. She writes,

Just being alone was such a luxury ... I had headed the car toward the library, but the library began to lose its appeal — the day was too beautiful to be inside. *It was a day designed for the world to enjoy, to be in the midst of* ... There was a lake nearby with a path encircling it where we had taken family walks before. It wasn't the Cascades wilderness, but it would be a perfect area for photographing the foliage and fall fungi ... A tree demands nothing ... No demands, no expectations of help from others, no desire to control or destroy. Each element of nature exists, merely exists, and in that existence creates a unique beauty, a peace. Alone in the woods even a human can feel that acceptance of existence, without questions, doubts, struggles. Perfect tranquility and peace can be found where even man is but another element of the woods (1979: 15, 16, my emphasis).

Shortly after arriving at the lake, a man wrestled her to the ground and raped her. She explains the horrific irony:

[N]ature had betrayed me. Nature in her beauty was a part of all of it. It had lured me to those woods and did not lose its beauty after witnessing the ugliness ... I had gone to nature for peace ... How could it betray my trust? How could I have lain there amid its beauty and been tortured by hatred, violence, ugliness? How could nature have been so cruel? (*ibid*: 119-20).

In the place she hoped to find reprieve, she found only pain and suffering, and the beauty of nature is reversed into the gruesome.

Other sanctuaries, literal and figurative, can turn violent. In 1993, the UN Security Council deemed Srebrenica a "safe area," meaning UN troops were deployed there to ensure that the city would be free of hostilities. However, under the watch of UN forces, Serb troops massacred thousands of Muslims there. Emir Suljagic, who was saved from the genocide because he was working as a translator for the UN, explains the traumatic circumstances of the Srebrenica massacre. "As for them, they died where they were born, where they sought and found refuge in the years of war, where they survived day after day in a shared agony. *They chose Srebrenica in order to survive and this makes their death all the more terrible*" (2005: 11, my emphasis). Witnesses often tell a similar story about the Rwandan genocide. Before the genocide, Tutsis often ran to local churches to save themselves from Hutu violence, but in 1994, some of the most atrocious killings happened in those same churches (see Longman and Rutagengwa 2006). A major church massacre happened at Nyarubuye. One journalist who visited Nyarubuye juxtaposes Christian symbols of sanctuary against the death.

As we drive closer the front porch of the church comes into view. There is a white marble statue of Christ above the door with hands outstretched. Below it is a banner proclaiming the celebration of Easter, and below that there is the body of a man lying across the steps, his knees buckled underneath his body and his arms cast behind his head ... There are other bodies between the pews and another pile of bones at the foot of the statue of the Virgin Mary. In a cloister, next to the holy water fountain, a man lies with his arms over his head. He must have died shielding himself from the machete blows. "This is fucking unbelievable," whispers Tony in my ear (Keane 1996: 77, 80).

Christ with arms wide-open, Easter, the Virgin Mary, and the baptismal water, Christian motifs of salvation rendered absurd in the face of genocide. As the journalist put it, "I cannot think of prayers now. Here the dead have no dignity" (p. 79).

As God weakens, it becomes harder to invent a story that turns suffering into grace, but religion is still a resource with which many choose to mediate violence. However, I would emphasize how in the Rwanda example the slaughters in the churches signal that people cannot be assured safety anywhere once violence is set loose. One common symptom of trauma is hypervigilance, which is the feeling that violence can happen at any time or any place. This perception comes not from a failure to attribute meaning to violence, but the opposite: meaningful signs that violence is boundless. People interpret violence as boundless against the background of contemporary sequestration and mediation.

The Probability of Violence

People take into account the setting of violence, and symbolically enlarge its threat. These symbolic reflections make violence feel as if it cannot be contained. People also expand the harm of violence through probabilistic thinking. Probabilistic thought is a risk calculation. When violence occurs at a distance, people can rest somewhat assured that they are safe from it, because it seems that if violence occurs, the chances are that it will occur "over there," to somebody else (see Cerulo 2006: 42-5; Giddens 1991: 129-30). The matter changes when people experience or witness violence up close and it becomes a variable in their calculations. Probabilistic thought then makes violence both tyrannical and democratic. People know that violence will certainly

happen; there is a definite risk of violence, but when and where is arbitrary. Probabilistic reasoning flattens differences and assumes events happen to individuals at random. The mix of inevitability and uncertainty means that every individual runs a risk of violence that is dependent upon what happens to others. Robert Jay Lifton writes of the atrocity survivor: "[H]e is bound by an unconscious perception of organic social balance which makes him feel that his survival was made possible by others' death: If they had not died, he would have had to; and if he had not survived, someone else would have" (1964: 200).

Victor Frankel, a Holocaust survivor, remembers that while in the camps, "I estimated my own chances at about one in twenty." Nazi guards regularly collected inmates for transport, "which was officially announced to transfer a certain number of prisoners to another camp; but it was fairly safe to guess that the final destination would be the gas chamber." Frankel describes the statistical reality of being chosen for the gas chambers. "The selection process was the signal for a free fight among all the prisoners ... All that mattered was that one's name and that of one's friend were crossed off the list of victims, though everyone knew that for each man saved another victim had to be found." It was certain that some quantity of inmates would die the day of transports, but it did not matter much who because, as Frankel explains, "each of them was nothing but a number" (1984 [1959]: 22-3, 103).

Lifton argues that the "survival priority ... may well be that most fundamental to human existence" (1967: 200), but it has culturally specific qualities. The "survival priority" — if he had not survived, someone else would have — implies life and death are governed by the predictable distribution of chance: probabilities. The ability to

reason probabilistically appeared in the late-nineteenth century West. Almost at once institutions like science, law, governments, credit bureaus, and engineering started operating in terms of calculable chance (Foucault 1977; Hacking 1990; Sandage 2005; Witt 2004; also Adorno and Horkheimer 2002 [1944]: 116-8). The category and experience of trauma emerges at the same time that probabilistic thinking overtakes Western minds, in part because trauma involves probabilistic thought (Schäffner 2001).

Probabilistic thinking is a source of both denial and traumatic realization. For example, Herr remembers one soldier from Miles City, Montana who read the military newspaper *Stars and Stripes* every day. He was checking to see if anyone from his hometown had been killed. He guessed that if someone from the small town of Miles City was fighting and died, then he probably would be spared. "I mean," the soldier told Herr, "can you see *two* guys from a raggedy-ass town like Miles City getting killed in Vietnam?" (1977: 182). This man tried to take comfort in the statistical rates. It may serve denial for a time, but often this kind of thinking can be a source of self-disgust upon reflection. Thinking statistically, one may feel "relief, even joy" when another dies because it means the odds are in his or her favor, but these feelings can be a source of unease later (see Lifton 1964: 200; see also Leys 2007: 40-1).

When making their calculations, people usually dwell on certain aspects of the risk equation. For the Miles City man, the death of another lowered his odds dying. Others cannot use probabilistic thought for denial, because inevitabilities capture the mind. One veteran of Vietnam remembers that after hearing of a comrade's death, he "felt for the first time, sitting in the mess over a tray of greasy food, the slimy, hollow-

cold fear that is the fear of death." His friend, Sullivan, was shot while the soldier was on leave, so he did not witness it. Nonetheless, he makes a probabilistic inference from his friend's fate. He writes that, while eating, "the image of Sullivan's dead face had suddenly changed into an image of my own. That could be me someday ... *If it happened to him, there's no reason it can't happen to me. I did not think it necessarily would happen, but I realized it could*" (1977: 161-2, my emphasis). Kalven suggests his wife, Patsy, makes a probabilistic inference about violence much like this soldier's. "Attacked in midafternoon, in full view, beside a busy highway, she knows how isolated you can be in the midst of life ... *She extrapolates from that situation to others and lives with a moment-to-moment awareness of the cracks in the world* through which violence can come rushing at you" (1999: 117, my emphasis). Though likely without the same gravity, her friends similarly reasoned, "'If this could happen to Patsy... '— Patsy who is so strong and competent and experienced — then no one is safe" (1999: 41).

Since chance is fundamental to probabilistic thinking, it is an alternative to theodicy or providence, which are pure grammars of inevitability (see Giddens 1991: 109-11 and Neiman 2002: 258-62; also Levi 1989: 82). Some victims of violence are deeply troubled with the question of "Why me?" (Janoff-Bulman 1992: 62; see, for example, Rossen 1988: 123). I am certain most victims wonder this at one time or another, but not all dwell on the question. One reason is that probabilistic thinking, the assumption of chance, provides a ready answer. A survivor of Dachau recalls the execution of a fellow prisoner on the march there:

The SS who was looking for a man, any man, to kill, had found him. And having found him, he looked no further. He didn't ask himself: Why him, instead of

someone else? ... [H]aving understood it was really him, he accepted this chance selection. He didn't wonder, Why me, instead of someone else? (quoted in Leys 2007: 175).

One rape victim comments that she originally blamed herself for her rape as a way to regain the control she lost to the rapist. However, she came to realize it was just a matter of "bad luck." She sometimes allowed herself to wonder if there was any metaphysical purpose to it," but she writes, "I knew there was no design and that its cruelty was merely random" (Raine 1998: 159-61, 239). Another rape survivor writes, "I was not special or unusual. No rapist had singled me out because of some peculiar trait." Rather, her gender subjects her to the probabilities of attack. "The only reason was my sex. He was in the room because I was a woman" (Winkler 2002: 6). Barr recalls that her pastor told her after the rape that "I can't believe it happened to you of all people." She replied, "I don't think he was particularly choosy. He didn't much care who I was" (1979: 101).

The survivors' words recall the anti-rape movement which advanced that womanhood alone, rather than the traits of specific women — like their attractiveness or dress — provokes the patriarchal and often misogynist aggression of rapists (see Bevacqua 2000: 60-1). However, rape victims also might be making a probabilistic inference based on empirical observations. For example, at the hospital or police station, women, as they remember it, often learn that they were not the first rape victims to come through that night or the first to be attacked at the same location (e.g. Barr 1979: 29; Francsico 1999: 8; Sebold 1999: 11). It would be easy to see that they were only a statistic. Barry Raine watched helplessly as a stranger raped his best friend. At the police station, they had to walk down a hallway to the room where they met a detective;

the hall was lined with criminals and victims. He remembers, "By the time we reach the end of the long corridor, we've learned that we're nothing special" (2002: 17). Whether their beliefs follow the anti-rape movement or empirical observation, they are thinking probabilistically.

Through probabilistic thinking, people recognize that violence is not neatly bounded. This intensifies the confrontation with violence and death. As one veteran of Vietnam explains of the anxiety of probabilistic awareness, "It's more than the fear of death that chews on your mind ... It's an absurd combination of certainty and uncertainty: the certainty that you're walking in mine fields, walking past the things day after day; the uncertainty of your every movement, of which way to shift your weight, of where to sit down" (quoted in O'Brien 1969: 121). Herr explains that when, by some premonition, one's death becomes real and not just a probability, the anxiety lifts.

Being "good" meant staying alive ... No wonder everyone became a luck freak, no wonder you could wake at four in the morning some mornings and *know* that tomorrow it would finally happen, you could stop worrying about it now and just lie there, sweating in the dampest chill you ever felt (*ibid*: 135).

When the chance disappears, the soldier is relieved of his anxiety and only must deal with his fear of death.

Probabilistic thinking adds something to violence: likelihood. Through statistical inference, the potential of violence becomes mentally real for people who directly experience or witness physical harm or its mere threat. Cathy Caruth argues that traumatic experiences are incomprehensible, and victims are not cognitively present during the originary event. They do not actually witness traumatic events. For this reason, traumatized people cannot understand why they survived an event that should

have killed them. She writes that trauma is “the oscillation between the *crisis of death* and the correlative *crisis of life*: between the story of the unbearable nature of an event and the story of the unbearable nature of its survival” (1996: 7). However, this might not indicate a cognitive departure but a probabilistic assessment — “By the odds, I should have died.” In these terms, the “crisis” is not the inability to comprehend why one survived. The “crisis” is the lack of existential satisfaction from understanding that his or her survival was a product of chance.

Most trauma victims in my sample of memoirs resign themselves to violence and cruelty in one way or another, often with a tinge of statistical realism. In a common refrain, especially among rape survivors, Nancy Venable Raine writes that since she was attacked: “[A]ll futures from now on would be futures where evil was possible, at any moment, and from unseen dimensions ... But I knew, too, that evil was not the only possibility. Life seemed to me then too desirable simply because it has gone on” (1998: 161; also Francisco 1999: 221; Kalven 1999: 313; Sebold 1999: 251). This statistical philosophy, which considers both sides of chance, is therapeutic for some by their own account (see also Giddens 1991: 131). But for others, probabilities of violence are no comfort. Probabilistic thinking is sterile; it orders events without giving them higher purpose.

For that reason, many turn to magical thinking to soothe their unease about chance. Magic was used in tribal societies to ease anxieties over dangers to the social order (Douglas 1966), and in extreme violence, individuals rely on magic to ease the

inevitable but chance danger of violence. Sometimes people call forth ancient practices to soothe the anxieties of probabilistic awareness. Herr writes,

On operations you'd see men clustering around the charmed grunt that many outfits created who would take himself and whoever stayed close enough through a field of safety, at least until he rotated home or got blown away, and then the outfit would hand the charm to someone else. If a bullet creased your head or you'd stepped on a dud mine or a grenade rolled between your feet and just lay there, you were magic enough (1977: 57).

Men would carry luck charms such as a picture of their dog, wife, or Jimi Hendrix. One man carried an oatmeal cookie through his whole tour. Soldiers would also gain "a little transfer of power" by pulling a relic off an enemy they killed.

Others, however, do not have the luxury of magic. Suljagic, the UN translator in Srebrenica, remembers that his friend, Mujo, died in a mortar shelling of his school. The two always shared the same desk and were, it seems, exactly alike. He writes, "We both looked older than we were ... We had had the same doubts, the same desires, the same fear and also the same rare things that used to make us happy." Nevertheless, as chance would have it, the author survived but Mujo didn't. The author writes that he could not bring himself to visit Mujo's mother. "I knew I should feel guilty in her presence. After all, Mujo and I were the same and I should not be able to explain, above all to myself what gave me the right to come out alive from that school desk, second from the door, when he did not" (Suljagic 2005: 28, 29). What he means is not that he literally could not explain why he survived, because he gives the answer when he describes Mujo and himself as "equally irrelevant." Rather, the explanation provides no existential satisfaction. What he means is that there is no *comfort* in answering why he survived.

A group of widows whose partners died in the 9/11 attacks explain that others tried to couch chance in providential terms. "'Maybe it was meant to be,' they told us. As if the murder of thousands of men and women, just because they went to work that morning or got on a plane, was part of God's great design for the universe" (Carrington *et al* 2006: 60). Nothing stands behind the chance odds and that makes the violence "senseless." One of the widows explains this: "The myth of happy endings was canceled. I had been denied my happy ending because my husband had gotten out of bed one morning and gone to work. If anyone could explain to me how I was supposed to wrap my head around that, I wanted to know" (*ibid*: 34).

In a similar style of thought, Holocaust survivor Primo Levi argues that his survival bore no mark of providence; he does not believe he is "a person touched by Grace." Rather, his survival was "the work of chance, of an accumulation of fortunate circumstances." This knowledge carries a heavy burden:

It is no more than a supposition, indeed the shadow of a suspicion: that each man is his brother's Cain, that each one of us ... has usurped his neighbor's place and lived in his stead. It is a supposition, but it gnaws at us; it has nestled deeply like a woodworm; although unseen from the outside, it gnaws and rasps (1989: 81-2; see also Leys 2007: 38-47; Lifton 1964, 1967: 489-91).

Levi, however, does not hold merely "a supposition." It may feel that way, but from a sociological perspective, we know the statistical knowledge that gnaws on him is an established thought style in the contemporary West. For a few thinking probabilistically, the experience of evil throws in relief the beauty of living. For others, when life and death are matters of chance, the world makes no *good* sense, "Not life, let alone death" (Suljagic 2005: 31).

When They Need Them Most

If violence does make good sense to people, then it is less traumatic. When people can imbue suffering with a cosmic purpose, for example, it is less likely to traumatize (see Boehnlein 2007; Connor *et al.* 2003; Falsetti *et al.* 2003). A recent study with victims of the Dresden Bombing found that the effects of exposure were highly moderated by religious commitment (Maercker and Herrle 2003). Another study found that only a small number of Bhutanese torture survivors developed symptoms of PTSD. Imprisoned in camps in Nepal, these predominantly Hindu individuals believe that their suffering comes from accumulated bad karma (McNally 2003: 98-9). Sometimes the experience of violence will push individuals to reaffirm their faith (Falsetti *et al.* 2003) or, as we have seen, revert to some pre-modern beliefs, like magic. Clinical observation has found, furthermore, that some soldiers feel it therapeutic to identify with a quasi-religious and universalistic "worldwide warrior tradition" (Tick 2008).

Political ideology, too, can buffer the potentially traumatic effects of violence. In Gaza, children who strongly identify with Palestinian nationhood are the least affected by the violence in the area (Summerfield 1998: 23). Historian Catherine Merridale (2000) has likewise found that war trauma was rare among civilians in Stalinist Russia, because they could soothe their pain with the Soviet *esprit des corp*. However, identification with a religion or ideology is not given for reflexive individuals and, in comparison to past commitments, typically weak when adopted (see Giddens 1990: 38). As Merridale explains, for example, communist optimism did little to heal traumatized soldiers, those closest to the violence.

Contemporary Westerners generally tidy, order, and justify violence with the resources of sequestration and mediation. These resources work at a distance but can become a burden when people experience violence up close, when they need these resources the most. Associations between nature and peace help make violence even more threatening when it occurs on a beautiful day. Likewise, when violence is at a distance, probabilistic thinking helps people think it will not happen to them, but when people experience violence first-hand and it becomes a variable in their risk calculations, violence becomes highly probable. The sterile probabilities of violence do not provide any comforting justification for why it ought to happen to them, only that there is a chance it will. For all these reasons, people have a hard time symbolically and cognitively sequestering violence. Violence comes to feel as if it is boundless.

This boundlessness is horrifying, and it contributes to the hypervigilance among trauma victims, their "moment-to-moment awareness of the cracks in the world through which violence can come rushing at you." However, the symbolic and cognitive boundlessness of violence does not explain trauma alone. People remain traumatized long after threats have passed, after methods of sequestration and mediation have proven themselves effective again, and once people have had the chance to recalculate risk. Remember, exposure to violence is not a reliable predictor of trauma, so I have only told a small part of the story. For the rest, we have to turn to what happens to the self during and after violent exchanges.

Chapter 5

Losing Oneself in the Act: The Entrancing Nature of Physical Harm

Violent exchanges tend to be emotionally hot. This is true for both perpetrators and targets of physical harm. As with any emotionally charged interaction — sex, religious rites, protests — individuals focus their attention pointedly on the activity at hand, making participation in violence “hypnotic.” By the norms of reflexive individuality, this entrancing absorption is a humiliating loss of self-propriety and a source of serious doubt about the authenticity of one’s benevolence. When traumatized perpetrators evaluate this loss of control, they are just as disgusted by their emotional state during the act as they are by the harm they inflicted. Bystanders and victims worry that by getting lost in the exchange of violence they may have been complicit in it, a concern enlarged by statistical reasoning. By thinking about their experiences in probabilistic terms, bystanders and victims feel there is a real chance that they are evil too.

The Entrancing Nature of Perpetration

Among at-risk populations, perpetrators are most likely to develop PTSD, especially perpetrators who commit atrocities (Herman 1993: 54; Shay 1994:123; Young 1995: 125-8). This is not surprising in light of the fact that contemporary Westerners valorize benevolence and associate it with dignity and self-determination. Before I

address the act of perpetration, however, I want to start with something soldiers encounter after the killing is over.

Excursus: The Contemporary Need for Expiatory Rites

Rituals of purification, the hero's welcome, are important to reinstate the dignity of contemporary soldiers returning from war. Many other cultures had rituals for soldiers when they returned from battle (see, for example, Manson 1992: 242-3), but these rites were often not expiatory. People in tribal cultures commonly accepted that violence, a danger so powerful that it could take life, was a supernatural force, and violent individuals were thereby supernaturally "charged." Rituals of reentry harnessed or absorbed this power to reinvigorate the sacred order. It was a testament to the communal order that it could safely reincorporate these men charged with a cosmically dangerous power. In many cultures, violence was also valued because it was thought to be the only experience powerful enough to turn children into adults, especially boys into men (Douglas 1966: 117-23; also Taylor 2007: 43-54).

We can still find some traces of these beliefs in contemporary Western culture (see Anderson 1999; Mosse 1996), and people might *find* a source of transformation in violence after the fact (see, for example, Maercker and Herrle 2003). Nonetheless, few people *seek* violence for transformation. Even soldiers who romanticize warfare emphasize the opportunity to serve their nation or prove themselves leaders, they rarely idolize the act of killing itself (see, for example, Rieckhoff 2006). Most soldiers agree with other Westerners that violence is dirty and disgusting. Soldiers, according to Western beliefs, need expiatory rites to cleanse them of their killing. One soldier

recounts the first time he killed a man in combat: "I can remember whispering foolishly, 'I'm sorry' and then just throwing up ... I threw up all over myself. *It was a betrayal of what I'd been taught since a child*" (quoted in Grossman 1995: 116, my emphasis).

Another remembers the same experience for himself, "I had become someone I did not recognize" (Kerrey 2002: 185). Perpetration transformed them from the boys they were, but this is not something they hoped for.

Soldiers and others who perpetrate violence can sometimes maintain their self-concept by explaining away or pardoning their acts. People may calm the anxieties of perpetration by couching the acts in cosmic or ideological terms. Patriotism, for example, is often a factor but not an overriding reason for enlistment. Lieutenant Philip Caputo explains a common fact, "I joined the Marines in 1960, partly because I got swept up in the patriotic tide of the Kennedy era but mostly because I was sick of the safe, suburban existence I had known most of my life" (1977: 4). This weak patriotism easily crumbles under violence.

One woman, a nurse in Vietnam, remembers also being inspired to enlist by John F. Kennedy's command to "Ask not what your country can do for you," but she became disillusioned over the course of her tour. "I was still careful to distinguish between my country and its leaders," she writes. "I remained proud to be an American and continued to wear the rhinestone flag on my fatigue shirt — but as each new soldier came in covered with mud, blood, and his own guts, I moved a bit further from my original position." She recalls that after one gruesome night working in the camp hospital: "I awoke, I felt numb. I threw away the rhinestone flag I had previously worn on my

uniform and found myself feeling nothing" (Van Devanter 1983: 159, 173). When she returned home, this veteran learned that the distinction between the leaders and her country was not so clear.

Vietnam veterans did not have the luxury of purification and had to carry the emotional burdens of perpetration individually. The woman above explains,

[S]omewhere between 1945 and 1970, words like bravery, sacrifice, and valor had gone out of vogue. When I returned to my country in June of 1970, I began to learn a very bitter lesson. The values with which I had been raised had changed; in the eyes of most Americans, the military services had no more heroes, merely babykillers, misfits, and fools. I was certain that I was neither a babykiller nor a misfit. Maybe I was a fool (*ibid*: 209).

Vietnam veteran Bob Kerrey writes that the silent homecoming was oppressive for many soldiers of that war. He received a Medal of Honor from the president for his service, but there were not ceremonies in his hometown to celebrate the award. "I was pleased to be back in the shadow of anonymity," he writes. "But the silence at other homes was not so easy for other young men who were changed by what they had seen and done, and need the moral comfort of being welcomed and thanked by their communities" (2002: 257). Undoubtedly, I agree with Kerrey and a number of scholars that an important element in the trauma for many Vietnam veterans was the lack of a hero's welcome to absolve their perpetration (Herman 1992: 70; Neal 2005: 101; Shay 1994; Shephard 2001: 357-9; Summerfield 1995: 20).²⁶

²⁶ Patrick G. Coy and his colleagues (2008) have shown that anti-war rhetoric, too, is now sensitive to the foul treatment of Vietnam veterans and its psychological effects. As a result, anti-war activists differentiate between opposition to the war and opinions of the soldiers. This appears to be true among opponents of the war in general. However, I speculate that this does not effectively serve the soldiers' expiatory needs. The suggestion that "We support the soldiers but not their purpose" is more likely to be morally and existentially confusing than emotionally comforting for returning soldiers.

The Feeling of Perpetration

Expiatory rites sequester violence by keeping the war symbolically "over there."²⁷ They express that the violence of war is a just exception to an individual's civilized identity. I do not want to overstate their importance, however. The hero's welcome cleanses soldiers of shooting their guns at other people, but situations of extreme violence include much more than just pulling a trigger. They also include, first, the individual's emotional state during the perpetration. When soldiers reflexively recall their emotions during the shooting, they might not be able to convince themselves that their violent tendencies will easily stay "over there." Returning veterans realize that the violence was often entralling. They must carry home, in other words, an insidious loss of emotional propriety. What I want to emphasize, moreover, is that it is not just the objective act of violence that is disturbing to a perpetrator, but also his emotional state during the act.

Demographic and other background factors, such as race, class, or age are distant and often insufficient explanations of violence. They predict aggregate rates of perpetration but do not explain individual acts. What explains individual acts, even in organized military operations, is a situation of emotional intensity. Individuals are drawn into violence, seemingly against their will or intents. Transient situational factors "seduce" people into aggression (Katz 1988; Collins 2008; Gould 2003; see also Black 1998). For example, violence, including homicide, often starts with conflicts over trivial matters that escalate. One story that made the "news of the odd" recently was a man in Florida who was arrested for battery. The beating occurred after a woman opened a

²⁷ This contrasts traditional rituals of reentry, which symbolically brought violence into society.

package of sardines and canned sausages on his lawn (Greenlee 2008). Sociologists know that this is not an odd but a typical kind of grievance that can lead to violence and even death (Katz 1988: 12-18). Whatever is at issue, the personal stakes increasingly rise until it is as if violence is the only way to settle the matter.

In the escalation, arousal in any direction — often humiliation or anxiety, but also joyful anticipation or collective effervescence — can be transformed into a blind rage (Collins 2008; Katz 1988: Ch. 1; Turner 2007). Excitement wells up and, for one reason or another, turns over to violence. Michael Herr explains the intensity of entering battle: “like the first strong twinge of tripping after an infusion of psilocybin, reaching in at the point of calm and springing all the joy and all the dread ever known, ever known by everyone who ever lived” (1977: 135, emphasis removed).

Individuals get lost in the tensions and emotions of a conflict and become entranced. Some words from Jack Katz on domestic homicides help us understand this.

After their lethal attacks, killers often retrospectively acknowledge a determining sense of compulsion. They frequently say, “I got carried away;” “I didn’t know what I was doing;” “I wasn’t myself.” These are not only face-saving devices or ploys to reduce punishment, since ... killers often do not attempt to escape or spontaneously call the police and confess. At times, the urgency with which they bring in the authorities and condemn themselves seems to be an attempt to prove that they have regained control of themselves — that they are typically rational and that the killing was an aberrant moment that disrupted their characteristic state of moral competence. Thus, the killers may be truly disturbed by the question, “Why did you do that?” (1988: 25; also Collins 2008 and Herman 1992: 43).

Vietnam veterans explain how life in the war welled up into hypnotic feelings of hate and murder.²⁸ There are many ways by which veterans could recount their violent behaviors; it is an important fact of trauma that they chose to highlight the entrancement and emotional joys of violence.

Caputo (1977) remembers "the platoon exploded" during a routine skirmish in and around Ha Na. He writes,

It was a collective emotional detonation of men who had been pushed to the extremity of endurance. I lost control of them and even myself ... [W]e rampaged through the rest of the village, whooping like savages, torching thatch huts, tossing grenades in cement houses we could not burn ... We did not feel anything. We were past feeling anything for ourselves, let alone for others. We shut our ears to the cries and pleas of villagers ... Of all the ugly sights I saw in Vietnam, that was one of the ugliest: the sudden disintegration of my platoon from a group of disciplined soldiers to an incendiary mob (p. 304).

This emotional experience was common in Vietnam (see also, for example, O'Brien 1969: 115-7), and it is not restricted to collectives. Individuals, too, can be pulled into fits of manic violence. Caputo remembers a private, Marsden, murdering a Viet Cong prisoner of war. Marsden shot the prisoner suddenly, without warning, and point-blank in the face. Caputo writes, "The summary execution apparently surprised Marsden himself: the moment after he fired the shot, he looked at the pistol as if it had gone off by itself and said, 'Now what did I do that for?'" (p. 118). Herr writes that "Every time there was combat you had a license to go maniac, everyone snapped over the line at least once there and nobody noticed" (1977: 58).

²⁸ Indeed, Collins (2008) suggests that it is a necessary mechanism for militaries, militias, and other organizations to enact violence.

Violence is entrancing because it feels like a release of tension, it is a way to restate one's dignity, it counteracts fears, and it builds out of positive affects. For all these reasons, a violent trance can feel cathartic and joyful. Caputo writes of the mob behavior at Ha Na:

The platoon snapped out of its madness almost immediately ... It was as though the burning of Ha Na had arisen out of some emotional necessity. It had been catharsis, a purging of months of fear, frustration, and tension. We had relieved our own pain by inflicting it on others (p. 304, 305).

Another Vietnam veteran remembers that his own unit's savage burning of a village was "good, just as pure hate is good" (O'Brien 1969: 116). "Maybe you couldn't love the war and hate it inside the same instant," Herr explains of engaging the enemy, "but sometimes those feelings alternated so rapidly that they spun together in a strobic wheel rolling all the way up until you were literally High On War" (1977: 63).

Perpetration tends toward unbidden, often ecstatic, rage, rather than cold-calculation. In the era before our own and many previous, berserk violence was a charismatic quality (Elias 2000 [1939]: 164-8; Weber 1978: 242). In some contemporary contexts, too, people revere those who can work themselves up into a fighting frenzy (see, for example, Anderson 1999), but reflexive individuality makes people typically fearful and anxious about berserkers. Herr on the subject:

[E]ach man in a squad would tell you how crazy everyone else in the squad was, everyone knew grunts who'd gone crazy in the middle of a firefight, gone crazy on patrol, gone crazy back at camp ... Going crazy was built into the tour, the best you could hope for was that it didn't happen to you, the kind of crazy that made men empty clips into strangers or fix grenades on latrine doors. That was *really* crazy (1977: 59).

Even if a violent craze was standard in Vietnam, as with all organized violence, the perpetrators do not necessarily think it normal or tolerable after the fact.

Allan Young notes that many soldiers diagnosed with PTSD remember enjoying the perpetration of violence at the time. He suggests that an event cannot be both joyful and traumatic. To resolve the contradiction, he argues that clinicians project distress into past experiences that did not actually distress the soldier (1995: 124-7). In this way, he maintains, the clinician "invents" the etiological event necessary to diagnose the soldier with PTSD. Young is right that therapists often incorrectly impute feelings to clients, but pleasure in violence is not antithetical to trauma. The positive affects tied up in violence can actually make it *more* traumatic for perpetrators. If perpetrators recognize that they enjoyed violence, then the animus of the violence rests in the individual. The violence says something about the kind of self one is, one that is disgusting enough to take pleasure in hurting others. Caputo remembers the catharsis he and his soldiers felt after the burning of Ha Na:

[T]hat sense of relief was inextricably mingled with guilt and shame. Being men again, we again felt human emotions ... *It was not only the senseless obliteration of Ha Na that disturbed me, but the dark, destructive emotions I had felt throughout the battle*, almost from the moment the enemy mortars started to fall: urges to destroy that seemed to rise from the fear of being destroyed myself (1977: 305, my emphasis).

Independent of the actual perpetration, for Caputo, is the horror in his new destructive constitution. Herr suggests something similar about grunts in the Marines:

[T]he madness, the bitterness, the horror and doom of it. They were hip to it, and more: they savored it. It was no more insane than most of what was going down, and often enough it had its refracted logic ... They got savaged a lot and softened a lot, their secret brutalized them and darkened them and very often it made them beautiful. It took no age, seasoning or education to make them know exactly where true violence resided.

And they were killers. Of course they were; what would anyone expect them to be? It absorbed them, inhabited them, made them strong in a way that victims are strong, filled them with the twin obsessions of Death and Peace, fixed them so that they could never again speak lightly about the Worst Thing in the World (1977: 102-3).

Emotionally involved in the violence, perpetrators may have a hard time proving to themselves that they are authentically benevolent. The reflexive reality test of identity proves them evil in these cases.

Soldiers could choose to remember their violence in any number of ways, but they are traumatically attentive to the pleasures of perpetration. Not because they valorize their actions, but because the soldier's joy in the perpetration says something shameful about his self. The trance-like state common to perpetration suggests something shameful too. According to conventional theories of trauma, the hypnotic experience of perpetration — "I wasn't myself" — indicates dissociation and the onset of traumatic disorder.³⁰ However, trance experiences must be subjectively interpreted to produce trauma. In many cultural contexts, hypnotic behavior is revered and seen as the channeling of the supernatural, even when its product is violence (Benedict 1934: 60-4; Kramayer 1994; Weber 1978: 242, 440, 490, 535).

³⁰ The theory of dissociation also maintains that victims enter hypnotic states during the etiological event. Unable to make sense of their experiences, victims enter a state akin to hypnotic suggestibility, which allows the experience to imprint itself directly on the mind. Some clinicians have used hypnosis for treatment, but others are concerned that therapists can implant false traumatic memories in patients by attempting hypnotic recovery. On each of these issues, see Leys (2000).

For most contemporary Westerners, however, trance experiences — except sometimes when purposely chosen, such as in the case of consensual sex or drug use — signal a loss of reasoned self-determination, the basis of reflexive self-existence.

Paradoxically, as reflexive beings, individuals can do nothing but ruminate upon their loss of reflexivity. Caputo writes of his experience and reflections of the burning of Ha Na:

Strangest of all had been that sensation of watching myself in a movie. One part of me was doing something while the other part watched from a distance, shocked by the things it saw, yet powerless to stop them from happening.

I could analyze myself all I wanted, but the fact was we had needlessly destroyed the homes of perhaps two hundred people. All the analysis in the world would not make a new village rise from the ashes. It could not answer the question that kept repeating itself in my mind nor lighten the burden of my guilt. The usual arguments and rationalizations did not help, either ... [N]one of that conventional wisdom relieved my guilt or answered the question: "Tai Sao?" "Why?" (1977: 306).

The perpetration of violence alone can unsettle the minds of many individuals, but this unease intensifies as individuals reflect upon themselves during the perpetration.

Perpetrators can become deeply ashamed and disgusted as they ruminate on the ways they lost themselves to the joys of cruelty. The domestic murderers that Katz references have resources to reinstate their self-concept by running to the police, which most do, and sequestering their violence as an aberration. In times of war, however, violence is expected, so soldiers have no such recourse. And as we will see in the following chapters, they are also denied alternative ways of reaffirming their humane self-control.

The Victim Role

Victims also lose self-propriety during violent exchanges. Randall Collins shows that mutual entrancement develops between the perpetrator and victim in direct exchanges of physical harm (2008: Ch. 4). The perpetrator becomes absorbed in his or her rage, and the victim attunes to the perpetrators hypnotic rhythms. Consider the following account of Barbara, who according to Collins, "is playing the victim role all too well."

The abuse repeatedly occurred when Bill had been drinking, and was always preceded by Bill's declaration that Barabara didn't love him and was going to leave him. Her solution was to try to reassure him of her love and loyalty. As she became more affectionate and solicitous, the battering would start. Bill would call her names, insults would escalate to physical shovings or holdings to demonstrate superior power by Bill. This would be followed by Barbara expressing sorrow, and continued attempts at reassurance.

Collins explains, "The pattern is to attack the weak, indeed precisely as she demonstrates her weakness, the attacker becomes entrained in her yielding." He goes on, "The effect is that attacker and victim are tied together in the moment of violence, the two organisms sending out bodily and emotional signals that are passing through each other and further enhancing what they are doing: more cringing by one, more anger and attacking by the other" (*ibid*: 146-7, 150-1). This account of victimhood, postulating a victim role in violence, should not be construed as "blaming the victim." The victim falls into step with the perpetrator, because, as Collins points out, the perpetrator's massive rage overtakes the interaction. However, we will see that victims often have a hard time making this distinction.

Rape survivors from the concerned sample remember how the violent exchange overpowers them. Their reflexive control — but not reflexive awareness — is apparently perverted by the rapists' fury. Jennifer Barr (1973) writes, "In my half-hour ordeal I felt totally cut off from the 'real' world, the world of reason, order, sanity ... He took over my world" (p.103). She adds, however, "In the midst of my defeat an awareness of a power I still held came to me. With all his power he could not control my mind." With this realization, Barr remembers, "I began to concentrate, carefully, calculatingly, on the details of his anatomy" (p. 23). Another rape survivor remembers being entranced by the perpetrator and feeling outside her self. She lost control but remained intensely observant.

I was focused only on him, focused microscopically. He was my world. He defined the parameters of the world, shrunken and hateful as it was. He was the creator of this world, occupied now by both of us. He decided what was and wasn't possible ... A universe of ferocity that was sustained by fear and pain. I had no emotional reaction to this universe and observed it with the detachment of a yogi.

In this detachment, a state I reached the moment I knew I could not physically escape, I experienced his rage as if it were a separate entity, a shadow self to his physical being. *I understood that this entity was hungry and that it was feasting on something from me — my terror, my physical and psychic pain.* It got energy from me and in the initial moments of the attack, when my terror was uncontrollable, it had gained strength (Raine 1998: 13, my emphasis).

She detached emotionally from his "cat-and mouse game" but admittedly not by choice. Even if she was not fully consumed in the role of victim, she met his demands, "went through the motions." Her body, but not her mind, remained involved, and she felt outside her self (see, for example, Barr 1979: 22-4; Francisco 1999: 28, 29).

Another rape survivor remembers the emotional gravity of the attack. Just before the rape, she describes feeling that:

In the air is a charge akin to the weight that descends when one enters a great religious place, a solemnity I'd expect in the chambers of an execution or just before a duel. I felt a hint of this in the church when I married and later when I was in labor: a sense of brushing up against the fundamental, the sublime.

After her rape, there was still an "emotion in the room." "Sobriety, sadness, perhaps belonging to both of us, a brief connection I never want to acknowledge" (Francisco 1999: 28-9). Others do acknowledge the connection. Barr writes of her rapist, "He had taken part of my soul and I was left vulnerable. There was a real bond between us that was harder to admit. A bond of intimacy, a bond of secrecy. He was the only witness to the event" (1979: 57).

Rather than an emotional connection, others describe a different aspect of the victim role: the behaviors of compliance. "I would submit in order to make him believe he was winning," writes one rape victim. "I had to acquiesce to put him at ease" (Winkler 2002: 7). Alice Sebold (1999) was a virgin when a stranger raped her. She had just finished her freshman year of college. She was walking to her dorm on her last night on campus before returning home for the summer. The stranger emerged from the dark and pulled her into a nearby tunnel. At first she struggled, even though he had a knife and threatened, "You don't get it, bitch. I'll kill you" (p. 13). He wrangled her to the ground, but she managed to get on her feet. He pulled her down again by her long hair. Then he sat on her back and pounded her skull into the brick pavement. She explains what happened next:

He turned me around and sat on my chest. I was babbling. I was begging. Here is where he wrapped his hands around my neck and began to squeeze. For a second, I lost consciousness. When I came to, I knew I was staring up into the eyes of the man who would kill me.

At that moment I signed myself over to him. I was convinced that I would not live. I could not fight anymore. He was going to do what he wanted to me. That was it (p. 14, my emphasis).

After this, she complied with his commands to remove her clothes. Then he forced intercourse. "He called me bitch," she remembers. "He told me I was dry. 'I'm sorry,' I said — I never stopped apologizing." (p. 17). She stared into his face while he attacked her.

"Stop staring at me," he said

"I'm sorry," I said. "You're strong," I tried.

Sebold recalls that "He liked this. He started humping me again wildly. The base of my spine was crushed into the ground" (p. 18). He eventually stopped thrusting and commanded her to give him fellatio, but his penis was flaccid. He urinated on her instead. "Talk to me," he demanded. Sebold writes, "I told him he was strong, that he was powerful, that he was a good man." This advanced the perpetration. "He got hard enough and plunged himself inside me" (p. 19), and he finished. His mood changed then, coming down from his entrancing fury. He helped her dress. He apologized but still controlled the situation. "I'm so sorry," he said. "You're such a good girl." "I forgive you," she remembers saying. "So he wouldn't hurt me more, I needed to say the right thing." Sebold adds, "I said what I had to. I would die by pieces to save myself from real death" (p. 21).

Rape survivors evaluate their performance of the victim role in a number of ways. A few strongly believe their involvement and acquiescence was an act of reflexive self-preservation (e.g. Rossen 1988: 87; Winkler 2002). In this way, their compliance does not imply collusion or weakness, but rather the self-efficacy of survival (Dunn 2005). The rapist could not fully overtake their self-propriety. Most rape victims in the concerned sample, however, treat this version of rape with suspicion. First, they often are skeptical that, in these fateful moments, they made the right decision, if they felt they had the power to make choices at all. For example, one rape survivor believes that her string of pleas and attempt to engage the rapist in conversation, rather than physical struggle, saved her life. But she recognizes it may have also given him the confidence to rape. "He'd sized me up," she writes, "found me desperate to live, willing to bargain. Someone who was not going to cause trouble." "For the safety of the future," the woman explains, "I look back and wish myself a warrior, defiant, refusing to engage" (Francisco 1999: 28). She feels that her reconstruction is partly a self-delusion; she cannot be certain she made the right choice. Another is uneasy about her commitment to the victim role during the attack. "I had made a deal with the rapist and now I regretted it," she explains. While it made sense at the time, as she later turned it over in her mind — "fragmenting and reassembling in new ways that seemed to have meaning" — she felt as if she permitted the rape to happen. "It had changed me cell by cell. *It was my fault that I was alive.* If I had fought harder, I would either be dead or be as I was before. Now I was neither" (Raine 1998: 27, my emphasis).

These two women, however, are not confident in the degree that they maintained self-control. The first, who admits to self-delusion, writes that the attack put her in a "state of animal alert," only after the rapist left could she have an "abstract thought" (Francisco 1999: 31). The second maintains that during the attack she was "no more than flesh that would do anything to preserve itself." This "reduction" to flesh, she describes, "sits in the center of my being like a glacier ... a cold and wordless place that is forever strange and inhospitable" (Raine 1998: 14). Other victims minimize their self-determination even more. They explicitly refuse to accept that their fearful pleas were deliberate. Jamie Kalven remembers that his wife rejected the idea that her survival was an "achievement." She numerously refrained that she did not "escape," rather the rapist "let her go" (see 1999: 43, 61). Consider how she falls into the victim role; she told the rapist that she had a baby at home. Kalven writes, "This falsehood was not calculated" (*ibid*: 14). Barr made the same plea. Though it was true for her, she also feels "It wasn't a calculated statement" (1979: 19).³¹

Some victims think they were fully overtaken by the attackers. Here the victim accepts a bond forged between her and the aggressor, because she was entranced in or had engendered the rapist's cruelty. Indeed, if there is evidence the target was passive toward the perpetrator, outsiders often jump to some version of this conclusion (Dunn 2001; Holstein and Miller 1990: 108-9, 113-5). Sebold remembers that her father could not understand why she did not struggle free, since the rapist lost his knife early in the attack. "But," he asked her, "how could have he raped you unless you let him?" (1999:

³¹ Liebman Jacobs (2006) provides an interesting analysis of mothers and their children as archetypal victims because of their association with innocence and vulnerability.

66-8; see also Raine 1998: 222-3). The victims make judgments about their participation that are equally condemning. Barr remembers that she felt "as much an accomplice to the crime as a victim." "I was a necessary part of the crime," she explains, "if I hadn't been there, there would have been no crime" (1979: 104). This is from the woman who felt an uncomfortable "bond of intimacy" between her and the rapist. Another explains of the man who raped her that "I felt connected to him." She goes on cryptically, "I felt guilty, as if I hadn't held up my end of the deal" (Kalven 1999: 43).

All women knew what was happening during the rape; they remained observers of the perpetrator and themselves. As one woman puts it, she was "hovering just outside" her body, "observing me and my surroundings with indifference" (Raine 1998: 24). What varies is the degree of self-control they think they maintained. I have established four ways that victims remember their compliance and involvement in the rape: effective reflexive resistance, ineffective reflexive resistance, animalistic survival, and bond forming. We can think of these as different degrees by which victims feel they gave themselves over to the savagery of the rapist, moving from least to greatest. I need to make some generalizations across these differences. Given the obvious coercion involved, all victims recognize that they had to give their bodies over to the attacker. If Collins is right about the victim role, all targets of up-close violence potentially face this recognition, but the nature of rape likely exacerbates its imposition in memory. Even those most adamant about their reflexive resistance, accept that they gave up control over their bodies. One such woman writes, "my self — whether one calls it the self, the soul,

the spirit, the essence — stepped outside my body on the right side and watched the rapist attack my body” (Winkler 2002: 11).

The rapist may take control of the woman’s body through physical force, but the consequence is often more than just gun-to-the-head coercion. The victim becomes affectively involved in the attack. To different degrees, the rapist emotionally absorbs the woman in her own violent objectification and destroys reflexive expression and emotional authenticity. In taking the body physically and emotionally, the rapist strikes a heavy blow to the self, destroying fundamental symbols of self-existence. The violence opens a deep rift in the woman’s sense of propriety and dignity, which is difficult to repair, especially lacking other resources to reaffirm her self-concept.

The Traumatic Symptoms of Entrancement

Entrancement is an experience of violent exchanges for both perpetrators and targets. It is a feeling of lost emotional propriety, but with traumatic consequences, both perpetrators and targets take responsibility for their actions during the exchange.

Self-Blame

Victims of violence sometimes blame themselves for its occurrence. Psychologists have argued that victims take responsibility for their victimization as a sadistic way to regain the sense of control lost in the course of violence (e.g. Janoff-Bulman 1992: 127; van der Kolk and McFarlane 1996: 15). I want to suggest something in addition to this: When victims think about it, their accountability makes sense. Self-blame can be a reasonable, though not therapeutic, appraisal of the victim experience. In this way, victims take responsibility not as a means to regain self-propriety but to own up

to their loss of self-control. Victims *feel* guilty for colluding, even if unwittingly, with violence — either by a bad choice or losing part of themselves in it. The victim may not think she is objectively liable for the rape. However, she shamefully worries about her complicity or passivity, which may feel like guilt. One victim writes, “I believed for many years that I caused my own rape — by being disorganized and losing my car keys, by failing to intuit that the rapist was present, by my physical incapacity to overpower him, and by my failure to find words that would magically make him go away” (Raine 1998: 161). Either way, acting as accomplice or lacking control, she feels she was an active participant in violence (see Leys 2007: 23, 32-8, 51-2, 62). She failed to maintain reflexive control in a way that would prevent rape. Her responsibility for the rape is a mixture of contemporary self-doubt, shame, and intolerance for violence.

The account of self-blame I am suggesting has already been theorized in terms of collective victimhood. Individual victims of genocides and other atrocities against collectives are often deeply troubled by the question of whether they could have done more for their fellow victims. Primo Levi, a Holocaust survivor, has famously written of “the shame which the just man experiences when confronted by a crime committed by another.” Levi explains the source of this unrelenting self-criticism:

He feels remorse because of its existence, because of its having been irrevocably introduced into the world of existing things, and because his will has proven nonexistent or feeble and was incapable of putting up a good defense (1965: 12).

Elsewhere he has explained, “When all was over, the awareness emerged that we had not done anything, or not enough, against the system into which we had been absorbed”

(1989: 76; see also Des Pres 1976; Herman 1992: 93-4).³² There are two pathways to this traumatic symptom. The first is solidarity with the other victims, particularly the need to behave benevolently and *provide* social support for others. Terence Des Pres finds, for example, that "gift-giving" was common in the Nazi concentration camps. He writes that this is "evidence that the need *to* help is as basic as the need *for* help" (1976: 136; also Lifton 1964: 196). In times of war and genocide, however, the ability to give social support is greatly curtailed. The second mechanism is the reflexive anxiety over good judgment, which is intensified when lives are on the line (see Shay 1994: 9-20). This anxiety, moreover, can be easily proven. We will see that victims can garner strong evidence for their poor judgment when we turn to the experiences surrounding violence in the next chapters.

The Evil Within

Benevolence is an expected behavior and a valued personal quality. Failure to be benevolent, then, is a normative infraction, so a source of guilt. It is also an infraction of good character, so a source of shame. These two emotions easily blur, and feelings of shame are evidence for one's guilt. In addition to this, individuals easily slip from probabilities to causes (Hacking 1990). Levi writes that "I might have usurped, that is, in fact, killed." He goes beyond the "survival priority" here, convinced "the worst survived ... the best all died" (1989: 82). His chance survival, he believes, is not just existentially unsettling; it indicts him.

³² Attributions of shame and liability among passive bystanders are a weak form of this traumatic realization. Regarding passive bystanders, see Cohen (2001: Ch. 6); Herman (1992: 92-3); Levy and Snzaidler (2002, 2006).

Both traumatized perpetrators and victims are often uneasy about what we could call "the evil within." Many people who have been swept up in violence worry about their own potential for evil. Provided what I have established so far, this needs little explanation for those who regret committing atrocities. Others need more explaining, including soldiers whose violence was restricted to normal combat *ceteris paribus*. Having worked closely with Vietnam veterans, psychiatrist Jonathan Shay has developed a concept that captures the source of the evil within soldiers who were not extremely violent: "moral luck." He recounts the words of one Vietnam veteran: "*I was just lucky, that's all. There were never any civilians where I was*" (1994: 31).

Many soldiers maintain that chance dictates who perpetrates atrocities; it is a matter of probability. Caputo was tried for commanding the homicide of civilians early in the war. By his account, it was an honest mistake. The judges agreed and acquitted him. During the trial, though worried about his fate, he retained some hope for a verdict of not guilty. One reason is that a number of officers told him, "What's happened to you could've happened to anybody in this war." He comments that all the men under his command put to trial were "good soldiers." "There wasn't a mark on their records ... If the charges were proved, it would prove no one was guaranteed immunity against the moral bacteria spawned by war." Thinking statistically, he reasons, "If such cruelty existed in ordinary men like us, then it logically existed in the others, and they would have to face the truth that they, too, harbored a capacity for evil" (1977: 330, 331).

Not just civilians, but soldiers can draw similar inferences from their comrade's actions. The possibility emerges for an evil within when soldiers face their loss of self-

propriety, even if they were not perpetrating atrocities. One Vietnam veteran remembers losing his head in combat, but as a victim, not a perpetrator.

[A]t a place east of My Lai, within smell of the South China Sea, bullets seemed aimed straight at you ... Isolated, a stretch of meadow, the sound going into the air, through the air, right at your head, you writhe like a man suddenly waking in the middle of a heart transplant, the old heart out, the new one poised somewhere unseen in the enemy's hands ... You whimper, low and screeching, and it doesn't start anywhere. Blasting in perfect key with the sound of the bullets, the throat does the pleading for you, taking heart's place, the soul gone, a figment of some metaphysician's brain.

He goes on, "I was not at My Lai when the massacre occurred. I was in the paddies sleeping on the clay ... a year and more late. *But if a man can squire in a meadow, he can shoot children*" (O'Brien 1969: 131, my emphasis).

His inference suggests that victims, too, wonder anxiously about their own possibilities for evil. Psychologist Judith Herman, for example, writes of the torture victim: "[H]er moral ideals must coexist with knowledge of the capacity for evil, within others and within herself" (1992: 93). For some victims, knowledge of the evil within comes from the awareness that violence reduced them to a state of savagery akin to that of the perpetrators. A resident of the Srebrenica enclave recalls the winter of 1992-1993. In the cold months, Bosnian soldiers and volunteers expanded the boundaries of the enclave. Serbian civilians fled as Bosnians pushed back Serb forces. In the turmoil, some Bosnian massacred civilians on the run. The Muslim writes, "We gloated over the news ... It was a certain sign that we were getting more and more like the Serbs ... Maybe it happened earlier than expected, but in those circumstances it was inevitable that the victim would start resembling the butcher" (Suljagic 2005: 91). Similarly, Des Pres's survey of Holocaust memoirs shows that camp inmates survived by adopting the methods

of the Nazis. For example, inmates were in a position of making life and death decisions. Nazis automatically sent women who gave birth to the their death with their newborns, so some inmates would pass infants as stillborns. People who worried they would crack under torture committed suicide to protect their fellow inmates. When inmates were worried that others were informers or would attract punishment for all camp members, the threatening people were quietly murdered (1976: 128-30).

Rape survivors are also often anxious of their own possibilities to do harm, but their unease tends to come from aggressive outbursts that are often symptomatic of trauma. Jennifer Barr recalls lying awake one night, ruminating on the attack:

Why didn't I bite the hell out of him? ... How dare anyone treat me like that? How dare anyone treat anyone like that? I thrashed and I clutched the bedding. My body ached to smash things, the mirror, the windows, anything big that could shatter. I turned on the lights and got up. The rage didn't disappear with the darkness. *I paced the kitchen and the living room, trying to hold my shaking body from violence.* All I knew was rage. ... I did not know what anger was until that night ... *I had never experienced such violent anger and I didn't know how to contain it* (1979: 128, my emphasis).

Another rape survivor remembers imagining "the worst thing I have ever imagined: the man who raped me burning up alive." She goes on, "I imagined his screams of agony, his hideous pain. I saw the fat under his dirty skin crackling in the flames. A terrible pleasure consumed me. 'Die,' I said, over and over ... It felt good to be a monster, very good." But like soldiers reflecting on their entrancing perpetration, her joyous hatred is horrifying. "My rage ... was monstrous. But when its back broke the surface, *its hidden vastness terrified me*; the wake it left swamped me, sent me tumbling into frigid water with nothing to cling to. I could not bear to look upon its barnacled head, fearing it would swallow me whole" (Raine 1998: 50, 84, my emphasis). Rape victims do not just

direct their hatred at rapists; their aggression is more anonymous than that. One woman remembers, "[T]he rapist begins to generalize, to mythologize, and my anger finds other targets" (Francisco 1999: 114). Barr explains harboring "an unfocused anger that gives [her] bad feeling about people for no reason" (1979: 103). I will explore later exactly why this symptom occurs. At this juncture, I am simply suggesting that this intense resentment is the source of many rape victims' traumatic realization of their possibility for evil.

The Meaningfulness of Violent Exchanges

Violent exchanges can be extremely meaningful in terms of self-identity. They are emotionally hot trance-like experiences. In violent exchanges, individuals lose reflexive control, which they witness and interpret through reflexive awareness. Contemporary Western notions of dignity and self-propriety establish how people think about their actions and emotional states during violence, and many, both perpetrators and victims, come to a similar embarrassing conclusion: Their loss of self-propriety permitted the violence to occur. This is objectively true for some more than others, but it is emotionally real for everyone who believes it.

Being involved on either side of violence is unsettling, but people have powerful tools of denial to contain the effects of violence on the psyche. While people might be uneasy about violence, violence alone does not appear to traumatize. Violence becomes a much heavier burden when people ruminate on their emotions and choices during the experience and imagine its possibilities. For reflexive individuals, the entrancement of violence is a concentrated attack on one's dignity. The loss of self-propriety, which feels

like collusion with violence, is an experience drenched in meaning, upon which individuals discover symbolic refutations of one's benevolence, authenticity, and reflexivity. This chapter addressed one meaningful threat to dignity "within" violence, violent entrancement. The next two chapters address the meaningful threats to dignity that "surround" extreme violence. The symbolic experiences are sometimes causes of violence, sometimes consequences of violence, and sometimes merely coincidences.

Chapter 6

Trauma and the Mundane: The Body, Malevolent Environments, and Ordinary Life

Holocaust survivor Primo Levi remembers that a “debilitating sensation of impotence and destitution was produced during the first days of imprisonment by the lack of a spoon.” He rightly comments that “this detail ... may appear marginal ... but it was not marginal” (1988: 114). It was not marginal because mundane activities, such as the use of a spoon, are fundamental to reflexive selfhood. Mundane deprivations, then, are not simply annoyances but can symbolize a loss of authenticity and reflexivity. Mundane deprivations serve as more evidence for traumatic realizations. In the last chapter, I described the embodiment of violence in terms of emotional “seduction.” In this chapter, I will deal with losses of bodily propriety not directly implicated in the act of physical harm. I also consider the way other mundane aspects of life are disrupted during violence, including recreation, work, sexual gratification, and family life.

Trauma and the Body

During extreme violence, individuals are physically injured in ways that alter their appearance, but their bodies also fall apart in symbolic ways. These both have traumatic effects.

Disfigurement and Clothing

Researchers and clinicians have found that being wounded in the course of violence is not a consistent predictor of trauma (see Green *et al.* 1989; Palinkas and

Coben 1987; Price N.D.; Lerner and Micale 2001: 18; Rusch 2002; 19; Shalev 2007: 86). One reason that physical injury is an inconsistent predictor is because the literature often does not distinguish between disfigurement and other kinds of severe injury. The studies I have seen which consider disfigurement by itself find a relatively high rate of PTSD symptoms among affected populations (Fukunishi 2002; Grunert 1988; Southwick *et al.* 1997: 175, table). Severe injuries that can be stitched up or hidden might be a heavy psychological burden, but visible disfigurement can attract looks of disgust. At the least, many disfigured individuals will be insecure about how their appearance will be received by others (see Berry 2008: 4-5; Goffman 1963b: 12-14). Looks of disgust bring shame. Insecurity brings anxiety. Disfigurement also constitutes an absolute loss of bodily propriety, which is central to reflexive selfhood.

First-hand accounts of violence and trauma corroborate statistical research. Journalist Roger Cohen writes that for Sarajevans during the Bosnian War people felt it "all right [sic]" to be killed; "the horror [was] to be maimed" (1998: 396). Ron Kovic (1976), who was paralyzed from the waste down in Vietnam, writes of himself in a distant voice. "With despair and frustration he watched his once strong twenty-one-year-old body become crippled and disfigured. He was just beginning to understand the nature of his wound. He knew now it was the worst he could have received without dying or becoming a vegetable" (p. 17). Kovic remembers that in high school he would do push-ups and pull-ups before class each morning and spend hours in the mirror admiring his muscles. He remembers the horror of his first pimple, afraid he would look "awful" like the girl in sixth grade with acne so severe it appeared "somebody hit her with a rake" (p.

49, 52). He remembers how self-assured he felt walking down the crowded halls of his school after he heard a pretty student say, "There goes Kovic ... Boy, he sure is cute" (p. 51). For this young man, who tried hard to have confidence in his appearance, the loss of his legs was like dying.

However, it is not only these severe experiences of disfigurement which can influence trauma. Bodies often get messed up in ways that are not always directly a cause or consequence of physical harm but are, nonetheless, more common than disfigurement. These coincidental and often minor frustrations in the production of the body also can accumulate to negate one's self-concept (see Goffman 1961: 20-8). Consider rape. Disrobing is inherent in the crime of rape. The rapists do not always rip the clothes off the victims, rather they often coerce the victims to do it. Alice Sebold (1999: 16) remembers falling into the victim role after enduring a severe beating from the attacker:

When he was satisfied [with kissing], he stopped and tried to work the latch on my belt. It was a belt with a strange buckle and he couldn't figure it out. To have him let go of me, for him to leave me alone, I said, "Let me, I'll do it."

He watched me.

When I was done, he unzipped the jeans I wore.

"Now take off your shirt."

I had a cardigan sweater on. I took that off. He reached over to help unbutton my shirt.

He fumbled.

"I'll do it," I said again.

I unbuttoned the oxford-cloth shirt and, like the cardigan, I peeled it back from my body. It was like shedding feathers. Or wings.

"Now the bra."

I did.

However the clothes come off, it is yet another signal of lost bodily control that emerges as part of the rape. Another rape survivor explains the symbolic importance of her clothes. She writes,

My shirt was torn, but I was still wearing it. My bra was dangling under my armpits. I secured it and crawled around the debris of my bedroom looking for my underpants and jeans. The air on my naked flesh seemed to burn, like dry ice. I found my jeans under the bed, but could not find my underpants — this thin membrane of cloth, the margin of safety, the ledge that if regained might keep me from plunging into the abyss. *I thought that if I put my underpants back on, I could undo the thing I could not yet name.* But my underpants were gone, sucked down into the vortex of violence. (Raine 1998: 15-6, my emphasis).

She lost her underpants in the rape, and this was significant to her feelings of self-proprity and decency.

In an effort to survive, an effort to regain that propriety, rape victims are characteristically concerned with putting on their normal appearance just after the rape. Sebold recalls feeling slightly awkward about the clean clothes her friends had brought to the hospital. She writes that they picked "a pair of old jeans that I had embroidered flowers on while still in high school and then, when the knees ripped open, had sewn intricate handmade patches on — long stripes of pleated paisley and deep-green velvet." Because the jeans were a throwback from her high school days, she left the shirttail of her blouse out, "hoping to hide as much as possible of the jeans" (1999: 30). The jeans were embarrassing because they did not match her college style. The next day, Sebold's

mother picked her up at her dorm to take her daughter home for the summer. She dressed up for her mother that morning, because her parents always liked to see her wearing nice clothes. "I knew, now that I had been raped," she recalls, "I should try to look good for my parents ... *I was trying to prove to them and to myself that I was still who I had always been*" (1999: 37, my emphasis).

The gravity might be greatest for rape survivors, but considering the reflexive anxieties associated with bodily production, a disheveled or uncontrolled appearance can be stressful for anyone. And often during violence it gets hard to keep up one's appearance. Many Muslims were taken from their homes to prisons or concentration camps during the Bosnian war. Often, they note that they were not allowed to put on their jackets or shoes before they left (see, for example, Cohen 1998: 215). A resident of Sarajevo remembers that she was forced to burn the clothes she cherished to stay warm:

I have tried to make a fire so many times. You know, you're often shivering, so you are in a hurry. I light the wood and it's damp and it hisses and then it goes out. So I take some newspapers and stuff them in and they burn for a few minutes and the fire fizzles again. So then I take my stockings, they are wonderful, these Italian stockings. I used to buy them in big boxes before the war. I have burned so many pairs of stockings during this war, I cannot even remember. The stockings always work. And once the fire is going, there is nothing like a pair of shoes. They burn so well. And my skirts are not bad either (Cohen 1998: 380).

Like rape victims, other victims of violence try to keep their appearance together and maintain dignity in the face of violence. A Tutsi woman recounts her experience of the Rwandan genocide. She and six other women spent three months hidden in a small bathroom. Finally, once French troops arrived in the region, the man who was providing them sanctuary arranged for the women's passage to a small encampment. The author writes,

We didn't have any luggage to pack — all we had were the clothes we'd been wearing every day for three months. Showering was still out of the question, so we contented ourselves with braiding each other's hair. We wanted to be as pretty and presentable as possible for our meeting with the French soldiers. We didn't quite understand that making ourselves look nice was *not* possible at this point (Ilibagiza 2006: 133).

As they left the grip of violence, the women felt the need to look respectable, even if they could do little in that regard.

Hygiene and Bodily Functions

A messy appearance is not trivial. Terrence Des Pres explains this in recounting a small but important act of resistance common in the Nazi concentration camps, which resonates with some of the stories I have already told:

They learned, furthermore, that when conditions of filth are enforced, befoulment of the body is experienced as befoulment of the soul. And they came to recognize, finally, that when this particular feeling — of something inwardly untouchable — is ruined beyond repair, the will to live dies. To care for one's appearance thus becomes an act of resistance and a necessary moment in the larger structure of survival. Life itself depends on keeping dignity intact, and this, in turn, depends on the daily, never finished battle to remain *visibly* human (1976: 64).

Contemporary Westerners have anxieties about their appearance, and they get realized in violence. The anxieties about appearance and dress stem from the mandate that one express stylized bodily decorum. Even more fundamental to expressing bodily propriety is good hygiene and the control of bodily functions. Hygiene and the control of bodily functions are far more meaningful than their health benefits. In fact, cleanliness and the civilized excretion of bodily substances were normative *before* they were known to ward off illness. Their original function was as symbol of reflexivity (Elias 1939 [2000]). The disgust people feel when, say, they see a man urinating in a city alley is not just, or even

necessarily, because people are worried about the germs he is spreading. They are disgusted because that the man has proven himself undignified, lacking decency. As I have already explained, our repugnance for uncivilized behaviors includes our own gaffs in comportment. It is not arbitrary that, as psychologist Judith Herman explains, the loss of bodily control "is often recounted as the most humiliating aspect of trauma" (1992: 53). As another scholar argues, for example, the inhumanity of war is partly expressed when soldiers are forced to defecate in uncivilized ways. He writes of the World War II soldier that "his animalism is brought to his attention ... when he digs and occupies a *foxhole*, or when he momentarily vacates it, shovel in hand, to go off and dig a *cat hole* to excrete in and then fill up" (Fussell 1989: 92).

The resources for hygiene and civilized bodily evacuation often disappear in the context of violence. Rape, for example, is typically an unhygienic act forced upon the victim. In fact, rapists often intentionally disregard hygiene to degrade their victims. Nancy Winkler tried to stop the man raping her by pleading, "Please, I'm afraid of getting VD or AIDS," but her efforts were to no avail. "The rapist smiled at me," she writes, "as if to tell me he didn't care" (2002: 7). Another recalls her thoughts while waiting for a post-rape examination at the hospital, "*Venereal disease*: madness, illness, contagion, premature death" (Francisco 1999: 43). The unprotected penetration common to rape is unhygienic, but rapists also often commit other offenses against hygiene. The man who raped Sebold, if you remember, urinated on her face (1999: 19). After Winkler was forced to perform fellatio, the rapist "swung his right leg to the other side of me, arched his back, which raised his pelvic area, and ordered: 'Lick it.'" She

asked, "What do you want? Do you want me to lick your ass?" "Yeah, do it." She followed his orders after a "deep breath and thoughts about the distasteful and despicable chores in life such as cleaning up shit" (2002: 12). Not surprisingly, after rape, women usually try to wash off the violation: the urine, the disease, the violence. Sebold describes her shower in the hospital after her rape exam:

I sat down in the shower. I took a washcloth and lathered it up. I scrubbed hard with the rough towel, under a tap so hot my skin had already turned beet red. The last thing I did was put the towel over my face with both hands rubbed it back and forth over and over again until the cuts and their blood turned the small white towel pink (1999: 30).

In disregarding hygiene, rapists enliven the symbolic relationship between aggressiveness and dirtiness, and for rape victims, it becomes as if the rape can be washed away.

Other kinds of perpetrators, too, disregard the civilities of cleanliness. Terrence Des Pres observes that Nazis used as a "principle weapon" the systematic subjection of concentration camp inmates to filth, a phenomenon he calls "excremental assault" (1976: Ch. 3; see also Herman 1992: 77). One survivor identified living in their own excretion "the most dreadful and the most horrible ordeal to which we were subjected" (quoted in Des Pres 1976: 66). Primo Levi explains a more common circumstance of "excremental assault" in the Nazi concentration camps:

In all camps, the alimentation included a liter of soup a day; in our Lager by concession of the chemical plant for which we worked we got two liters. So there was a lot of water to be eliminated, and this forced us to ask permission to go to the latrines frequently or manage otherwise in the corners of the work site. Some of the prisoners were unable to control themselves: due to bladder weakness, attacks of fear, neurosis and were overcome by an urgent need to urinate and often wet themselves, and for this they were punished and derided (1988: 112-3).

Unlike Levi and his fellow inmates, some prisoners of Serbian-run concentration camps rarely had a chance for hydration. The result was the following kinds of scenes, according to one Muslim interned during the Bosnian War:

The prisoners took care of their bodily needs using a plastic bucket by the tin door of the garage. When somebody took a leak, the others gathered around to cup their hands and catch the urine, wetting their chapped lips with it and even drinking it (Hukanovic 1993: 32).

In this situation of violence, even the everyday act of personal relief becomes something quite horrific.

Poor hygiene, uncivilized evacuation, and high exposure to excrement are common to violence even if it is not intentionally or systematically caused. A woman in the World Trade Center towers on September 11 recalls that "There were trails of urine, blood, and other human waste evacuated in fear; spilled sporadically throughout the concourse" (Haskins 2006: 74). Cohen writes, "As Yugoslavia unraveled, human flotsam was tossed about on the floors of empty buildings, gathered in chicken coops or idle factories, discarded by the roadside. The remains of the country were awash in such human debris." (1998: 203). The situation does not have to be extreme to be stressful. Vietnam veterans will highlight seemingly minor frustrations in hygiene and bodily control. For example, one Vietnam veteran wrote home to her parents:

A lot of people have asked me to tell them things they can send that I don't have over here. If anybody asks you, tell them they can send anything at all. I guarantee I won't have it. I can use simple everyday things like cream rinse or hair stuff. ... There's nothing over here, no perfume, no Tampax, no toiletries. I don't even have contact lens solution any more. If anybody finds Soac-lens contact wetting solution, please send me some. ... We are without the simplest things here. If you walked blindfolded down the aisle of a drugstore and picked out things, you couldn't possibly miss (Van Devanter 1983: 157).

Another Vietnam veteran explains that unhygienic living conditions during the war are one of its defining features for him:

Diarrhea and dysentery were ... prevalent. Malaria made its appearance, but the bitter-tasting pills we took kept it under control; they also gave a yellowish cast to everyone's skin. I heard that two marines in the brigade died of blackwater fever. A more common affliction, one which I caught that spring, was called FUO — fever unknown origin. It was characterized by a slight fever, a sore and swollen throat, and a generally worn-out feeling which the heat made all the worse.

These maladies were mainly due to our living conditions. ... [T]he marines in I Corps lived hard, the way infantrymen always have. Dust, filth, and mosquitoes filled our hooches at night. ... We had no field showers at first; there was seldom enough water for drinking, let alone bathing, and much of that was the green-as-pea-soup stuff we drew from village wells. It was purified with halizone tablets, which made it taste like iodine. Even with the tablets, the water loosened everyone's bowels, and *if there is one odor I will always associate with Vietnam, it is the stench of feces and lime in a latrine*. Toilet paper was in short supply, except for the small tissues in the ration boxes, and with the waste-matter caking to anal hairs and no baths and constant sweating and uniforms stiff and white with dried sweat, it got so that we could not stand our own smell (Caputo 1977: 64-5, my emphasis).

Hygiene was so poor, as this Marine suggests, soldiers could not tolerate their own bodies.

Kovic (1976) recalls a number of repulsive events that happened after he left the war, but which no doubt added to his trauma. He writes that in one Veteran's hospital, "I asked for the vomit to be wiped up from the floor. *I asked to be treated like a human being*" (p. 114, my emphasis). Of another hospital, he remembers, "Urine bags are constantly overflowing onto the floors while the aides play poker on the toilet bowls in the enema rooms. The sheets are never changed enough and many of the men stink from not being properly bathed" (p. 27). The "enema room" referred to here figures as one of Kovic's most dehumanizing experiences after the war. Kovic was shot and paralyzed

from the waist down, so he lacked normal control over evacuation. As a result, he required a regular enema. In the first months after the war, while recovering in a hospital, the orderlies were responsible for this. The men needing enemas were taken into a special room as a group.

It was a small blue room and they cram us into it like sardines. Tommy runs back and forth placing the bedpans under our rear ends, laughing and joking, a cigarette dangling from the corner of his mouth. "Okay, okay, let's go!" he shouts. There is a big can of soapy water above each man's head and a tube that comes down from it ... Everyone is trying to sleep, refusing to admit that this whole thing is happening to them ... Tommy keeps running from one frame to the other, changing the rubber gloves on his hands and squirting the tube of lubricant onto his fingers, ramming his hands up into the rear ends, checking each of the bodies out, undoing the little clips. The aide keeps grabbing the bedpans and emptying all the shit into the garbage cans, occasionally missing and splattering the stuff on the floor.

Oh God, what is happening to me? What is going on here? ... This isn't like the poster down by the post office where they guy stood with the shiny shoes; this is a concentration camp. It is like the pictures of all the Jews I have seen. This is as horrible as that.

I am wiped clean and pushed past the garbage cans. The stench is terrible ... [I]t is the living deaths I am breathing and smelling now, the living deaths, the bodies broken in the same war that I have come from (p. 23-4).

For Kovic, the grotesque interruption of civilized evacuation symbolizes the violence of war.

In the face of excremental assault and similar experiences, civilized evacuation is a meaningful show of survival. Levi remembers, that on the train ride to Auschwitz, the approximately 50 people in his car had to share a single chamber pot: "Two days into the journey we found some nails stuck into the wooden sides, pushed two of them into a corner, and with a piece of string and a blanket improvised a screen *which was*

substantially symbolic: we are not yet animals, we will not be animals as long as we try to resist" (1988: 111, my emphasis).

Or consider a humorous story from a nurse who served in Vietnam. On her way to the restroom, her compound came under mortar attack, so she and two male friends dove into a muddy ditch for protection. She writes,

My bladder was at the point of bursting.

"There's only one way to deal with that," Bubba said as another rocket exploded a few hundred yards away. "You'll have to go wee-wee in your pants."... I was mortified. "No way!" I said. Viet Cong or not, I wasn't going to wet my pants.

"I think we've got one that's potty trained," Slim said.

"Then she'll have to hold it."

Unfortunately, I knew that if I continued to fight against my bladder's natural tendencies, I would eventually lose ... Finally, I made what the Army would have called a command decision, "I'm going to run to the latrine," I said.

"Like hell you are," Bubba said.

Eventually, she resigned herself to urinating in the ditch, but down away from her two male friends. The soldier unfortunately still ended up wetting herself, though she took it light-heartedly. "As I began relieving my bladder," she recalls, "I found out something I should have learned years earlier: the human body is not built to neatly accommodate that particular biological function in the positions I had chosen" (Van Devanter 1983: 93, 94). Another woman went one step further than the nurse and risked her life to urinate in a civilized place. While traveling in Croatia in 1993, her train came under rocket attack. She, her friend Tia, and the other passengers found refuge in an abandoned depot. The woman remembers,

The electricity had gone out. After the first couple of hours I had to urinate. If I don't pee, I'll go crazy, I thought in the blackness. I repeated this aloud to Tia, who was standing next to me.

"You're out of your mind," she said. "Peeing is the last thing on my mind."

But I had to. I ran up the wooden steps, almost laughing. I was far from hysterical, though, because my need seemed to have made me human again. A woman at the top of the stairs grabbed my arms as I thundered out of the cellar, blind as a newborn kitten.

"I have to go to the bathroom," I explained, grimacing.

She laughed and pointed the way to the outhouse. I ran the ten yards, out into the gray air, out into the smell of metal, and it was relief as I'd never before known it. My abdomen shuddered; then the outhouse rocked as a shell landed nearby. I ran back to the building unburdened and strangely fearless (Brkic 2004: 37).

Like clothes for some women who are raped, relieving one's self in a civilized place, for this victim of violence, returned a feeling of humanity and safety.

Uncivilized Eating

What individuals put in their bodies, and how they do it, is not any less meaningful than appearance. A civilized meal, both in terms of the food served and the act of eating, is a contemporary sign of self-propriety and dignity. Tastefulness, in other words, is important to the production of the body (Bourdieu 1984: 177-20; Elias 2000 [1939]; Sahlin 1976: 170-9). For this reason, it is not surprising that one of the starkest memories civilians have of the Second World War, for example, is the deprivations of luxury caused by food rationing (Fussell 1989: Ch. 14). Or as Levi reminds us, the lack of a spoon in Nazi concentration camps "was not marginal." "Without a spoon," he writes, "the daily soup could not be consumed in any other way than by lapping it up, as dogs do" (1988: 114). Indeed, Levi correctly argues that the lack of a spoon was, like the

deprivation of civilized etiquette toward bodily functions, part of a systematic attempt to degrade prisoners.

Similar to the frustration of civilized evacuation, consumption is often restricted or distorted in times of violence, though not always intentionally. We have already witnessed this in the repugnant way that some inmates had to hydrate themselves in Serbian-run concentration camps. However, less extreme situations are also important. One Bosnian who lived in the Srebrenica enclave remembers that bland food could feel inhumane. "We were starving," he explains, "but in winter 1992 it became almost easier to cope with the lack of food than with the total absence of salt ... We were becoming more and more like animals, *as if the salt was the only thing that had once made the difference between animals and us*" (Suljagic 2005: 50, my emphasis).

One rape victim had to stop eating meat after her attack because she came to see it as a violent act (Rossen 1988: 185). For a while after Sebold was raped, she could not eat solid food. "[H]aving food in my mouth," she writes, "reminded me too much of the rapist's penis as it lay against my tongue" (1999: 68). Journalist Michael Herr suggests the importance of food preference when he recounts the words of one Vietnam soldier. The absence of food choices, according to Herr, represents a general disregard for soldiers:

"Boy, you sure get offered some shitty choices," a Marine once said to me, and I couldn't help but feel that what he really meant was that you didn't get offered any at all. Specifically, he was just talking about a couple of C-ration cans, "dinner," but considering his young life you couldn't blame him for thinking that if he knew one thing for sure, it was that there was no one anywhere who cared less about what *he* wanted (1977: 16).

When food choice is restricted, individuals lose touch with their authenticity, and the importance of this becomes evident when we see how people living with violence feel and act when they do have the opportunity for tasteful consumption.

The man living in the Srebrenica enclave reports that women in the city would prostitute themselves to Dutch peace keepers for cigarettes, sometimes performing fellatio through the fence surrounding the city. He writes that "cigarettes became one of the things around which people's lives revolved. No matter how many cigarettes there were in the enclave, there were never enough" (Suljagic 2005: 37, 125-7). The prisoner from the Serbian-run concentration camp explains that cigarettes provided by the Red Cross were a prisoner's "most cherished commodity." "For two cigarettes," he writes, "a prisoner could buy an extra lunch; ten would buy a shirt. Shoes, also from the Red Cross, cost a bit more. A good pair went for several packs" (Hukanovic 1996: 119).

Among soldiers both in the Bosnian War and Vietnam, observers remember, morale was high as long as there were luxuries like hot food, cigarettes, beer, and iced soda (see Cohen 1998: 201; O'Brien 1969: 169). Herr writes that soldiers were always grateful when he brought alcohol and fresh fruit from the rear to soldiers on the front (e.g. 1977: 117). He remembers once stealing heat tablets, used for warming food, from a colonel in Dong Ha. He took the tablets and bottle of liquor to soldiers at the front. The soldiers had not had either in days. He identifies the sentiment of the soldiers that evening: "The beef and potatoes, the meatballs and beans, the ham and Mothers, all that good stuff, will be hot tonight, and who really gives a fuck about tomorrow night anyway?" (1977: 109). One Vietnam veteran remembers how camps in the rear

"represented civilization," because they had "Showers. A cot to sleep on. Hot chow."

However, he writes it was on a trip to Saigon where he momentarily regained his sense of humanity during the war.

In the evening, I had dinner on the terrace of the Continental Palace Hotel. ... A few French plantation owners, old colonials who had stayed on in Indochina, were sitting across from me. Suntanned men dressed in cotton shirts and khaki shorts, they were drinking cold white wine, and eating and gesturing as if they were on the Champs Élysées or the Left Bank. They were enjoying themselves. It occurred to me that it had been a long time since I had seen anyone enjoying himself.

The veteran goes on to explain that watching the Frenchmen enjoy their conversation and their dinner was cathartic. The soldier recounts that after ordering his food and wine:

I looked at the Frenchmen talking, gesturing, and laughing at some joke or other, and I began to feel light-headed. It had something to do with the relaxed manner of those men, with their laughter and the sound their forks made against the plates. The wine heightened the sensation. Later, after finishing the chateaubriand and half the bottle of red wine, I realized what the feeling was: normality. ... For the first time in a very long time, I did not feel afraid. I had been released from the cramped land of death, the front, the land of suffering peasants, worn soldiers, mud, rain, and fear. I felt alive again and in love with life. The Frenchmen across from me were living, not just surviving. And for the time being, I was part of their world. I had temporarily renewed my citizenship in the human race (Caputo 1977: 129, 246-7).

For this veteran, a release from the grip of violence occurred while enjoying a civilized meal, prepared and eaten "tastefully."

Malevolent Environments

Daniel King and his colleagues (1995) have found that a "malevolent environment" is a major predictor of PTSD. A malevolent environment includes "low-magnitude" stressors, or "daily hassles," which, according to the researchers, can add up to "produce significantly greater dysfunction than that resulting from more intense

events" (p. 184). King and his colleagues include in their measure of a malevolent environment experiences such as extended work schedules and loss of sleep, factors which lower traumatic resilience through physical exhaustion, but they also include the factors I have been discussing, such as "lack of desirable food" and exposure to "filth." My argument is that one crucial reason these "daily hassles" can accumulate toward trauma is that they are meaningful for the reflexive sense of self. So far I have focused on frustrations in the symbolic production of a body, because the body, in many ways, is where reflexive selfhood begins. However, the causes of a malevolent environment can be conceived of in a more expansive way.

All kinds of mundane frustrations coincidental to violence can tax an individual's self-concept and resilience. Any normal comfort, some of which are more unique to contemporary life than others, can help can make violence more tolerable. As always, the risks people are willing to take for something — stealing from a colonel, dodging mortar fire on the way to a restroom — is a measure of its importance to them. Cohen recalls that after months of enduring the Bosnian War in Sarajevo, one woman left her husband to seek reprieve in the family's summer home. He writes, "She wanted to be inhabited by the memories of that place and find release, even fleeting, from slow extinction" (1998: 228). The gamble was her life, and she lost. She was shot by Serb forces while crossing an airport where many others had knowingly been killed before. A Vietnam veteran tells a story about a bombing of her base. She writes of being at a party in a bunker during the attack:

As the rockets continued to explode, other sounds began to creep into my consciousness. Foremost was the ear-piercing siren, and the voice over the

loudspeaker: 'Attention all personnel. Take cover. Pleiku air base is under rocket attack. Take cover. Security alert condition red. Option one.' I heard some other people casually talking about the New York Yankees and their chance for winning the '69 pennant race ... Jimi Hendrix was blaring the 'Star Spangled Banner.' In the corner next to me, three nurses talked about a patient they had helped to pull through a crisis. Everyone else was standing, except me. *Don't these people know they're supposed to stay low during a rocket attack?* Between the sea of legs, I could see occasional flashes of light outside the doorway. There were explosions that sounded especially close. I screamed. 'That's only outgoing,' somebody said. 'Artillery Hill's giving it back to the V.C.' Jimi Hendrix went into a new song and a couple of legs moved as if they were dancing. Everything took on a surreal quality (Van Devanter 1983: 90-1).

It was not uncommon for soldiers in Vietnam to keep their parties going during attacks on their camps (see for example, O'Brien 1969: 71). Likewise, American soldiers would seemingly take any chance they could get for a minutes of fun in the ocean (see Herr 1977: 164). Tim O'Brien, for example, remembers ducking sniper fire so he and a few comrades could take a short swim (1969: 170). The acts, at first glance, may look to be those made by people who had become numb to violence and death. This may be partly true but recognize the opposite as well. People are willing to risk their lives for a brief stay in their summer home or to keep the party going because those acts are deeply meaningful. They are efforts at survival that make the environment a little less malevolent and their selves feel a little more alive.

Ordinary Life: Work, Sex, and the Family

Recreation is an important part of "ordinary life." Contemporary self-authorship is strongly grounded in the "manner of living ordinary life." As transcendental supports to the self fall away, ordinary activities gain symbolic weight. In building up a lifestyle, contemporary Westerners give particular attention to choice and expression regarding work, sexuality, and family life (see Taylor 1989, 2007).

Work

In support of this, for example, Scott Sandage has shown in his book *Born Losers* (2005) that someone whose career ambitions are frustrated or, worse yet, has no such ambitions is often deemed "a failure in life." This truth is the other side of Max Weber's famous argument that the saving grace of modern man, many Westerners believe, is his ability to conduct business (1930 [2002]). Even among those who do not care to scramble up the ladder of success, there is a widespread feeling that people can find happiness or comfort in daily work routines, especially if the jobs affirm attributes of themselves that they value. Whatever particular meaning an individual assigns to it, work is generally an activity where Westerners ground their personhood.

Against this backdrop, people close to violence recall the ways that it disrupts ordinary work routines. As one 9/11 survivor puts it, "This is my story. I woke up one morning, dressed in business attire, and went to work fully expecting a normal day. Instead, I rode an elevator thirty-six floors and got off in the middle of a lunatic's delusion of justice" (Haskins 2006: 122). The attack, as this woman suggests, shattered the comforts of her daily work routine. The woman describes herself as having been highly driven to climb the corporate ladder, but after the attack she was so frightened that she was "[u]nable to cross bridges, pass through tunnels, get on elevators, or enter high-rises" and could not return to work (*ibid*: 123).

Cathy Winkler (2002) tells a similar story. A stranger raped Winkler just a few weeks after she started a new job as an anthropology professor. All was well, Winkler emphasizes. She had gotten comfortable with her students, and she had just finished a

grant proposal the same night that she was awakened by a kick from the man that would rape her. According to Winkler, the rape and its prosecution eventually forced her to leave academia. A group of widows whose husbands died in the attacks on the World Trade Center succinctly describe the traumatic nature of violence's intrusion on business as usual: "Our husbands had been killed because they went to work one morning. Safety was an illusion" (Carrington *et al.* 2006: 49).

The safety or comfort that work routines provide is revealed through the ways that people describe their urge to return to work during violent times. One Muslim author in my sample was living in Sarajevo during the Bosnian War. Both she and her husband, Harry, were math professors at a local university. Even though classes were cancelled, she writes, "We just tried to keep working." The woman remembers that even during shelling her husband would walk to the university to administer exams. While they were both going to their offices almost every day, and her husband continued working on ideas, she was having a hard time returning to her papers and proposals. For a short time during the war, however, she did return to her work. She remembers that "I felt good about writing and typing, about checking my words in a dictionary" (Tanovic-Miller 2001: 72-3, 86). Similarly, a teacher from New York writes that after 9/11:

I wanted so badly to get back to school, back to work, back to the children, and to start thinking of something else. I had seen how my daughter and her friends could push the horribleness of what had just happened somewhere else as they entered the fantasy world of play. This was something that I and the other adults around me could not do. I thought once school began that time would start to move again, and the second and minute hands that seemed frozen would suddenly move as the children entered the classroom (Teachers College Press 2006: 146).

Violence intrudes on normal work routines, and this intrusion magnifies the agony of violence. As some people remember it, the agony can be tempered to the extent that one can resume work-time.

However, others tell a different story and recall that after it has passed, violence still spoils work. Violence can disrupt the everyday by making it painfully impossible, but it can also ruin the everyday by making it painfully boring. A nurse from Vietnam explains that after coming back to America she had a hard time finding a job that interested her. She had some expectations that working in an emergency room might. But it did not.

I was bandaging cuts and handling cases so routine it was hard not to get bored...I wanted some kind of work that was challenging, although I couldn't say exactly what that might be. I wanted the intensity I had felt during the war, the feeling that I was spending every waking moment with my brain in gear and my physical endurance being pushed to the limit. I missed that rush of adrenalin that came whenever I heard choppers in 'Nam (van Devanter 1983: 245).

Another veteran puts it more succinctly in describing why his job at home was completely unfulfilling: "I used to save lives in Vietnam and back in the U.S. I was stacking milk" (quoted in Young 1995: 152). Neither of these veterans, furthermore, are romanticizing war by their comments. Both feel that their experience of violence was unbearably horrific.

Sexuality

Contemporary Westerners participate in "a widespread popular culture in which individual self-realization and sexual fulfillment are interwoven" (Taylor 2007: 503; Foucault 1978). Sexuality is an important part of contemporary identity, and one that gets frustrated and perverted during violence. The perversion, of course, is typically most

extreme with rape. As one rape survivor writes, "Rape is different from all other crimes, and it is one of the most insidious. It is the only crime of violence that masquerades as sex." Rape spoils sexuality and, in doing so, obstructs self-realization. She goes on, "Rape mimics what it aims to devour — the mysterious life-affirming force that renews us and fulfills our most profound longings for union" (Raine 1998: 225). Often, rape victims are still drained of this "life-affirming force" after the attack, because they associate sex and sexuality with violence, making sexual fulfillment and exploration difficult (see Francisco 1999: Ch. 12; Kalven 1999: 215; Sebold 1999: 158, 163-6).

Rape inherently perverts sexuality; the same is not true of other forms of violence. However, these other forms are not immune to sexual perversion. Recall the catch-22 of some women in the Srebrenica enclave who chose to trade sex for cigarettes. A Muslim interred in a concentration camp during the same war remembers that once guards forced a man to perform fellatio on another and chanted "This is Serbia!" (reported in Cohen 1998: 284). An American nurse in the Vietnam War tended to "seventeen-year-old kids who probably hadn't had a chance to make love yet who lost their penises" (Van Devanter 1983: 173). She developed a romantic relationship with a married surgeon on camp, hoping to find reprieve from the horrors of the war. She explains that the on night which their relationship began, the two did not make love:

We slept together in his bed, two bodies covered with the blood of hundreds of young boys, holding tightly to whatever island of sanity we could find. We also knew we would soon be lovers. And when the time came, it would have nothing to do with his wife and two kids and the house in the country. We were just tired and lonely and sick to death of trying to fix the mutilated bodies of young boys ... In a war, in a situation where there is nothing remotely resembling sanity around you, *you tend to try to find some sense of normalcy, some feeling of comfort, some communication with another person on a level removed from that environment of*

destruction. You want to share moments of happiness ... Inevitably, the time will come when you've finally experienced all the pain, emptiness, and ugliness you can stand. And in that final, quiet moment, all you want to do is lean against somebody and cry so they can hold and love you and remind you that, after it's finished, you're still human. Unfortunately, many people who haven't experienced that need don't understand (*ibid*: 105-6, my emphasis).

The sexual exploits of soldiers might be tinged with an old fashion pillage and plunder mentality, conditioned by the over-the-top masculinity of soldiering culture. However, it may also be an effort to regain a sense of one's self, though the debt of resilience might be traumatic guilt.

Family

Robert Mason was married when he went to fight in Vietnam, but still chose quick sex with a prostitute one night in Taipei, "floundering out ... months of pent-up lust." He remembers being on leave in Hong Kong with just a few weeks of tour left. At a bar, a young waitress flirted with him and his lust surfaced again. "I would like to jump you like a rabbit," he recalls thinking. Self-disapproval quickly drowned out these feelings. Mason writes that "My conscience immediately began to pummel me with shots of raw guilt, delivered at high voltage. 'Monster!' it railed." The want of sexual gratification puts him at odds with his family commitments. "Married. Short timer," he admonished himself (1983: 222, 313).

Family life has been important to identity in almost all cultures, and stress is a common response to family dissolution. However, the contemporary family carries unique burdens for identity, which influences trauma among Westerners and other Westernized populations. Romantic partners and spouses are sources of self-validation. Intimate relationships are seen as chosen, so a partner's commitment to his or her lover is

a sign the lover is a respectable person. Furthermore, one's own choice in intimates is an expression of individuality and good judgment in people and relationships. More generally, one's style of family life is an important aspect of one's taste and self-narrative (see Giddens 1991: 94-7, 186-7; Taylor 1989: 291-4). For all these reasons, the family is especially important for authenticity and reflexivity, beyond the universal function of families as a symbol of obligation.

Mason's marriage survived his indiscretions. Many other marriages, however, do not survive war. The stress of divorce during war can severely undermine a soldier's resilience to the violence. Paul Rieckhoff, a Lieutenant in the Iraq War, remembers that one soldier under his command received a Dear John letter from his wife. His metaphor — he calls the letter a “shot” — is an interesting analogy that evokes the traumatic importance of the letter. “[T]his shot drove him over the edge. He was smoking furiously and his hands shook,” explains Rieckhoff. The anxiety of the divorce made the soldier lose himself easily to a situation of violence. “On guard duty he fired his weapon repeatedly at what he said was an Iraqi with an AK, but the man next to him could not substantiate the story.” Eventually, the soldier shot himself in the leg, because, as Rieckhoff puts it, “He wanted to go home at any cost” (2007: 128-30).

Often in conflicts, however, the family shatters more violently. Husbands are lost in terrorist attacks, brothers lost in war, and mothers lost in genocide. Immaculée Ilibagiza, for example, lost her mother, father, and two brothers to the genocide in Rwanda (2006). In some instances, families shatter through betrayals much more perverse than what Rieckhoff's soldiers experienced. One Bosnian woman had two

brothers fighting alongside other Bosniaks during the war, while her husband was fighting with Serb forces (Cohen 1998: 338). In a less extreme, but no less traumatic example, another Muslim woman endured the bombings on Sarajevo while her Serb husband took their two children to live in Belgrade, the Serbian capital. The marriage permanently divided along political lines, and the woman now only gets to see her daughters sporadically (*ibid*: 154, 159, 411, 477).

The woman remembers that she married her husband because "I loved him and we had two children together. It is very hard to forget that" (Cohen 1998: 411). Loss due to betrayal opens the possibilities for doubt in one's judgment and emotions. More generically, when families fall apart, individuals lose important support for self-realization. One woman whose husband died in the terrorist attacks of September 11th exemplifies this. "My mother would ask me," she writes, "'Do you feel like you've lost your identity now?'"

"No," I said. "I lost my soul mate, my partner, my best friend. But I'm still me."

I was still "me" but a completely diminished version of myself.

In a common refrain, she explains that her husband's death was traumatic because it brought her intended life-narrative to a jarring halt. "The myth of happy endings was canceled," she writes. "I had been denied my happy ending because my husband had gotten out of bed one morning and gone to work. If anyone could explain to me how I was supposed to wrap my head around that, I wanted to know" (Carrington *et al.* 2006: 34). The loss of a family member, by divorce or death, is potentially disturbing for anyone from any culture. But it has a special meaning for reflexive individuals, who

function within a unique framework of selfhood. In the same movement that it takes away loved ones, violence stops the self-made narrative from going.

The Violence of Small Torments

People who experience violence have to live with more than the physical harm it causes. Extreme violence happens in situations populated with what Viktor Frankl aptly names a "multitude of small torments." Himself a concentration camp survivor, he explains that in fact the average prisoner was concerned not with the grandest horrors but with these small frustrations (1984 [1959]: 21). Of course, some of the events I have described here are more than just "frustrations," such as losing a limb or a family member, but differences between losing a limb and more minor disfigurements are comparable from the standpoint of reflexive individuality. They are not wholly comparable, but in an important sense, similar anxieties underlie both. The mundane aspects of life I have been discussing are primal symbols of reflexive selfhood because their manipulation keeps the display of authenticity and reflexivity going. The loss of these symbols expresses a loss of self-identity.

Small torments can add up to a qualitatively extreme experience. In normal living, these little frustrations are typically sporadic and isolated, so they can be easily papered-over. People have at their disposal other resources to reaffirm their selfhood. But the picture I began painting in this and the last chapter and will complete in the next is that in the context of extreme violence "other resources" used to reaffirm one's self-concept disappear. There is a seemingly comprehensive loss of the means for affirming one's self-concept. People experience a terrifying loss of self-propriety during violent

exchanges and lack the mundane symbols that could serve as resilience to their humiliation. The experience of violence is not one of meaninglessness but one of *too much* meaning. From all directions, self-authorship is symbolically brought to a stop, a negation of identity that reflexive individuals cannot help but reflexively acknowledge. At this point in the story, little is left to prop-up the self except the individual's own personal judgment, which even if it becomes hard for them to display, individuals can rest assured that it is still intact. However, in the next chapter, we will see that the proof of good judgment disappears, too, and with it, it seems, the entire self.

Chapter 7

The Fog of Violence and the Betrayal of Authenticity and Reflexivity

A number of soldiers and observers have commented on the “fog of war.” The fog of war refers to the ambiguities, confusions, and ironic reversals that occur during battle (for example, Crane 2004 [1895]; Fussell 1975; Heller 2004 [1955]). As I show in this chapter, all violence perverts perceptions and expectations. I conceptualize the fog of violence as three kinds of betrayals that influence trauma: betrayal by social support, betrayal of morality, and betrayal by the senses.

In violence, distinctions blur. Trusted friends and acquaintances become enemies, and the difference between friend and enemy becomes confusing. People close to violence often betray their own moral compass in part because it becomes hard to discern right from wrong or good from evil. The fog of violence extends to the most basic features of perception, and people feel as if they cannot trust their senses — the reality turns ambiguous. Because of these betrayals, people begin to doubt the world around them, but more importantly for my argument, they begin to doubt their selves. Individuals lose faith in their ability to make sound judgments; their reflexivity, they feel, evaporates and authenticity becomes impossible.

Betrayal and Moral Injury

During extreme violence, friends, aids, and leaders betray both targets and perpetrators of violence. Individuals also betray their moral identities. Both lead to a traumatic moral injury for those involved in violence.

Intimate Betrayals: Friends, Aids, and Leaders

Journalist Roger Cohen aptly describes the Bosnian War as “a war of intimate betrayals” (1998: xvi). The same description could be applied to most cases of extreme physical harm. Betrayal by others is common in the context of violence, and it is one of the most prominent themes when violence gets recounted. In the weak version of betrayal, trusted friends and colleagues refuse empathy for victims of violence. In the strong version of betrayal, old friends become one’s enemies. A Tutsi woman who survived the genocide in Rwanda tells a story of the weak version, which was still a life and death matter. In the first days of the genocide, her father sent her and her brother to find safe haven with a family acquaintance, a Hutu priest. The author was a close friend of the priest’s daughter:

I was so relieved when I found Janet, my best friend since primary school, sitting in the dining room chatting with another girl. I rushed over and cried, “Janet! Oh, I’m so happy to see you. It’s been so horrible for me these past few days; the world has gone crazy...”

I threw my arms around her, hugging her as tightly as I could, but her body stiffened. When I pulled back and looked into her face, it wasn’t friendly at all — in fact, her eyes refused to meet mine ... Janet bent down, grabbed her purse, and stood up. “I don’t know what you can be thinking, Immaculée,” she said, still not looking at me. “I’m certainly not going to hide you, and neither will my father. We don’t hide Tutsis in our home.”

“But...Janet?”

She turned to the other girl and said, "I'm leaving," and then walked out of the house and never looked back.

I staggered into the hall and leaned against the wall. How could my dearest friend turn against me? We'd loved each other like sisters once — how could she be so cruel now? How was it possible for a heart to harden so quickly? (Ilibagiza 2006: 58-9).

One Bosnian Muslim remembers his friends "split up into Muslims and Serbs only when they played soccer on the banks of the Sana River on hot summer days." He explains, "Sometimes the Serbs would win, sometimes the Muslims, but it would always end with beer and a barbecue." In the months leading up to the Bosnian War, however, this all quickly changed, and the soccer buddies split into warring factions. This Muslim man believes that his friends were changed by Serbian nationalist propaganda.

"Indiscriminate moral perversion became routine among Serbs," writes the concentration camp survivor. "It was astonishing to witness the chameleonlike transformation of former friends and acquaintances as they turned into crazed servants of the new authority" (Hukanovic 1996: 2-3, 6). Because of the transformation, the author's neighbor took sniper shots at him, and many of the man's acquaintances became his brutal captors in Serbian-run concentration camps.

Rape survivors are also familiar with intimate betrayals, though life and death may not hang in the balance. For example, one victim recalls that after venting her anger over the attack, her friend asked, "Don't you think it's time you got past that?" Her cousin reacted the same way toward her just two months after the rape. The victim describes her reaction: "I was stung ... I took her remark as a reprimand. It would be a long time before I could hear it as anything else" (Raine 1998: 64, 231).

Rape victims also often confront police, lawyers, therapists, and other people who are supposed to be aids but who are unsympathetic to their experiences. One survivor explains that "With rape, the criminal justice system functions as the formal arena for recognition and restitution, and has largely failed at both" (Francisco 1999: 58; see also Kalven 1999: 140-1). Jennifer Barr, raped on a sunny October afternoon, remembers that the State's attorney office had little interest in her case or her experiences and that she felt "manipulated" by the justice system (1979: 231, 235). Alice Sebold recalls that the primary detective on her case treated her harshly when they first met, and she came to learn that he did not originally believe her story (1999: 39, 152-3).

Rape survivors and other victims of violence who seek therapy often encounter counselors who are cold toward their suffering. Shortly after her attack, Sebold went for counseling with Dr. Graham, a therapist and friend of the family. She recounts the session:

"Do you want to tell me why you've come to see me, Alice?" she asked. She knew already. My mother had told her on the phone when she called for the appointment.

"I was raped in a park near my school."

Dr. Graham knew our family. Knew both [my sister] Mary and I were virgins.

"Well," she said, "I guess this will make you less inhibited about sex now, huh?"

I couldn't believe it. I don't remember whether I said, "That's a fucked-up thing to say." I'm sure I just wish I had. I do know that was the end of the session, that I got up and walked out.

What Dr. Graham had said came from a feminist in her thirties. Someone, I thought, who should have known better. But I was learning that no one — females included — knew what to do with a rape victim (1999: 85).

A woman who lost her husband in the World Trade Center attacks remembers meeting with a therapist the day after a memorial service for her husband:

Halfway through the session, the therapist told me the following: "Claudia, at some point in the future, you are going to have to move on. You don't want to end up like some old Italian widow wearing black and sitting out on the stoop all day."

"After that," she writes, "I tuned him out and waited for the balance of the hour to be up" (Carrington *et al.* 2006: 30).

Rape victims often interpret the lack of sympathy from friends, police, lawyers, and therapists as a sort of complicity in the attack, a "second rape" in which people side with the perpetrator by ignoring the victim (for example, Barr 1979: 231; Raine 1998: 6, 64, 66; Winkler 2002: 87, 107). However, rape victims are not the only ones who lament the passivity of bystanders (see Cohen 2001: Ch. 6; Levy and Sznajder 2002). First-hand accounts of the Srebrenica massacre, for example, blame Dutch peacekeeping troops for being complicit in the atrocity. On July 11, 1995, Serb forces finally overtook Srebrenica with little resistance. While Srebrenica fell, Dutch peacekeepers fled to their base in Potocari. In the next few days, Serb forces, under the command of Ratko Mladic, massacred approximately 8,000 Bosniaks — mostly adult men. Thousands of refugees had followed Dutch peacekeepers to Potocari searching for safety. The Dutch gave Mladic responsibility for evacuating the enemy refugees. Emir Suljagic, a Muslim, recounts the gruesome irony of the massacre. "Petrified," Suljagic writes, "I watched the buses and trucks enter the place." He remembers, "I asked one of the Dutch officers what was going on, far more because I wanted him to reassure me than because I wanted to hear the real answer. With a grin he replied: 'Ratko Mladic is coming to evacuate you

lot'" (2005: 155). Suljagic explains that the captain of the Dutch forces ordered him to make a list of all the male refugees in the camp. The men on this list, along with others, were separated from their families "with a rifle butt" and massacred somewhere in the Bosnian countryside. One of these men was Suljagic's grandfather, whom Suljagic personally escorted into the Dutch base with the hopes of saving his life.

Suljagic remembers that the municipal authorities ran the Srebrenica enclave like "warloads," which felt to him like an "internal siege." He writes,

I felt sick seeing the president of the municipal council show off with his stiff cardboard packs of *Malboro* bought from Canadian or Dutch soldiers, while my friends continued to make cigarettes out of bad paper and bitter home-grown tobacco ... Some municipal-council officials had the insolence to drive [a]round in cars, whereas ordinary people had to walk dozens of kilometers wearing bad shoes. Even at times of famine their tables were groaning with food, whereas my granny only had soya to cook.

Municipal authorities took the first pick of humanitarian aid and were suspected of murdering vocal dissidents who accused them of such. Suljagic explains that witnessing this lack of sympathy from leaders made the deaths of close ones "that much harder for me to bear" (2005: 30-1, 66-7). This betrayal, in other words, is a major threat to Suljagic's resilience.

Traumatized soldiers recount similar behaviors among their leaders. Soldiers fighting in the Bosnian Army against the Serbs recall the inequities between soldiers and their commanders. Cohen, writing from interviews with soldiers, explains that beyond fighting heroically,

war also meant stores to be emptied, cars to be commandeered, luxury apartments to be taken over, and fuel to be traded across the lines. [One squad-leader] had cooks who couldn't cook; he had commanders who ordered him to clean the

latrines while they worried about whether the color of their lighters matched that of their stolen Audis (1998: 279).

Cohen had met a Muslim colonel who suffered "a complete nervous and physical breakdown," because his officers seemed opposed to winning the war. The colonel realized his pleas to advance against the enemy were typically rejected, he told Cohen, "because many officers ... just wanted to keep their comfortable position, their money, and their Mercedes" (1998: 341).

American soldiers are not immune to these kinds of frustrations (see Shay 1994: Ch. 1). Lieutenant Paul Reickhoff, a veteran of the Iraq War, remembers that early into the fighting, a few of his soldiers collapsed from dehydration and heat stroke. Reickhoff's superior was unsympathetic and would not provide more water nor shorten patrols. Reickhoff recounts the commander silencing his pleas: "'That's enough, Lieutenant. Some of your boys could use to drop some weight anyway,' as," Reickhoff notes, "he reentered the soft glow and cool AC of the Battalion TOC (Tactical Operations Center)" (2006: 65-6). Tim O'Brien, veteran of Vietnam, recalls his unit being called in as support for a fire-fight in a burning village. An officer was wounded by a grenade and another suffered a sucking chest wound. A battalion commander was circling in a helicopter above the fight, directing the operations. The soldiers on the ground called for him to come and evacuate the wounded. He refused, "Damn it, I haven't got the time to do everything. Got to direct this operation." A friend of the man with the chest wound pleaded that his buddy would die soon without help. The battalion commander warned, "Soldier, stay off this net. You relay your damn request through your CO. Stay out of this." O'Brien explains that after jets bombed the village "the battalion commander came

down and picked up the wounded officer and a dead man with a sucking chest wound” (1969: 152-3).

Trauma victims have lost trust in the world around them. The reason for it is simple enough: friends, family, police, lawyers, therapists, and leaders have all proven untrustworthy (compare Janoff-Bulman 1994). Furthermore, the betrayals by trusted others constitute what psychiatrist Jonathan Shay has termed a *moral injury*. Speaking from clinical work with Vietnam veterans, he writes, “[T]hat moral injury is an essential part of any combat trauma that leads to lifelong psychological injury. Veterans can usually recover from horror, fear, and grief once they return to civilian life, so long as ‘what’s right’ has not also been violated” (1994: 9-21). “What’s right” refers to being rightly treated by the citizens and soldiers who lead them into war. Shay argues that betrayals, especially when lives are on the line, harm a person’s dignity because leaders do not reciprocate the soldier’s allegiance. There is no reason we cannot extend this lesson about trauma beyond veterans, whether the betrayal puts lives at stake or not.

The moral injury is partly a generic lack of respect from others, and in this way, it could have implications for someone from any culture. However, the moral injury can also be an injury to the individual’s self-concept, not just a simple affront. Reflexive individuals have to work at trust and can be deeply anxious about their investments in others. Betrayals enliven worries about our authenticity and good judgment. Match this with a loss of self-control through violent entrancement, the frustrations in civilized bodily evacuation, a loss in the grounding of the work routines, and broken families, and the result is a self torn asunder, given over to a torrent of doubt toward the self.

The Betrayal of Authentic Morality

What is worse than betrayal by others for many trauma victims is that they often feel as if they perpetrate their own moral injury against their selves. In other words, they fail in their desire to offer benevolence and aid. Recall the Vietnam veteran who describes the first time he killed: "I can remember whispering foolishly, 'I'm sorry' and then just throwing up ... I threw up all over myself. *It was a betrayal of what I'd been taught since a child.*" Shay aptly names this betrayal of the moral self a "shrinking of the moral horizon" (1994: Ch. 2). Ron Kovic remembers of himself, "how difficult it had been when he had first come to the war to tell the villagers from the enemy and sometimes it had seemed easier to hate all of them, but he had always tried very hard not to" (1976: 187). Another soldier recalls the same trend in her attitude:

*I lost my direction and found myself becoming a person I would never have been before Vietnam ... Like thousands of Americans, I began calling the Vietnamese — both friendly and enemy — "gooks." I would have thought I was above that sort of racism; after all, hadn't I marched in the United States for civil rights like a good Catholic girl who believed all oppression was wrong? I began to understand how many of my friends had felt during my early months here. *I had looked down on them for displaying just the kind of attitude I was beginning to develop.* Now, I saw the Vietnamese as nothing more than a group of thieves and murderers. It was especially difficult because the V.C. looked the same as anyone else. Rather than try to distinguish between the friends and enemies, I learned to hate all of them. They were the ones who kept killing American soldiers. Why should we bother saving them (Van Devanter 1983: 135-6, my emphasis)?*

I have already discussed the way that the violence of "perpetrators" can go unrestricted in the chapter on violence and its entrancing nature. Those are extreme examples of one's moral horizon shrinking. Directly above are examples that involve the shrinking of one's moral horizon in ways that do not necessarily include physical harm. The rest of this

section continues the discussion I began in chapter four that described the feeling among victims of an "evil within."

Suljagic remembers of the Srebrenica enclave, "None of us wasted the attention necessary for survival on emotions, on such simple things as compassion, solidarity, and understanding" (Suljagic 2005: 121). He explains, for example, that residents of the enclave would fight each other for the humanitarian aid dropped from planes. Suljagic recalls that in one instance his two friends came upon a palette of food but then another resident seized the food from them at gunpoint. He characterizes the general state of affairs:

In a way, it was our war within a war. During the day we fought the Serbs, and during the night we fought against each other for every bit of food, for one plastic packet. For the nth time people had lost all their scruples, went beyond all limits of human behavior, *once again losing all dignity*. The fight for survival had acquired yet another form (2005: 62-3, my emphasis).

In the most extreme circumstances, concentration camp inmates are made to make life and death decisions that look much like the behaviors of perpetrators. As Terrence Des Pres writes of Nazi victims, "Life was saved by using death strategically, and this involved a moral dilemma which members ... simply had to accept and live with, no matter how difficult and cruel, no matter how hurtful to innocence." As I have already described, inmates who threatened to behave rashly and bring punishment to the whole camp would sometimes disappear at the hands of their comrades, for the sake of the group. Similarly, infants were often murdered at birth to save at least one life, because women who bore children were sent to the furnaces with their newborn. Des Pres quotes one survivor who carried out this difficult task: "And so, the Germans succeeded in

making murders of even us. To this day the picture of those murdered babies haunts me” (1976: 128-30).

To cope with the violence, whether a perpetrator or victim, many individuals attempt to deny their experiences. These acts of denial can be traumatic for more than one reason that I will discuss in this chapter. In terms of moral authenticity, people are often disturbed by their capacity for denial because it shows their insensitivity to suffering. One witness to the Rwanda genocide writes, “I had lost count of the massacre sites that I had visited. I had literally walked in blood for more than six months ... My ability to put the horror aside and function came at a cost I could only guess” (Odom 2005: 215). The nurse from Vietnam, one of those who called Napalm victims “crispy critters,” remembers that she had to harden herself to suffering so she could endure the carnage of the war. This would have traumatic consequences. At one point, she was required to operate on a prisoner of war:

I was extremely confused by the whole episode. I could understand that as a human being, he had a right to proper care, but every bone in my body told me that he wasn't worth the effort ... I wanted to spit in his face. Instead, I spit in my hands. That was how I scrubbed for the case before donning sterile gloves. If he died of an infection, fuck him.

A part of me knew that after it was over, I would be ashamed. I had taken a vow as a nurse to help all human beings no matter what race, creed, color, or sex ... But my bitterness far outweighed any vows I had spoken in a graduation ceremony. I did what I had to do for that POW and not one bit more. All the time we worked on him, I wished that he would die ... When we were finished and it was apparent that the NVA colonel would live, the surgeon suggested we literally charge an arm and a leg for the operation. I offered to get the saw and we all laughed hysterically. *Some day, I would hate myself for having laughed.* But not now (Van Devanter 1983: 136-7).

Many residents of the Srebrenica enclave, enduring constant mortar fire, turned hard to the death and destruction, sometimes intentionally, sometimes not. Suljagic laments this seeming emotional necessity.

We lived through those attacks without ever truly understanding what was going on, as if drunk with fear. The sight of demolished buildings, of human bodies shredded by bombs ... all that horror only got through to us once it had become irrelevant. *The worst of it all was the fact that something of that kind could become irrelevant* (2005: 45).

In a reversal common to trauma, the effort to cognitively and emotionally survive violence becomes a heavy burden on authenticity.

The Perceptual Fog of Violence

The failure to act benevolently can be severely traumatic. Studying peacekeeping soldiers on duty in Somalia during the early 1990s, psychologists have found that one of the best predictors of PTSD was the degree that soldiers found their peacekeeping efforts unsuccessful (Litz *et al.* 1997). There could be many reasons for this correlation, but a primary one I am suggesting is the sense of moral failure and powerlessness to stop the suffering caused by violence. In this section, I am also arguing that people often feel like moral failures because they have a hard time making clear moral distinctions. From afar, Westerners rather easily distinguish between heroes and cowards, perpetrators and victims, good and evil. Up close, distinctions blur. Primo Levi aptly called the Nazi concentration camps, for example, a moral "gray zone" (1989: Ch. 2). Not only do moral distinctions blur, however, during violence all distinctions become difficult.

Moral Ambiguities

Many kinds of extreme violence are moral gray zones, as the lines of morality become messy and hard to cognitively tidy. Friends and trusted acquaintances fail to provide support, or worse, become one's perpetrators. Victims and witnesses to violence also describe the opposite of this; the enemy provides some sanctuary from suffering. Even though Orthodox Serbs were bombing the Muslim neighborhoods of Sarajevo, as one woman recalls, Muslims could buy candles at an old Serbian Orthodox church, candles traditionally used in Orthodox ceremonies. Candles were necessary because Serbian forces had cut off the electricity (Tanovic-Miller 2001: 87). Or consider the following story. The author, writing in the third person, was a survivor of a Serbian-run concentration camp, Omarska, where he spent most of the Bosnian war brutalized, cold, and hungry. Before he was taken to Omarska, armed Serbians forced him from his home and brought him and others to the local police station for interrogation. That is where the following scene occurs.

The men were forced to stand against the wall for about half an hour, in the same position, taking in the curses along with an occasional blow to the back with a rifle butt. The sun was beating down on them without mercy. At one point Djemo thought he couldn't take it anymore, that he would collapse. He felt dizzy; objects flickered before his eyes; one of his knees buckled, and down he went. A soldier came over, hoisted him up by the armpit, and offered him a can of beer. "Have a drink, you'll feel better," he said. Djemo took a couple of swigs and did feel better. He put the can down on a ledge of the wall he was leaning against and thanked the soldier without looking at him. He didn't dare turn, even though he very much wanted to know who had helped him (Hukanovic 1996: 16).

This act of kindness is a reversal in the torture scene, a confusing irony.

Rape victims often recount similar ironies in the behavior of their attackers. The man who attacked Cathy Winkler raped her a number of times over the course of three

hours. As she remembers the events, civilized conversation was intermittent with the violence. For example:

"Which subway station do you take?" My immediate response was the truth: "The one at Springfield." "I take that one too." ... "What time do you go to work?" "About 7 or 8." ... "How did you get into the house?" "I can break in any place." ... "I'm hungry. What have you got?" "There is a casserole in the refrigerator I could heat up." ... "You should leave because I need some sleep, and my head hurts. If I'm going to work, I need some sleep." He ignored that comment. Surprisingly, with genuine kindness in his voice and a serious intent to follow through, he asked "Do you want me to take you to the hospital?" "Don't you think that's impossible?" Enjoyably, he laughed. *His offer was ridiculous. His statement of consideration juxtaposed his act of force.* (2002: 18, 19, my emphasis).

Once his laughing stopped he remembered his purpose: "I might as well get all that I came for." At the finish of the attack, Sebold remembers that the rapist reversed his demeanor, displaying the same sort of gruesomely sincere friendliness as the man who raped Winkler. Notice the contradiction between the rape and its conclusion.

[H]e grabbed me from behind and covered my mouth. He said these words: "I'll kill you if you scream"... He kneed me in the back of my legs so that I would fall down ... He straddled me and kicked me in the side ... I was on the ground on my stomach. He sat on my back. He pounded my skull into the brick. ...He lay down on top of me and started humping ... He called me a bitch. He told me I was dry ...Something tore. I began to bleed there. I was wet now ... It made him excited ..."Give me a blow job," he said. ... He grabbed my head. "Put it in your mouth and suck," he said ... "Bitch," he said. His penis still limp, he held it with two fingers and peed on me ... He got hard enough and plunged himself inside me ... And then it was over. He came and slumped into me.

As Sebold remembers it, the rapist's behavior became quite different after he was satisfied, likely because he was no longer entranced by his rage.

"You're cold," he said. "Here, put these on." He held my underwear out to me, in the way a mother would for a child, by the sides of it. I was supposed to step in. ..."Are you okay?" he asked. His tone was amazing to me. Concerned. ... "I'm so sorry," he said. "You're such a good girl, a good girl, like you said." ... "It's okay," I said. "Really." "No," he said, "it's not right what I did. You're a

good girl. You weren't lying to me. I'm sorry for what I did." ...He handed me my purse and the books I'd bought that afternoon with my mother. "Which way are you going?" he said. I pointed. "All right," he said, "take care of yourself." I promised I would ... "Hey, girl," he yelled at me. ... "What's your name?" I couldn't lie. I didn't have a name other than my own to say. "Alice, I said." "Nice knowing you, Alice," he yelled. "See you around sometime." (1999: 13, 14, 17, 19, 20, 21, 22).

The juxtaposition of empathy against violence perverts compassion. Some rape victims feel an unsettling bond with the men who attacked them, as I have explained. The attachment is unbidden, however; the rapists are clearly the enemy, making their kindness even more confusing.

Sometimes attachment to one's aggressor can feel more authentic. Due to the moral injury civilians and commanders perpetrate, among other reasons, soldiers often develop a sense a solidarity across battle lines and a sense of alienation from their co-nationals in the rear (see, for example, Bartov 2000: 94-6). Lieutenant Philip Caputo writes, "We ate what they ate. We could now move through the jungle as stealthily as they. We endured common miseries. In fact, we had more in common with the Viet Cong than we did with that army of clears and staff officers in the rear" (1977: 276-7). Journalist Michael Herr remembers the admiration a group of Marines had for a Vietcong sniper, Luke the Gook. The Marines were dug in near an airstrip and faced a lone sniper in the jungle just beyond. Herr explains, "You could see him clearly from the trench, and if you were looking through the scope of a Marine sniper's rifle you could even see his face." During the day, the enemy sniper fired at anything that moved above the foxholes, and at night, he fired at any lights he saw. The Marines targeted him with rifles and mortar-fire from the ground and rockets from the air, but to no avail. "Finally," Herr

writes, "napalm was called in, and for ten minutes the air above the spider hole was black and orange from the strike, while the ground around it was galvanized clean of every living thing." The exception was their sniper. "When all of it cleared, the sniper popped up and fired off a single round, and the Marines in the trenches cheered. They called him Luke the Gook, and after that no one wanted anything to happen to him" (1977: 125-6). Whether or not this is a true story, it expresses a true emotion.

This strange identification with the enemy mixes with the confusion soldiers have at their own aggression. Caputo remembers,

Most American soldiers in Vietnam — at least the ones I knew — could not be divided into good men and bad. Each possessed roughly equal measures of both qualities. I saw men who behaved with great compassion toward the Vietnamese one day and then burned down a village the next (1977: xviii-xix).

A pilot from the war puts it this way, "Vietnam, man. Bomb 'em and feed 'em, bomb 'em and feed 'em" (quoted in Herr 1977: 10). The soldiers are faced with the question of what and who is good and evil, which feels impossible for them to answer. The same can be true of victims: They lose the ability to make a clear moral choice. Primo Levi remembers that he and other inmates were made to clear rubble from a large room that housed chemical equipment. Alone, removing debris in an isolated area of the room, Levi found a disconnected spigot with water in the pipe. He chose only to tell one friend about the water, and they shared what little was in the pipe — "A liter, perhaps not even that." Levi later learned that another comrade, also thirsty for water, had seen them at the spigot. Even before he learned this, he had felt guilty and ashamed that he had violated the "'civilian' moral code." Levi asks himself, "Is this ... shame justified or not?" He

answers, "I was not able to decide then and I am not able to decide even now, but shame there was and is, concrete, heavy, perennial ... 'costly'" (1989: 80-1).

The anxieties contemporary Westerns have about clear moral categories, expressed in the labors of tidying up violence through sequestration and mediation, are traumatically realized in the direct experience of violence (see Des Pres 1976; Neiman 2002: Ch. 3 and 4). The need for moral clarity is so great that some hope for *any* moral identity: good *or* evil. As Charles Taylor explains, if reflexive individuals are accused of choosing evil, the ability to choose has at least been affirmed (2007: 219-20).

As fundamental categories of choice blur, individuals lose the capacity to know their authentic self, so they search for any proof of it, even if the proof shows them evil. For example, Vietnam veterans recall that the Vietnamese citizens often responded to the violence around them without affect. Caputo remembers that this fact was very frustrating for him. He remembers walking through a hamlet another platoon had burned earlier. "A sense of guilt and compassion came over me at first," he explains. "Instinctively, I wanted to do something for them because of what we had done to them." However, Caputo was troubled by the fact that the villagers were neither angry nor sad about the destruction. "They did not seem to want us to do anything," and Caputo explains that this quickly changed his mood from pity to contempt. He writes, "They did not behave the way I expected them to behave: that is, the way Americans would under similar circumstances. Americans would have done something: glared angrily, shaken their fists, wept, run away, demanded compensation. These villagers did nothing, and I despised them for it" (1977: 133, 134). It is not odd that Caputo wants the villagers to at

the very least be angry for the burning. He accepts that they have a right to be. He thought that "Burning their hamlet had been a demonstration of the worst in us." The "flat, steady gazes" and the "passivity," which suggested that the villagers treated the destruction "as a natural disaster ... accepting it as part of their lot," drained the event of morality. The villagers do not validate his view of the burning as an atrocity, nor do they give him a chance for benevolence, to redeem the evil done (see Taylor 2007: 219). "I would have been grateful," Caputo writes, "for a chance to show the best that was in us."

Caputo will take any affirmation of his morality, but he obviously prefers to do good. The same is true of others close to violence. The risks people will take to affirm their benevolence indicates its importance to the individual. Concentration camp inmates shared their last crumbs of food with others at the risk of their own starvation, and they helped the feeble on forced marches, chancing the possibility of falling behind and suffering punishment, the most of extreme of which would be execution (see Des Pres 1976: 132-40). The same is true among those hungry and fleeing the enemy in times of war (see, for example, Broz 2002: 35-7, 49).

A group of women who lost their husbands in the 2001 attacks on the World Trade Center write, "We began to realize that by helping one another we gave ourselves a respite from always being the one who needed to be helped. *Helping one another felt like healing*" (Carrington *et al.* 2006: 58, my emphasis). Similarly, one rape survivor believes that her renewed concern for others was sign of recovery from trauma. Shortly after the rape she remembers being "too afraid to open myself to other people's feelings and needs." As she opens up, her recovery progresses. "Finally," she writes, "I was caring

about people more than I was fearing them" (Barr 1979: 100, 147). For rape survivors, the stakes of benevolence might not be so high as death, but affirming their moral goodness is still an important act of survival.

Rape survivors are often a kind of victim cum perpetrator. By their own accounts, victims feel that their story alone is harmful. One woman waited three months to tell her mother about the rape and two years to tell her sister. She remembers, "I felt like was carrying a bomb. Every time I told someone that I had been raped, I caused a small explosion" (Francisco 1999: 19). The silence that surrounds rape is partly a product of the stigma of being a rape victim, but it is also a product of benevolence, the effort to contain the suffering caused by rape. Sebold recalls that her parents did not know the specifics of the attack she endured. "I knew exactly what had happened," she writes. "But can you speak those sentences to the people you love? Tell them you were urinated on or that you kissed back because you did not want to die?" (1999: 69). Sebold is trying to protect her family. She explains of the first hours after the rape, "I think I survived ... by spiraling the obsession of how not to tell my mother over and over again in my brain. Convinced it would destroy her, I ceased thinking of what had happened to me and worried about her instead" (*ibid*: 28-9). The act of worrying about her mother might have been therapeutic because it kept her from dwelling on her own suffering, but the content of those distracting thoughts is not arbitrary — benevolence is often a reflexive preoccupation for Westerners.

Others, too, are quiet about their traumatic experience, because they do not want to harm others. "More and more, we found we had to hesitate before telling the truth

about our situation to strangers,” remember the 9/11 widows above. “[N]ot because we didn’t want others to know our husbands had been killed,” they explain, “but because we knew that our story, our losses, would shock them and bring them unhappiness” (Carrington *et al* 2006: 58). A female veteran of Vietnam recalls wanting to explain her experiences to her family but “dropped it immediately” every time the subject came up. “I didn’t want to hurt them,” she writes, “and I knew that if I went into all of it they would be devastated” (Van Devanter 1983: 238). These women are caught between having their versions of the story affirmed — their need to “bear witness” — and their need for the dignity of benevolence.

Fateful Decisions

It is difficult to make moral choices during and after violence, which threatens people’s moral identity. During the labors of reflexive selfhood, individuals encounter situations where they must make choices that carry the potential to dramatically change their lives. In these moments, people must make what Giddens calls, “fateful decisions.” Fateful moments are uniquely consequential for individuals and as such weigh heavily on one’s judgment. They require individuals to choose whether or not and how to fundamentally alter, in part or wholly, their self-projects. Giddens explains,

Fateful moments are times when events come together in such a way that an individual stands, as it were, at a crossroads of his existence; or where a person learns information with fateful consequences ... In such circumstances, she is called on to question routinized habits of relevant kinds, even sometimes those most closely integrated with self-identity (1991: 113, 131).

Fateful moments may include the decision to marry or divorce, the choice in college degree, unemployment or changing jobs, being diagnosed with a fatal disease, or

gambling large sums of money. Violence often presents a fateful decision, and many close to violence, in retrospect, feel they made the wrong decision.

Contemporary soldiers often wonder why they chose to fight. For volunteers, the choice to enlist is often a fateful decision. One soldier thought his enlistment would be an escape from his "safe, suburban existence" and a way to shore up his manhood (Caputo 1977: 4, 6-7), while Senator Robert Kerrey similarly describes enlistment as a gamble which promised to be a "jump to freedom" (2002: 105). Both, by their own accounts, quickly realized they had made a fatefully bad decision. Kerrey, for example, says he "lost the bet." Just five weeks into his tour, Kerrey felt he had, as he explains, "become someone I did not recognize" (*ibid.*: 105, 185).

Journalist Fergal Keane remembers coming across two brothers, missionaries in Rwanda, who felt "a terrible guilt," because a week after they were rescued from Rwanda, a militia slaughtered fifty men and boys in their church. "Somebody said to me that when they got out of Rwanda they would be insane," one of the missionaries explains. "As for me ... I am left with lifelong questions. What did I do that I should have not done? What did not I do that I should have done?" (1996: 136). I have already described this same sort of thinking among some rape survivors. Those who feel that they had some choice in how to interact with the attacker are often deeply troubled by their decision. As one rape victim feels of her "chosen" acquiescence, "I had made a deal with the rapist and now I regretted it." Thinking back, she believes she might have helped the rapist too much. "It was my fault that I was alive. If I had fought harder, I would either be dead or be as I was before. Now I was neither." But there is more.

Some of her thoughts are akin to the missionary. She writes that "Before the rape, I had not only valued my intuition, I had trusted it completely," but after the rape she had lost faith in her reflexivity. "I asked myself over and over again," the victim explains, "why I had not sensed that something evil was close. *Why had my intuition failed me?*" (Raine 1998: 27 and 156, my emphasis). Carol Rossen shows similar self-doubt. She was raped in a park on Valentine's Day in the early 1980s. She learned that another woman was on the mountain the same day and saw the rapist. The other felt the man was watching her suspiciously, so she ran away. Rossen remembers seeing the man watching her too from the moment she entered the park, and she must live with the fact that she did not make the same decision as the other woman (1988: 129-31).

Denial is important for understanding people's sense of poor judgment as it relates to violence. The denial of reality can be traumatic. Roger Cohen (1998), writing on the Bosnian War, shows that violence forces people to reexamine their lives. Some try to "survive" violence by keeping up appearances or struggling to maintain their work routines, but this effort to keep the self going through violence can have unintended consequences. He writes,

Refugees in Sarajevo ... had remained in their homes because of the livestock, the retiled roof, or the newly installed kitchen; remained despite tales of horror from towns just a few miles away; *only to wonder, after the loss of a son's life, how such trivia could ever have mattered to them* (p. 119, my emphasis).

The death of a son trivializes those mundane aspects of life that are the basis of self-identity. It brings a burden of guilt for murder to their old identities and their stubborn attachment to them. A refugee of the war, who fled to Sweden, lost his father to the violence, and, as Cohen explains, "Remorse eats at him." The refugee asks of himself

"Why did he not force his parents to leave with him that spring of 1992?" The possibility of war "seemed fanciful and he paid no attention." Because he ignored the evidence for war and because he did not decide to force his parents to come with him, in Cohen's words, the man "is full of personal guilt engendered by the war" (p. 414-5). Cohen also tells the story of one Sarajevo resident who lost his brother, mother, and countless other friends and family during the same violent years. The former Sarajevan believes he failed to see the warning signs of the conflict to come, and for that, he similarly feels guilty for the deaths of those closest to him. Up until the beginning of the war, he denied that it could happen, even though in retrospect, its possibility seemed evident at least a decade before. Cohen summarizes the man's ruminations: "If he had been more vigilant, he keeps telling himself, his mother and brother would be alive" (p. 118, 322). These people are agonized by consequences of the wrong choice. During a fateful moment, they chose denial and inaction from which suffering and death followed. Cognitive sequestration delivered these people into evil, and for them, the trauma of violence is not its silent abruptness but its apparently long and loud approach.

Betrayal of the Senses

Some research has found that as many 22 percent of refugees from the Bosnian War suffer either schizophrenia or psychosis (Kinzie 2007: 199, table; see also McNally 2005: 89). Both of these disorders involve a break between subjectivity and reality. R.D. Laing (1960) has famously argued that schizophrenia is a disorder born first in the nature of reality, and only second in the mind. The disorder, for him, is a *reaction to the failure of reality*, so to speak. A schizophrenic has lost the supports that validate his or her

observations of reality, which is most simply people who agree with his or her perceptions. It is not surprising that schizophrenia occurs in a significant minority of victims of some violence, because the lines between fact and fiction are commonly unclear during violence. Lies and deception always seem to surround violence, so an individual may have difficulty judging the truth. At times, it even seems as if reality itself betrays the individual, because violence throws up hallucinations.

Most who experience violence do not turn psychotic or schizophrenic, but I am suggesting that many experience a symbolically analogous break from reality. This is not a loss of consciousness, but mistaken or unverified observation. Feeling as if one has lost touch with reality can be stressful for people from many cultures.³³ However, reflexive individuals are intensely anxious about reality. Good judgment is at the center of the reflexive selfhood, and good judgment about our actions and lives requires a grasp of the truth. That is why individuals spend so much time doubting and testing reality, being reflexive. They want to make sure they are right. In times of violence, even seemingly given perceptions — what people see and hear — cannot be trusted. This is extremely stressful. Consequently, people who have experienced life-threatening events have a higher risk of developing PTSD if they feel they show signs of impending psychosis after the events (McNally 2005: 100).

A person's sense of reality develops significantly through social interaction (Berger and Luckmann 1966), and the most obvious instantiation of this is that people feel more secure about what is real or true if others agree with them. In the context of

³³ However, a lost connection with *this* reality was often interpreted as a sign of connection with another, more important, reality, the supernatural (Benedict 1934).

violence, however, individuals often lose that basis of security. Rape victims, for example, often confront an audience who is skeptical of their version of the attack. Remember that the detective on Sebold's case did not initially believe her. Her father also doubted her version of the story. The rapist had a knife, but he lost it in the initial struggle. The knife out of reach, Sebold's father questioned whether or not his daughter might have been complicit in the rape. This was stressful for Sebold. "I had a desperate need for him to understand," she writes. "If he didn't — he who was my father and who wanted to understand — what man would?" (1999: 67). Another rape survivor remembers that she avoided a physical struggle because the attacker had threatened her life. Her rape counselor, however, contradicted the victim's assessment of the situation. "Most rapists threaten, but that's all it is. Few carry through with their threats," the counselor told the woman the night of the rape. The rape victim advocate implies the victim might have made a bad choice in complying and suggests a reason for self-doubt. The rape survivor remembers thinking, "Yes he did want to kill me. It was not just a threat...At least I don't think it was just a threat" (Winkler 2002: 42).

When women suffer this skepticism from others added to their own self-scrutiny regarding participation, their perceptions and good judgment lose important validation. Even doubt expressed with good intentions can undermine the victim's sense of discrimination. Jamie Kalven, whose wife was raped while running one day, explains that "We say she 'got away,' we say she 'wasn't raped,' because he forced his hand, not his penis, inside her." These interpretations are meant to lessen the tragedy and empower his wife. However, his wife rejected these interpretations and enlisted him in "narrative

self-defense — resisting stories proposed by others, trying to keep the question of what happened open” (1999: 43, 54). I will return to this idea of “narrative self-defense” below, but first let us consider betrayals of reality and perception associated with other kinds of violence.

War and genocide involve attacks on truth and judgment as much as they involve attacks on people. During the war in Vietnam, military officials inflated the numbers of enemy dead. “I went out and killed one VC and liberated a prisoner,” explains a veteran. “Next day the major called me in and told me that I’d killed fourteen VC and liberated six prisoners. You want to see the medal?” (quoted in Herr 1977: 172). One concentration camp survivor writes of the Bosnian War that he “knew very well that, in a war like this, truth had to be killed first” (Hukanovic 1996: 7). He recalls that the people of what once was Yugoslavia were subject to a “constant brainwashing” from the media and this sent individuals, especially Serbians, into an “intoxicated, anything but naïve revelry” (*ibid*: 5, 56). A Muslim resident of Sarajevo remembers, for example, on one summer day during the war some people were hit by mortar fire while standing in line for bread. Her husband had been out running then and saw the incoming shells.

Later that evening a lady on ... the Serbian nationalist television ... announced that the massacre was caused by bombs planted in the asphalt. We laughed in amazement. It was so absurd that we were sure nobody could believe such a ridiculous explanation. But they did.

The implication was that those under siege “are lying and,” writes the woman, “that we are killing ourselves” (Tanovic-Miller 2001: 74).

These environments of disinformation impact individuals. Like a killer coming out of the spell of violence, many people feel confused, guilty, and ashamed if and when

they wake up from what Cohen calls a "fever of exalted indignation in which reality and illusion are one" (1998: see 124, 177-8, 222-3). The lies and rumors make it hard for the victims to be sure of the facts, as well. Cohen describes the situation of Muska, a Muslim refugee of the Bosnian War living in Berlin:

Muska says she was held in a concentration camp called Susica in Vlasenia during the summer of 1992. But the Red Cross has no record of such a camp. She has nothing to prove her incarceration. She therefore receives no special benefits or aid from the German state.

At the time of his writing, her husband, Ruzdija, was missing. Cohen explains,

There are rumors. That Ruzdija might be in Novi Sad; that he is living in Serbia under another name; that he is living with his niece ... The one who also "disappeared" that summer and who, the rumors suggest, has married a Serb; that he was in Batkovic' camp but escaped; that he is still in prison. But the most insistent rumor is that Ruzdija has escaped with a group of other Muslim men from Vlasenica and is living in the Muslim enclave of Srebrenica, just twenty-five miles east of their former home (*ibid*: 176, 415-6).

Muska was originally separated from her husband because he was jailed after their town was ordered to be cleared of Muslims. Bosnian Serb authorities gave her a choice: Did she want her husband to go to prison or to Susica, "where," they said, "people are being killed?" She, of course, had chosen he go to prison, with the hope that a higher-up in the Serbian nationalist movement, who was a family friend, would protect Muska. Cohen believes after talking to that Serbian nationalist that the choice led to Muska's death (*ibid*: 175, 198, 223, 415-6). At a distance, we can see what the truth likely is, but in the fog of violence, with all its stressors, good judgment might be more difficult.

Individuals need others to tell them that their sense of reality is right, but in the context of violence this need is often difficult to fulfill. What's more, it seems at times that reality itself plays tricks on people's most basic senses. Violence is chaotic (see

Collins 2008), and the default experience of violence as mediated does not prepare the senses to organize that chaos. Let me offer some examples. "The arrival of some planes was announced by the buzz of their engines," writes Suljagic, and because of this he and other residents of the Srebrenica enclave nicknamed the planes "mosquitoes." He claims that this characteristic of the planes was often worse than their armaments.

Bombs and guns were not their deadliest weapons: it was the sound, for it drove into the brain and stayed in the ears. It took days to get rid of that sound, and it reappeared as soon as you lay down and closed your eyes, thinking you were surrounded by complete silence. And you could never know if you were imagining it, or if a 'mosquito' really had appeared somewhere on the horizon and you could not see it

Roméo Dallaire, commander of U.N. peacekeepers during the Rwandan genocide, recounts a scene in which he and his assistant are chasing a young child to offer help:

My aide-de-camp spotted him at the entrance to a hut a short distance away, clambering over a log that had fallen across the doorway. ...By the time I had caught up to the boy, he had disappeared inside. *The log in the doorway turned out to be the body of a man*, obviously dead for some weeks, his flesh rotten with maggots and beginning to fall away from the bones (2004: 3, my emphasis).

This sort of inaccurate observation is common during violence. Things are often taken for something different. The trauma here does not involve a lack awareness, rather it involves inaccurate observation.

One soldier remembers sentries guarding the perimeter of a Vietnamese village just captured. The soldier was awoken in the night by gunfire from his captain and three others. "The thing they shot lay there all night," he explains, "and in the morning we kicked a dead pig" (O'Brien 1969: 153). Other veterans of the Vietnam War also explain how the night conspired against the senses. Journalist Michael Herr, not a soldier but a

veteran to the fighting nonetheless, remembers the disorienting effects of the moon's glare:

We were all rubbing Army-issue nightfighter cosmetic under our eyes to cut the glare and the terrible things it made you see. (Around midnight, just for something to do, I crossed to the other perimeter and looked at the road running engineer-straight toward Route 4 like a yellow ribbon out of sight and *I saw it move, the whole road.*) (1977: 11).

The jungle too was part of the conspiracy, as Herr explains:

Oh, the terrain! The bloody, maddening uncanniness of it! When the hideous Battle of Dak To ended at the top of Hill 875, we announced that 4,000 of them had been killed; it had been the purest slaughter, our losses were bad, but clearly it was another American victory. But when the top of the hill was reached, the number of NVA found was four. Four. Of course more died, hundreds more, but the corpses kicked and counted and photographed and buried numbered four. Where, Colonel? And how, and why? Spooky. Everything up there was spooky, and it would have been that way even if there had been no war (*ibid*: 95).

Another veteran describes the jungle in a similar way.

The patrol that morning had *the nightmare quality* which characterized most small-unit operations in war. The trail looped and twisted and led nowhere. The company seemed to be marching into a vacuum, haunted by a presence intangible yet real, a sense of being surrounded by something we could not see. It was our inability to see that vexed us most. *In that lies the jungle's power to cause fear: it blinds.* It arouses the same instinct that makes us apprehensive of places like attics and dark alleys (Caputo 1977: 85, my emphasis).

The spooky, nightmarish quality of fighting in Vietnam carried life and death consequences, and it could turn a normal military maneuver into an atrocity. Moving through a paddy field one night, one of Kovic's lieutenants thought he saw gun barrels as they approached a village. What followed was an experience that Kovic had trouble discussing after the war and which he says helped make him "a little mad." Kovic recounts in the third person:

The lieutenant moved next to him. "You see?" he whispered. "Look," he said, very keyed up now. "They've got rifles. Can you see the rifles?" Can you see them?" the lieutenant asked.

He looked very hard through the rain.

"Can you see them?"

"Yes, I see them. I see them," he said. *He was very sure.*

The whole unit opened fire on the village at the command of the lieutenant. When the thunder of gunshots stopped, the soldiers heard screaming. The screams came from children and elderly Vietnamese civilians. There were neither rifles nor combatants in the village. Again in the third person, Kovic explains the trauma of their mistake: "He felt crazy and weak as he stood there staring at them with the rest of the men, staring down onto the floor like it was a nightmare, like it was some kind of dream and it really wasn't happening" (1976: 24, 189, 190-2, my emphasis). These gruesome accidents of perception are compounded, of course, because Vietnam was a guerrilla war, and in a guerrilla war, the enemy too conspires to confuse the senses. "There is no reliable criterion," wrote one soldier during the war, "by which the GI can distinguish a pretty Vietnamese girl from a deadly enemy; often they were the same person" (O'Brien 1969: 113).

Kovic once mistook a fellow soldier for the enemy. Kovic's troops were staked out on a sand dune just beyond a village. As night fell, shots started a few meters from the dune, and the American troops retreated to a trench near the ocean. Everyone made it back to the trench but one, a corporal from Georgia. Kovic was convinced he fired the

fatal shot for the corporal, having confused the American soldier for an on-coming Vietcong. Kovic explained this to his major:

"I think I might have...I think I might have killed the corporal."

"I don't think so," said the major quickly.

"It was very confusing. It was hard to tell what was happening"

"Yes I know," said the major. "Sometimes it gets very hard out there. I was out a couple of weeks ago and sometimes it's very hard to tell what's happening."

Kovic writes of himself that "For some reason he was feeling a lot better. He had told the major everything and the major hadn't believed it. It was like going to confession when he was a kid and the priest saying everything was okay." The major's response is therapeutic not exactly because he convinces Kovic that he did not kill the corporal, rather because he implicitly accepts Kovic's version of the incident. Kovic remembers that whenever he walked past the major, "the major would return his sharp salute with a very confident smile on his face." Kovic goes on, "He had understood the whole terrible thing. He had said that maybe it didn't happen, things got confusing out there, and the major said he knew, that he had been out there himself under heavy fire and he knew" (1976: 179, 180, 183).

Reaffirming Perception: Bearing Witness to the Fog

Admittedly, the effects of the major's empathy were fleeting, but Kovic's experience illustrates an important point about stories of violence. The perceptual fog of violence can undermine an individual's trust in his or her reflexivity, and having their version of the story recognized is a way to regain self-trust. Victims of violence are often silent because they are afraid their version of the story will not be validated and their

reflexivity further undermined. A rape victim remembers going to a group counseling session. "I wanted to control what people thought of me. If I didn't say what I was thinking, they couldn't judge my thoughts" (Barr 1979: 82-3).

Telling the story, "narrative self-defense," or what's more conventionally termed "bearing witness," represents a risk individuals take hoping to reaffirm their judgment. Lynda Van Devanter, a Vietnam veteran, remembers the need to tell people about her experiences. "I wanted to grab the people I love by the shoulders and say," she writes, "'Listen to me! Look! This is what I've gone through! I'm one of you! This is life! Please let me talk about it!'" Unfortunately, no one would listen, and for that reason, she "felt a deep emptiness inside, a longing for someone who might understand" (1983: 221). Patricia Francisco Weaver, a rape victim, remembers visiting her parents shortly after a stranger attacked her in her home. Weaver did not tell her mother about the gruesome experience. "Then she guessed." Weaver writes, "We talked all morning ... She listened and did not interrupt. *She let it all be true* and did not fall apart" (1999: 19, my emphasis). This was important since Weaver feels that "telling details" is a crucial task for trauma victims. Another survivor remembers a new resilience toward trauma after he contributed his story to Video Archive for Holocaust Testimonies at Yale University.

I woke up, still feeling anxious, but the anxiety was turning into a wonderful sense of fulfillment and satisfaction. I got up; *for the first time I wasn't disoriented*. I knew where I was; *I knew what happened* ... I feel strongly that it has to do with the fact that I decided to open up (quoted in Laub 1995: 73, my emphasis).

It is true that people feel the need to bear witness, or at least feel that having told their story is therapeutic, because they want to give a voice to those who did not live through

the violence (Des Pres 1976: Ch. 2). This is an effort at benevolence toward the dead and an attempt to maintain one's moral horizons. Here, however, I want to suggest that what is also at stake, from the standpoint of the individual, is not just the story of the dead but the narrator's subjectivity.³⁴ To bear witness, William Roberts writes, "is to say 'Here I am'" (2006: 38). Or as Van Devanter illustrates, bearing witness is to say, "Listen to me! Look! ... I'm one of you!"

People who bear witness to extreme violence often tell stories of a world seemingly turned on its head: family and old friends shoot at each other, women prostitute themselves for cigarettes, rapists gently offer help to their victims, soldiers bond with the men in their sights, clergy murder their flocks, logs turn into dead bodies, and people burn their clothes to stay warm. It is important for sociologists to recognize the absolutely off-kilter nature of traumatic events. The realities of extreme violence are signals that give people reason to doubt their authenticity and reflexivity. These doubts, I have been arguing, are at the center of trauma.

Psychiatrists Cécile Rousseau and Toby Measham urge that clinicians should also acknowledge the absurdity of catastrophic experiences. Trauma survivors can easily suffer feelings of isolations if the others do not validate what the traumatized have seen, heard, and felt (2007: 280). Unfortunately, many Westerners are not prepared to empathize, because they only know violence in sequestered and mediated form. Indeed this is an important reason that intimates betray victims of violence. However, family,

³⁴ In some senses, Cathy Caruth (1996) argues the opposite. She argues that "bearing witness" expresses the limits of subjectivity. Her argument, however, rests on the belief that people experience a "departure" from awareness during traumatic events.

friends, and colleagues — an individual's social support — are the major source of salvation for people who experience extreme violence. The social support network is the major factor that influences whether or not the traumatic ruminations that almost all reflexive individuals experience after violence persist into the symptoms of long-lasting trauma. Before I discuss the recovery process, however, I want to explain how traumatic symptoms emerge from the experiences and interpretations I have been discussing in the past four chapters.

Chapter 8

The Symptoms of Trauma

This chapter explains the symptoms of posttraumatic stress disorder. It explains the symptoms in the context of normal interpretative activity: The symptoms make sense given the nature of extreme violence. Beyond accounting for symptoms of trauma, this chapter makes two other contributions. Each describes ways that people interpretatively engage their symptoms rather than passively experiencing them. First, I explore the possibility that emotions, thoughts, and behaviors labeled as “flashbacks” are often other features of trauma misrecognized as a unique mnemonic experience. Second, I discuss how the symptoms can themselves be traumatic. They are further evidence for the individual that he or she has lost reflexive authenticity. This chapter, furthermore, is not intended to exhaustively explain its subject matters. My goals are more modest: To introduce an alternative way of understanding PTSD symptomatology in light of my account of traumatic interpretation.

“Other” Symptoms of Trauma

Traumatic flashbacks — conceived as veridical repetitions of the etiological event — are conventionally regarded as the defining symptom of PTSD, but I will first discuss other symptoms of trauma, starting with traumatic aggression.

Aggression

A Muslim man explains, “This is the worst feeling. The feeling that I want to give this bullet back to somebody in revenge. Back to the Serb who did this” (quoted in

Cohen 1998: 348). The bullet he is speaking of had injured his 16 year-old daughter during the Bosnian War. Often, traumatic aggression involves mere retribution, as this case suggests, but it is also an outgrowth of humiliation. Violence, in all degrees, tends to be emotionally warm, and the welling up of any kind of emotion, even happiness, may animate non-physical aggression or violence (Turner 2007). However, there is a special affinity between aggression and shame (Gould 2003; Katz 1988: 22-31, 39-43). We have already seen this connection. One night, if you recall, Jennifer Barr experienced such anger she "didn't know how to control it." Her anger began with ruminations about her humiliation. The emphases are hers:

Why didn't I bite the hell out of him? ... How dare anyone treat me like that? How dare anyone treat anyone like that? I thrashed and I clutched the bedding. My body ached to smash things, the mirror, the windows, anything big that could shatter. I turned on the lights and got up. The rage didn't disappear with the darkness. I paced the kitchen and the living room, trying to hold my shaking body from violence. All I knew was rage ... I did not know what anger was until that night (1979: 128).

Notice that that her humiliation is not just about what the rapist did to her but also includes her own self-doubt: "Why didn't I bite the hell out of him?"

Feeling already deeply embarrassed, trauma victims are extremely sensitive to indignities of any kind. Jamie Kalven, who knew two rape survivors closely, one being his wife, realized that for trauma survivors "even ... a small rudeness is enough, for a moment, to obliterate one's identity" (1999: 249). As a result, traumatized individuals are easily agitated. Nancy Raine, a rape survivor, writes of conflicts with her husband, Steve:

For his part, Steve attempted to resurrect the energetic, involved woman he married while I need to let her die an honorable death. *We were soon locked in a*

fierce struggle for dominance that played itself out in the arenas of everyday married life. Who had control of the television remote or the grocery cart was no longer a laughing matter.

Steve's reasonable complaints were, it seemed to me then, violent assaults on my being. I responded with verbal barrages. Steve fired back ... Often Steve withdrew to sulk in silence.

I regarded his retreats as cruel and manipulative attempts to silence me (1998: 192, my emphasis).

Her anger in this case is clearly directed at her husband, which is common; intimates often bear the brunt of traumatic aggression. However, anyone can become a target, making the anger and rage feel blind to the victim. Barr characterizes traumatic aggression when she writes that she harbored "an unfocused anger that gives me bad feelings about people for no reason" (1979: 103), but there is a reason for her emotions, even if it does not seem that way to her. Traumatic anger is often an attempt to regain dignity, and anyone can become a possible target in this attempt, even if they do nothing apparently provocative. A humiliated person has been "put down," and the aggression is an effort to regain dignity relative to others — any others (see Katz 1988: 27-31). In this way, traumatic aggression is a conflict over identity, so the identity of others is enough to engender hostility (see Milner 2004: 87-90). Lieutenant Paul Rieckhoff remembers coming home from the Iraq War:

I snapped at strangers. *They all seemed weak to me* ... My values had changed ... I only cared about things with real meaning. Solipsistic fashionistas and silk-suited businessmen strutting down the street made me cringe ... I laughed at urban hipsters and hip-hop roughnecks wearing army jackets and camouflage to be cool (2006: 261, my emphasis).

Worry about his self-identity, moreover, is why Rieckhoff's "values had changed."

Hypervigilance

The excruciating embarrassment involved in trauma also influences hypervigilance, one of the most common symptoms of PTSD. Hypervigilance is the condition of being on "permanent alert" (Herman 1992: 35). Hypervigilant people continually search their environment for danger, even places most deem perfectly safe. Rieckhoff explains,

Out on the streets of New York, I had a hard time letting my guard down. Even after a few drinks, I still found my eyes scanning back and forth across streets, peering into the eyes of people passing by. I especially found myself watching hands. I usually hawked strangers' hands and eyes for a few minutes unconsciously before I stopped myself (2006: 262).

This sort of activity would help soldiers stay alive in a guerilla war, such as the Iraq War, but if soldiers cannot mute this orientation when they come home, the state of permanent alert becomes dysfunctional (Shay 1994: 174-8). However, hyperarousal is common across all trauma victims. Kalven explains that his wife, a photographer, works out of a darkroom in a friend's basement:

She finds it hard to stay in the darkroom for long periods. She frequently goes upstairs. (Every time she does so, she must turn the system off; then turn it back on again when she returns.) If she hears a noise, she checks it out. She frequently checks the security-system light in the darkroom — shielded by black plastic — to see that the system is on ... When she looks at large houses like the Morrisons', she sees not security but vulnerability. She thinks not of the thick walls that enclose and protect but of how isolating those walls would be if she were attacked within them; no one could hear her scream.

She is aware that others experience the world differently. While she works in the Morrisons' basement with a knife close at hand, people in houses around her, go about their lives feeling secure. When Kate Morrison is home alone, she doesn't see any need to turn the security system on (1999: 117).

I have already discussed two reasons for hypervigilance. First, once they experience violence, individuals elaborate its possibilities through probabilistic inference. Second, the setting of violence often signals its boundlessness. I should add to this the fact that after living through a series of personal betrayals, it is much more difficult to trust that others are benevolent. As Alice Sebold writes, "Threat was everywhere. No place or person was safe" (1999: 237).

Shame also influences hypervigilance. Hypervigilance is intense anxiety, and often this anxiety is an anxiety about *self-presentation*, as much as or more than it is an anxiety about physical *preservation*. After violence, many people have reasons to quit trusting their judgment. Psychiatrist Jonathan Shay writes of the Vietnam veteran something that is true for everyone close to violence: "The cumulative effect of prolonged attacks on mental function is to undermine the soldier's trust in his own perceptions." Shay continues, "In such a situation, 'hypervigilance' is a rational response. Everything must be looked at twice, three times, to be sure that it is what it appears to be" (1994: 170). However, hypervigilance is not just anxiety over one's ability to test reality; it is also anxiety over maintaining composure, which seems impossible after the numerous refutations of reflexive control. Consider the experiences of a Vietnam veteran. He is primarily alert to social dangers, not mortal dangers.

So we get to the restaurant and we walk in the door and I say, "Whoa!" when I look around and see all those people. So the hostess shows us a table right in the middle, and I say, "How about there in the corner?" and she says, "There's people there," and I say, "We'll wait." Meantime my wife is looking at me and there's sweat running down my face. I can't sit with my back uncovered. If I know you're back there covering me, it's okay, but a bunch of strangers, and some of them Gooks — no way ... So after we wait thirty minutes for a table in the corner we start walking through the restaurant to it and my heart's pounding, pounding

and the sweat is rolling off me and I say, "I gotta go." So they sit down and eat and I stand up in the parking garage, the second floor overlooking the entrance to the restaurant where I have a real good line on everything going on.

Or another thing, y'know *my wife's real social, and of course I'm not*. She understands now because of the couples therapy ... So we don't fight anymore about a lot of those things, and *she even helps me now with the embarrassment. Like at my in-laws' she'll even make up something she forgot in the car when she sees that there's getting [to be] too many people in the room, so I can get out of there* (quoted in Shay 1994: xv, my emphasis).

There are two points to make here. First, hyperarousal is often just social anxiety. A woman who was in the World Trade Towers when the planes hit writes, "I had panic attacks when left alone and anxiety attacks when too many people were around" (Haskins 2006: 123).

Second, sometimes these social worries can turn over to mortal fears.

Experimental research suggests that anxiety triggers fear (Bouton and Waddell 2007; Quirk *et al.* 2007), and for trauma victims, the trigger is often worries about self-presentation. We see this with Barr. She normally enjoyed the holiday season, but dreaded the one that followed the rape. For Thanksgiving, she and her family visited her husband's parents. She explains that his parents' home in Massachusetts was "a beautiful and serene place to visit any time of year." However, she was uncomfortable visiting after the attack, because, as she remembers thinking, "I was afraid to leave my familiar retreats. I would be among people who didn't even know what had happened. *How could I hold up my mask for days?*" Her husband promised that they would only stay one night, so, as she puts it, "I'd only have to pretend for a short period." She remembers Thanksgiving Day:

In the evening Jon found me sitting on our bed ... Behind him was a window and I watched a car's headlights on the road beyond. As it passed I started shaking. It had been a tense day but it was more than that ... "Jon, you know someone could just drive past here and shoot us. We're so visible in front of the window."

"My fear of sudden, instant death," she writes, "was still very alive" (1979: 79, 80, my emphasis). Social anxiety turned into mortal anxiety.

Social Withdrawal

Given that violence animates deep anxieties about self-presentation, it is easy to understand why most trauma victims withdraw from social interaction. Social withdrawal involves avoiding people, but it also involves being reserved in social situations. Barr, for example, remembers going to a reception for the new minister at her church:

I hoped I could listen and be unnoticed in the crowd. Wearing a long, loose dress that covered everything except my hands and face, I still felt very exposed ... [W]hen we all gathered in a circle to talk together, I sat on the floor, trying to clutch [my husband] Jon unobtrusively ... I fidgeted and avoided looking at anyone. The rug was my center of attention. I tried to hide my discomfort and even started to say something, but as soon as I felt everyone's eyes turn to me, I cut my comment short and pressed hard against Jon.

A few days before the Christmas after the attack, Barr wrote in her journal:

Wish we could have a quiet little Christmas here with just us this year. I am really dreading having to face everyone else ... I know I'll be so tense trying to be pleasant and failing. I wish I could hang in suspended animation and be near everyone but be ignored — no responsibilities, no obligations to talk, to be civil, to smile (1979: 76-7, 91).

Social interactions are risky for anyone, but they are especially risky for trauma victims, who have been severely humiliated. They withdraw from interaction to minimize the dangers of self-presentation.

Hopelessness, Helplessness, and Inanition

Traumatic aggression is also a component of social withdrawal. Traumatic aggression makes social interaction, even intimacy, difficult and confusing. One Vietnam veteran remembers, "Unsettled and irritable, I behaved badly. I sought solitude, then slandered friends for keeping away ... I barked at a son who revered me and bickered with my best ally, my wife" (quoted in Herman 1992: 63). Not only is aggression a part of social withdrawal, it may be a reason that people often feel emotionally dead. Aggression makes people feel hard toward others. Shortly after the attack, a rape victim wrote in her journal: "Feeling is missing from my days and nights." She puts this statement in context: "I especially felt no anger, except at problematic targets," and these targets primarily included her husband and "innocent bystanders," the conventional targets of traumatic aggression (Francisco 1999: 60). The symptoms I discuss in this section and the next, furthermore, are also reasons for emotional hardness or numbness.

Traumatized individuals often feel they lack purpose and self-efficacy, included in this is inanition, a lack of moral or intellectual vitality. Trauma victims have good reason to feel hopeless, helpless, and cognitively fatigued. They have exhausted the possibilities of violence and death. One trauma victim writes, "I have struggled, and as upsetting a reality as it might be, I have considered all of the what-ifs" (Haskins 2006: 125). Violence has robbed them of the resources to keep their identity projects going, so they have lost their sense of forward movement. As illustration, a group of widows who lost their husbands in the September 11 terrorist attacks explain how their life projects

were cut short: "Our husbands were our best friends, our soul mates, the men we'd taken it for granted that we'd grow old with. We'd had these men in our lives and now they were gone. What were we supposed to do?" (Carrington *et al.* 2006: 9). Extreme violence can stop one's biographical project from going, which is the ultimate evidence that one has lost reflexive control over his or her life and identity. Journalist Roger Cohen, for example, explains the consequence of the Bosnian War for one civilian:

Before the war, Slijivic, who is half Serb and half Croat, worked as a bank executive. Now Slijivic, who is a Bosnian still, sips plum brandy, grows vegetables, and contemplates the devastation around him. It is raining. The rain, he says, is bad for the potatoes and onions. Then he smiles to himself and mutters that he has become a peasant.

His wife, who is half Serb and half Jewish, hands him a photograph album, but he pushes it away, saying that when he sees photographs of the world outside he feels worse. The album is a reminder, like the mention of a café where he used to gather with friends. *Whole worlds that have disappeared, worlds that have become wounds, best not reopened* (1998: 382, my emphasis).

While having one's entire life project stopped is traumatic, individuals also have smaller reminders that they have lost control. People must accept the fact that they lost efficacy over their emotions, their bodies, their relationships, and their moral identity. These add up to a loss of authentic expression. Barr recalls a journal entry from a few months after the attack: "That is my basic struggle now — build a new foundation to have faith in. I'm not sure that it is people, God, ideals, me ... The old rocks don't seem stable anymore" (1979: 109)."

That the "old rocks don't seem stable anymore" is partly a symptom of the fog of violence. People, moral ideals, and one's self prove untrustworthy. People have to rebuild anew to be able to do good and be good. To sort out the world is a daunting and

exhausting task; it involves extended rumination on the worst-case scenario, a tiresome endeavor (see Cerulo 2006).³⁵ Inanition is a reasonable response to extreme violence. Cohen again: "I have died so many times during this war, I can no longer remember anything," a friend said to me. The sense of having lived too much, too long, too disjointedly, was pervasive. 'It's a time,' I heard, 'when the living are envious of the dead'" (1998: 368). I am suggesting that the "sense of having lived too much, too long, too disjointedly" refers to interpretative burdens that I have been discussing in this dissertation. People suffer these burdens, I have argued, because the ugliness of violence symbolically annihilates the self.

A Mortified Self

This brings us to what my research suggests is the master symptom of trauma: a mortified self.³⁶ A mortified self is one that has been humiliated to the point of annihilation. Trauma victims feel their identity is ontologically insecure. The self feels insubstantial. Identity disappears. One rape survivor writes that rape is a "spiritual, sexual, and affectional death" (Francisco 1999: 15). Recall the words of Judith Herman, who wrote that trauma "destroys the belief that one can be oneself in relations to others." This ontological insecurity can take many forms. Barr writes, for example, "I wondered

³⁵ This is not to mention the sheer physical fatigue that many trauma victims face and which drains people of moral and intellectual vibrancy. Physical exhaustion is likely an important cause of trauma. My theory is that trauma occurs because people cannot keep up their self. Reflexive selfhood is laborious, and extreme violence can be tiring. From my sample, fatigue from violence is most noteworthy among those who suffer war or genocide, ongoing violence. Vietnam veterans, for example, often write of the physical exhaustion of moving through the hot humid jungle. Victims of discrete violence, such as rape, discuss exhaustion, too, but commonly in reference to how tiring the cognitive and emotional symptoms are. Writing about hypervigilance, one woman explains, "Imagine how tired you'd be if you defended your house from intruders every night for a month or survived a car crash each night for a year" (Francisco 1999: 82).

³⁶ I mean "master symptom" in terms of theory, not diagnosis.

if I looked as different as I felt. *I felt that everyone could see right through me.* I felt naked ... I was apart from everyone. I knew it. I didn't belong" (1979: 50, my emphasis). Kalven's wife, Pasty, explains it this way: "I feel like this floating ship that's come unmoored. Even though I look the same, and I'm in exactly the same life, I'm really not. I'm floating. It's terrifying to feel that way, to realize that I haven't been able to get those ties back" (1999: 122). She suggests exactly the account of trauma I have been describing, whereby trauma is the process of the self becoming symbolically unmoored. She also recounts a gathering of friends and acquaintances and echoes Barr. "I looked around at the other people there," she explained to her husband. "They were highlighted. They were vivid in a way that pointed up my paleness. *It as if I was disappearing as a person*" (Kalven 1999: 277, my emphasis). On what PTSD feels like, another victim writes, "How did it feel? Don't feel. Rather, *find yourself in a state of nothingness* between a quiet slumber and ghastly actuality — a 'fog' if you will, a nightmare from which you cannot awake." She also describes it as an "overall feeling of being 'finished'" (Haskins 2006: 123-4, my emphasis).

In the most extreme form of this state of nothingness, individuals are overcome with death imagery and feel like they are literally walking dead. A rape victim explains, "Although I was alive, I did not feel like living. And the living I experienced did not feel like life" (Raine 1998: 236). One Vietnam soldier writes of the hysterical madness in knowing his own nothingness:

I had begun to see almost everyone as they would look in death, including myself. Shaving in the mirror in the morning, I could see myself dead, and there were moments when I not only saw my own corpse, but other people looking at it. I saw life going on without me. The *sensation of not being anymore* came over me

at night, just before falling asleep. Sometimes it made me laugh inside; *I could not take myself seriously when I could already see my own death; nor, seeing their deaths as well, could I take others seriously* (Caputo 1977: 230-1, my emphasis).

Jennifer Barr remembers driving by a river one day. "I was hypnotized by the song of the waters that called me to become part of the river," she writes. "It would be so easy." She was knocked out of her contemplation of suicide remembering her children in the back seat. Suicide is a much easier conclusion when one's self has been murdered. "I could see no reason for my existence," Barr explains (1979: 205, 207).

Robert Jay Lifton also argues that death sensations and imagery are fundamental to trauma. He claims that the experiences I am describing occur because the survivor strongly identifies with dead victims (1964: 200-1; 1967: 495-6; also Des Pres 1976: 38-9 and Farrell 1998). This is true in some cases. For example, Emir Suljagic, a Muslim who survived the Srebrenica enclave and the subsequent massacre, explains, "I survived. My name could have been anything, Muhamed, Ibrahim, or Isak, it does not matter. I survived and many did not; I lived on in the same way that they died. There's no difference between their death and my survival, for I remained to live in a world marked by their death" (2005: 11). There are elements of identification with the dead here, though, I would argue that identification occurs because he feels his survival as a chance likelihood. Statistical randomness flattens differences; only chance discriminates between the living and dead. He is thinking about living and dying probabilistically, which is one of two reasons for the death imagery I have already developed. First, the experience of violence and death enter as variables in probabilistic thought, so individuals elaborate their possibilities. Second, individuals make symbolic connections

that give violence and death a feeling of boundlessness. For both these reasons, traumatized individuals lose fundamental tools for avoiding thoughts of death, which in normal circumstances, individuals can do even while they witness it.

Presently, however, I am arguing a third reason for death imagery. Death imagery may come from identification with the dead, as Lifton shows, but it also may come from a *loss of identity*. Prior research has found that ontological insecurity does animate death sensation and imagery (Laing 1960). This is because selfhood allows people, as Ernest Becker aptly put it, to deny death (see Becker 1973). For contemporary Westerners, that means reflexive action bounds death anxiety (see Goffman 1967: 261n). When the resources for self-authorship fall away, as they do in extreme violence, individuals can come to the horrific realization that death is boundless.

The Interpretation of Symptoms

I take ontological insecurity as the master symptom of trauma, but recent formulations typically prioritize traumatic reenactments (e.g. Brett and Ostroff 1985; Caruth 1996; Freud 2006 [1920]; Pitman 1988; van der Kolk and van der Hart 1995; see also McNally 2005; Young 1995). The concept of dissociation is central to this acceptance. Herman writes, "Traumatic memories have a number of unusual qualities. They are not encoded like the ordinary memories of adults in a verbal, linear narrative that is assimilated into an ongoing life story" (1992: 37). Normal memory involves the assimilation and distortion of experiences. People interpret and integrate fragments — bodily sensations, perceptions, emotions, ideas — into a whole. Interpretative remembering requires that people liquidate the raw truth. According to the theory of

dissociation, however, individuals cannot liquidate extraordinary experiences with normal meaning schemes. This failure of normal memory is, in fact, what makes events traumatic. Traumatic events split off from normal awareness and directly impress themselves on the mind. In other words, individuals do not actually "remember" traumatic experiences; they can only reenact or repeat them in literal form. Herman explains the essence of traumatic reenactments: "Long after the danger is past, traumatized people relive the event as though it were continually recurring in the present" (*ibid*).

When normal cognition fails, experiences live in the mind in their original fragmented form. For example, trauma victims often oscillate between extreme docility and rage. I argued that traumatic aggression is an interpretative response to humiliation, and humiliation is an element of traumatic docility, alongside feelings of helplessness and the resistance of mortification through kindness. Docility and aggression, in my account, are part of an interpretative, if often contradictory, whole. The theory of dissociation would suggest, however, that the oscillation expresses emotional fragmentation. In docility, victims relive their helplessness against the perpetrator. In aggression, victims relive the sense of the perpetrator's anger, or their anger toward him or her. For example, recall Raines's conflicts of dominance with her now ex-husband Steve. She writes,

Our disagreements, although once easily defused by humor, were becoming dark, disguised replays of the rape itself, although at the time I did not recognize this. In this version we both got to play the part of the rapist as well as the victim. We both raged. And we both felt helpless, vulnerable, afraid, and guilty (1998: 192).

Proponents of the dissociation concept, furthermore, take it as proof of dissociation that trauma victims feel out of control of these emotions; the failure to assimilate is a failure of emotional control.

Traumatic Flashbacks

The kinds of “reenactments” that Raine describes, according to the theory of dissociation, are important to trauma, but the flashback — and its sleep equivalent, the traumatic nightmare — is at issue when Richard McNally explains, “how victims remember trauma is the most divisive issue facing psychology today” (2005: 1). While many trauma symptoms overlap with other disorders, the flashback, according to the *DSM*, is unique to PTSD (see Jones *et al.* 2003: 160). “Starting in the 1980s,” Ruth Leys writes, “the notion of the traumatic image, conceived as an ‘iconic’ memory that haunts the victim in the form of flashbacks, dreams, and other intrusive repetitions, has come to dominate American (and to some extent also, European) discussions of trauma” (2007: 93, 2000). The following is a conventional definition:

Flashbacks are sudden, unbidden, emotionally intense sensory experiences (such as visual images and smells) that seemingly reinstate the sensory impression that occurred during the trauma. The vividness of the imagery produces a disturbing sense of reliving the experience (McNally 2003: 113-4).

As it is commonly employed, it is unclear how flashbacks are different than the reliving of, say, helplessness and anger as I discussed above. However, the term “flashback” seems to connote memories that feel veridical to the victim. They are especially vivid and emotionally intense, and flashbacks have a feeling of being irrepressible. Flashbacks are a “repetition-compulsion” as Freud put it (2006 [1920]). Flashbacks are also more

elaborate or contain more fragments of the originary experience, so tend to be mnemonic episodes rather than single emotions or behaviors.

Some examples will help clarify what scholars mean by "flashback." "I had flashbacks that caused me to react," explains a woman who survived the attacks on the World Trade Center. "They felt as real as being there all over again ... I was anxious all the time and afraid of my own backyard, convinced that the Taliban was hiding in my shed" (Haskins 2006: 122, 123). Certain someone will appear and attack them, some rape survivors are so stricken with terror they feel physically unable to walk alone across an empty parking lot or up the sidewalk to their house at night (Francisco 1999: 75; Kalven 1999: 205; Rossen 1988: 128). The pain of childbirth, for one rape survivor, brought back fragments of her attack. She writes,

Eventually, she hooks up a catheter, and I feel not assisted but invaded. I feel tied to the bed. The flashbacks return. I order myself to refuse the associations, but the old panic insinuates itself into the room. I identify the source clearly—trapped, expected to cooperate, somehow doomed to accept what is happening to me. *I've been here before.* (Francisco 1999: 132).

Similarly, Vietnam veterans diagnosed with PTSD report hallucinations of soldiers that they killed or saw killed (see, for example, Shay 1994: 117; Caputo 1977: 199-200; Van Devanter 1983: 222, 234, 285), while people who have survived torture repeat the comportment of imprisonment. As one such survivor puts it, "I'm in a perpetual cringe ... my body keeps expecting a blow" (quoted in Herman 1992: 91).

To begin, given that flashbacks are central to the dominant theory on trauma, studies that identify the prevalence of flashbacks are conspicuously rare (see Duke *et al.* 2007: 320). The few studies conducted have found that flashbacks are not the most

common symptom of PTSD. Research has found prevalence rates from less than 10 percent to approximately 55 percent (Burnstein 1985; Jones *et al.* 2003; McNally 2003: 114-5; Solomon and Mikulincer 2006), with all studies using a broad definition of flashback. Of the studies I have seen, the highest prevalence rate was found among Israeli veterans of the 1982 Lebanon War (Solomon and Mikulincer 2006). From a longitudinal study, the researchers estimated that in the years directly after the war, about 50 to 55 percent of soldiers suffering PTSD had experienced a "feeling of being back in the war."³⁷ Twenty years later, that number was approximately 30 percent. Other symptoms, however, were equally or more prevalent at both times. Both in the early 1980s and twenty years later, about the same percentage of PTSD victims experienced "feeling remote from people" as they did the flashback symptoms. "Loss of interest in social activities" was slightly more common, around 10 percent more common than flashbacks at both time periods. Veterans with PTSD reported "hyperalertness" and "sleep difficulties" at a significantly higher rate; those were about 15 to 20 percent more common than the flashback experiences.

Though up to 55 percent of trauma victims may feel as if they are living through the traumatic events again, please remember there is little recent research that suggests recollections of trauma are veridical (Kirmayer *et al.* 2007: 8; Leys 2000: 231-45; Laney and Loftus 2005; McNally 2005; Southwick *et al.* 1997).³⁸ For example, the woman who

³⁷ Note this measures whether life is currently reminiscent of the war. It does not measure whether individuals think they are literally still on the battlefields.

³⁸ In studying the validity of traumatic memories, scientists have few means to corroborate the client's recall, but one group of researchers has ingeniously circumvented these problems by studying traumatic memories among reported alien abductees. Their experiments found that the supposed victims recalled the abduction with extreme vividness and emotional intensity (McNally *et al.* 2004).

feared the Taliban in her backyard was diagnosed with PTSD, and her experiences testify to the inaccuracies of traumatic memory. She recalls leaving the North Tower but, as if hypnotized by the destruction, felt compelled to reenter the building, stepping over bodies on the way. Acquaintances that shared in her traumatic experience disagree with the specifics of the woman's account. She writes, "Some have suggested that it was in fact the street-level of the concourse where I was lost and not the plaza. Others remember seeing me picking up body parts rather than stepping over them" (Haskins 2006: 125).

From my sample, most flashbacks, on their face, alter reality (see Leys 2000: 231-45). Recall Alice Sebold's recurring traumatic nightmare and flashback I introduced in Chapter 2. Her flashback begins with a nightmare about *the Holocaust*, bulldozers driving over dozens of bodies. Sebold remembers that the nightmare's imagery came from a documentary she had seen on the subject. The media images would roar her awake. "I woke up in cold sweats," she writes. "Sometimes I screamed." Awake, she "consciously played out the intricate plot of her almost death. The rapist was inside the house. He was climbing the stairs." She would smell "a light scent of another person" and feel "a sense of another presence in the room, the air changed to allow for a human weight." But night after night she then turned to find that "Where the man stood so vividly in my imagination, there was no one, there was the door to my closet" (Sebold 1999: 236-7). Sebold was raped in a park in Syracuse, New York, far from her home outside of Philadelphia where the flashbacks occurred. This suggests she is not reliving the rape in literal form. Rather, she is imagining connections and inferring possibilities.

What are these strange memories, if not veridical repetitions of the originary event? They are other features of traumatic experiences that get categorized as traumatic flashbacks (see Leys 2007: 99-100). It is often hypervigilance that is classified as a flashback. One of the rare studies of flashbacks found that the mnemonic content usually involved not the most violent or disturbing moment in the trauma, but the moments immediately preceding the traumatic experience, when the victim first realized doom awaited (Duke *et al.* 2007: 320). It would be the recall of these moments that could animate hypervigilance. Sebold, for example, was simply waking from frightening nightmare on high alert. Hypervigilance was also an essential experience for the Vietnam veteran who had to leave the restaurant. The fact that he thought "gooks" were at the restaurant may have intensified his state of alert, but that scene was not a pristine reenactment of the war. Given the role of hypervigilance, it is no coincidence that flashbacks are inevitably accompanied by panic attack symptoms. This is from self-reports by victims, as well as experimental observation (McNally 2003: 114).

Death sensations and imagery are also symptoms that commonly get defined as flashbacks. Journalist Michael Herr remembers "taking a bad flash:"

Sitting over a steak in Saigon once I made nasty meat connections, rot and burning from the winter before in Hue. Worst of all, you'd see people walking around whom you'd watched die in aid stations and helicopters. The boy with the huge Adam's apple and the wire-rimmed glasses sitting by himself at a table on the Continental terrace had seemed much more nonchalant as a dead Marine two weeks before at the Rockpile than he did now, wearing the red 1st Division patch, trying to order a Coke from the waiter while a couple of margouilla lizards chased each other up and down the white column behind his head. I thought for a second that I was going to faint when I saw him. After a fast second look I knew that he wasn't a ghost or even a double, there actually wasn't much resemblance at all, but by then my breath was gummed up in my throat and my face was cold and white, shake shake shake (1977: 252-3).

This obviously is not a veridical repetition of any event; even Herr admits the experience involved making "nasty connections." Reflexive subjectivity and the nature of violence together make it easy for traumatized individuals to make a variety of nasty connections.

To finalize my argument, let me conceptualize the three primary examples of traumatic reenactment that Judith Herman provides in her widely read and highly regarded, *Trauma and Recovery* (1992: 39-41). Each example is culled from personal interviews Herman conducted. The first example is a rape survivor who was determined to continually return to the scene of her trauma, a dark lane where many violent crimes occur. The woman explains the reason for this "repetition-compulsion:"

The guys who raped me told me, "If we ever find you out here alone again we're going to get you." And I believed them ... People have been mugged [there], and there's no question it's dangerous. Yet part of me feels that if I don't walk there, then they'll have gotten me. And so, even more than other people, I will walk up that lane.

Her bravery is not due to an *idée fixe*, but an aggressive response to her helplessness and humiliation. "I had to prove they weren't going to get me down," as the victim put it.

Traumatic aggression is also the essence of Sharon Simone's "reenactment" that Herman recounts. Simone, an incest survivor, intentionally caused a car wreck:

For a couple of months, I had been playing chicken on the highway with men, and finally I was involved in an auto accident. A male truck driver was trying to cut me off, and I said to myself in the crudest of language, there's no fucking way you're going to push your penis into my lane ... I just had anger at men. So I let this man smash into me and it was a humongous scene. I was really out of control when I got out of the car, just raging at this man.

Finally, a Vietnam veteran remembers how he sought a job after the war that was similar to his work in the war:

I returned home a much different person from when I left. I went to work as a paramedic, and I found a considerable amount of self-satisfaction out of doing that work. It was almost like a continuance of what I had been doing in Vietnam, but on a much, much lower capacity. There was no gunshot trauma, there was no burn trauma, I wasn't seeing a lot of medical emergencies, a lot of diabetic emergencies, a lot of elderly people. Once in awhile there would be an auto accident, which would be the juice. I would turn on the sirens and know I'm going to something, and the adrenaline rush that would run through my body would fuel me for the next 100 calls.

The veteran might have been trying to recapture the excitement of combat, but there is no reason to accept that this was a veridical reliving of the war. It was an effort at resilience. He chose work that buttressed his self-concept, work that matched the challenge and importance of his purpose in Vietnam and was an expression of benevolence, which brought "a considerable amount of self-satisfaction." He was resisting the fate of the veteran who I introduced in my discussion of work and identity, the man who "used to save lives in Vietnam and back in the U.S. ... was stacking milk." However, one need not have gone to war to want a challenging and exciting job. Many others also seek thrill in their occupations to match their self-concept (Kidder 2006).

The Trauma of Symptoms

Drawing on my empirical research, I suggest that "flashback" is a label often applied to other features of trauma; the label "flashback" is an often interpretative liberty.

³⁹ In this section, I consider another way symptoms are interpreted. Psychiatrist Derek Summerfield writes, "For one person, recurrent violent nightmares may be an irrelevance, revealed only under direct questioning; to a second person, they may indicate a need to visit a mental health professional for treatment; to a third, they may represent a helpful

³⁹ There is some evidence that anyone can have a flashback memory about a positive or negative event. If veridical flashbacks happen, however, they are very rare and very simplistic (McNally 2003: 37).

message from his or her ancestors" (1995:19). This section elaborates this point and argues that symptoms themselves are traumatic. Kalven writes of his wife: "When Patsy speaks of being 'humiliated,' she refers not to the particulars of the assault but to the persistence of the injury over time." He remembers Patsy telling him, "I hate myself for being so weak" (1999: 220, 292). Barr recounts a journal entry from the January following the October rape: "'Victim Jennifer' gets so emotional and confused at times. I shut her in the closet for days then she jumps out on stage again. I wish I could get rid of her" (1979: 277). When Barr wonders how long she can pretend in the presence of family, she is worried about her ability to mask both that she lost herself in the rape and also her embarrassing trauma symptoms. The symptoms of trauma are stressful for victims because they are persistent proof that the individual has lost his or her capacity for reflexive authenticity.

For many victims, traumatic aggression is likely the most disturbing symptom in this insidious feedback loop. The Muslim man who strongly wanted retribution for the injury to his 16 year-old daughter described his resentment as "the worst feeling." However, we can predict that traumatic aggression is most stressful for women. Men have latitude in expressing anger, while women are expected to manage their antagonistic and aggressive emotions (Hochschild 1983; Mosse 1993). Antagonism and aggressiveness, in other words, are not thought to be authentically female. We have already seen the stress and confusion of traumatic aggression for rape victims. Recall, for example, the following comment from a woman in chapter five:

My rage ... was monstrous. But when its back broke the surface, *its hidden vastness terrified me*; the wake it left swamped me, sent me tumbling into frigid

water with nothing to cling to. I could not bear to look upon its barnacled head, fearing it would swallow me whole (Raine 1998: 50, my emphasis).

Sebold remembers a conversation she had after reading in her literature class a poem about brutalizing the rapist. The conversation was with Al Tripodi, a young man Sebold was attracted to.

He could not understand how I could write those words.

"I hate him," I said.

"You're a beautiful girl."

Presented with this for the first time, I was unable to recognize something I would come up against time and time again. You could not be filled with hate and beautiful.

Sebold explains her stressful crisis of identity: "Like any girl, I wanted to be beautiful. But I *was* filled with hate. So how could I be both for Al Tripodi?" (1999: 109). Her traumatic aggression contradicts the cultural expectations of female authenticity.

Hypervigilance is stressful, too. It circumscribes autonomy, for example. First, it feels like a loss of self-propriety. A rape victim explains that hypervigilance involves a "sensation of craziness:"

I got a partial answer to my childhood musings about what it would be like to be crazy. It would be terrible, at least in this stage, when my allegiance remained with reason, but I was unable to operate reasonably. When suddenly one's actions are dictated by imagination and by projections clearly not based in rational thought, then one worries even as one obeys (Francisco 1999: 82).

Second, whether anxiety about mortal danger or social danger, hyperarousal often stops people from easily leaving the safety of their home alone, which can be shameful.

Kalven's wife told him in a note that "I don't think you understand the humiliation I continue to feel at not being able to be on my own" (1999: 199). Hyperarousal is itself

embarrassing, but it can also bring with it the humiliation of, say, losing one's career.

One PTSD victim writes, "My future was hopeless. Unable to cross bridges, pass through tunnels, get on elevators, or enter high-rises, I couldn't return to work." As her work became impossible, she lost her identity. "The terrorist attacks of September 11 shattered my life and left me with nothing to rebuild." She explains, "After years of making carefully planned career decisions, fourteen-hour workdays, hundreds of power suits and power lunches, I couldn't even decide whether to get out of bed or not" (Haskins 2006: 122, 123).

Social withdrawal can also be humiliating. The Vietnam veteran with the socialite wife was embarrassed that the company of others made him severely anxious. Social withdrawal, furthermore, prevents authentic emotional connection, which I will show is important for recovery. Trauma victims withdraw even from the most intimate relationships, so, for example, many marriages have succumbed to the stress of traumatic withdrawal. Finally, the swirl of emotions — humiliation, anger, death anxiety — and the moral and intellectual confusion that marks feelings of helplessness and hopelessness make reflexive authenticity seem even more impossible. Barr remembers her feelings shortly after the rape: "My mind is weird. I feel like I have had such little control over it these last months." She wrote in her journal: "Wish I could identify my feelings now." She felt even her depression was confusingly inauthentic. Again from her journal:

I am so cynical and pessimistic and negative and I can't help it. It used to be when I was depressed I almost enjoyed being nasty, it relieved some antagonisms I suppose. But I don't even enjoy my negativism now which is rather frightening — it's not a game, I really *feel* that way. I have *really* been so low and nervous, I hardly feel human. Wish I knew how long it would be before I feel normal again. I would never have believed such a stupid incident could shatter so much.

Not surprisingly, a milestone in her recovery was a discussion she had with her Pastor. The discussion was useful because, she explains, "He helped me focus some of my feelings" (1979: 86, 91, 92, 103).

Trauma: An Ongoing Interpretative Process

That the symptoms themselves are stressful for victims reminds us that individuals do not just experience symptoms but also interpret them. In this way, a traumatic past is truly never left in the past, because interpretative engagement is ongoing. The conventional story of trauma is as follows: a well-oriented person endures an extreme event and suffers disorder. My model of PTSD fits this generic narrative. Allan Young, however, has given reasons to doubt the causal role of the extreme event by highlighting facts about individuals before and after violence. First, he has argued that many traumatized individuals usually suffer psychiatric disorder prior to the traumatic event, so the extreme experience merely unmasks a pre-existing condition (1995: 135-41; also Konner 2007: 316-7). This is definitely true in some cases, but not many. A history of psychiatric treatment and a family history of psychiatric treatment, for example, each only account for approximately 12 percent of PTSD diagnoses on average (Brewin *et al.* 2000: 751, table). My description, furthermore, implies that extreme events are more than simply a chance for other disorders to break through. I argue that trauma involves the accumulation of small stressors, particularly symbolic refutations of the self. If a person has a pre-existing disorder, his or her self-concept is likely under strain already. Such an individual, we could say, is merely primed for the mortification of self.

On this, please allow a short digression. The present study has largely ignored gender because the focus was on stressors across types of violence. Mine is a lumping project meant to complement splitting projects. Furthermore, the issue of gender is enormous in scope and complexity. However, this "priming" effect might influence the fact that a woman is more at risk for trauma than a man when controlling for all other factors (see Brewin *et al.*: 752). Maria Root (1992) has argued that all women in the West experience "insidious trauma," which is low-intensity trauma caused by a culture hostile to women (also Brown 1995). Insidious trauma likely weakens a woman's resilience to PTSD.

Continuing, Young is more concerned with what comes after violence than what comes before. He argues the story of trauma more often than not actually runs backward to the accepted plot (Young 1995; 2002; 2007). According to Young, clients, under the imposing guidance of therapists, often imbue a past experience with traumatic importance in light of distress in the present. He is right that sometimes traumatic events are "invented" to explain distress in the present that might have other causes, such as divorce or unemployment, but just because distress in the present causes one to reconsider some event in his or her past does mean that the trauma is always an illusion conjured up by healers. The way that symptoms can be stressful reminds us that trauma is an ongoing interpretative process. Individuals interpretatively engage extreme violence as they do any experience; it is always being reassessed from the present and on the basis of desires for the future. That distress in the present influences interpretations of violence says

nothing inherent about the trauma itself. Violence is not inherently traumatic, nor is it inherently not traumatic.

We know victims do not lose awareness during most extreme experiences, so individuals begin the interpretative process at the moment of impact. We see the instant interpretative engagement by the way people try to survive, going as far as risking their lives to maintain their self-concept. Furthermore, because all instances of extreme violence share many qualities and because individuals think and feel about the self in similar ways, virtually all Westerners come to traumatic realizations shortly after their experience with extreme violence. Resilience and recovery from that near universal experience depends to some extent on the robustness of the individual's self-concept before the trauma. More importantly, it depends on the meanings made after the traumatic events (see Creamer 1995).⁴⁰ Distress after violence factors in, even if caused by independent factors like divorce or unemployment. Patsy, Kalven's wife, explains, "[T]he feelings left by the attack become part of whatever is most problematic in your life — your marriage, or sex, or whatever" (1999: 230).

The recovery process might be long and broken for trauma victims. As Kalven explains of his wife: "Some experiences can't be absorbed all at once; you must spend your life working to make them yours" (1999: 318). Expectable life troubles can undo the recovery process and erode the ground of dignity regained after violence (see Herman 1992: 211-2). Whatever the trajectory of trauma, it is largely out of the individual's

⁴⁰ These interpretations can include reappraising the pre-trauma self, with the consequence of evaluating the self in a more positive or more negative light.

control. Recovery is the responsibility of his or her social network, which ironically must affirm that the victim does have control of his or her self

Chapter 9

Recovery and Resilience, Trauma and Identity

Arieh Shalev (2007) calls PTSD a “disorder of recovery.” He means that almost everyone develops symptoms of trauma shortly after extreme violence. For example, after 60 days of continuous combat, 98 percent of American World War II veterans experienced some sort of psychiatric troubles (Grossman 1995: 43-4), while upwards of 94 percent of rape survivors fully express PTSD symptomatology one week after the attack (Shalev 2007: 211-6). PTSD victims — officially diagnosed as those who experience the symptoms for a month or more — are the few who have trouble recovering from the near universal onset. The quality of social support is key to the onset and persistence of trauma; social support accounts for, on average, 40 percent of the variance in PTSD diagnosis (Brewin *et al.* 2000: 751, table; but see Solomon *et al.* 1987). Students of trauma widely recognize the influence of social support on resilience and recovery, so do trauma victims. One rape survivor remembers, “Love had conquered my nervous system” (Rossen 1988: 160).⁴¹ In this conclusion, I show how social support affects recovery. The victim’s social network helps him or her in the interpretative work of affirming authenticity and reflexivity.

From this argument, I discuss the role of therapists in the interpretation of violence and trauma. If trauma is a socially-informed interpretative activity, therapists

⁴¹ In the West, social networks have been weakening for some time (e.g. McPherson *et al.* 2006; Putnam 2000). A valuable study yet to be conducted would determine the extent that the deterioration of social networks historically can account for the emergence and prevalence of trauma since the nineteenth century.

play a potentially significant role. However, I argue that sociologists can accept that trauma is a scientific "invention" and also accept that trauma can occur without a scientific concept — without categories such as "trauma," "shell-shock," and "PTSD." This makes for a complex interplay of individual interpretation and therapeutic suggestion. Furthermore, I have argued that reflexive self-identity animates traumatic interpretation independent of scientific categories. Reflexive individuality might also condition the science of trauma. Self-identity is one path for studying the dynamics between psychiatric classification and the subjectivity of individuals who suffer violence.

I end by returning to my introductory discussion about contemporary victimhood. I discuss the broader implications of my research for what it means to live through trauma and under reflexive individuality. Trauma is an incomparable misery, but the extreme suffering of trauma victims shares much with the anxieties of all reflexive individuals. This fact is commentary on reflexive doubt and confidence.

Trauma and Social Support

In normal interaction, people make gaffs in self-presentation, and there are many ways that the actor can quickly save face so his or her identity is not threatened (Goffman 1967: 8, 15-27, 97-112). However, the others in the interaction do a crucial job of helping the individual maintain his or her sense of self-propriety. Erving Goffman writes, "[I]f one person finds he is powerless to save his own face, the others seem especially bound to protect him" (1967: 27-31, 110-2 and also 1959: Ch. 2). The same is true for those who endure extreme violence. During violence, people lose the resources, including appropriate social support, to prove individual identity. As we have seen,

individuals can resist and try to affirm their self-concept, but the challenge is insurmountable, shown by the near universal onset of PTSD for contemporary Westerners after extreme violence.

During violence and after, individuals must rely on their social network to affirm authenticity and reflexive control. Robert Kerrey was wounded during the Vietnam War. "During my physical recovery," he writes, "I had learned about the power of the only thing in life in which I completely believe: human kindness. *My feelings of unworthiness dissolved the moment the new friends extended kindness to me*" (2002: 250, my emphasis).⁴² When trauma victims recount their experience, the support that matters is any act that shows kindness, empathy, or respect — however small. Jennifer Barr wrote in her journal the month after she was raped, "I really need a lot of compliments and pampering just now" (1979: 77). The group of women who lost their husbands on September 11, 2001 are also illustrative. They write,

[T]here were the friends and family members on whom we relied, who knew how to help us — who brought us food, who took us out to dinner on Sunday nights, who slept over when it all got to be too much, who listened on the other end of the line, who said they didn't know what to say. Who didn't tell you they knew how you felt, or what to do. These were the people we depended upon (Carrington *et al.* 2006: 99).

⁴² His lesson came from many people he encountered during his recovery and includes doctors and nurses. Kerrey, then, suggests an important point on the relationship to being wounded and developing PTSD. As I have mentioned, having been wounded in violence is not a strong predictor of trauma, though I argued studies should be more sensitive to whether or not the wound involved disfigurement. A likely reason there is not a substantial relationship between physical injury and PTSD is because the wounded typically have a ready support system in the doctors and nurses who tend to their injuries, not to mention psychiatrists on staff. Freud (2006 [1920]) argued that the psychic attention given to physical wounds hardened the mind to psychological trauma, because, in effect, the mind would be so captured by physical trauma that psychological trauma could not enter. I am arguing that the *social attention* given to physical wounds turn the individual's mind from the humiliations of extreme violence.

Any generosity is helpful, but what matters most for recovery is social support that gives the individual back what he or she loses during the violence. The most effective social support, in other words, returns one's sense of self-propriety (see Herman 1992: 134; McFarlane and van der Kolk 1996: 29).

Take for example anxieties over the body that influence trauma. Judith Herman argues that recovering from trauma often begins with the victim taking care and control of his or her body (1992: 166-7). Alice Sebold was severely beaten by the man who raped her. The next morning, if you remember, her mother picked her up from her dorm, and Sebold wanted to look good for her mother, as she put it, "to prove to them and to myself that I was still who I had always been." Her friend Mary Alice helped Sebold put her appearance back together. Sebold writes,

Before my mother and I took our leave, and as a final way to show her love, Mary Alice worked among the tangles in my hair to make a French braid ... It hurt while she did it, my scalp was very sore from the rapist yanking and pulling me by my hair, but with each hank of hair she braided in, I tried to gather what energy I had left. I knew before Mary Alice and my mother walked me downstairs and to the car ... that I was going to pretend, as best I could, that I was fine (1999: 38).

A few years after Sebold was attacked, a man entered her house and raped her roommate, Lila, possibly, the authorities hypothesized, as retribution for Sebold's litigation against the man who attacked her. When Sebold's friend brought her clean clothes to the hospital the night of the rape, they forgot underwear and brought her jeans that were no longer her style. As a result, Sebold left the hospital feeling uncomfortable and not looking like herself, but she was not going to let that happen to Lila. "I remembered how Tree and Diane had brought me bad clothes — patched jeans and no underwear," Sebold

writes. "I wanted Lila to have comfort. I pulled down a large duffle from her closet and opened her drawers. I packed all her underwear, all her flannel gowns, slippers, socks, sweatpants, and loose shirt" (*ibid*: 225).

Immaculée Ilibagiza survived the Rwanda genocide in a small bathroom with seven other women. The women found a way to collectively develop the illusion of privacy in the room. Ilibagiza remembers,

Oddly, in all the time that we were in the bathroom, I can't recall actually seeing someone else use the toilet, even though it was in the middle of our little space, nor do I recall being bothered by any odors. Our menstrual cycles came, one after the other ... None of us were embarrassed by the situation, though — we learned to ignore these functions (2006: 83).

She wore the same clothes the entire time she was in hiding and later while she lived in refugee camps. From the refugee camps, she moved to Kigali, where she rummaged through abandoned houses for clothes. By chance, Ilibagiza met one of her former university instructors, who gave her a ride to her university. She wanted to return to collect the possessions she had left there before the genocide began. In her dorm room, she found her high school diploma, university progress report, and \$30. "Suddenly," she writes, "I was rich...and could prove that I was educated!" As soon as she returned to Kigali that day, she bought clothes, shoes, perfume, and deodorant. Ilibagiza explains, "I went home feeling like a lady again" (*ibid*: 185-7).⁴³ The clothes helped her get back her sense of self.

The association between "victim" and "recognition" has become cliché, but recognition serves an indispensable function in reinstating the individual's reflexive

⁴³ On the reaffirmation of gender identity after trauma, see the work of sociologist C. Shawn McGuffey (2005, 2008).

authenticity. People need to tell their story so others can affirm the victim's memory and judgment (Shay 1994: 188-90). Remember Patricia Francisco Weaver whose mother perceptively guessed her daughter had been raped. Weaver explains, "I've never figured out how she knew. She said only that it was suddenly obvious" More importantly, once the truth was out, the survivor recalls, "We talked all morning ... She listened and did not interrupt. *She let it all be true* and did not fall apart." Or, remember Kovic's appreciation for the major who empathized with his accidental murder of a fellow soldier: "He had understood the whole terrible thing. He had said that maybe it didn't happen, things got confusing out there."

Though often humiliating and painful, victims also want to tell their story because it plays a necessary role in the momentous task of self-discovery they face. In part, telling his or her story helps the individual reestablish trust in intimates. Self-disclosure between intimates has important expressive functions for reflexive identity, and because of this, "bearing witness" is a way to get the identity going again. For example, one Vietnam veteran needed to tell her family what she endured because she "was a stranger to them:"

I wanted to tell my family what it was like, to make them understand. I wanted to share with them the times when we worked through pushes and the times when we laughed. I wanted them to know how much I had changed and how I had learned that life could be so different than any of us had ever imagined. *I wanted them to a part of every moment, good and bad, so there would be no distance between us, so they could understand the person I had become* (Van Devanter 193: 220, 238).

When others listen, they animate authentic expression for the victim, and they also show they care. Jennifer Barr remembers her husband being irritated. He told her, "I'm just

sick of the rape. That's all you ever talk about." She writes, "He could have been telling me he was leaving me, and I wouldn't have felt more deserted" (1979: 202).

Again, talking about one's experiences is not simply a cathartic release, it is an important process of reaffirming reflexivity and authenticity. In this way, interaction works the same way with trauma victims as it does any reflexive individual. Furthermore, even if intimates just "let it all be true," they are acting as interpretative supports in validating the victim's decisions and perceptions. For example, Paul Rieckhoff appreciated a letter from his old platoon sergeant. The letter, which Rieckhoff received while in Iraq, suggested, "Be careful over there. Trust your gut. Trust your instincts. Remember, just because you are paranoid doesn't mean they are *not* trying to kill you." Rieckhoff calls these last words that reaffirm his judgment the "money shot" (2006: 119).

Sebold remembers the importance of talking to someone who "got it," another victim of violence, who, Sebold explains, "[n]ot just knew the facts, but ... understood what I felt" (1999: 75). Generally, victims prefer that others let them "bear witness" and validate their version of the violence, rather than help them redefine the experiences. As rape survivor Cathy Winkler writes, "People judged, scrutinized, observed, evaluated, and interpreted me, my life, my actions, my words, and my decisions ... Monitored, measured, and mismatched emotionally, I wanted to be free of everyone's scrutiny" (2002: 98, 99). This is a reasonable desire given the attack on identity that trauma victims have endured. Furthermore, most people who have not experienced extreme violence can only interpret it in the Western language of mediation, which, at least for

those who have the most difficulty recovering from trauma, does not affirm the reality of violence (see Fussell 1989, especially Ch. 18).

A victim's friends, family, and acquaintances do not just help him or her make sense of the violence but also, as Sebold's remark implies, its aftermath, the stressful symptoms of trauma. In fact, understanding the symptoms often takes priority for survivors in my sample. They are often more concerned with being understood for who they have become than what happened in the violence. Kalven's wife told him, "I've been trying to tell you how bad I feel, but you're not listening to me. I'm not getting any support from you. Why don't you understand?" (1999: 230). Victims tend to let the violence be past, only hoping that others will "let it all be true," and they focus on the dealing with their symptoms. Kalven explains of his wife, "[T]he feelings generated by the assault no longer have objects. There is no framework for making sense of them. So, as she had put it, they tend to take on 'the coloration' of this environment — they attach to inappropriate objects." He is making reference to a significant relapse in Patsy's recovery. Patsy told him, "After feeling dreadful for several days ... I was relieved when I recognized the source" (1999: 231). She was relieved when her current feelings were more understandable, more, possibly, authentic. This recalls Barr's appreciation of her pastor who, in her words, "helped me focus some of my feelings." When a victim's friends and family help them sort out their thoughts and emotions, they help the individual regain a sense of self-propriety and authenticate his or her feelings. They help the individual get an identity going that incorporates his or her "living death."

Therapists and Traumatic Interpretations

Anthony Giddens argues that therapists now have a monopoly on helping individuals reconstruct their self-concepts after fateful moments such as traumatic events (1991: 142-3, 179-80; see also Rieff 1966). The increased use of therapy for common life troubles is proof of this (see Horwitz 2002). However, the trauma victims from the sample used in this research were characteristically reluctant to seek treatment. This partly represents a residual aversion to therapy among many Westerners, as well as the lost trust in authority acquired during and/or after violence. For trauma victims, seeking therapy also admits another refutation of reflexivity and authenticity, because it suggests that the individual cannot independently manage his or her emotions, thoughts, and actions. Nonetheless, many who suffer persistent symptoms of trauma end up in therapy, and if they do not end up in therapy, they still might absorb the psychiatric perspectives and characterizations of the typical PTSD experience through media (see Scheff 1966: 64-80; Wahl 1995). Rape victims in my sample, for instance, had read Herman's *Trauma and Recovery* (Francisco 1999: 58, 77-8; Raine 1998: 63-5; Sebold 1999: 247).

Since the first scientific conceptions of psychological trauma, skeptics have accused therapists of suggestion (see Leys 2000; Micale and Lerner 2001; Shephard 2001). Therapists, the argument goes, influence patients to exaggerate traumatic experiences and symptoms; at the extreme, clinicians convince patients of traumatic experience and symptoms that are not real. Without a doubt, psychiatrists and counselors have implanted false memories of trauma in their patients, as well as induced symptoms, but the complete fabrication of a disorder through therapy is probably very rare (McNally

2003: 234-56; see also Davis 2005: Ch. 8; Leys 2000). Less insidious persuasion, however, is ubiquitous. Therapists, for example, play an important role in defining features of trauma as reenactments. Recall Nancy Raine's "fierce struggles for dominance" with her husband Steve, which she defined as "disguised replays of the rape itself." "[A]lthough," she writes, "at the time I did not recognize this," and she references Herman's book as one source of her changed view of the struggles (1998: 192). Therapists also help patients draw a relationship between past violence and current stress that may be independent of the traumatic events. After a confusing fight with her husband, Barr's counselor, for example, helped connect her anger toward her husband to the rape. In the session Barr realized "I was angry about being treated so inhumanely and was determined never to let it happen again ... I was taking any slight as a sign people were treating my concerns as trivial" (1979: 133). These two examples juxtaposed, moreover, are especially illustrative of therapeutic suggestion. Both Raine and Barr had heated conflicts with their husbands over small "slights" and "reasonable complaints," but their therapists each came to different interpretations of their traumatic aggression.

Therapy, if it is to be effective, must *always* alter the way the patient interprets — thinks and feels — about his or her experiences. The role of the therapist is to influence how clients relate to their experiences, and undoubtedly, people seek therapy looking for suggestions.⁴⁴ After the fight with her husband, Barr went to her therapist with the

⁴⁴ The ethical and clinical question is not whether therapists are suggesting interpretations, but if they are offering good suggestion or not. As long as therapists and client are clear on what they are, calling a symptom a "flashback" or replay of the trauma might be therapeutic and acceptable suggestion. Though, I do not see how it could be. "Flashbacks" putatively send the victim back to the violence, but my research suggests that victims, though they may ruminate on it, have moved past the violence. Their concern, I have tried to imply, is mastering the interpretive consequences of violence that occur in the present and possible

question "Why am I acting like this?" (*ibid*). Most therapists are likely humble about the truth of their interpretations (see Horwitz 2002: 183). Anecdotally, I know that therapists have clients choose from the *DSM* the diagnosis that they feel most appropriate, and in autobiographical works, therapists are modest about their authority (see, for example, Yalom 1989, 2008).⁴⁵ Furthermore, the point I have been coming to is that there is no scientific reason to single out therapeutic suggestion as an anomalous phenomena. PTSD occurs as a result of normal interpretative engagement, and all interpretation is a social activity. If they are a part of one's social network, then therapists are part of this activity.

Nonetheless, the fact of therapeutic suggestion does raise a question of where the interpretation of violence ultimately rests: The therapist or the client? A number of authors in the social scientific tradition have portrayed therapy as coercive (e.g. Foucault 1965 [1961]: especially Ch. 9, 1973 [1963]; Goffman 1961; Hacking 1995: Ch. 18). According to these authors, clinicians and researchers invent disorders without much regard to reality, though these nosological inventions have real consequences once patients are indoctrinated to psychiatric ideology. On trauma, veracious proof of clinical coercion comes from Allan Young's ethnography of an inpatient unit at an American Veteran's Association hospital (1995: Part 3). He shows that patients adopt the clinic's perspective on PTSD through a series of rewards and punishments. Not only do clinicians persuade patients to reinterpret their past and present experiences — of particular concern for Young is the way that the clinical perspective removes guilt from the perpetration of

future. Calling symptoms flashbacks ignores the individual's interpretive labors and the complex understanding of violence which therapy must confront.

⁴⁵ A major obstacle for sociologists who study psychiatry and psychological disorder is to differentiate among the conclusions of psychiatric research, the *DSM*, and what therapists actually believe and do. My sense is that the *DSM* is not the gospel for therapists (see Breslau and Davis 1987).

violence — clinicians also induce “symptoms” of trauma. For example, psychiatrists and counselors would institute rules that circumscribed autonomy, such as prohibiting patients from wearing headphones or prohibiting the use of the lavatory during group counseling sessions. When patients became angered at these degrading rules, clinicians would convince the patients that their anger was irrational traumatic aggression. Clinicians ignored that the patients’ anger might be reasonable protest from adults subjected to restrictions only suited for children.⁴⁶

I have taken issue with his arguments more than once so far. He is wrong, I argued, to assume that taking pleasure in violence is proof that perpetration was not traumatic for soldiers. I also argued that he is wrong to criticize therapists and clients for reinterpreting violence in light of current stress. Furthermore, though his account of the VA hospital is an important empirical contribution, it is limited because few PTSD victims who seek therapy are treated at inpatient clinics. Indeed, this is true of all psychiatric patients (see Pavalko *et al.* 2007). Outpatient treatment is much less comprehensive and functions more like any other social support. Experimental researchers have found that regularly meeting with a therapist who administers no established therapeutic regime is almost as effective as meeting with a therapist who does (see Horwitz 2002: 192-205).⁴⁷ Therapy works primarily as social support. However,

⁴⁶ Though he never cites it, Young’s perspective and findings are very similar to Goffman’s (1961) work on the asylums.

⁴⁷ I am not suggesting that therapists can be done away with. First, more people recover from disorders under a therapeutic regime than without. Second, as social networks weaken, therapists will be one of the few places people with disruptive life troubles, be they small or extreme, can find support. I see the increased use of therapy as a creative response to the lonely anxieties of reflexive individuality. But we should not forget the cynical point: Now even friendship is something we must pay for.

sociologists need to more completely explore the relationships among psychiatric nosology, therapeutic suggestion, and client interpretation.

The Sociology of Trauma and Identity

Sociologists need more research on therapy and its influence on traumatic interpretations and traumatic symptomatology. Victims seek therapy for suggestion, but, by their own accounts, are willing to reject the interpretations therapists advance (see, for example, Kalven 1999: 283). Also, the symptoms that experts have "observed" and prioritized in nosology have changed over time, but we do not know the effect of these changes. "Traumatic neurosis," "railway spine," and "shell-shock" were markedly somatic dysfunctions. Victims of traumatic neurosis often experienced sensory loss in isolated regions of the body. However, where patients claimed that sensory loss started and stopped corresponded to popular conceptions of the body and not scientific models of anatomy (Micale 1990: 388). In this regard, cultural conceptions influenced symptomatology, but they were not conceptions from the culture of science.

Similarly, since Vietnam, scientific and public imagery of trauma has given preference to the flashback. With this in mind, Edgar Jones (2003) and his colleagues used disability pension files to quantify flashback experiences, broadly defined, among British veterans who fought in the Victorian campaigns (1854-1895) through the Persian Gulf War (1991). They found effectively no flashback symptoms from veterans of the earliest conflicts to veterans of the conflicts in Malaya (1948-1960) and Korea (1951-1953). "Flashbacks" started to appear in the post-Vietnam era, among veterans of the

Persian Gulf War, the next conflict in their sample,⁴⁸ but the researchers only found flashback among nine percent of traumatized veterans. The findings suggest that the impact of scientific and public conceptions on symptomatology is relatively limited. The highest rate of flashback experiences I have seen was 55 percent among Israeli veterans of the Lebanon War, even this number is surprisingly low given the popularity of flashback imagery in representations of trauma.

We cannot, however, discount the influence of scientific conceptions on the experience of trauma. For example, her therapist interpreted Barr's marital conflicts as resulting from the fact that the rape made her highly sensitive to humiliation. Raine, after reading Herman's book, came to a different conclusion about her own marital conflicts, which were nonetheless similar to Barr's. Raine decided the fights she was having with her husband were reenactments of the rape. The influence of the *DSM* might be implicated here. Barr was treated in the 1970s, before the PTSD diagnosis. Raine read Herman after the diagnosis gained considerable cache.

Furthermore, I have already argued that hypervigilance results from an individual's inference of mortal and social dangers, but this symptom might have other causes. If you remember, I also suggested that for soldiers, hypervigilance is a posture adaptive to the guerilla fighting that has become common for Western troops (see Grossman 1995: 268). This adaptive behavior becomes dysfunctional in civilian life for those who cannot turn off their alert switch. The lion's share of psychological findings about trauma comes from research on soldiers who served in Vietnam (Young 1995:

⁴⁸ Veterans of the Falklands War are conspicuously absent. The number of PTSD casualties from that conflict were relatively high, though a basis of scholarly controversy (Shephard 2001: 377-81).

142), so psychiatric conceptions of trauma potentially generalize qualities unique to the trauma of guerilla warfare to all victims. As a result, the phenomenology of Vietnam might be institutionalized and passed on to other trauma victims through therapy (see Davis 2005 and Scheff 1966).

The Viet Cong were quite effective in guerrilla fighting. They were often not seen but could appear anywhere. One soldier who compared the Viet Cong to "phantoms" writes, "In the vacuum of that jungle, we could have gone in as many directions as there are points on the compass, and any one direction was as likely to lead us to the VC, or away from them, as any other. The guerillas were everywhere, which is another way of saying they were nowhere" (Caputo 1977: 113). He goes on that "we fought a formless war against a formless enemy who evaporated like the morning jungle mists, only to materialize in some unexpected place" (*ibid*: 95). Compare this to Kalven's description of his wife. She lives, he explains, with the "awareness of the cracks in the world through which violence can come rushing at you" (Kalven 1999: 117). Another rape victim explains how "demons" of violence might ambush her and quickly disappear just as the elusive Viet Cong did American soldiers: "[I]t seemed to me that the air itself had been split open ... At any moment another tear might appear, suddenly and without warning. Inside that other universe were fierce and unholy demons who sprang from it and vanished into it again at will" (Raine 1998: 16). Quite possibly this is coincidental imagery, but given what we know about therapeutic suggestion, sociologists should leave open the possibility that psychiatric conceptions, built out of

research on Vietnam veterans, transfer the subjectivity of Vietnam to traumatized rape survivors.

Sociologists should be considering the complex interplay of individual meaning-making and scientific concepts. This project has shown one way that trauma is an outcome of the meanings survivors make of violence. My focus was not how scientific models influenced interpretation, but scientific constructions are influential. Since trauma is a normal process of interpretation, we can expect cultural models of violence, disorder, and recovery to affect trauma. The sociology of trauma should theorize trauma as culturally and situationally embedded interpretations coming “out of” the individual and as publicly available artifices — made by scientists, journalists, activists, politics, lawyers, and others — going “into” the individual. From the perspective of cultural sociology, how could it be any other way?⁴⁹

In considering the interpretations coming “out of” individuals, the sociology of trauma should be sensitive to context. I have done this by suggesting how trauma is tied to reflexive selfhood. However, for the most part, I have lumped. Sociologists also need to split. The characterization I have given of selfhood is not the cultural situation of all trauma victims. The World War I veteran and the Vietnam War veteran share some of the same assumptions about the self but not all the same assumptions. The difference between the symptoms of shell-shock and PTSD are partly a function of the divergence. Differences in collective identity — race, nationality, class — across contemporaries are also important and have been shown to influence traumatic interpretation and

⁴⁹ See Olick (1999) who makes a comparable argument about memory in general.

symptomatology (see Boehnlein and Kinzie 1997; de Silva 1999; Marsella *et al.* 1993; Parsons 1985). I have only given a *bourgeois* experience of trauma.

Gender differences and changes in gender norms are especially crucial and extremely complex. PTSD, for example, was a category originally made for men, veterans of Vietnam, but currently women are more likely to suffer from PTSD after controlling for all other factors (see Brewin *et al.*: 752; also Brown 1995; Root 1992).

Differences in violence are noteworthy as well. I have considered the central tendencies; but rape is significantly different than war, fighting in World War I different than fighting in the Vietnam War (see Grossman 1995: 264-79). Changing scientific and popular conceptions of trauma also create differences in the subjectivity of trauma. For example, the reason that somatic symptoms were more pronounced in the pre-Vietnam era could come from the patients, from the psychiatrists, or both. Early psychiatrists might have focused on somatic symptoms because they did not want to emasculate men by treating them for hysteria. Or, the prevalence of somatic symptoms might have been a product of undeveloped theories of the mind and a product of the original analogy scientists made to bodily trauma.

However, the interplay between individual symptoms and psychiatric concepts is dynamic. The emphasis on the physical symptoms in early diagnoses could have also been because men tend to somatize psychological distress. This tendency may have been exaggerated alongside the exaggeration of masculinity in the first decades of the 1900s (see Mosse 1996: Ch. 5-7; Rotundo 1993: Ch. 10 and 11). Scientists do what they say they do: observe reality. Sebold was one rape victim who had read Herman's *Trauma*

and Recovery by the time she published her memoir used in my sample. Her reading may have influenced Sebold's interpretation of her trauma, but Herman's conception of trauma came, in part, from reading earlier versions of Sebold's story (Herman 1992: 51).

Scientists observe reality, but they do so selectively. This brings me to my final point about the interplay of individual interpretation and scientific classification. This point is one about trauma and self-identity. Scientists are often embedded in the same culture as trauma victims. And self-identity not only helps explain the meanings individuals place on their experiences of violence, it can also explain the science of trauma.⁵⁰ Reflexive selfhood is founded in self-determination, which includes liberty from harm. Animated by this, experts historically pushed the etiology of trauma outside the individual and in doing so, expanded recognition of risks to individuality. It is no coincidence that the dominant theory of trauma today conceptualizes it as a loss of subjectivity. Theorized under the terms of dissociation, the concept of trauma highlights the way the world threatens reflexivity and authenticity. A dissociated individual cannot be fully aware of his or her self. With agony, the individual fails to understand the effects of the traumatic experience on her identity, because it is split off from normal consciousness. Nor can a dissociated individual control his or her self-presentation, because one is replaying the horrific events without will. The dissociated identity is indeed unbidden and inauthentic, a "false self" (Davis 2006). The present sociology of trauma also highlights threats to reflexivity and authenticity, even if with varied

⁵⁰ See Gross (2008) regarding the influence of one's self-concept on scholarly production.

emphasis. Like the theory of dissociation, the present sociology can be explained by the author's culturally organized attention to dignity, self-determination, and self-doubt.

Connecting assumptions of selfhood to scientific interpretations of violence, moreover, is one way to answer principle questions about trauma and its science. Why and how are experts attentive to traumatic experiences? How do assumptions about selfhood influence the psychiatrists' theories of trauma? How do they influence therapy regimes? Understanding the shared phenomenology of identity and dignity that underlies both traumatic experiences and the science of trauma can help us answer a fundamental question about ourselves. What about trauma makes it a signal concept of our age?

The Authenticity of Anxiety

The preoccupation with trauma and victimhood has been the source of much scholarly and popular debate. Many of the loudest participants complain that character is softening. For them, we live among many individuals who are gratified by pity. If this is true, it is not the normal state of affairs. I have described immense suffering in this dissertation, which may have been disturbing just to read. Extreme violence is messy; individuals see splattered bodies and sleep in their excrement. People lose friends to death and betrayal. They lose trust in their own sense of reality. They lose their jobs and the luxury of a relaxing cigarette or glass of wine. Perpetrators must live with the grotesque pleasure they took in killing, and victims must live thinking that they could have made choices to avoid the violence. At the center of all these agonies is humiliation, a humiliation so fundamental that existence seems impossible, whereby one

experiences "a living death." However, existence is possible because most people endure.

After Westerners have experienced extreme violence, all come to painful realizations about their selves, but with the help of friends, family, and therapists most are able to get their lives going again. A few have a harder time of living after violence, but most of them move on too. For the men and women whose story I know, trauma is shameful, not something to flaunt for personal gain. "'Victim Jennifer'," wrote Barr, "gets so emotional and confused at times ... I wish I could get rid of her" (1979: 277). Neither her words nor any of the anxieties victims have over their symptoms suggest anything but misery in trauma.

Trauma victims are hardly self-aggrandizing. Trauma partly results from the grotesque failure to act in solidarity with others. Recall the risks victims were willing to take to help others and more generally the way victims' own acts of kindness helped them resist humiliation. The stories I have introduced prove Charles Taylor's claim that "Our age makes higher demands of solidarity and benevolence on people today than ever before" (2007: 695). Of trauma victims, perpetrators, ironically, reveal this most starkly. The commission of violence and its unbidden pleasures are a central aspect of trauma for soldiers. In addition, the perpetration is something soldiers often bear alone. This is partly because civilians are less and less likely to offer veterans expiatory rites, but soldiers often bear the responsibility by their own choice. Robert Jay Lifton writes of Vietnam veterans, "I was struck by the emphasis the men ... placed upon responsibility and volition" (quoted in Herman 1992: 200). It has been argued frequently that

victimhood serves moral exculpation. There is definitely evidence for this, but in regards to my findings, victimhood results from *increased* moral accountability (compare Davis 2006: 259-62).

Furthermore, by my findings, traumatic realization is exactly the opposite of self-indulgence; trauma, instead, is self-mortification. According to the stories with which I am familiar, traumatic suffering is embarrassing, not heroic, nor is the act of recovery lofty, rather it is pragmatic, though some commentators have framed both otherwise (e.g. Caruth 1996; Felman 1995; LaCapra 2000; see also Bell 2006: 28; Des Pres 1976; Novick 1999: 200-1). Victims seek neither self-gratification through pity nor martyrdom. A rape survivor writes that "the way back from victimization is not triumph over adversity. It is transformation through grief, rage, and loss" (Raine 1998: 243). Barr explains that her recovery meant that she could "endure" not "conquest" her pain (1979: 279). Recovery means simply that the victim has gotten their lives going again. The language of heroism cannot describe this confrontation with anguish and death. Its grammar is not reflexive enough. It does not allow for enough self-doubt to be meaningful.

The stories I have introduced in this essay are flat. There is no grand climax or clean resolution. The trauma does not disappear, and the victims accept that their engagement with their agonies will be an open-ended process (see Konner 2007: 324-5; but see Davis 2006: 206-15). "Some experiences can't be absorbed all at once," as Kalven explained of his wife; "you must spend your life working to make them yours." Herman affirms that this is generally true: "Resolution of the trauma is never final;

recovery is never complete. The impact of a traumatic event continues to reverberate throughout the survivor lifecycle" (1992: 211).

What trauma victims spend their entire lives interpretatively absorbing is the reality of non-existence. In getting their life going again, trauma victims do the impossible and make life out of death. They start identity from a point of nothing, the mortified self, and they do so by taking their experience of mortification up into their being. One rape survivor explains that at first she tried to annihilate her existential anxieties, believing, she writes, "I could overpower my reality with my will, my pride, my capacity for suffering." However, recovery came when she began to "treat fear with deference." She explains of her recovery process, "I learn to take immediate action. I learn to say *I'm afraid*" (Francisco 1999: 80, 88). Barr writes, "[I]n learning to accept pain, even death, a calmness filled me and encircled me. My expectations of life became more realistic. My values became clear and I could stop listening to the values of others" (1979: 279). These women reflexively absorb non-being into their self-concept. When they do so, they refuse the myth of heroic overcoming. They "build an extra room" for their terror, as the first woman describes it, and in doing so, express the authenticity of existential anxiety.

In achieving the impossible, what trauma victims do is not unique. Reflexive identity starts from a hypothetical point of nothing. With nowhere outside themselves for individuals to rest the authority of meaning and action, all the individual has is his or her reflexivity — doubt. As I have shown, this "terrifying isolation" is extremely stressful but individuals push through. Westerners are open to unprecedented existential anxiety,

but have rejected traditional therapeutics in favor of their own resources to help them get on with their lives (see Rieff 1966). Even in their terrifying isolation, and terrifying public scrutiny, individuals keep life going, rather than crumble. Westerners are increasingly sensitive to suffering, but that involves intolerance of cruelty, not self-pity.

As I wrote in the introduction, Christopher Lasch worries that we live in an era of "diminishing expectations," in which individuals lack confidence and "no longer dream of overcoming difficulties but merely surviving them." He has seminally termed this condition a "culture of narcissism." Contemporary Westerners, he argues, are merely a shell with no inner-resolve. However, diminished expectations are not the same as a lack of confidence. In fact, it can be the opposite. Though unevenly, Westerners are increasingly turning from metaphysical narratives. They are turning from narratives of collective redemption. They are even turning from heroic individuality. Rather, they look to the physical world of social support and the science of therapy to deal with their suffering. Social support and therapy might not promise complete salvation, but this does not mean people have lost self-confidence. Considering the risks of reflexive intimacy — which are apparent by the betrayals trauma victims experience — choosing support networks, rather than relying on tradition, requires an impossible amount of confidence in one's reflexivity. However, this is only a small part of the resolve it takes to live a reflexive life. Only an extremely confident individual can take full responsibility for his or her life while every decision is subject to doubt.

This doubt is at root the worry that we are not fully alive as individuals. Reflexive individuality is founded in terrors of death. We labor daily in the face of this

existential uncertainty; it is from these uncertainties that we create our lives through continuous reflection and action. Anything less than deference to these social and mortal anxieties is shamefully inauthentic. It is a testament to human fortitude and creativity that we can let them be true and not fall apart.

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