

Healing from History

Psychoanalytic Considerations on Traumatic Pasts and Social Repair

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Abstract

How to mobilize a traumatic national history on behalf of a less fractured polity? How to gain closure over a past that bifurcates the nation and establishes (at least) two national histories – history as told by the victims and by the perpetrators, now to be replaced by a history, as Mark Sanders (2003: 79) describes it, not of ‘bare facts but, at a crucial level, a history judged, and thus shaped, according to norms of universal human rights’. How to engineer through politics the creation of new national selves, no longer pathologically attached to old and circumscribed forms of identification? These are now the critical questions confronting many elites: the overcoming of traumatic memory through various publicly mandated ‘technologies of the self’. To heal the nation requires the curing of the self. The politics of social repair understands itself largely through a psychologically inflected vocabulary of regret, apology, and forgiveness – the language of reconciliation. ‘Social cure’, or reconciliation is understood as a process of social healing. In the face of traumatic ruptures in the body politic, in short, governments have sought to repair past wrongs and to heal an emotionally infirmed community. Such politics imply that societies have the capacity to repair themselves, to overcome traumatic pasts, just as an individual possesses the potential to overcome his or her own psychic trauma and fragmentation. But what evidence is there to support the claim that trauma – even for the individual – can be overcome, that history can be overridden, that forgiveness is possible? Psychoanalysis offers the most fully developed systematic body of work embracing a concept of the healing of the self. The article’s aim, based upon an empirically derived (case-based) psychoanalysis, is to move toward a more robust theory of self-transformation and political reconciliation in post-traumatic communities. Thus, the article considers contemporary psychoanalytic evidence and asks of it the following questions: How is traumatic experience in the past recovered, and disabled, in the present? Is it necessary through memory to ‘return to the scene of the crime’, in order to move beyond it? What features in the present-day therapeutic setting and in the therapeutic relationship promote healing? The objective

is a grounded theory of reconciliation that includes discussion for whole societies of the role of historical recovery in social repair, the relation of the present to the past in self-constitution, and the requisite structure of the present-day reparative community to promote self-transformations.

Key words

■ memory ■ redressive community ■ social repair ■ trauma

The Discontinuity of History and the Politics of Social Repair

On September 8, 2001, just days before 9/11, the UN-sponsored World Conference against Racism concluded a well-attended, and widely publicized international meeting held in South Africa to discuss the emerging politics of anti-discrimination, reparations and political reconciliation. The culmination of the conference was the passage of the Durban Declaration and Programme of Action, in which, among many directives, all states across the globe were encouraged to ‘expressly and specifically prohibit racial discrimination, racism, xenophobia and related intolerance and provide effective judicial and other remedies or redress for those who had been victimized in the past (United Nations, 1, 17).’ Emerging as the new post-Cold War and post-apartheid politics of the twenty-first century, the Durban Declaration captured both the optimism of the moment and the conviction that the politics of remediation and redress might well define the differences between a reconstructive politics in this century as compared with the destructiveness of the twentieth. September 11th, of course, not only took the Durban conference off the front pages of the world’s newspapers but also powerfully undermined its role as a defining force in contemporary politics. The politics of social repair has nowhere gained the attention it might have had terrorism not replaced it, thus far, as this century’s central preoccupation.

Nonetheless, governments from many different nations over the past several years have sought to respond to their own national history in which wrongful or injurious policies have isolated groups from one another and otherwise fractured the political community. The recognition of racist and discriminatory pasts and an overt politics designed to promote greater social cohesion, increased public consent, and broader political participation has not entirely disappeared from the twenty-first century’s political stage. These special measures have included truth commissions, special legislation mandating reparations, formal acts of apology, judicial tribunals, state trials, and other governmental actions on behalf of political reconciliation (for examples of the literature on the politics of reparation and reconciliation, see Barkan, 2001; Cohen, 2001; Minow, 2003; Thompson, 2003; Torpey, 2006). Typically the aim – in the most divided of societies – is to prevent retributive justice – vengeful acts that repeat the practices of exclusion in which, in the absence of affirmative intervention, social fragmentation threatens to iterate the consequences of past practices. And in every society the goal of these politics of social repair is greater inclusion of groups now deemed to have been

wrongfully treated and the reestablishment or creation of a historic link between all members of the polity.

This historical sensibility – an appreciation of how the legacy of the past persists and frames current-day political imperatives – has never played a more powerful role in the life of many nations; never have national elites in these countries so strongly endorsed the view that the challenges currently faced by a polity are the result of past policies and practices that invidiously divided the nation into different groups: those who perpetrated division and those victimized by it. Here, while the historical record still remains relevant, the politics of social repair insists upon the present's discontinuity with significant features of its national past. Prior history is revisited to acknowledge and identify ways in which specific past political practices and, perhaps, particular individuals are responsible for the disruption and interference in the development of a more 'healthy' nation. The political imagery invoked in these instances is an organic one: a body politic infected by race, region, ethnicity, religion, or another discriminatory designation, currently diseased by these past wrongs and now aspiring to cure itself. A most important contemporary challenge for contemporary elites is to intervene proactively in order to overcome trauma and to heal the collectivity.

Corresponding to its organicity, the unhealthy body politic is seen to be responsive to a medicalized model of repair, in which national leaders are capable of diagnosing the harm previously inflicted upon its members; by self-consciously recognizing the disease, they hope to implement a course of treatment to effect cure. Trauma serves as the operant political metaphor, with its effect seen to endure over time until its consequences, like blood from a wound, are adequately stanching. Yet more than simply medical in its imagery, the politics of social repair is profoundly psychological in its inflection. The vocabulary of regret, apology, and forgiveness identifies the curative process through which the overcoming of deep fissures in the political community – brought on by psychic trauma – might be overcome. In the face of these traumatic ruptures in the body politic, in short, governments have sought to repair past wrongs through a process and politics of reconciliation and, in so doing, to heal an emotionally infirmed community. Such politics imply that societies have the capacity to repair themselves, to overcome traumatic pasts, just as individuals possess the capacity to overcome psychic trauma and fragmentation. To heal the nation *ipso facto* requires the curing of the self. Public policy orients itself to the re-inscription of private experience, to the development of possibility that individuals might, in their encounter with others, experience them as constitutive of the present and distinct from their pasts. Self-transformations, in the end, and traumatic repair of the collectivity emerge as synonymous central objectives requiring political attention.

But these policies applied to a traumatized population, in the end, constitute applications of therapeutic treatment modalities – oftentimes different from country to country – yet based upon everyday psychological ideas that now permeate distinct political cultures. These are common-sense presumptions about the nature of the self, the relation of the person to his or her traumatic memory, and the ways in which the potency of past experiences persists over time, and the

implementation of appropriate measures to ultimately disarm trauma's efficacy. In devising policy, they take as self-evident certain postulates concerning the capacity of an individual to put his or her past behind and to change over time. Indeed, contemporary strategies of social repair are sometimes challenged because of their unreflective appropriation of a therapeutic discourse, seemingly without recognition of the differences that exist between individual therapy and collective reconstitution (see, for example, Wilson, describing in the South African case, 'the religious-redemptive narrative' for reconciliation, 2001: 109–22). The discourse of trauma and its repair, while thoroughly psychological in its presumptions, rarely (if ever) makes reference to scientific evidence – psychological, neuroscientific or psychoanalytic – to govern or inform these political practices. So while the discourse and metaphor of trauma have generated a very real politics, knowledge gained either in scientific laboratories or from the psychoanalytic consulting room has not been its informant. Lessons learned there, however, concerning both the stultifying personal effects of trauma and, more importantly, the requirements necessary for the resumption of self-development, I argue, yield relevant insights as to what is both necessary and publicly possible as politics literally play with various politics of a return to the past.

Psychoanalysis and Traumas to the Self: Clinical Findings

Trauma presents itself in a therapeutic treatment setting differently than one might anticipate, and challenges many taken-for-granted assumptions concerning appropriate steps toward its cure. The three findings that follow, based largely upon psychoanalytic theory and clinical practice but supported by other forms of scientific evidence, produce certain counterintuitive conclusions. Successful individual treatment of past traumas goes against the grain of much contemporary thinking and highlights the importance in any politics of self-transformation: (1) of paying systematic attention to the role of the unconscious (the 'site' where trauma defies personal wishes and expectations); (2) to appreciate the more-or-less automatic tendency for those traumatized to deploy strategies (which include efforts to forget) so as to defend against the painfulness of traumatic experience, what Freud describes as compromise formations; (3) to underscore in particular the powerful role of projection (an account, for example, of what happened to me) as both a 'coping mechanism' and also a typical contributor to the paradoxical preservation of traumatic pasts into the present; and (4) an appreciation of the dynamics of transference (including a titrated re-experience of traumatic pasts in a more tolerable, or containing, environment) as a vehicle to transform memory into its overcoming, or its 'working through' (Freud, 1924b; Prager, 1998). Each is a domain of inquiry emphasized in psychoanalysis that is often overlooked in other therapeutic discourses and, more relevant for this discussion, typically ignored in social and political analysis.

To adumbrate the discussion that follows: I suggest, first, that trauma consists not only of external events that overwhelm the individual but generates an internal

attack on the self. This assault results in the deployment of defensive maneuvers intended to minimize affect but which, at the same time, both preserves traumatic memory as active impingement and undermines self-esteem. Second, trauma is not an experience of the past carried forward to the present, but instead manifests itself as an individual living in the present *as if* it were the past. As a lived reality, trauma is a memory illness. Third, overcoming trauma requires the jump-starting of timeliness (Prager, 2006) and depends upon reviving the capacity to experience the current environment as benign and to engage others as empathically attuned with, i.e. supportive of, one's own future-oriented desires, goals, and ambitions. These features of trauma and its overcoming, discovered clinically, help establish both the parameters for redress and the possibilities for self-transformations in post-traumatic societies.

Trauma, Symptomatically, is an Internal Attack on the Self Accompanied by a Resultant Loss of Self-esteem

Understood psychologically, trauma is *both* an event outside the range of expected human experience *and*, occurring some time after the event, a collapse of inner psychological structure or fragmentation, typically an attack, as the contemporary psychoanalyst Heinz Kohut explains, when inner vitality, harmony, and cohesion of the self are undermined. Psychoanalysts take seriously this double character of trauma. Trauma is *both* an external impingement and an inner collapse – *and*, if recovery is possible, the therapeutic effort privileges as a route to cure the overcoming of self-fragmentation to the remembering of the event or events. Self-fragmentation, in other words, may encourage the search – by analysand and analyst alike – for an etiological explanation (a theory of origins) but the psychoanalytic preoccupation with self-repair – the restoration of a healthy and vital self – details a distinctive set of concerns and therapeutic strategies for trauma's overcoming. The *cause* of pathological symptoms, and their *cure*, for reasons that are detailed, are hardly synonymous. A preoccupation with etiology – or, more broadly, with its historical antecedents that focus on external events – distracts from a therapeutic process that views symptoms as a manifestation of present-day inner emotional conflict. Psychoanalysis directs its attention, first, to understanding the *current* sources of self-fragmentation: trauma's expression as a psychic struggle that has broken through as observable symptom and as patient complaint.

Trauma yields an in-the-present impoverished experience of oneself, diminished self-regard in relation to the overwhelming power of external events. Trauma is identified as the breakdown of the self, typically along a temporal axis in which, as a result of experience that cannot be sufficiently processed or contained, generates a distorted sense of time and a discontinuous sense of self. Traumatic memory floods the present *as if* it were the past; it is a reliving of past experiences rather than a remembering of them. In terms provided by the psychoanalyst Hans Loewald, it is the distinction between representational and enactive memory, the latter indicating the collapse of a capacity to distinguish between a then and a now (1976: 164–5). Overwhelmed by feeling, trauma manifests as the loss of a

self-centred relation of one's own movement through time; instead, time collapses in on itself and, for all intents and purposes, the individual feels time to have stopped, and now seemingly forever subordinated to the potency of both the past and the external world. It is a self diminished by incapacity to feel in control either of itself or in charge of the world around. Where self-agency is denied, fears of annihilation, of being destroyed by the world, dominate.¹ In the face of an overpowering world, the individual loses belief in his or her own efficacy: he or she is at the mercy of memory intruding, where elements of the present are experienced as if they were the past.

Thus, Winnicott, striking an optimistic note concerning the possibilities of its repair, writes 'in psychoanalysis as we know it there is no trauma that is outside the individual's omnipotence' (1960: 585). The psychoanalytic challenge is to wait out the tendency for the individual to feel trauma as something that happened externally. Trauma and its debilitating effects, instead, need to be experienced omnipotently, i.e. as a projection of expectations of an environment that was supposed to be loving and protective – a world there for me – but which instead failed and disappointed. So, Winnicott goes on to say that 'the patient is not helped if the analyst says: 'Your mother was not good enough . . . your father really seduced you . . . your aunt dropped you.' Changes come in the analysis when the traumatic factors enter the psycho-analytic material in the patient's own way, and within the patient's own omnipotence' (1960: 585). Trauma constitutes the breakdown of a person's natural sense of his or her own self-importance – i.e. the bedrock conviction that one is at the center of a world that exists for oneself – replaced instead by the erection of defensive strategies to mitigate against the profundity of this loss of omnipotence. The psychoanalytic relationship affords the possibility for self-centeredness resurrected and promises the restoration of omnipotence so that the trauma, once again, might be experienced from within – as disappointing, enraging, diminishing, directed to those in particular who one expected to be loving and protective – as opposed to an external event defined as immoral, tragic, or unjust. Yet, noting the difficulty of jumpstarting timelessness and restoring a healthy self-centeredness, Winnicott concludes, 'the analyst is prepared to wait a long time to be in a position to do exactly this kind of work'.

Why so much time? Why so difficult? In a more sustained consideration of trauma's repair, Heinz Kohut in his *How Does Analysis Cure?* addresses this problem of 'defense analysis'. Psychoanalytic clinicians are taught, as one of the basic tenets of their work with their patients that, like peeling an onion, defenses must be analyzed first, before the more unconscious sources of impulse (or drive) and impulses thwarted are uncovered. Indeed, as long as defenses remain firmly in place, it is not possible to access the psychic conflicts generating the particular defense structure. These strategies of self-protection succeed in placing oneself as an observer and a judge of past experience and, at the same time, in distancing oneself from trauma's overwhelming nature and obscures its ongoing efficacy. Echoing Winnicott, Kohut describes how awareness – the knowledge of something out-of-the ordinary having happened to me – or judgment – 'I was the victim of an unjust, or immoral, event or series of events' – often constitute efforts

to protect against the overwhelming experience of the loss of self-centeredness, what Kohut describes as an *experience-distant*, third-person, rendering of trauma. Moving toward experience-nearness threatens the psychological survival of the individual and in an effort to avoid re-traumatization and to save what remains of one's nuclear self, an individual defensively avoids revisiting, from the inside-out, the past traumatic moment or moments. And yet, such a defensive stance serves as a self's strait-jacket, a protective strategy that while attempting to protect the self from being overwhelmed from its fears of annihilation and/or revenge, also retards an individual's growth and development. Kohut describes this as the construction of a sequestered self – the building of a fortress against fragility – in which the individual's capacity to creatively engage the world lays dormant because of overpowering concerns for his or her precariousness. Thus, analytic cure requires the creation of an in-the-present environment that not only loosens the defensive qualities of post-traumatic memory but also enables, through the unfolding transference relationship, an analysand's courage to risk the return to the dangerous emotions accompanying trauma – fear of annihilation and rage at abandonment, for example – and the possibility of self-centeredness or omnipotence reactivated. I will return shortly both to the transference relationship and to the specific environmental requirements for the reactivation of these personal qualities, and its implications for a politics of redress.

The defensive quality of traumatic memories – as experience distant – leads to a rethinking of the narrative account, the retelling of the story of what happened. Acknowledging the wrongfulness of the past through trials, commissions, legislations, etc. – in fact, telling the story differently than it had been told before – currently represents a principal route of current-day responsibility-taking in various politics of redress – a cognitive acknowledgement of historical wrongs and an explicit demarcation of present from past. It is a doctrine of liberation through narration. Yet, one must also be alert to a story's likely use as a form of defensive distancing from the affective experience and inner personal conflicts of those who have been traumatized. Narratives of past wrongs tend to externalize conflict to the outside world and, paradoxically, both protect defensive denial, preserve others as villains and promote a sense of oneself as a victim. Stated most simply, the imposition of a narrative account of traumatic experiences, in itself, may make more difficult trauma's undoing: remembering, as an experience-distant story of what happened, interferes with the discovery of its affective and conflictual content, only fully revealed, as Freud originally argued, as it is repeated in present-day relationships. Trauma, as an assault on the self, cannot be undone defensively through narrative but only through the repetitive re-engaging of traumatic emotion in the here-and-now. 'One cannot overcome an enemy,' Freud writes, 'who is absent or not within range' (1924b: 152). Trauma's undoing, in short, is not to be accomplished either purely cognitively through awareness of the past, nor in isolation from the broader world. The disarming of trauma's potency requires the presence of an individual or institutions capable of sustaining the powerful affect that, until then, may have been defensively in hiding.

Trauma is a Memory Illness

Second, trauma concerns the present, and the collapsing of the past on the present, not the past itself. Overcoming trauma's debilitating impact depends on the individual's capacity to travel *inward* to uncover one's own layers of self-protectiveness against its recurrence, as it now exists, not *backward* in time in an effort to remember or recover the experience itself. Only with the weakening of protections against defensive efforts to preserve the self is it possible to hope to re-establish a present firmly in place, demarcated from a traumatic past's enveloping overlay. Going inward and remembering the past are not inherently opposed but nor are they conditional on one another: sometimes it is therapeutic to revisit memories of the experience, and to recover specific fantasies and affects when, or shortly after, events outside the normal range of human experience occurred but it is sometimes possible – even advisable – for healing to occur without a 'return to the scene of the crime.' Indeed, such a return may prematurely risk the resurrection or intensifying of defensive barriers once again. Understood in this way, trauma's symptom is memory's success in disabling the self. *The Diagnostic and Statistical Manual of Mental Disorders*, for example, describes Post-traumatic Stress Disorder (PTSD) as 'the development of characteristic symptoms *following* exposure to an extreme traumatic stressor' and the *reexperience* of the traumatic event in various ways:

recurrent and intrusive recollection of the event, or recurrent distressing dreams during which the event can be replayed or otherwise represented . . . flashbacks . . . physiological reactivity, when the person is exposed to triggering events that resemble or symbolize an aspect of the traumatic event, e.g. anniversaries of the traumatic event; cold, snowy weather or uniformed guards for survivors of death camps in cold climates . . . (APA, 2000: 464)

This description, it should be noted, focuses on the 're-experience' and psychic representation of the trauma after the fact, i.e. traumatic event *plus* the memory of it. While suggesting that the likelihood of PTSD increases as the intensity and physical proximity to the stressor increase (to be at the site of a terrorist attack, for example, as compared to being a few blocks away, or a few cities away, increases the likelihood that PTSD symptoms develop), the DSM Manual clearly privileges the onset of PTSD to the particular mental processing that occurs in response to the experience itself *after* it has occurred, not to the event itself. The result, as we know, of such intrusive memories is to feel at the mercy of oneself, unable to move forward in time but rather victimized by memory, never knowing when its recurrence will stop one dead in his or her tracks.

Traumatic memory (not the proximity or intensity of the precipitating event itself), in short, is the symptom that requires immediate attention: cycling quickly backward to its original source is not necessarily the first order of business therapeutically and, in the end, it may not be the business at all. Rather, traumatic memories indicate the failure of defensive strategies to contain them and an individual's inability to prevent renewed attack on self-esteem. The therapeutic challenge is to provide in the here-and-now the conditions that jump-starts

timeliness, where traumatic memories recede to the more benign form of mere remembering (without disabling affect), and where the recovery of the past is in the service of healing the discontinuity of the self. Kohut is the most explicit in describing an analyst's potential to help the analysand overcome self-discontinuity and to heal. A person feels himself, Kohut writes, as

a cohesive harmonious firm unit in time and space: connected with his past and moving toward a creative-productive future . . . only as, at each stage in his life, he experiences certain representatives of his human surroundings as joyfully responding to him, as available to him as sources of idealized strength and calmness, as being silently present but in essence like him, and, at any rate, able to grasp his inner life more or less accurately so that their responses are attuned to his needs and allow him to grasp their inner life when his is in need of such sustenance. (1984: 52)

Here, once again, psychoanalysis distinguishes itself from other treatment modalities, in emphasizing the centrality of the transference relationship to promote and to provide for the analysand a corrective emotional experience, based upon deeply and presently felt emotional resonances, as antidote to feelings of disharmony and discontinuity. Freud was keenly aware that the transference relationship constituted the patient's current repetitive efforts to assimilate painful experiences from the past (in this case, intrusive memories) and that, without suitable intervention (that includes both empathic attunement and interpretation), past failures would simply be repeated in pursuit of mastering the experience. In repetition these painful affective states originating in the past are reworked in the present. The patient's illness must be re-created, Freud argues, 'not as an event in the past, but as a present-day force'. As Freud trenchantly puts it in 'The Dynamics of Transference', 'for when all is said and done, it is impossible to destroy anyone *in absentia* or *in effigie*' (1924a: 108). Yet the gains achieved through this psychic struggle between self and other, as Kohut insists, are profound. When the analytic relationship survives a patient's efforts to destroy it, he or she is now able to experience the present-day world through lenses different than those shaped by a traumatic past.

Can social institutions – tribunals, commissions, courts of law, etc. – like the analyst for the analysand, similarly provide a corrective emotional experience, in the present, to enable for those living presently the necessary re-working of the past? Is it possible to imagine that environmental provisions in the present might succeed in disarming representations and symbolization of traumatic pasts and which disable an individual's full and unencumbered participation in the present? And if one can conclude tentatively that particular institutional responses are capable of responding to post-traumatic stress, what are the requisite features of those institutions most likely to yield success? In the conclusion, I will turn to the question of 'collective transference' and the social requisites necessary for the restoration of memory.

*While a Consequence of an Internal Attack on the Self,
Trauma Requires the Presentation of an External
Environment Possessing Peculiar Properties for Its Cure*

In a beautifully rendered novel, written as a memoir of a 15-year-old Hungarian boy's experience in German concentration camps, the Nobel prize-winning writer Imre Kertész describes in the closing pages of *Fatelessness*, the main character's, George Koves, return to his home in Hungary. After liberation, George returns back to a Budapest absent of most of the world he had left two or three years earlier, including all members of his immediate family. He visits two elderly relatives.

One tells him, 'Before all else,' he declared, 'you must put the horrors behind you.' Increasingly amazed, I asked, 'Why should I?' 'In order,' he replied, 'to be able to live,' at which Uncle Fleishmann nodded and added, 'Live freely,' at which the other old boy nodded and added, 'One cannot start a new life under such a burden,' and I had to admit he did have a point. Except I didn't quite understand how they could wish for something that was impossible, and indeed I made the comment that what had happened had happened, and anyway, when it came down to it, I could not give orders to my memory.

This interaction captured for George the psychological distance that existed between him and others: no one knew what it was like for him these past years, and their imaginings only intensified the divide he felt. For George, *this* was his traumatic moment. As the novel recounted, he experienced the camps as difficult, harsh, and inhumane but he was seemingly able to absorb the bitter lessons of life that the camps imposed. Yet he was unprepared for the isolation and estrangement – psychic abandonment – felt after his return to post-war Budapest. 'I too had lived through a given fate,' George muses to himself. 'It had not been my own fate, but I lived through it, and I simply couldn't understand why they couldn't get it into their heads that I now needed to start doing something with that fate, needed to connect it to somewhere or something.' His only solace seemed to be his own private memories of the past:

'For even there,' thinking back to his experience in the camps, 'next to the chimneys, in the intervals between the torments, there was something that resembled happiness.' 'Everyone asks only about the hardships and the "atrocities,"' he goes on, 'whereas for me perhaps it is that experience which will remain the most memorable. Yes, the next time I am asked, I ought to speak about that, the happiness of the concentration camps.'

George seems to know intuitively what is required to be mentally healthy: remembering, not forgetting; memories that do not return *sub rosa* to undermine one's own sense of the continuity of life, of a sense of oneself moving forward into a creative and productive future, of an ability to experience, whatever his or her fate, happiness. Yet he is also prescient: recognizing the precariousness of his quest for mental health among those that cannot understand his experience as he lived it. There is then a paragraph break in the text, and then the last line of the novel: 'If indeed I am asked. And provided I myself don't forget.'

Kertesz captures through his character the important role that others play, necessary both to stem the onset of attacks directed toward oneself, and the special difficulty of others to be able to mirror (and thereby contain) the experience of those who find themselves in extraordinary life-situations. We are right to imagine, I think, that George will forget the happiness of the camps. He will forget because others won't think to ask. Intrusive memories or flashbacks may instead prevent his moving forward into a creative and productive future. Stated differently, recovery happens only in community, where expectations of lovingness and protectiveness can become reactivated. Omnipotence and self-centeredness restarted, as bulwarks against intrusive memories, require, in psychoanalysis, an analyst empathically attuned to the experiences of the patient, able to perceive, interpret, and, thereby challenge defensive self-protectiveness. More broadly, it requires the appearance of a social world capable, through the creation of this special form of empathic connection, of containing, through the knowingness of it, potentially overwhelming experience.

Intrusive memories indicate the loss of contact with the present, an experience in which a sense of one's own isolation in the world, the absence of a caring and protective environment and, consequently, the fear of annihilation have been revived and are insufficiently contained. Kohut describes such a condition as the absence of empathic contact between self and other. It becomes the principal task of the analyst (as a stand-in for the present-day larger environment) to provide for the patient, to demonstrate through both cognitive and affective communication the capacity in-the-present to hold and contain the patient's experience, including those moments that feel to be life-threatening, annihilative, infuriating. And, as Winnicott (1971) emphasizes, the analyst must be able to sustain the destructive rage that becomes mobilized in the unfolding relationship; rage that the patient holds as a contemporary tribute to the profound loss of self-centeredness that was traumatically stolen, and whose loss he or she continues to mourn and yearns to be restored.

Indeed, the conclusion to *Fatelessness* is really an elegy, deeply pessimistic I believe, concerning the capacity to undo traumatic memory. So one should not be too sanguine about redressive possibilities. What is being negotiated, after all, from the perspective of traumatic memory, as Derrida (2001) describes it, is forgiveness for the unforgivable for we have no need for forgiveness, he writes, when an offense is forgivable. Trauma's repair, in the end, may remain forever out of reach (for a psychoanalytic understanding of the sometimes impossibility of forgiveness, see Lansky, 2005). At the very least, its elusiveness becomes the ground upon which the search for reconciliation and restoration of timeliness must tread. Nonetheless, the possibilities for resuming life in-the-present make the effort at redress both interpersonally and inter-communally, however daunting, worthwhile. Through the work of a redressive community, history is freed of its obligation to provide the basis for living presently: a melancholic history of past wrongs, even a past happiness no longer becomes the source for timeless identifications in the present (on the relation between forgiveness and freedom as understood psychoanalytically, see Cavell, 2003). The past, now acknowledged, enables

those in the present no longer to sacrifice themselves to the memory of prior trauma. Memory is restored to a more modest place in social experience, now providing a resource to inspire every person to utilize the full panoply of sense-experience currently available for living.

Conclusion: On the Qualities of a Redressive Community

Therapy's efficacy, in the face of psychic trauma, depends on the creation of a particular dyadic therapeutic community, organized to achieve for the patient not only the disarming of traumatic symptoms but also an activation of capacity to non-defensively engage the world. As described, this is no small task and a successful outcome can hardly be guaranteed. The specific requisites for a redressive community – a collective response to trauma – are no less demanding. I offer now a description of the specific qualities necessary for reconciliation, social redress, to become possible. This characterization, at the same time, expresses the difficulties inherent in any aspiration toward social repair.

Trauma Requires Community for Its Repair

Since traumatic memory involves the present-day enactment of the failure of the world to offer protection, the world – so to speak – is responsible for redress. The social world, when reconciliation or repair is the objective, is required to demonstrate its capacity to reconstitute social relationships. As Andrew Schaap has argued in *Political Reconciliation*, the present-day community, invested in the work of repairing a tear in the social fabric, is the receptacle of possibility where an adversarial relationship characterized by enmity might become transformed into one of civic friendship (2005: 5). Yet just as in the therapeutic consulting room where, at any moment, the relationship can go awry, the fabric of trust, security and protection is so exquisitely delicate that its restoration requires an equally fine re-stitching. Precisely because the aim of civic friendship – another term for reconciliation – depends upon the disarming of traumatic memory (an expression of trust in the world in which one had felt abandoned), the outcome cannot be foreordained: neither the according of forgiveness, on the one side, nor apology, on the other, can be effected independent of an 'agonistic process' in which the words and deeds both of forgiveness and apology can, at the end, be meaningfully uttered and enacted (Schaap, 2006). Paradoxically, redress is achievable only when the shadow of absolute failure constitutes real possibility, when the potential for an even more permanent alienation between members is not foreclosed. Trust in the world, in other words, can only be earned by its being tested, not simply tendered by well-meaning providers.

The community, in order for it to achieve its aim, must be comprised both by the victim(s) and perpetrator(s) who meaningfully confront one another's different perspectives. If the guilty offenders are unavailable (or unwilling) to present themselves in an effort to reconstitute community, others, with authority to do

so, must stand in for them. The redressive community information is comprised, on the one side, of those disposed to replace a stance of resentment or disbelief with a disposition toward forgiveness and, on the other, of those willing to risk a position of defensive power and authority, non-accountability, now oriented toward apology. Forgiveness, understood as part of this political engagement, is not a *fait accompli*, but a negotiated process in which, over time, those who have been harmed develop a voluntary psychological orientation to which forgiveness becomes possible. The willingness to forgive the offenders develops not before they are confronted, encountered, and talked to. Forgiveness is performed in real-time, not simply granted. And, moreover, this can only happen with a concomitant movement, by those accused, toward apology. A genuine impulse toward apology develops only with the strengthening of the community, not with its greater fracturing. The impulse both toward genuine forgiveness and apology expresses the capacity to experience one another in-the-present in a timely fashion, less conflated with past experience. Apology, like forgiveness, reveals a psychological openness toward meaningfully demarcating past from present and past actions (or actors) from present frames-of-mind.

The pre-condition for redress, then, is the creation of a space for speaking and listening, a community constituted neither by victim and perpetrator *per se* but rather by those willing, for the time being, to shorn themselves of their particular pre-existing positions, now with a preparedness toward forgiveness and apology in the hope of reconstituting themselves and the social world into a common future-in-the-making, to a life in common (see Todorov, 2001). Redress requires a liminal time and space, set apart from a past and even a present, in which individuals present themselves as members of a new world-in-the-making, no longer firmly attached to the self-designations with which they had come to identify. Despite its arguable shortcomings and failures, the South African Truth and Reconciliation Commission, for example, in creating institutions *de novo* and without precedent, sought to engage both victims and perpetrators on new terrain. The drafters of the Commission intuitively understood the importance of the liminal moment (Boraine, 2000). By seeking a setting that defied representation or symbolization through pre-existing traumatic categories, the Commission sought to disarm memory as a source of future orientation and action. These *post-hoc* communities of redress, standing in for past failures of community, become the sites where private harm, sequestered and alienating, might find expression not in their denial but in acknowledgement, aspiring to a more wholesome relation between individuals and the collectivity and to a different, socially-constructive, forward-looking future.

Because of their transformative potential, however precarious, communities of redress need to be *ad hoc* in nature. Conventional juridical bodies and existing law, standing state agencies and governmental procedures dealing with harm, or other forms of institutionalized authority are all unlikely to produce, both by those who might forgive and those who might apologize, a setting in which private memory gives way to public trust. At the least, existing authorities, first, are necessarily sites of suspicion in which scepticism toward their motives in

articulating a language of redress must be overcome, if indeed these agencies are not simply aspiring to dampen the reparative impulse. Nor are words alone likely to define the extent of redressive action and the undoing of traumatic memory: while vocabularies of meaning may be comprised by the words of forgiveness and apology, specific concrete measures of recompense for past wrongs, mutually settled upon – whether symbolic and/or material – become the grammar for the reconstitution of community.

Psychological trauma, as I have argued, jeopardizes an unencumbered present and the capacity to freely anticipate a future. A newly constituted redressive community, by replacing memory as a primary source of experience with a contemporary engagement with other perspectives, seeks to restore trust and to enable continuing on. Present-day members of a community-in-formation collude, on behalf of a common future, to move beyond memory and to enable, once more, a hopeful world of possibility for everyone. When it occurs, as Winnicott suggests, individuals are able once again, each in their own way, to engage the world freely and on their own behalf.

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Note

- 1 Susan Brison, a philosopher who writes about her own rape experience, captures the therapeutic challenge when she writes:

One of the most serious harms of trauma is that of loss of control. Some researchers of trauma have defined it as a state of complete helplessness in the face of overwhelming force. Whether or not such total loss of control is constitutive of trauma, a daunting, seemingly impossible, task faced by the trauma survivor is to regain a sense of control over her or his life. Trauma survivors . . . are faced with an especially intractable double bind . . . They are faced with a choice between regaining control (at least some) responsibility – and hence blame – for the trauma, or feeling overwhelmed by helplessness. Whereas rape victims' self-blaming has often been misunderstood as merely a self-destructive response to rape, arising out of low self-esteem, feelings of shame, or female masochism, and fueled by society's desire to blame the victim, it can also be seen as an adaptive survival strategy, if the victim has no other way of regaining a sense of control. (2002: 74–5)

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