

TRAUMA  
AND  
VISUALITY  
IN  
MODERNITY

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## The Post-traumatic Turn and the Art of Walid Ra'ad and Krzysztof Wodiczko

From Theory to Trope and Beyond

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Assumed to have been hopelessly traumatized by consecutive heartbreaking losses in New York, the Arizona Diamondbacks came home and showed the same lack of respect for the shrinks . . . as they did the Yankees.

—*Boston Globe*, November 4, 2001<sup>1</sup>

Throughout most of the twentieth century, the psychology of trauma was primarily of concern to psychoanalysts, but in recent decades it has found its way under various guises into the work of novelists, artists, historians, literary critics, cultural philosophers, mental health specialists, and journalists. Though this has opened up a domain that was traditionally foreclosed by psychoanalysis, it is possible to see a surfeit. That at least is the opinion of Ruth Leys, who, in her book *Trauma, a Genealogy* (2000), argues against any attempt to “dilute and generalize the notion of trauma,” or, worse yet, fill it with “tendentious claims.”<sup>2</sup> Leys wants the history of trauma to be closely associated with the empirical and despairs at what she calls the “general postmodernist tendency” to appropriate psychoanalysis and reduce it to a “debased currency.”<sup>3</sup>



The trouble with Leys's argument is that it ignores the fact that the psychoanalytical sciences have themselves, in recent decades, set out to redefine trauma from a privileged theoretical premise, focusing largely on sexual abuse, into a matter of broad cultural concern. Today trauma applies to a whole host of painful realities, both man-made and natural, and can even be found in all age groups. In fact, when post-traumatic stress disorder (PTSD) was officially codified in 1980, the resulting gain of legitimacy on the part of the psychiatric disciplines was without doubt its greatest public relations success ever. We have to remember that in the 1920s, a sufferer of "war neurosis," as it was then known, would easily have been diagnosed as having had a problematic relationship with his mother.<sup>4</sup> In the 1960s, "Refrigerator Moms," as they were once called, were accused of causing their children's autism. In the 1990s, it was discovered that some overeager analysts had been pushing patients into having what is now called false memory syndrome.<sup>5</sup> A rape victim, until recently, had to face the possibility of being viewed as having brought on the rape because of her own "masochistic personality disorder."<sup>6</sup> The psychiatric discipline has a lot to answer for, and still does.

The *post*-traumatic as a release of trauma from the obligations of shame and privacy is in no small way an attempt to liberate psychiatry from the dark cloud of its *own* traumatizing compulsions.<sup>7</sup> It is difficult to say what came first in all this, whether it was a lay voice that would not remain silent, or a demand for revision and reform from within the psychiatric discipline itself. There might even have been a gender factor, given the increasing number of women who began to enter the field of psychotherapy in the 1970s. But whether from outside in or inside out, the changes have meant that psychotherapy, once viewed by psychiatrists as nothing more than the testing ground of certain theoretical assumptions, has now reversed roles with psychoanalysis to become the voice of a cultural avant-garde, asserting its own autonomy and its own theoretical and even political weight.

A clear manifestation of the post-traumatic turn came in the days and weeks following the destruction of the World Trade Center, when the news media employed the word "trauma" with such matter-of-fact casualness that one failed to notice that earlier catastrophic events had never been viewed from that perspective. "For Haunted Survivors, the Towers Fall Again and Again" (September 30, 2001); "Treatment Can Ease Lingering Trauma of Sept. 11" (November 20, 2001); "Thousands in Manhattan Need Therapy after Attack, Study Finds" (March 28, 2002), to

name only a few of the headlines that one read in the *New York Times*. These headlines were not mere sensationalism. Their ground had been prepared by newly founded academic programs, such as the International Trauma Studies Program at New York University and the Dart Center for Journalism and Trauma at Washington University, that train reporters on how to identify, interview, and write about the new world of traumatic events.

To argue that this constitutes a new enlightenment about mental health or that there has been a populist revolution from below is to ignore the parallel development in the pharmaceutical industry, where there is now a lot of money to be made from ego repair. Amitriptyline, Imipramine, Desipramine, and, of course, Prozac are products of a multibillion dollar industry, and because a law lifting restrictions on advertisements for medical drugs was passed by Congress in 1997, they are also household names. Billions are spent on advertising alone. That one can find the Zoloft Web site as a banner floating above the Web site of the American Psychiatric Association should come as no surprise.<sup>8</sup> That the Zoloft Web site provides "public information" about PTSD should also come as no surprise. Therapy, much like language or even money, is a carrier of significance through which we both define and obscure the content of relations between the Self and the Other.

Given the new openness (or should one say the illusion of openness) of trauma in the context of the public realm, it is no longer the medical community and its corporate sponsors that hold the most conservative position respecting the question of trauma ownership. It is rather the lawyers, who have to answer questions about liability. Who pays for the medicine and for the time lost from work after a traumatic event? Traditionally, law courts have been reluctant to allow financial recovery for mental anguish claims in the absence of related physical injury, but recently courts have recognized that there are some situations where recovery is possible. The three factors that are now most often considered in such cases were established in *Dillon v. Legg*, 441 P.2d 912,920 (1968). A plaintiff must (1) have been present at or near the scene of the event, (2) have perceived the event when it happened or immediately afterward, and (3) have been closely related to the victim. Since these guidelines were set in place long before PTSD was discovered, recent legal actions have attempted to test their limits. In 1984, a watershed year in the post-traumatic turn, a woman was awarded damages for nervous shock after having gone to a hospital where she saw her family after an accident still covered in blood.

Though the second and third guidelines were met, the court softened its reading of the first, interpreting the location of the event as not equivalent with the accident's location but with the hospital.

Subsequent cases have tried to expand that interpretation. What if one sees something traumatic on television or, as is now possible, in a museum? So far the courts have not considered that sufficient to meet the first criterion of being "on the scene." The first case study of New Yorkers living close to the World Trade Center has claimed that more than 150,000 persons now suffer from post-traumatic stress disorders, and if even a small fraction of these cases go to the courts, the bar is sure to be tested and most certainly to be raised in favor of the victims. Just such a "test" has already been explored by ABC's *The Practice* (November 1999). It featured a woman who was found innocent of murder because she suffered from PTSD. Though that would never hold water in a real law court, fictions have a way of preparing reality. The *New York Times* ran a headline on the front page that read, seemingly without irony: "Portfolios Depressed, Traders Seek Therapy" (July 7, 2002).<sup>9</sup> Would this be the first attempt to legitimate claims by the traders for compensation?<sup>10</sup>

Faced increasingly with the need for legal clarity, clinicians have begun to devise more rigorous "tests" for the illness. One test differentiates between "A," the stressor criterion; "B," the intrusive recollection criterion; "C," the avoidant/numbing criterion; "D," the hyperarousal criterion; "E," the duration criterion, and, most recently, "F," the significance criterion.<sup>11</sup> Such clarifications negate the very thing they try to affirm. They give the appearance of science working out the question of the mental health issue when, of course, in reality, science has become ever more subservient to its cultural positioning. The demystification of the post-traumatic has led to a mystification of science.

To make the history-of-the-self in the context of this post-traumatic turn even more complex, one also has to take into account the difference between the post-traumatic in the United States and in the non-West. In the United States, trauma is written through the confluence of its civilizing and corporatizing narratives. In the non-West, and in places where economy and law exist on a less matured plane, the post-traumatic is largely defined through the language of "trauma management." As one therapist has pointed out, PTSD has a global dimension, and its impact in countries "that for many years have been in the throes of societal unrest" could prove to be "a huge public health problem."<sup>12</sup> Among the hundreds of post-traumatic response agencies that specialize in trauma manage-

ment are "Service for the Treatment and Rehabilitation of Torture and Trauma Survivors" out of Australia, "United Trauma Relief" out of Boston, and the Red Cross. The latter has translated its booklet on trauma management into numerous languages, including Chinese, with many of the texts available on the Web. But the word "management" practically says it all. A country's mental health, like its water and mineral resources, is seen as so complex that it can be tackled only in the context of a management culture. The incentive by non-Western countries to own this management technology is great. In 2001, following an earthquake, the India Psychoanalytic Association announced that it would apply newly developed therapy measures to the thousands of survivors. Nothing like that had ever been attempted even in the West, and if it succeeds, it will be the largest mass therapizing of society in the history of mankind.

For the West, there is much at stake in upgrading the non-West's psychological epistemologies. In "exporting" therapy infrastructures, the United States seeks not only to improve social conditions but also, under the cover of such benefits, to help developing countries adjust to the modern and, in many instances, still traumatizing aspects of a capitalist economy, which requires, of course, the presence of "properly" psychologized consumers. Whether trauma management is the catalyst for badly needed reform, or a devious imposition of Western values, is in some cases not always clear.

The genealogy of trauma is thus not to be found in scientific papers and in psychoanalytical meetings. It is embedded in institutional, corporate, and legal histories, all of which raise the question of how to achieve any semblance of autonomy in critiquing such a broadly invisible phenomenon. The role that art (if one can use such an atavistic concept) plays in this is no small matter, since art has itself been complicit in the question of therapy and the search for the modernized ego for over a hundred years.<sup>13</sup> In fact it is possible to see avant-garde art—and especially from the 1970s onward, when it began to ground itself with particular vigor in psychoanalysis—as anticipating the legalization and commodification of trauma. The logical end point of this was the recent exhibition *Counter-Monuments and Memory* (2001) in the Museum of Modern Art.<sup>14</sup> Though the art in the exhibition dealt with issues of great poignancy, not all visitors were convinced about the value of such art in a hyper-curatorialized environment. The exhibition transformed the question of art, trauma, and memory into a neat, art historical category.



Because of this transformation of trauma from theory to trope one can no longer speak in the old-fashioned, authentic way about the pain and hurt that are meant to be exposed in the post-traumatic consciousness. Hal Foster is thus correct in arguing that psychoanalysis cannot define itself as an “Hegelianism of the other” operating in pristine confrontation with the world.<sup>15</sup> Nonetheless, Foster still holds out hope that “trauma discourse,” as he describes it, can still be driven by things like the AIDS crisis, systemic poverty, crime, and “the destroyed welfare state.”<sup>16</sup> The confusion here, I believe, is between trauma and “trauma discourse.” The latter has been swallowed up by the former. The result is that the science of psychoanalysis now rests on the inverse of what is pursued in the cure. In fact, in trying to close ranks around its professional status, even if this means using trauma to define certain types of political issues, psychoanalysis, in essence, shows itself traumatized by a cultural phenomenon that it cannot control. In fact, psychoanalysis is now defined, if by anything, by its alienation from its own product. Its desire to see itself as science is nothing more—thinking in Lacanian terms—than a misrecognition of its dependency.

Among the myriad of moments one can point to that can help us narrate the splitting of trauma from the scientific subject was the recent court case in which a man lost his child based on the supposedly wrong answers he gave on a Rorschach test. In protest, when he posted the correct answers on the Web—they being among psychiatry’s most heavily guarded secrets—Rorschach specialists, without any self-reflection or irony, labeled the revelation of the answers a case of “psychological terrorism,” as if their power over a family’s future was in no way terrifying.<sup>17</sup> What this case provokes, it seems to me, is the status of trauma in relation to the traumatizing compulsions of the institution that tries to control its ownership. In other words, the father is now seen as a traumatizing agent by a science that fails to see its traumatizing presence. In my estimation, this man did not fail the test but passed it with flying colors, by “working through” the mechanisms that had tried to silence him. It is now the Rorschach specialists who are suddenly aware of their status as “patients.” After all, as the Zoloff Web site claims, “PTSD can affect anyone.”<sup>18</sup>

An artist who works closely with the skein of this ambiguity is Walid Ra’ad.<sup>19</sup> His quasi-ethnographic analysis of the city of Beirut during its years of civil war posits, at first glance, an apparently meticulously researched narrative grounded in the discovery of documents relating to the

civil war. He has, for example, created a “documentary film” about a fictive Lebanese man, a certain Souheil Bachar, who was supposedly captured as a hostage and forced to live for a while with the five Americans who were held in Lebanon between 1983 and 1993: Terry Anderson, Thomas Sutherland, Benjamin Weir, Martin Jenco, and David Jacobsen. “What is remarkable about Souheil’s captivity,” according to the artist, “is that he was the only Arab to have been detained with the Western hostages kidnapped in Beirut in the 1980s.”<sup>20</sup> But this statement is itself part of the art even though the film, titled *Hostage: The Bachar Tapes*, asks the viewer to see it as a legitimate extension of the numerous books and documentaries on the subject, none of which, of course, mentions “Souheil Bachar.” Walid Ra’ad intends for those who can figure this out to interrogate the term “Western hostage crisis” to expose underlying questions about a potential Lebanese hostage crisis that possesses a trauma all its own. To further extend this illusionism, Ra’ad plays the role of an institute director collecting evidence for the so-called Atlas Group, which he defines on his Web site as “a non-profit cultural research foundation based in Lebanon.”<sup>21</sup> His pitch is so convincing that many take it for real.

The point Ra’ad wants to make is that we must probe our faith in the normalcy of research and ethnography in the face of the traumatic. No one would doubt the legitimacy of the Holocaust Museum in Washington, D.C.; the Jean-Marie Tijbaou Cultural Center built by the French on New Caledonia, a former French colonial island; the Nanjim Massacre Memorial Museum (1980s); and the Genocide Museum in Phnom Penh, to name only a few examples of the new museum type that is becoming increasingly common the world over. But one could ask—and should ask—about the role that aesthetics plays in framing history of this sort. Using imagery of cattle cars in the elevators of the Holocaust Museum—did that enhance or trivialize the meaning of trauma? Getting an anthropologist to study the “natives” of New Caledonia before building the Jean-Marie Tijbaou Cultural Center—did that help the designers achieve nuance or was it yet another example of a colonialist presumption? In the case of Ra’ad designing an institution and its contents, does that reveal the fundamental constructedness of trauma or does it obliterate our false dependence on the truthfulness of trauma? What Ra’ad certainly seems to be pointing out, in inviting others to contribute pieces of evidence to his institution, is that a place like Lebanon certainly understands the power of victimhood as part of its political position against the West, but

that the country still lacks the institutional and national coherency that can translate the traumatic into "trauma."

The work of Ra'ad, if one compares it with that of Cindy Sherman, for example, does not bring us to the finitude of trauma at the fastest possible tempo. Instead, it expunges from view the self-reflective ambitions that have so often characterized avant-gardist and now corporate appropriations of the psychoanalytic. On the surface, trauma is not to be seen at all. And that is the essence of his psychological terrorism. The libidinal fascination with violence that lurks within the post-traumatic drive is everywhere and yet nowhere, dispersed as it were across the fabric of an "institution" that decodes the metaphysics of trauma without drawing attention to its actions. We could claim, following James Young, that he can thus avoid getting trapped in the "essential rhetoric" of trauma, but in this case the audience is meant to get drawn into that rhetoric and in fact mistake it as real.<sup>22</sup> Being shocked at the discovery of the illusion is to come face to face with the codes that obscure the compulsions that now underlie the trope of healing in the post-traumatic era.

### The Rise of Civilian Trauma in a Psychologized World

In challenging the status of trauma in its new institutional and legal contexts, artists like Ra'ad are also entering the debate about the status of the civilian population and its right, privilege, and power to operate as post-traumatic subjects. The space of the civilian, a topic that has not been addressed in the literature about the arts, should not be confused with discursive modalities associated with "the public" or "public space." Civilian space is a new form of space, potentially obliterating the old concept of public space. Its origins can be dated to the 1980s, when civilian populations were for the first time studied in a systematic way. Scientific studies on traumatized civilians were, in fact, so belated in the history of the discipline of psychoanalysis—given that terror is *so obviously* equivalent with modern life itself—that one researcher has accused the discipline of having a type of "amnesia" in dealing with the phenomenon.<sup>23</sup> And indeed, it took three horrific wars—World War I, World War II, and the Vietnam War—not to mention all sorts of holocausts, mass murders, forced migrations, and civilian transgressions before the pathological impact of terror on civilian populations was recognized, much less studied from a scientific point of view.<sup>24</sup> In fact, even when PTSD was first defined in the early 1980s, it was still thought to be something "outside the range of usual

human experience," reserved for discrete sets of individuals, such as war veterans or sexual abuse victims. Today, that is no longer the case. In fact, PTSD is ranked after cancer and heart disease as the third most serious and debilitating problem in the United States.<sup>25</sup>

The reception of the Holocaust was instrumental in the development of a civilian consciousness. After World War II, hardly a thought was given to the psychological states of Nazi concentration camp survivors. But by the early 1970s, there developed a whole genre of Holocaust stories that led to a series of formal studies by psychologists and sociologists. The Fortunoff Video Archive for Holocaust Testimonies at Yale University was created in 1979. Interest in civilian trauma by the medical establishment began to pick up steam in the 1980s. In 1985, the International Society for Traumatic Stress Studies (ISTSS) was formed. In 1988, the *Journal of Traumatic Stress* began publishing, and in 1989 the US Congress created an umbrella organization, the National Center for PTSD, in order to coordinate research. States and governmental agencies set up outreach-counseling programs.<sup>26</sup> Self-help groups sprouted forth, as did community-based psychiatric organizations. One of these, the National Organization for Victim Assistance (NOVA), was created in 1986 following the tragedy that befell Edmond, Oklahoma, where a postal worker killed fourteen people and himself. NOVA now offers a forty-hour training course on how to put together a "Crisis Response Team" to help "groups of traumatized people."<sup>27</sup> The Oklahoma bombing of the Alfred Murrah Federal Building in 1995 constituted an important moment of consolidation, it being the first time a generation of newly trained researchers could study a native US population of mass-traumatized civilians. Survivors, children, witnesses, rescuers, families, and friends were all put under the enlargement glass, and the result was an improved understanding of the lingering impact of horrific events.<sup>28</sup> Professionals learned to differentiate between PTSD, "critical" PTSD, traumatic amnesia, alternating amnesia, and Korsakoff's syndrome; and the list goes on. It was even shown that those involved in rescue operations came down with what is now known as secondary traumatic stress disorders, with police suffering from "Police Occupational Trauma." Even the counselors and therapists who come in contact with trauma victims are seen to suffer. Their brand of PTSD is called compassion fatigue.<sup>29</sup> Families and spouses of PTSD sufferers also faced the risk of getting caught up in its pathologies and thus in essence passing it around to others.<sup>30</sup>



The learning curve among the lay population was rapid. Compare one of the earliest films to broach the subject of post-traumatic stress, the 1982 film *Rambo First Blood*, with the 1994 movie *The Client*. *Rambo* portrays a sullen Vietnam veteran who wants simply “to be left alone” but who, when provoked by a policeman, winds up killing him and becoming the subject of a violent manhunt. Though the film intends viewers to sympathize with the illness (which is never named), it also glorifies it as a natural corrective for a mismanaged civilian life. The message one gets is that post-traumatic stress helps the victim to discover his lost natural instinct of self-preservation. *The Client*, based on the best-selling novel by John Grisham, shows just how much changed in the intervening ten years.<sup>31</sup> One of the first Hollywood films that mentioned PTSD by name, it portrays the diagnosis of a young boy who witnesses a murder and goes into post-traumatic shock. It shows his hospitalization, the tender affections of his mother, and even closes with a scene of him and his family in an airplane flying to a treatment clinic in Denver. Today we know that even this film contains inaccuracies. The boy’s brother, for example, is portrayed in good Hollywood fashion as healthy and normal despite the fact that he witnessed the same gruesome crime and had to face life-threatening circumstances that would have intimidated even an adult. Nonetheless, the film constituted an important breakthrough in the cultural normalization of the illness. Since then PTSD has cropped up not only in numerous other films, like *The Ugly* (1997), but also in various television programs.<sup>32</sup> *West Wing*, for example, had a program in which the president of the United States, no less, was seen undergoing therapy for his PTSD symptoms that had resulted, so it was intimated, from paternal childhood abuse.

All this has changed the theoretical armature of therapy, so much so that the expert culture that deals with trauma now presents itself in a more ideologically democratic relationship to the patient. The therapist—and this would have been unthinkable twenty years ago—seeks to “empathize” with the patient, and to be “as spontaneous, tactful, flexible, and nondefensive as possible,” while being at the same time “gracious and firm.”<sup>33</sup> Therapists are no longer distant professionals afraid of the annoying “interferences” of emotional identification with the analysand, but are allowed to conceive of themselves as “nurturing mothers,” or as an “assistant” to the patient, seeking “to make an alliance” with him or her and to make the patient “feel more at ease” so that the victim may “find comfort and a sense of stability resulting from the psychotherapeutic ses-

sions.”<sup>34</sup> The therapists also reach out to friends and loved ones, who are asked to look for “warning signs” such as “trouble sleeping, changes in appetite, . . . anxiety and fear,” feeling emotionally “numb, withdrawn, disconnected,” and even feeling “different from others.”<sup>35</sup> Some manuals, like *The Healing after Trauma Skills* (HATS), aim at helping elementary and high school teachers identify children that might be suffering from PTSD, others at helping diagnose a spouse. Trauma and therapy become thus different instantiations of the same tautological system. A recent manual for dealing with loss of a loved one, following 9/11, written by leading professionals, promises that one will find the book “easy to read, understand, and apply to your every day life.”<sup>36</sup> Everyone is invested in everyone else’s soul, with a dose of trauma, perhaps, even being a good thing! As the American Red Cross states on a Web site about PTSD, presumably in reference to 9/11, “Certainly things will not be the same—in many ways the experience may make many stronger, through hope, faith and combined community efforts.”<sup>37</sup>

If the status of the civilian has been expanded into a utopian project, the irony is that driving that expansion from the late 1980s onward was the fact that the post-traumatic “civilian” came increasingly to be understood as a quasi combatant. One therapist has even argued that betrayed partners in adulterous affairs suffer from PTSD similar to that of combat veterans.<sup>38</sup>

Vietnam veterans were, of course, the model of this ambiguity, being both soldiers and civilians. The learning curve on the military side was just as rapid as on the civilian side. Soldiers are now increasingly viewed as still partially “civilians.” In other words, just as the discovery of “the civilian” hinged on the discovery of the civilian’s *non*-civilian status, the discovery of PTSD among soldiers hinged on the discovery that boot camp did not fully liberate them from their former status. For that reason, soldiers today are now given pre-post-traumatic training in anticipation of the grisly sights they are sure to see.<sup>39</sup> Just as the civilian now has to discover the soldier-within, the military accepts the soldier as having a civilian-within.

The creation of the civilian thus plays itself out against its erasure. The civilian is no longer part of a protected outside but has been sucked into the very trauma of modernity, where modernity can be defined as an acquiescence to the autonomy of violence. “Civilians,” for the first time, have to resign themselves to the larger historical pull of this phenomenon. Science no longer provides them with an easy way out, nor can it even de-

fend them from this destiny, just as it can no longer be blamed for having ignored them for so long. What the psychiatric discipline has lost, the status of civilian has gained, namely, the power to represent itself symbolically as the historical force of its own loss of innocence. The civilian is no longer the anemic construct of the past, defined in opposition to the heroics of military life. It is now built out of flesh and blood, having consumed the modernist principle of violence into its own body.

### The "Post-traumatic" Art of Krzysztof Wodiczko

The above discussion was meant to dispel the myth once and for all that trauma is a circumscribed medical or theoretical condition. "Trauma" is now a historical modifier inventing and promoting a cultural, legal, and political territory all its own. It possesses its own economy of production, its own politics of protection, and its own aesthetics of desire. It redefines the everyday ebb and flow of life and death. Grief counselors are now standard issue after any tragedy. The social benefits have been enormous. But there is also no denying that the dislocations of history that psychoanalysis has habitually found in its patients now come to haunt its own house.

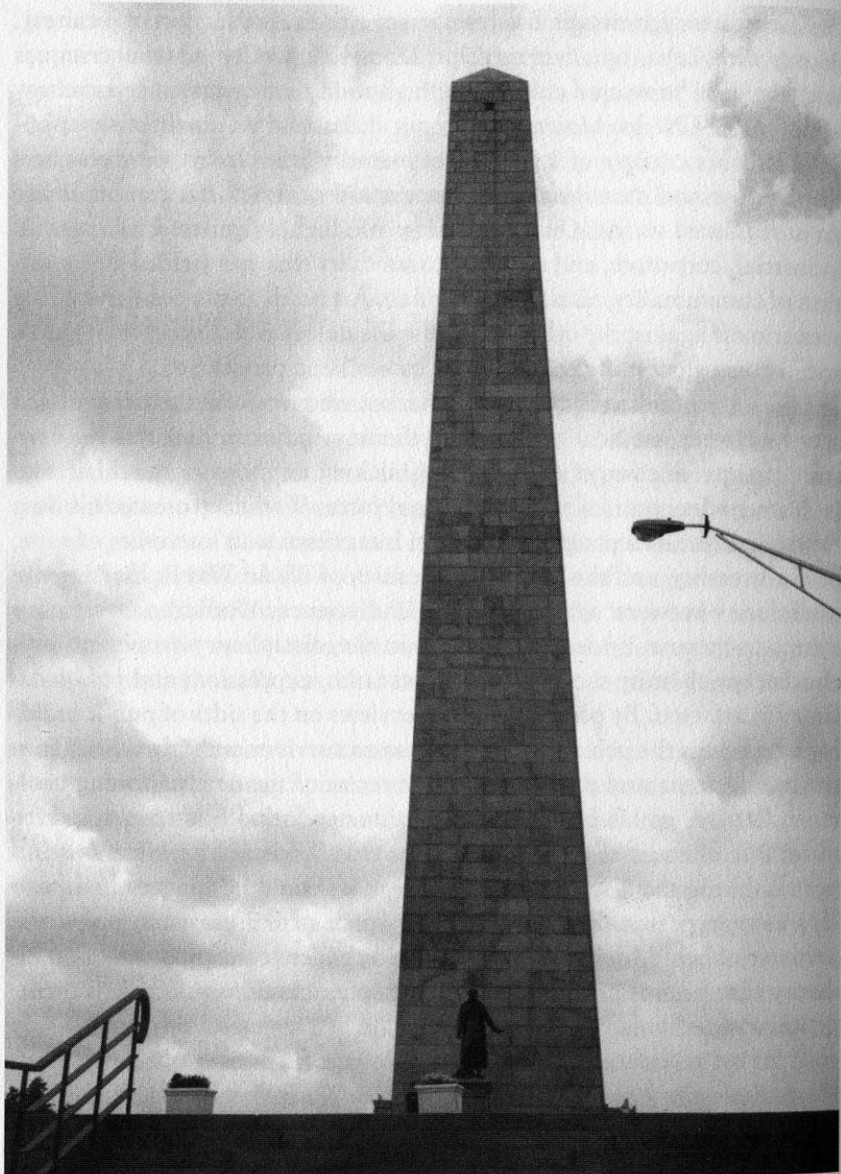
This does not mean that trauma has been emptied of transgressive potential, or that traumatic occurrences should be seen as productions of global capital and cultural narcissism. It means that the artistic avant-garde has the added obligation of working through that which is being "worked through" by culture itself. The post-traumatic turn has raised the status of the civilian to a new category, freeing it to participate in the complex trajectories of violence and time that undermine its old autonomy. One should, therefore, no longer mistake the medium of psychotherapy for the message. The question is not about who can express the most gruesome trauma, nor even about who has the "right" to be traumatized, but rather about how to go about critiquing a phenomenon so diffuse in its organization, so pervasive and devious in its political and economic implications, and, on the surface and in reality, so socially beneficial that it does not seem at first that it could possibly be a "topic" of avant-gardist probings. But it is precisely here—between the historiographic structure of psychotherapy and the aesthetic processes that are to some extent perhaps just outside its control—that our philosophical energy must dig in its heels.

The tendency, however, has been to see a radical reduction of meaning. Along with Leys, one can mention Dominick LaCapra, who critiques what he calls "a wound culture, or the notion that everyone is somehow a victim."<sup>40</sup> Charles Maier, though not discussing trauma per se, implicates it in his critique of a "surfeit of memory" that in his view obscures the purpose and message of legitimate social action.<sup>41</sup> But trauma is not an unregulated surfeit. On the contrary, it is highly regulated, albeit as an industrial, corporate, and national commodity that has yielded a new notion of communality, namely, the civilian. Art needs to play one end of the scenario off against the other, to expose the unlocatable aspect of trauma's social construction in the pattern of its aesthetic production.

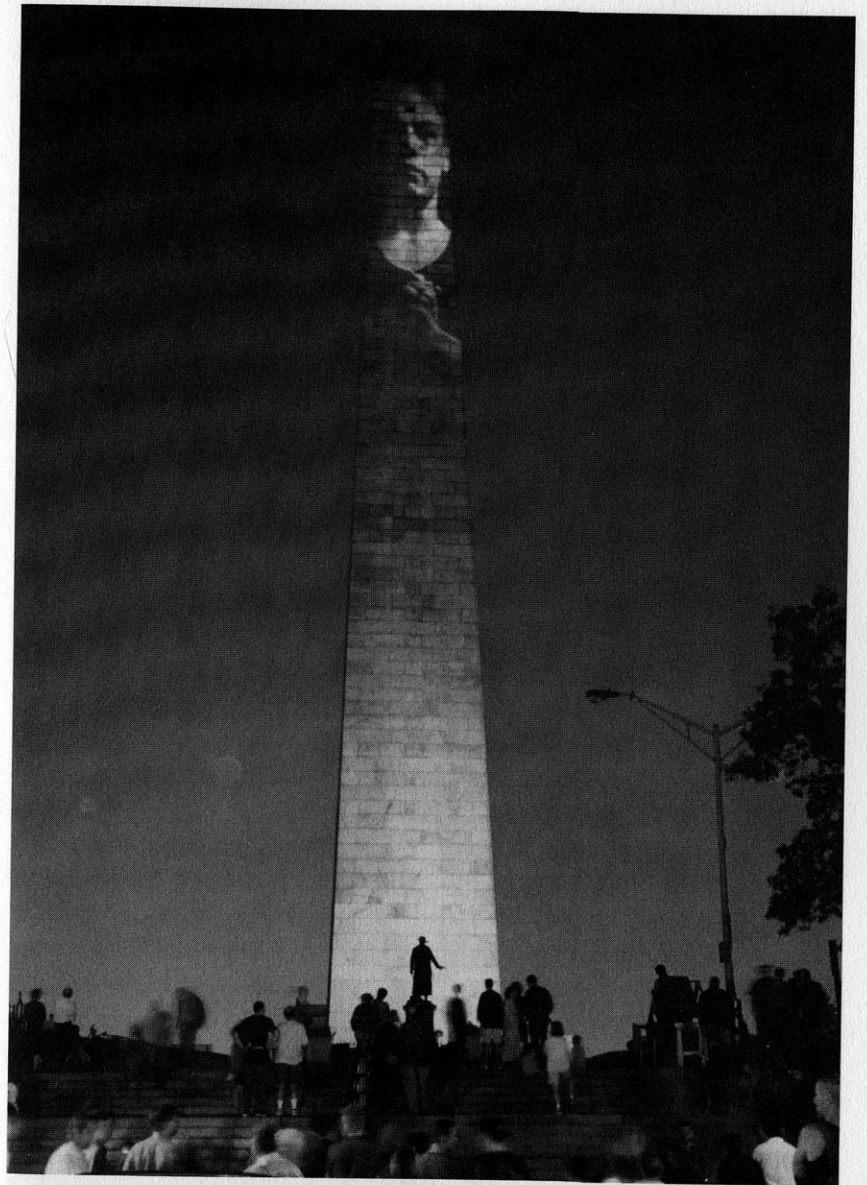
Let us turn now to Krzysztof Wodiczko, who works in the triangulated space between medical science, the therapy industry, and the lay consumption/production of trauma.<sup>42</sup> Mimicking an industry that claims to be both a science and a positive cultural force, Wodiczko creates his own self-styled research program based on interviews with survivors of rape, police brutality, and the nuclear holocausts of World War II, blurring the boundaries between art, journalism, and science. Wodiczko effects this return-to-trauma by leapfrogging over the disciplinary tropes of psychotherapy to unify the processes of research, expression, and public delivery in art itself. By projecting his interviews on the sides of public buildings, he brings the private moment between survivor and "therapist" into the public arena and thus also into the realm of the newly forming civilian collective, which is still testing out its newfound epistemological interest in traumatic realities. The lesson that Wodiczko's projections impart is that in the "post-traumatic" era, art should no longer attempt to locate some personalized terror in the space of the museum, under the pretense of being "authentic," but should challenge the practices of an industry that has intruded into the public sphere and normalized its therapeutic compulsions.

If Ra'ad re-creates in his work the logic of trauma's absence within the pathologies of post-traumatic science, Wodiczko speaks to the new status of the civilian as part of this double historical phenomenon. In Boston, for example, Wodiczko interviewed mothers of young men who were killed by policemen or gangs. The mothers were photographed in such a way that their bodies—or in some cases, just hands—could be projected against the 221-foot-tall obelisk of the Bunker Hill Monument, designed in 1825 and standing at the center of a small park surrounded on all sides by residential flats (figs. 1, 2).<sup>43</sup> Their voices were





**Figure 1.** Bunker Hill Monument by day. [Used by permission of Krzysztof Wodiczko.]

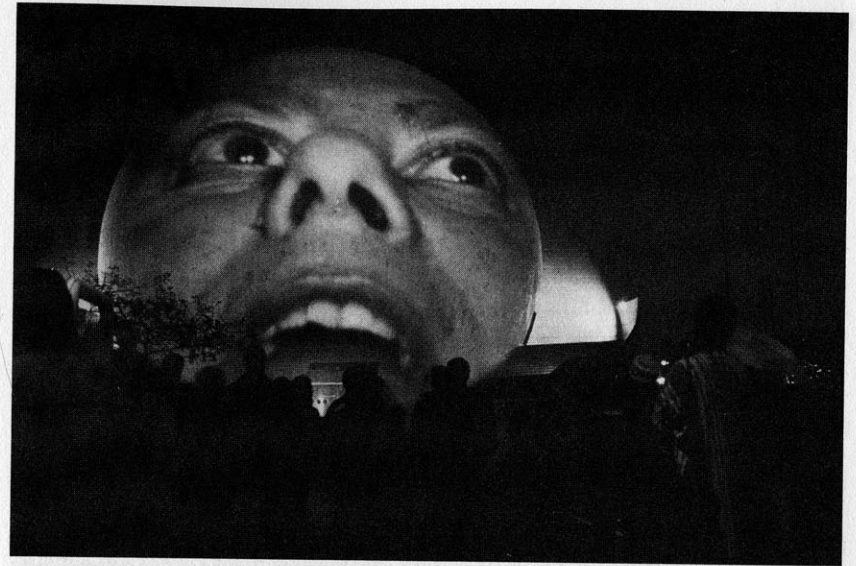
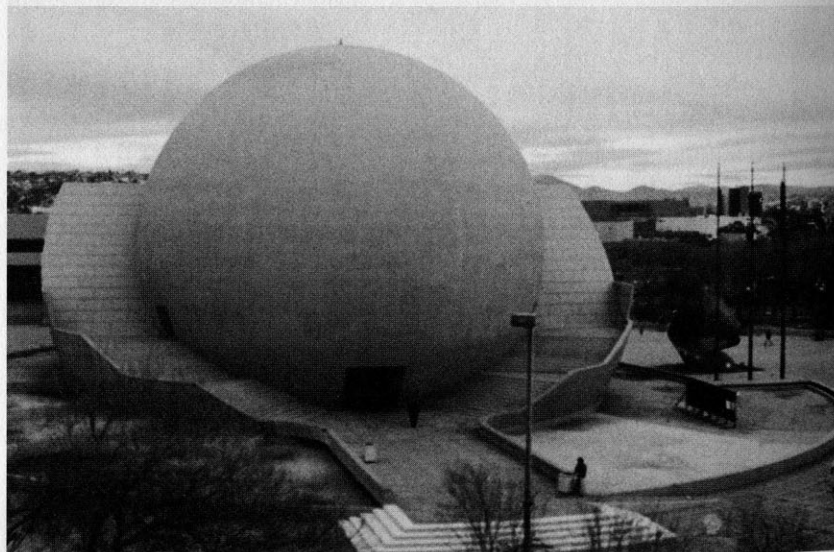


**Figure 2.** Bunker Hill Monument by night (September 24, 1998). [Used by permission of Krzysztof Wodiczko.]

projected through loudspeakers and could be heard from blocks away. At stake in the decision to use the monument was more than just its size, but in addition its associations with the theme of freedom and American values. The women projected against its phallic form were also meant to evoke questions about gender and power, with the obelisk symbolizing the trap from which the mothers could not escape. In the same way, the residents of the neighborhood were compelled to hear if not to see the projections. In that way the stories were not softened into a post-traumatic insistence of “healing,” but rather they challenged forth a Homeric respect for the telling of tragedy. Trauma is denied therapy in the very face of that desire.

Transparency and deviousness are in this case brought together in a cross-axial relationship, for at one level, Wodiczko brings into the public forum the repressed private stories of these people, but at the other level he places them at the scale of urban history. In this way he critiques and one-ups the hidden utopian desire of the psychotherapeutic disciplines by not only mimicking and replicating the processes of therapy, but also by returning trauma to the collective realities of tragedy.

**Figure 3.** Tijuana, El Centro Cultural by day. [Used by permission of Krzysztof Wodiczko.]



**Figure 4.** El Centro Cultural by night (February 23, 2001). [Used by permission of Krzysztof Wodiczko.]

Wodiczko's projections in Japan at the A-Bomb Dome in Hiroshima, and in Mexico, have an added dimension, given that in these countries psychotherapy is not well established in its standard US formulations (figs. 3, 4). His projections there thus have to operate with different sensitivity, boldly standing in for the media and for the therapy industry that is still undeveloped and silent about matters of war and guilt in Japan, and domestic abuse in Mexico.<sup>44</sup> His work in these places thus aims to normalize the principle of therapy by staging open public discussion of repressed issues. In the process, scientific protocols—such as they are in the post-traumatic era—are brought forward by an artist who comes into collision with cultural and political taboos. In the case of Tijuana, the faces were filmed in such a way that they could be projected against an almost perfectly round building, El Centro Cultural, that was modeled on a design by the French Enlightenment architect Claude Ledoux. In the daytime, one sees a building that plays on speculations about law, freedom, and universal rights, and at night one saw the flesh-and-blood provocations.

When presented to the viewer in this manner, Wodiczko's projections give the unthinkable of trauma a presence all its own, forcing the true genealogy of both trauma and psychotherapy out of hiding. In that sense,



Wodiczko poses a paradigmatic question about both trauma *and* therapy to both the local audience *and* the professional therapist. Trauma, which has been set adrift into the common culture by the very experts who intend to treat it, is brought back to its finitude in the moment at which its limits seem to disappear. It returns neither as literature nor as history to be discussed around an academic seminar table, but as both science and séance, and as both trauma and tragedy. These collapses of post-traumatic signification may lack the guarantees of transcendence demanded by the conventions of psychoanalysis, but they hold nonetheless the prospect of delivering into public view, and public discussion, some of the basic technologies of our overpsychologized condition. They are an epistemology by proxy serving as substitutes for the invisible objectivities that govern our thoughts.

## NOTES

1. Gordon Edes, "Diamondbacks Force Showdown with Yankees," *Boston Globe* (November 4, 2001), Sports, p. D1.
2. Ruth Leys, *Trauma, a Genealogy* (Chicago: University of Chicago Press, 2000), pp. 305, 304.
3. *Ibid.*, pp. 270, 2. Leys claims that the debate in trauma theory can be summarized as one between mimesis and antimimesis. Her project, she writes, "has been to reveal and investigate the tensions inherent in the mimetic-anti-mimetic structure, without for a moment attempting to settle those tensions." (p. 306). Noble words, but hardly followed through in her text. Leys dedicates a whole chapter to her attack on Cathy Caruth's book *Unclaimed Experience: Trauma, Narrative, and History* (Baltimore: Johns Hopkins University Press, 1996). Nonetheless, her various asides leave no doubt in the readers' minds that she sees Caruth's book as a type of disciplinary infringement of "literary critics" into the sacred territory of science. "As for Caruth, I feel a similar impatience with the sloppiness of her theoretical arguments." Her "impatience" reveals itself in the rather thoroughly bland conclusion that "the best practitioners have always been pragmatic, . . . making use of whatever psychotherapeutic, medical, and other methods are available to help their patients." (p. 307). Ultimately, Leys's argument, because it is structuralist at heart, does indeed help her obliterate false polarities, but her fight against the postmodernists and poststructuralists is so obvious that it puts her work back into the fabric of the polarized subject.
4. Jim Goodwin, "The Etiology of Combat-Related Post-traumatic Stress Disorders," in Tom Williams, editor, *Post-traumatic Stress Disorders: A Handbook for Clinicians* Tom Williams, editor, (Cincinnati: Disabled American Veterans, 1987), p. 2.
5. Ian Hacking, *Rewriting the Soul: Multiple Personality and the Sciences of Memory* (Princeton, N.J.: Princeton University Press, 1995), p. 14.
6. *The Diagnostic and Statistical Manual of Mental Disorders*, third edition, revised (Washington, D.C.: American Psychiatric Association, 1987, pp. 373–374), describes self-defeating personality disorder as a pervasive pattern of self-defeating behavior, beginning by early adulthood and present in a variety of contexts.
7. Works, listed by date published, that take up the issue of illness in relationship to cultural history are Elliot G. Mischler et al., *Social Context of Health, Illness, and Patient Care* (Cambridge: Cambridge University Press, 1981); Howard Waitzkin, "The Social Origins of Illness: A Neglected History," in *The Second Sickness: Contradictions of Capitalist Health Care* (New York: Free Press, 1983), pp. 65–85; Sander L. Gilman, *Disease and Representation: Images of Illness from Madness to AIDS* (Ithaca, N.Y.: Cornell University Press, 1988); Charles E. Rosenberg and Janet Golden, editors, *Framing Disease: Studies in Cultural Studies* (New Brunswick, N.J.: Rutgers University Press, 1992); Allan Young, *The Harmony of Illusions: Inventing the Post-traumatic Stress Disorder* (Princeton, N.J.: Princeton University Press, 1995); Ian Hacking, *Rewriting the Soul: Multiple Personality and the Science of Memory* (Princeton, N.J.: Princeton University Press, 1995); Elayne Rapping, *The Culture of Recovery: Making Sense of the Self-Help Movement in Women's Lives* (Boston: Beacon Press, 1996); and David P. Morris, *Illness and Culture in Postmodern Society* (Berkeley: University of California Press, 1998).  
On PTSD, see G. Boulanger, "A State of Anarchy and a Call to Arms: The Research and Treatment of Post-traumatic Stress Disorder," *Journal of Contemporary Psychotherapy* 20 (1990): 5–15; Berthold P. R. Gerson and Ingrid V. E. Carlier, "Post-traumatic Stress Disorder: The History of a Recent Concept," *British Journal of Psychiatry* 161 (1992): 742–748. And Rachel Yehuda and Alexander C. McFarlane, "Conflict between Current Knowledge and about Posttraumatic Stress Disorder and Its Original Conceptual Basis," *American Journal of Psychiatry* 152 (1995): 1705–1713.
8. [I would like to take a fascinating suggestion by Johannes Fabian, but change his word "Time" to psychology. Time, he argues, is "much like language or money, a carrier of significance, a form through which we define the content of relations between the Self and the Other."] Johannes Fabian, *Time and the Other: How Anthropology Makes Its Object* (New York: Columbia University Press, 1983), p. ix.
9. Alessandra Stanley, "Portfolios Depressed, Traders Seek Therapy," *New York Times* (Sunday, July 7, 2002), p. 1.
10. A new wrinkle was added to the problem in 2001, when Cassie Lemire, a soccer coach who had been diagnosed with PTSD and who was nervous in crowds (she had a hard time being on the sports field during matches), lost her job because of parental pressure on the school board. She filed a discrimination lawsuit against the town of Sandwich, Massachusetts, for five million dollars. The

- suit never went to trial; it was settled out of court for an undisclosed amount, leading one to assume that the discrimination claim held at least some merit. Another case in Rhode Island is using PTSD to test the limits of free speech. In it a neighbor filed suit against a local developer who had failed to get permission to build on an undersized lot and who had retaliated by piling it with junk, garbage, and dead chickens. Though the city leveled some fines, the neighbor is suing for one and a half million dollars, saying the actions intentionally caused him psychological trauma. See Lisa Prevost, "For R.I. Neighbors, a Lot of Hostility," *Boston Globe*, City and Region, pp. B1, 5.
11. Matthew J. Friedman, "Post-traumatic Stress Disorder: An Overview," <http://www.forests.com/overvw.html> (July 10, 2002).
  12. James C. Ballenger, "Focus on Posttraumatic Stress Disorder," <http://www.psychiatrist.com/supplenet/v61s05/01index.htm> (July 10, 2002).
  13. For my work on this subject see Mark Jarzombek, *The Psychologizing of Modernity* (Cambridge: Cambridge University Press, 2000).
  14. New York, November 2000—Counter-Monuments and Memory featured the work of Joseph Beuys, Christian Boltanski, Felix Gonzalez-Torres, Horst Hoheisel, Jenny Holzer, Anselm Kiefer, Annette Lemieux, Annette Messager, Marcel Odenbach, Claes Oldenburg, Sigmar Polke, Ugo Rondinone, Michael Schmidt, and Art Spiegelman, among others. It was on view from November 5, 2000, through January 30, 2001. The exhibition was organized by Roxana Marcoci, Janice H. Levin Fellow, curatorial assistant, Department of Painting and Sculpture.
  15. Hal Foster, *The Return of the Real* (Cambridge Mass.: MIT Press, 1996), p. 179.
  16. *Ibid.*, p. 166. Foster sees two trends. On the one side, that which "drives" trauma discourse includes: despair about the persistent AIDS crisis, systemic poverty and crime, and "the destroyed welfare state." On the other side, there are the poststructuralist theorists, who "repressed" the "real" in their work in a way that now comes to haunt that entire project. In the first, the human subject is elevated, and in the second it is evacuated. This leads in his estimation to a deferred action, a Derridean concept he defines as a "double movement" that in terms of artistic production is a desire for both the modern and the postmodern. While intriguing, his argument leaves open the history of trauma itself. He thus concludes that "in trauma discourse, then, the subject is evacuated and elevated at once" (p. 168). While I agree, I would argue that it is evacuated from within. Furthermore, though "evacuated" it is simultaneously overdetermined. In other words, trauma discourse does not lead us to an either-or construction, but to a crisis of perception and knowledge.
  17. The Web site where the so-called "secrets" of the Rorschach test were posted is <http://www.deltabravo.net/custody/rorschach.htm> (June 12, 2002).
  18. <http://www.zoloft.com/index.asp?pageid=19&co=7779949%7c5101825%7c0> (July 22, 2003).
  19. Walid Ra'ad grew up in Lebanon and now lives and works in the United States. He holds a doctorate in visual and cultural studies from the University of Rochester and currently teaches media and cultural studies at the University of New York's Queens College. His works include textual analysis and video and photography projects, and concentrate on the Lebanese civil wars, the Arab-Israeli conflicts, and documentary theory and practice. His video works include *Up to the South* (with Jayce Salloum) and the recently completed collection of video shorts titled *The Dead Weight of a Quarrel Hangs*. His photography projects include *The Beirut Archive*—an ongoing documentary photography project of post-civil-war Beirut. Walid is also a member of the Arab Image Foundation, started in 1996 to promote historical research of the visual culture of the Arab world and to promote experimental video production in the region. Whether this foundation truly exists or is only an "artwork" by Ra'ad is meant to be an open question. The Atlas Group projects, which are all fictive, have been presented internationally in cities such as Vienna, Leipzig, Brussels, Beirut, and Berlin. Some people buy into their reality without question.
  20. [http://www.vdb.org/smackn.acgi\\$stapedetail?HOSTAGETHE](http://www.vdb.org/smackn.acgi$stapedetail?HOSTAGETHE)
  21. *Ibid.*
  22. James Young, *Writing and Rewriting the Holocaust* (Bloomington: Indiana University Press, 1990), p. 80.
  23. See Bessel A. van der Kolk, Lars Weisaeth, and Onno van der Hart, "History of Trauma in Psychiatry," in *Traumatic Stress*, edited by Bessel A. van der Kolk, Alexander C. McFarlane, and Lars Weisaeth (New York: Guilford Press, 1996), p. 67.
  24. Even when the need to come to terms with civilian trauma was recognized, the scientific community still proceeded cautiously. American Psychiatric Association, *Diagnostic and Statistical Manual of Psychiatric Disorders*, vol. 3 (DSM-III) (Washington, D.C.: American Psychiatric Association, 1980), p. 236. This manual is considered to be one of the earliest attempts to codify the diagnostic criteria of post-traumatic stress disorder. An important book regarding Vietnam veterans is Tom Williams, editor, *Post-traumatic Stress Disorders: A Handbook for Clinicians* (Cincinnati: Disabled American Veterans, 1987).
  25. According to research by Ronald Kessler, a professor of health care policy at Harvard Medical School, research in the United States estimates that 38% of people with PTSD are in treatment in a given year. The majority of these patients (28% of cases and 75% of those in treatment) are seen in the medical sector of the treatment system, while the others are in the human services sector (e.g., seen by spiritual counselors or social workers) or the self-help sector. Approximately 22% of those with PTSD (58% of those in treatment) are in treatment with a psychiatrist, clinical psychologist, or other mental health professional. These rates of treatment are comparable to those found among



- people with major depression (36% in any treatment), but higher than those among people with other anxiety disorders (23%) or with substance use disorders (23%). See Ronald C. Kessler, "Posttraumatic Stress Disorder: The Burden to the Individual and to Society," <http://www.psychiatrist.com/supplenet/v61s05/02index.htm>. Furthermore, it is estimated that 20 million adults in the United States suffer from depression each year, and up to 25% of all women and up to 12% of all men in the United States will experience an episode of major depression at some time in their lives.
26. Congress mandated a study of 480,000 soldiers (as of 1988) who suffered from some form of PTSD illness. The Vietnam Experience Study (VES) was run by the Centers for Disease Control and studied about 15,000 people. About 15% were identified with some form of PTSD. This study was followed in 1990 by an even more comprehensive one, the National Vietnam Veterans Readjustment Study (NVRAS).
  27. <http://www.try-nova.org/about/sessions/training.html> (September 2, 2001).
  28. Studies showed that 34% of the 182 survivors were diagnosed with PTSD; 45% had some other mental health problem, such as anxiety or depression. And in the surrounding community, particularly among rescue workers, there was an increase in the divorce rate, domestic violence, alcoholism, unemployment, and substance abuse.
  29. Charles R. Figley, *Compassion Fatigue: Coping with Secondary Traumatic Stress Disorder in Those Who Treat the Traumatized*, edited by Charles R. Figley (New York: Brunner/Mazel, 1995). See also Susan D. Moeller, *Compassion Fatigue: How the Media Sell Disease, Famine, War, and Death* (New York: Routledge, 1999).
  30. See, for example, Patience Mason, *Recovering from the War: A Woman's Guide to Helping Your Vietnam Vet, Your Family, and Yourself* (New York: Viking, 1990), and Aphrodite Matsakis, *Vietnam Wives: Facing the Challenges of Life with Veterans Suffering Post Traumatic Stress* (Baltimore: Sidran Press, 1996).
  31. *The Client*, directed by Joel Schumacher, Warner Bros., 1994.
  32. In *The Ugly* psychoanalyst "Hobbs" goes to an asylum for the criminally insane to interview serial killer Rotondo. We are told his story in flashbacks that point to childhood abuse.
  33. Laurence Miller, "Law Enforcement Traumatic Stress: Clinical Syndromes and Intervention Strategies," <http://www.aaets.org/arts/art87.htm> (July 1, 2002).
  34. A. Kardiner and A. Spiegel, *War, Stress, and Neurotic Illness* (rev. ed., *The Traumatic Neurosis of War*) (New York: Hoeber, 1947), pp. 361–362.
  35. "Warning Signs of Trauma-Related Stress by the American Psychological Association," <http://www.forests.com/ptsdapa.html> (July 1, 2002)
  36. "The Only Distance between Your Dream and Your Reality Is You!" in *The Journey through September 11<sup>th</sup>* edited by Robert J. Fazio, Judy L. Van Raalte, and James M. Burke (Closter, New Jersey: Hold the Door for Others, 2002), p. 10.
  37. The American Red Cross, "You Are Not Alone!" <http://www.forests.com/notalone.htm> (July 10, 2002).
  38. This is the argument of Dr. Shirley P. Glass.
  39. See Ben L. Shephard, *A War of Nerves: Soldiers and Psychiatrists in the Twentieth Century* (Cambridge, Mass.: Harvard University Press, 2001), and Jonathan Shay, *Odysseus in America: Combat Trauma and the Trials of Homecoming* (New York: Scribners, 2002).
  40. Dominick LaCapra, *Writing History, Writing Trauma* (Baltimore: Johns Hopkins University Press, 2001), p. 77.
  41. Charles S. Maier, "A Surfeit of Memory? Reflections on History, Melancholy and Denial," *History and Memory* 5/2 (Fall/Winter 1993): 136–151.
  42. Wodiczko was born in Warsaw in 1943, immigrated to Guelph, Ontario, in 1977, and has taught at MIT since 1991. He received his MFA degree from the Academy of Fine Arts, Warsaw, Poland (1962–1968). Over the last decade Wodiczko has realized over seventy public projections across the world. His work has been exhibited in Documenta, the Paris Biennale, the Sydney Biennale, the Lyon Biennale, the Venice Biennale, and other major international art festivals and exhibitions. In 1998, he was awarded the fourth Hiroshima Art Prize for high achievement in international contemporary art and contributions to world peace.
  43. The projections began at sundown Thursday, September 24, 1998, and ended on the following Saturday night. The thirty-minute projection, part of the Institute of Contemporary Art's ICA/Vita Brevis "Let Freedom Ring" initiative, began at 8 p.m. each night and ran four times until 10 p.m.
  44. The Tijuana projections took place on February 23 and 24, 2001. Wodiczko's projections at the A-Bomb Dome in Hiroshima took place on the evenings of August 7 and 8, 1999. According to Wodiczko, "Participants included not only the 'victorious vanquished,'" but also "the 'forgotten vanquished,' the Korean Japanese, three newer generations, the 'survivors of the survivors.'" This mediation through the brick and mortar of the embankment, visible through the projected image, secures the necessary distance for emotional contact with the victims, without imprisoning them in the intensity of the spectators' empathy." <http://www.civiccentre.org/SPEAKERS/Keynotes/Wodiczko.Abstract.html> (August 22, 2003).