LMU LUDWIG-MAXIMILIANS-UNIVERSITÄT MÜNCHEN

Studienabschlussarbeiten
Faculty of Languages and Literatures

UNSPECIFIED

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Evolution, present state and critique of the term ‘trauma’ and its derivatives

Master Thesis, Winter Semester 2023

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Cognitive and cultural linguistics

Ludwig-Maximilians-Universität München

https://doi.org/10.5282/ubm/epub.103418

LUDWIG-MAXIMILIANS-UNIVERSITÄT MÜNCHEN

INSTITUT FÜR ALLGEMEINE UND TYPOLOGISCHE

SPRACHWISSENSCHAFT

Evolution, present state and critique of the term 'trauma' and its derivatives

Masterarbeit

im Studiengang ’Cultural and Cognitive Linguistics’

vorgelegt von

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Ablieferungstermin: 30. Januar 2023

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Matrikelnr.:12136007

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1. Introduction

1.1 Abstract

The concept of real but invisible damage suffered by an individual after some external event has existed for many thousands of years. One of the first mentions of what today we would call a textbook case of PTSD, treated by a physician, can be found on the cuneiform tablets from ancient Mesopotamia several thousand years B.C. The symptoms of that damage, and often the damage itself, were attributed to spirits and other supernatural entities. The treatment was determined experimentally, combining religions and magical rituals with medicines, both meant to deal with the spirits plaguing the individual and the physical symptoms they caused.

Thousands of years later industrial revolution created circumstances, which led to a global change in the role of workers and the nature of catastrophes. Simultaneously, changes in the legal and judicial systems created new frameworks, within which damage could be proven and compensation could be demanded. And during almost the exact same period new medical advancements, related to the functionality of nerves and brain, as well as the symptoms their damage might cause, led to new scientific theories. New terms were developed to describe this type of damage and the symptoms it produced.

These and other factors have potentially created the concept of trauma in the form that we know it today, with all its complexities and contradictions, even though the actual term ‘trauma’ would not be used to define it for quite some time.

Today the term ‘trauma’ is more ubiquitous in the English language than ever before, and the concept it refers to is in the centre of attention as well. It is a popular hashtag on social networks and a topic of multiple memes and videos, the focus of thousands of books and articles and an object of endless debates. “The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma”, written in 2014 by a psychiatrist Bessel van der Kolk, entered the New York Times Bestsellers list in 2017 in the non-fiction category and stayed there for 168 weeks, 10 of them in the number one spot. In February 2021 it again returned to the first place in the New York Times nonfiction paperback bestseller list. On January 25, 2022, Vox magazine published an article “How trauma became the word of the decade”, followed only a week later by an

opinion piece in New York Times "*If everything is 'Trauma', is anything?*", criticising the term for being overused.

The term in question is not only more popular than ever, but it is the focus of endless arguments and critique. It alternatively does and does not apply to a particular experience. The right to determine this applicability is both inherently and logically limited to clinical professionals and should be open to everyone. It is both the event, the subjective experience and the symptoms caused by it. It is both a justification for a special treatment and something so common that everyone has experienced it.

There are many works and articles, examining the concept of trauma and its related terms, but I believe there is still a lack of systematic approach that this topic might benefit from. Multiple specific contexts are examined in isolation, outside of the global trajectories of the concept of trauma. This paper is an attempt at a large-scope examination of the history of the concept of trauma and the terms used to refer to it, from the point that might be considered its inception to the present day, when many see the term as meaningless and call for it to be abandoned altogether.

1.2 Goals

In this paper I intend to examine the historical development of the concept of trauma, analyse the logical structure it is inherently linked to, as well as the potential reasons this structure functions the way it does. I will propose several approaches that might be used to analyse it and then attempt to examine the critique related to this concept, both historical and modern.

My main goal for this paper is outlining the key historical patterns that could connect the disparate points of various terms that have been used to refer to the concept of trauma throughout the years and explain the resulting current state of the term 'trauma' specifically.

1.3 Structure

Following this introduction, this paper will be separated into three main chapters, followed by the conclusion.

The second chapter will be dedicated to the history of the concept of trauma, where I will outline my arguments regarding the point that should be

considered its inception and the key steps that it underwent throughout its development, through particular events, periods of contexts.
In the third chapter I will present my analysis of the structure that this concept is inherently linked to and propose several approaches, which I will then use to analyse the historical developments presented in the first chapter
In the fourth chapter I will present a brief analysis of the historical and contemporary critique of the concept of trauma and outline the key patterns revealed through this analysis.
Finally, in conclusion I will summarise my observations and propose potential developments that the concept of trauma might undergo in the future. I will then outline the key ways this paper might be improved, as well as potential avenues for further research.

2. Historical development

2.1 Etymology and definition

2.1.1 Etymology

The word ‘trauma’ comes from the Greek language, where it meant “a wound, a hurt; a defeat” (Online etymology dictionary), with the form ‘traumatikos’ being used as adjective, i.e. “pertaining to a wound”. In almost the same form ‘trauma’ (n) and ‘traumaticus’ (adj) then transitioned into Latin, then French “traumatique” (adj). The first written mention of the term entering English comes from the 17th century, with the noun form ‘trauma’ referring to a physical injury or wound, and an adjective then borrowed from French and transforming into ‘traumatic’. This paper will work primarily with the English language, but due to the concept of trauma being inherently linked to the cross-national developments and events, additional terms and languages will be included. However, the main focus of this paper will remain in Europe and America, as examination of the concept of trauma in other regions would significantly increase the scope of the paper and necessitate a much more extensive research regarding the cultural differences and their influence on the concept of trauma and the related vocabulary.

2.1.2 Definition

While the title of this paper refers specifically to the term ‘trauma’ and its derivatives, this term refers to the concept, which has existed for a long time prior to the term ‘trauma’ being associated with it. This historical development of the concept itself and the prior terms used to refer to it are important for any large-scope research related to the modern term ‘trauma’, as the developments related to it specifically can not be viewed in isolation and must be examined in the context of the larger trajectories. Mechanics, according to which the concept operated and interacted with the language prior to the term ‘trauma’ referring to it, do not just create the initial state for the new term, but potentially influence its further evolution. To explore the historical development of the concept of trauma, it is first necessary to define it, which is where the first issue is encountered.

The term trauma refers to a particular object or set of objects, which already creates a trifecta, where ideally the historical development of each has to be traced: the signifier (the term ‘trauma’ and its derivatives), the signified object, and finally the relationship between the two. Tracing each element presents its unique difficulties as well.

The term trauma throughout its existence has undergone a series of changes and adjustments, expanding and shrinking its meaning, changing its applicability and role, etc. This term was chosen under particular circumstances and to understand its full significance it is is important to examine both the circumstances that preceded its general adoption and the changes it has since undergone, up to the present day.

The object signified by this term today presents a different set of challenges as well. Full research into whether or not the object described by this term today has undergone significant changes in of itself, outside of the language, its social aspects and the role it played, is unfortunately outside the scope of this paper, as it would involve, among other elements, a neurological aspect. Therefore this paper will focus not on the object itself, but on the interpretation of this phenomenon in various contexts, the development of the concept of trauma and the roles it has played. Throughout history the aforementioned concept has been described using a variety of terms, trauma being only one of the latest. The history of its understanding and interpretation, however, is relevant, among other factors, to the examination of the critique related to it and might reveal that, at least partially, the modern critique surrounding the term trauma is simply an expression of the general historical patterns that existed prior to the term itself. Therefore, the concept of trauma will be chosen as an object, despite the fact that at various historical points it was technically not connected to the term ‘trauma' itself.

Finally, the relationship between the signifier and the signified object also presents several complex aspects, because, as was stated earlier, variety of terms have been used to refer to the signified object throughout its history, with the signifier and the signified object occasionally changing asynchronously, leading to a situation, where essentially the same concept is referred to by different terms simultaneously and different concepts are described using the same term. For that reason it is important to state that many specific dates and points listed in this chapter in fact represent a relatively arbitrary division, as for example, after the development of a new term, the old one might be used for some time, with geographical

differences and variation leading to additional confusion. I will, however, attempt to note the cases where regional differences were related to a relevant difference in meaning or implementation, or signify a different branch of development entirely.

To trace the historical development of the established trifecta it is necessary to define them, and while the first (signifier) and the last (relation between the signifier and the signified object) are sufficiently clear, the second element, i.e. the signified object, presents additional challenges, as today the term trauma belongs to several contexts and generally refers to a rather wide variety of phenomena.

Current medical definition of trauma is, unfortunately, the topic of active debates, and the precise definition offered by the certified psychiatrists and psychologists varies. As a starting point for this paper I have chosen the definition offered by the DSM V (The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, 2013), recognised in both America and Europe, although with some variation. It defines the diagnosis of PTSD — post traumatic stress disorder — which is generally referred to as trauma, within the category of "Trauma and stress related disorders". Their defining characteristic is that "…exposure to a traumatic or stressful event is listed explicitly as a diagnostic criterion" (DSM V). PTSD itself is defined through multiple possible criteria, of which the first one is "Exposure to actual or threatened death, serious injury, or sexual violence" (DSM V). However, it is later specified that the traumatic event does not necessarily have to be of that kind specifically, as long as it is "traumatic". Moreover, all of the other criteria have to do with reactions and symptoms exhibited by the subject. This definition is characterised by a degree of circularity: trauma is essentially defined as condition, caused by a particular event; but the event itself is defined using the adjective 'traumatic' i.e. 'capable of causing trauma', 'related to trauma'. While specific examples of traumatic events are offered, such as a car crash or a violent incident, this circularity might be evident of a degree to which the concept of trauma today is treated as self evident and not requiring (or indeed not permitting) additional specificity even in the clinical sector. This aspect is potentially also relevant to the concept of framework levels, discussed later.

Outside of the clinical context the term 'trauma' is defined very broadly. For example, Merriam Webster dictionary offers the following definition: "a: an injury (such as a wound) to living tissue caused by an extrinsic agent; b: a

disordered psychic or behavioral state resulting from severe mental or emotional stress or physical injury; c: an emotional upset", followed by a second possible meaning "an agent, force, or mechanism that causes trauma" (Merriam Webster Online Dictionary). The non-clinical definition is so broad, that in particular areas it clearly intersects with other terms, making choosing a particular definition especially difficult.

To trace the historical development of the concept of trauma, it is necessary to find a common element between these definitions, which essentially encompasses the key element which separates the term 'trauma', both clinically and colloquially, from other similar terms. For the purposes of this chapter the following definition will be used to define the general scope of the historical context which surrounds its development and evolution: negative psychological consequences caused by an external event. For consistency, for the majority of this chapter the concept, development of which is being traced, will be referred to as the concept of trauma, despite the fact that it was not referred to as such at the time.

2.2 Definition of starting point & pre industrial revolution

The next issue is the choice of the initial point from which such the development should be traced. Even in such early works as the epic of Gilgamesh there are descriptions of correlation of events and experiences that fit the modern definitions of trauma: "Mankind's first major epic, the tale of Gilgamesh, gives us explicit descriptions of both love and posttraumatic symptoms, suggesting that the latter are also part of human fundamental experience." (Marc-Antoine Crocq). This shows that not only did such concept exist at that point already, but it was abstract enough to be assigned to a fictional character, which leads to a conclusion that at this point the experience of at least this type of trauma could be considered not just the description of an experience of an individual, but an independent concept of correlation between the event and the consequence.

However, while the concept has clearly existed for a long time, it can be argued that for many centuries it lacked an important aspect of generalisation and universality, making it rather a progenitor to the modern concept of trauma, not an actual part of its development. While a connection of an event and a consequence was present, this correlation either remained between the specific event and a specific consequence (i.e. this specific event caused this specific

consequence in this specific case), or at most between the specific type of event and specific type of consequence (i.e. event of this specific type causes this specific type of consequence). Modern concept of trauma is characterised at least partially by the connection of consequences not to the specific event or category of events, but to the partially abstracted attribute these events share. The reliance on the adjective 'traumatic' in the PTSD definition in DSM V is evident of that fact. This generalisation or abstraction, it can be argued, has been absent until historically speaking relatively recently.

A possible exception is the attribution of a certain type of long term symptoms (such as sudden blindness, paralysis, depression, etc) to a particular supernatural source, such as curse or actions of a supernatural entity. This unification grouped general type of events into specific category, even if they had different actual causes, and potentially displayed an early expression of the perceived pattern of similarity between them. However, this grouping was likely caused by the ignorance of the actual sources, not the estimation of their shared attribute of being able to cause such consequences. Based on these differences it is possible to assume, that the while the general concept of trauma has existed for a long time, it acquired the specific attributes relevant to its modern interpretation and role at a later point.

Another significant aspect that differentiates the modern concept of trauma is its interaction with the economic system. Prior to the industrial revolution even in cases where the concept of trauma existed, it did not interact with the economic system at a sufficient level, and while undoubtedly separate examples can be found, the scale and regularity of such interaction play a significant part in the particularities of the concept of trauma in its modern form.

2.3 Industrial revolution

For the reasons that will be presented further, the period of industrial revolution can be considered the point, from which the concept of trauma acquired the attributes sufficiently similar to its modern form.

The first significant effect that the industrialisation had is that the change it caused in the nature of catastrophes. Prior to the industrialisation, relatively large scale catastrophic events included mainly wars and natural events, such as floods, wildfires, and disease outbreaks. Natural catastrophes were generally perceived as sourceless, and even when the blame for them was assigned to

specific individuals, this blame was usually attributed via the means which could not be established directly and self evidently (i.e. correlation of a taboo violation and a catastrophe was treated as causation simply due to the nature of the initial event). Perception of wars was related to a much larger concept of belonging to a particular group and while blame for the consequences of war could be assigned, it was generally assigned to a larger group. In any case, the assignment of blame was not likely to lead to any further actions, apart from few fringe cases. The industrial revolution brought with it railway accidents as well as large scale explosions and incidents at factories. These events, while sufficiently large scale and harmful to a large group of individuals, were also sufficiently clearly attributable to specific individuals and/or groups.

The second effect the industrial revolution had was the change to the type of individuals affected by such events. While previously existing types of large scale negative events certainly affected the population unevenly, with those possessing more resources potentially having means to protect themselves, there was still a clear likelihood that even those wealthy and in the position of power could be affected by a plague, a flood or a wildfire. Industrial catastrophes and incidents, however, tended to specifically affect the worker class, highly dependant on their salary at the factory and lacking the means to abstain from work. Railway incidents affected more varied sections of population, however, as will be stated in more detail later, the risk of injuries was more significant for the second and third classes of cars.

The third effect the industrial revolution had was moving the catastrophes and incidents to more densely populated areas — the demand for large numbers of workers and their general location around the industrial areas meant that new incidents were likely to occur in an environment, where it could easily affect multiple people at the same time, and multiple witnesses were likely to be present. For the same reason, due to the same factors, the consequences of these events and their effect on the victims and witnesses could be observed much easier, making it much more likely that a pattern of similarity would be established.

In addition, the industrial revolution brought with it the change to the way the information was shared — spread of the new types of newspapers and means of sharing information quickly, such as telegraph, meant that any sufficiently large event was able to quickly affect not just those immediately present, but also be made available to a much larger audience.

The extent to which the industrial revolution itself caused the next factor, which influenced the development of the concept of trauma, is not entirely clear, however it either caused or coincided with the general increase in the interest in the concept of work safety. While it is often claimed, that the industrial revolution made working conditions much more dangerous and caused a significant increase in the number of fatal or significant incidents, there is little statistics available regarding this trend, as the first significant acquisition of such statistics coincided with (or was potentially caused by) the industrialisation itself. One possible reason for the correlation is the population movement — industrialisation caused working population to be gathered in specific areas, thus simplifying the acquisition of relevant information regarding the fatality of certain aspects of work and prompting the implementation of safety measures and other systems. The drop in the number of incidents which the statistics present, correlates to multiple safety measures that began to be enforced by the industry members and the government, but the initial number could have been present prior to the industrialisation as well.

Another development related to the previous one, which should not be ignored, was the incident insurance. While the insurance itself had existed for a long time prior to the industrial revolution, the development of the incident insurance specifically is often attributed to the rise of popularity of the railway travel coupled with its relative danger and the spectacular nature of railway incidents. The attractiveness of the new way of travel coupled with its perceived danger produced a market for the new type of insurance, specifically the incident insurance for the railway travel. The first such company, The Railway Passengers Assurance Company, was established in 1848 in England and was able to reach an agreement with the railway companies, who sought to assure and attract the potential new passengers, as a result of which "the insurance for the basic accidents was sold as a package deal along with travel tickets to costumers" (Aviva insurance company website heritage section). This development potentially introduced every passenger to the insurance and compensation framework, giving them means to claim damage and compensation, should an incident occur. It is worth noting, however, that the premiums the company charged were higher for the second and third classes, as the risk of injury was statistically higher for the passengers in the roofless carriages. Insurance industry was generally developing in the second half of the IXX century on a national level as well, as national insurances were introduced in various European countries, which included among others the

accident insurance. While America officially did not have a mandatory national insurance until the Social Security Act of 1935, private and local insurance had been established prior to that.

Final, but perhaps the most significant development for the modern concept of trauma is the contemporary developments in legal framework. The laws related to worker safety, justified by the statistics mentioned earlier, began to be passed in the middle of the 19th century. And while initially they mostly mandated the use of safer techniques and mechanisms, such as the Safety Appliance Act of 1893 in the US, which mandated the use of safer railway coupling mechanisms, at the end of the 19th — beginning of 20th century several laws were passed, regulating the worker compensation for the injuries and disabilities they suffered as a result of a work-related incident. One of the first such laws is the "Loi sur l'indemnisation des accidents du travail" (Workers Compensation Act) passed in France in 1898. While previously it was potentially possible for a worker to sue their employer for an injury they suffered at work, legally speaking they would be required to provide evidence of the employer's actions which directly caused the incident and the injury. This law is significant, because it allowed the workers to claim compensation from their employer for the injuries they suffered while working, without having to prove the employer's direct fault. This is due to the principle of "responsabilité sans faute" (responsibility without fault). The amount of compensation was determined by the law, but in essence this law changed the focus from proving the responsibility of the employer for the incident to proving the effect the incident had on the worker.

All the developments listed by this point do not belong to the scientific development or the evolution of the concept of trauma, but to the social and economic sectors (the term economic is used here to refer to the general concept of gain and loss of resources). However, the combination of these developments created a situation where the scientific development of the concept of trauma became especially relevant. The laws regarding compensations (both for the factory workers and the railway incident victims) required legal evaluation of the validity of the victim's claims regarding their injuries or other negative consequences caused by a particular event. While physical wounds presented comparatively few issues, as they were easy to demonstrate, psychological damage was much more difficult to prove or indeed ascribe to the effects of the incident.

On the one hand, at this point the claimed psychological damage was mainly presented in the form of relatively clear physical symptoms, such as paralysis, tremor, temporary blindness etc, which clearly prevented the worker from continuing to earn their wage or served as a clear sign of change in the victim of a railway incident. On the other hand, unlike physical injuries, which were easy to link to the initial event through the commonly accepted logic (i.e. a physical impact causes a physical wound), psychological wounds, even if they caused physical symptoms, required a separate and reliable way for their link to the initial event to be proven or indeed disproven. Additionally, it was much easier to accuse the claimant of faking the symptoms when they were not easily linked to a specific physical and observable change. Scientists and doctors were invited into courts as expert witnesses and asked to provide their professional opinion. This initially occurred mainly in the cases of railway accidents, due to their higher profile and level of public interest.

The term 'neurosis' was created by William Cullen in the 18th century and essentially meant an abnormal condition related in some way to nerves. This term in time acquired multiple additional meanings, specifically the meaning of a non-physical ailment, and, according to several sources, in the 18th century it was often assigned to many diseases, where the cause was not clear, thus leading to their attribution to a nervous issue. This term was, among others, used to describe the symptoms presented by the victims of railway and factory incidents. Its development was contemporary to the industrial revolution and it is not clear, to which extent it was influenced by it. However, in his book "On railway and other injuries of the nervous system", published in 1866, physician John Eric Erichsen described the difficulty in determining the cause for some complaints the survivors of railway incidents had and proposed the terms "railway spine" and "railway brain" to explain the symptoms they presented, attributing them to a physical injury which could not be detected at the time due to its microscopic size. He also mentioned the difficulties such cases presented in the court cases in regards to compensation. This shows, that the concept of legal framework and the request for compensation for these symptoms at least created a significant context for the their further study, predating and likely influencing most terms used to describe them from that point on. This claim will be supported further by presenting the role the scientific theories and medical diagnoses played in the issue of compensation.

Some of the interpretations and expert opinions offered by the scientific community in the cases of claims of psychological damages were favourable to

the victims, arguing for the existence of link between the initial event and the resulting symptoms. The nature of such link was debated and the contemporary views of the concept of trauma varied in several aspects. One of them was related to the issue of whether the effect of the initial incident was physical or not. The terms ‘railway spine’ and ‘railway brain’, mentioned earlier, embodied that view, attributing the symptoms to the invisible micro-lesions. Other terms, such as 'trauma hysteria’, also developed at the time, were related to alternative interpretations, which attributed the symptoms to the purely psychological effect of the initial incident. However, even when the link was considered non-physical, even these interpretations offered the grounds for suggesting the subject’s right for compensation. This was possible due to the focus on the external source of the symptoms.

However, not all interpretations were as positive. It is important to note that one of the main areas of psychology dealing with the issue of traumatic disorders at the end of 19th - beginning of the 20th century was the extension of forensic psychology, which previously had been focused on the issue of “abnormal” criminals. This factor might partially explain the changes that the concept of trauma went through after the initial introduction: “While general psychiatry textbooks said little about the disorder, the main texts in forensic psychiatry expounded on it in some length. It is there that we must seek the first attempts by society to actively engage trauma” (Fassin, Didier & Rechtman, Richard, p. 35). In 1907 in France the term ‘sinestrosis’ was introduced by Edouard Brissaud during his speech before the Fourth Chamber of the Civil Tribunal of Seine. This term offered the formalisation of the view, that the worker’s behaviour and refusal to return to work were motivated by the promise of compensation: “In all the countries which provide compensations for accidents at work, “insured“ injuries take much longer to heal that “non-insured” injuries. The whole question of sinestrosis boils down to this hard, unarguable and uncontested fact. What is the cause of this prolonged incapacity to work? It is a morbid state — sinestrosis — which consists in a very particular inhibition of the will, more precisely, of good will” (Le Concours Medical, N° 8 1908, translated by Fassin and Rechtman). According to Brissaud, the condition was theoretically not limited to workers, as middle class members were potentially equally capable of developing it, but the working conditions the latter had to endure gave rise to more frequent accidents. A quick compensation of a limited sum was recommended to quickly return the worker to work. It is important to note, that while Brissaud

considered the worker's desire for compensation to be a symptom of their disorder and not a normal behaviour, he did not view the compensation as some negative act in of itself, but rather as a sort of quick and necessary treatment, meant to eliminate the condition and allow the worker to return to work as soon as possible, benefiting both the worker and the employer. While Brissaud himself classified sinestrosis as a condition separate from hysteria, general scientific community at the time did not agree with this classification, considering it a variant of the trauma neurosis, which itself would be classified as hysteria: "Indeed, according to specialists in forensic medicine, sinestrosis and trauma neurosis were both "claim neuroses." In their view, the bad faith of those suffering from sinestrosis was equivalent to that observed to trauma neurosis, and the persistence of sufferer's symptoms despite robust treatment was proof that they had little will to recover." (Fassin, Didier & Rechtman, Richard, p. 38). It should be noted, that the concept of sinestrosis or malingering survived up until almost the last quarter of 20th century, as can be seen from this quote from 1973: "In addition, the development of some traumatic neuroses is so closely related to the prospect of financial restitution (so-called compensatory or litigation neurosis) that it would seem that the prospect of the "cure" causes the disease. An attorney's confusion is understandable when confronted with a case where the illness depends on the compensation, rather than the reverse." (Ferguson, William, p. 381).

2.4 Russo-Japanese war

"The Russian-Japanese war was marked by the siege of Port Arthur and the naval battle of Tsushima. It was probably during this conflict that post-battle psychiatric symptoms were recognized for the first time as such by both doctors and military command." (Marc-Antoine Crocq). As was stated before, general understanding and conceptualisation of the psychological disorder had existed previously, and the contemporary psychiatry even had a formal framework within which these disorders were positioned. Prior to the Russo-Japanese War the general consensus was that these experiences and disorders represented a separate category from those, displayed by the workers at the factories and railway accident survivors, thus the terms they were referred to with — 'combat hysteria' or 'combat neurasthenia'. They were believed to be rare and caused by the flawed character of specific soldiers. It should be noted, that unlike in the case of the civilian disorder, here the very presence of the

condition, even absent of a specific situation of a claim, is considered to be a failure of the soldier's character or nature.

However, it is during this war that the similarity between the military and the civilian conditions was first proposed: "The German physician Honigman […] was the first to coin the term 'war neurosis' [Kriegsneurose] in 1907 for what was previously called 'combat hysteria' and 'combat neurasthenia'; […] he stressed the similarity between these cases and those reported by Oppenheim after railway accidents." (Marc-Antoine Crocq). This represents an important move towards the generalisation of the concept of trauma. Relevance to the linguistic examination of trauma should be noted at this point, as this development allowed the framework surrounding one aspect of said concept to influence the other elements, i.e. the attitude towards the workers and the vocabulary used to describe their experience could potentially be used to describe the experiences of the soldiers and vice versa.

As stated before, trauma (or indeed combat hysteria) was considered to be a rare exception. This led to the situation where the military was not prepared for the growing number of such cases in this and the following military conflicts. "At first, these soldiers were hospitalized with the others ... but soon we had to open special psychiatric hospitals for them. Now, psychiatric patients make up by far the largest category in our armed forces" (Bernd Ulrich & Benjamin Ziemann). However, while the surprise of the military at the extent of traumatic symptoms is confirmed by multiple sources, it has to be separated from a common claim, that it is this lack of preparation that caused the methods that would be employed by the military doctors to become extremely hostile towards the soldiers. Indeed, the degree of suspicion, traditionally ascribed to the attitude of the military, actually clearly aligns with the general attitude of physicians and scientists towards the civilian symptoms displayed just prior to the Russo-Japanese War and WWI.

Finally, while not directly related to this event, a theory should be mentioned here, as it was based on the the data from both the Russian revolution and the Russo-Japanese war and would play a significant role in the suspicion directed towards the soldiers during WWI. In 1912 Adam Cygielstreijch published two articles, where he outlined the key aspects of his theory regarding the nature of traumatic neurosis in the civilian and military population. "According to Cygielstreijch, there could be no doubt that it was not the event itself that was traumatic, but the surprise which it engendered. This explained why natural disasters could incite disorders in any subject, regardless of predisposing

factors, while social upheavals only gave rise to disorders in people who, even without this particular upset, would have presented with mental problems" (Fassin, Didier & Rechtman, Richard, p. 46). This introduces the important vector of "normality" into the framework of trauma and states, that it is the abnormality of the event that causes the trauma. However, this abnormality is not universal and differs from group to group and context to context. Moreover, Cygielstreijch also supported the idea that trauma is related to the inherent abnormality of the subject themselves as well, and the surprising event should be considered a trigger of that abnormality: "The only victims of the revolution in Moscow were those who, by virtue of their psychopathological constitution, were predestined to this fate. Any other physical or moral agent would have produced the same effect. Political trauma should be considered a trigger rather than a determining cause of mental illness" (Cygielstreijch, p. 144).

2.5 The first World War

The first World War represents the next logical stage of development of the concept of trauma as well as a significant source of data on its contemporary framework(s). After the Russo-Japanese War the military sector partially accepted the reality of trauma and by the beginning of WWI (or shortly thereafter) many armies already included more medical specialists, whose task was to deal with the cases of the traumatic disorders among the soldiers. Their primary duty, however, was to discover deserters, and even when it came to actual treatment, it was focused on restoring the functionality of the soldier, not improving their state outside of the context of their service. "[…] in all cases the primary intention was to expose malignerers, and then, through repeated sessions and the use of authoritarian arguments, to stimulate a decisive rejection of everything that these "weak" men were alleged to prefer to their patriotic duty. Neither faradism nor the efforts at persuasion aimed to treat the soldier's symptoms, which might include nightmares, anxiety or pseudoparalysis" (Fassin, Didier & Rechtman, Richard, p.49). The authority of the doctor over the determination of the soldier's state was absolute. Neurologist Joseph Babinski was cited as stating: "Hysteric who will not be persuaded that he is cured must be suspected of bad faith".

The previously mentioned theory of Cygielstreijch regarding the unexpected nature of traumatic events posited, that during the war the events the soldiers

encountered, no matter how severe or damaging, were in the realm of what they should have expected, and therefore could not be considered surprising enough to cause trauma. And because multiple soldiers faced the same circumstances, but only some then displayed symptoms associated with psychological disorder, it was theorised that the fault must lie with them and not with the circumstances. Traumatised soldiers were essentially positioned as the abnormal element in the situation. This was exacerbated by their perception as cowards who did not fit the patriotic ideal and valued their lives more than their duty as soldiers. Concept of trauma was essentially equated to a moral failure of the individual.

Additionally, this theory provided grounds to doubt even the possibility of trauma in most soldiers. According to Cygielstreijch, to be traumatised, one, essentially, had to display a level of sophistication and potentially education higher than that of a usual soldier: “It is generally thought that those who suffer nervous illness are almost exclusively officers, educated and refined people. It has always been assumed that the rank-and-file soldiers, recruited from among the peasants and farmers, are resistant to disturbances of this order and thus not subject to nervous illness. This data appears to confirm the long established thinking that neurosis is extremely rare among rank-and-file soldiers and should not detain the attention of the doctors.” (Cygielstreijch 1912, p. 144). Essentially, trauma diagnosis was restricted to a limited group with comparatively high social status.

Not all neuroses were treated equally, however. “Combat madness”, manifestation of anxiety and panic through extreme and uncontrolled aggressiveness, often leading to the soldier acting with suicidal disregard for their safety, was not condemned nor treated. This shows that it was not necessarily the mental state of the soldier that was the issue for the army, but their readiness to perform the actions that were expected of them. However, the attitude towards the neuroses that rendered the soldier less effective in the role assigned to them had major consequences for the attitude towards the concept of trauma, both then and later on: “By defining traumatic neurosis as the pitiful alternative to dying for one’s country, the armed forces essentially set a context for interpretation and treatment that would prevail throughout the years of war, on both sides of the conflict.” (Fassin, Didier & Rechtman, Richard, p. 42) Soldiers, who displayed the neuroses that were not seen as useful, were seen as damaging towards the unit and were treated in a way meant to discourage others from following their example.

It should be noted that a new term was proposed during WWI by the British psychologist Charles Samuel Myers, meant to describe the particular set of symptoms displayed by the soldiers. The term ‘shell shock’ was associated first and foremost with bombardments, which is reflected in its etymology, but later expanded to define similar symptoms that appeared in different circumstances. The popularity of this term is possibly evident both of the extent of traumatic symptoms during WWI, the pattern of similarity between multiple cases, which was being observed, as well as of an initially limited association with a particular source.

Finally, it is necessary to examine the often repeated narrative, according to which the scientific progress and the development of psychoanalysis, which correlated roughly to the later half of WWI, resulted in the the abandonment of aggressive and unjust methods of treatment and general improvement in the perception of trauma and traumatised soldiers. While proponents of psychoanalysis did indeed in some cases criticise the aggressive approaches used in the army, this critique was limited to few countries and did not actually absolve the soldier of the blame for their behaviour. It merely shifted the blame from their consciousness to the subconsciousness — it did not normalise the behaviour of these soldiers. Instead of positioning them as someone who made an incorrect or morally wrong decision and should be punished for it or convinced to change their behaviour, soldiers were viewed as inherently flawed — i.e. their behaviour was caused by their flawed nature which they were unaware of, and they should therefore be helped to overcome it in order to correct their behaviour. Sigmund Freud himself proposed the theory of secondary gains, which essentially encapsulated the previously mentioned logic, and was of the opinion that no disorder should be reason enough not to send someone to the front, unless it was sufficiently debilitating to impact their abilities as a soldier. The new approach did, however, result in some positive changes as well, which are outlined in the next section, even if its positive impact is often overestimated.

2.6 Period between the two World Wars

To understand the development the concept of trauma went through between the two World Wars, it is necessary to examine the shift in the scientific sector related to it. While psychoanalysis began to develop before the First World War, it had few proponents and was not particularly influential. Towards the

end of the war, however, as well as after it, it began to be accepted more broadly as an approach, benefitting partially from the social critique of the particularly brutal methods the traditional psychiatry employed against the soldiers, such as cases of excessive use of electroshock and psychological abuse. Generally speaking, psychoanalysis shifted the responsibility for the symptoms that the soldiers displayed from their conscious decision to an subconscious impulse. This did have significant effect in that it challenged the application of military procedure at the time, which stated that punishment for desertion was execution. Shifting the responsibility from conscious to subconscious minds meant that legally speaking those affected by the traumatic symptoms could not be classified as deserters as they did not act of their own volition.

Apart from that, however, this reorientation did not necessarily improve the status of the those displaying the traumatic symptoms too significantly. Unlike the classic concept of shell shock, this new interpretation now detached the symptoms and the subjective experiences from the specific event almost completely. It instead viewed this event as one trigger or source out of many that those affected had gone through (both during the war and outside of it), thus reducing its significance and the value that the soldier's experience held as evidence in regards to the event in question. The causal relationship between the experience and the trauma established earlier, as well as the role of trauma as evidence of the event, were significantly reduced in this new framework.

Additionally, under this new approach soldiers could still be motivated by the benefit they would receive due to their condition, be it compensation or safety, they just potentially weren't aware of that fact. The psychoanalytical approach during the end of WWI essentially then shifted from the classical psychiatrical approach of trying to restore the soldier's will to fight (i.e. appeal to the character of the soldier), to revealing the soldier's flaws to themselves in order to achieve the same goal — return the soldier to battle. The end goal did not change, merely the source, to which the responsibility for the soldier's current condition was assigned.

Advancements in medical care, combined with the generally large scale of the First World War, led to a situation, where a larger than previously number of soldiers could survive serious injuries and returned to civilian life. However, these injuries were often sufficiently debilitating to limit their employment opportunities, and the issue of compensation became relevant on a global scale. And while physical injuries presented a rather clear situation (as long as they

could avoid being attributed to a cowardly attempt to escape one's duties), psychological damage (i.e. trauma) faced much more severe critique, where the reality of the condition itself was questioned: "There should be no excuse given for the establishment of a belief that a functional nervous disability constitutes a right to compensation. […] It may seem cruel that those […] whose illness has been brought on by enemy action and very likely in the course of patriotic service, should be treated with such apparent callousness. But there can be no doubt that in an overwhelming proportion of cases, these patients succumb to 'shock' because they get something out of it. To give them this reward is not ultimately a benefit to them because it encourages the weaker tendencies in their character." (Ben Shephard & Jonathan Cape, p 164). In this case the potential reality of the condition is accepted, but its applicability in the specific cases is not, and the claimant is still treated as being at fault, as the phrase "encourages the weaker tendencies of their character" clearly implied these deplorable tendencies motivating their behaviour. This was echoed by others, who argued that only those of low skill or social status were prone to claiming sufficient trauma to merit compensation.

The framework of the new psychoanalytical approach was also used as an argument against compensation. The logic was as follows: since the event was not the sole factor responsible for the soldier's condition, it was not possible to argue that because of this specific event the individual deserved compensation. It should be noted, that this argument recognised the traumatic neurosis as a real psychological condition, indeed, it even benefitted from the new psychoanalysis framework and was appealing to it. However, it argued against the sole relation of the subject's condition and the specific event and, therefore, against the compensation. This approach generally attributed the rise in claimed traumas with the rise in the laws mandating occupational compensation, stating that the compensation was the motivating factor, either consciously (fraud) or unconsciously (sinestrosis). The suspicion that was aimed towards the workers before WWI, was transferred to the soldiers, strengthened and returned to the civilian sector again, this time aimed both at the workers seeking compensation for the trauma caused by an incident and the soldiers seeking compensation for the trauma caused by the war.

Another aspect, which is necessary to note even considering this paper's limit to examining the history of trauma mainly in Europe and America, is the geographical and social disparity in the perception of trauma. This is particularly significant for the colonial psychiatry (the area of psychiatry

dedicated specifically to the psychological examination of the colonies population and foreign people from the European perspective). While the position of the claimant was slowly but comparatively still improving in Europe (i.e. recognition of the reality of trauma, shift from conscious to subconscious as the source, etc.), the same can not be said for the attitude towards the members of colonies. In 1918 Antoine Poirot, founder of the Algiers School, published "Notes on Muslim Psychiatry" after studying the regiments that served under French flag in North Africa. "In this essay the so-called Muslim mentality is described as particularly conductive to hysteria, the tendency to claim benefits, deceit, and malingering in order to escape the responsibilities of more civilized men" (Fassin, Didier & Rechtman, Richard, p. 56). Soldiers from the colonies were treated as inherently different, often simpler, and therefore the concept of trauma was not considered applicable to them at all. Even in the cases of more clearly physical response such the symptoms traditionally attributed to shell shock, their experiences were interpreted as manifestation of their inherent qualities: "When disorders were observed in soldiers from the colonies they were interpreted as psychotic manifestations (dismissing any possible causal link to between the event and symptoms), and patients were sent back to their country, thus evading the issue of compensation and hence of secondary gains around which the debates about European soldiers entered." (Fassin, Didier & Rechtman, Richard, p.230).

Here the previously mentioned relation of capacity to be traumatised with the sufficiently sophisticated level of thinking was paired with the at the time unstated requirement of initial equality — since trauma is considered in its essence to be a state deviating from the norm, whatever this norm is. What is considered to be abnormal reaction to the member of one group is considered to be normal (while in no way positive) for the member of the other. And therefore while the search for the reasons for the abnormality in the first case is deemed necessary, since no abnormality is considered to be present in the second case, no further research is expected and the recognition of trauma (accompanied by the application of appropriate terms) does not occur. This reveals an important aspect of trauma and its relation to the issue of accepted or debated similarity between the subject or group and the evaluating party.

2.7 World War II and Holocaust

World War II, Holocaust, and their consequences resulted in significant changes in the concept of trauma.

First, there are several ways the concept of trauma changed in regards to the experiences of soldiers. One significant development is related to the unprecedented escalation of scale of the conflict and the tools used in it. This escalation led to many more soldiers being exposed to potentially traumatic events and suffering the psychological consequences to various degrees. While the beginning of the war was marked by the same suspicion that had been present since before the WWI, as the war went on and the scale to which the military personnel was affected by the experiences they faced became apparent, both the military command and the psychiatrists involved in treating them generally tended to attribute the symptoms and behaviour of the affected soldiers solely to their character less and less. This, however, did not mean immediate change, as British Royal Air Force, for example, had a special designation during that time, marking the pilots who refused to fly the planes after experiencing danger as "lacking moral fibre".

The task of psychiatrists in the army was also still primarily to detect the maligners and treat those who displayed the symptoms of shell shock so that they could return to performing their responsibilities. The role of the soldier was considered more important than their personality, with the state of the later being treated as subservient to the former. The situation was not different in the US, where the concept of traumatised soldier was not compatible with the patriotic ideal of “[…] a freedom fighter setting out to save old Europe and returning victorious, crowned in glory” (Fassin, Didier & Rechtman, Richard, p. 69). Experiences of the traumatised soldiers, while widespread, were not considered sufficiently universal and representative of the overall soldier behaviour by the army — they were still treated as experiences of specific individuals which said little about the events they encountered. However, it is important to note that in that case the effectiveness of trauma as evidence of the reality the event that caused it was sufficient enough for the army to ban the release of a documentary film, showing the treatment of traumatised soldiers after the war. While there were doubtlessly other factors as well, it can be argued that it was perceived that the reality of trauma would cause the viewer to infer some information about the situation which at least correlated with its emergence.

The terms ‘battle fatigue’ and ‘combat exhaustion' and the variation ‘combat stress fatigue' were developed during WWII to describe the symptoms displayed by the soldiers. There are conflicting accounts as to the meaning that should be ascribed to this change of the term, as on the one hand the shift from “shock” to “fatigue” or “exhaustion” marks the normalisation of the condition, on the other it also stipulates its temporary nature and implies that the soldier suffering from it simply needs a short pause before returning to the battlefield. Many argue that the chosen terms were “… thought to convey the least implication of neuropsychiatrie disturbance.” (Marc-Antoine Crocq). They also mark the generalisation of the source of trauma, as instead of the specific event (shell impact), more general one (combat/battle) is chosen, implying that this condition could be caused not just by a specific experience, but by a more prolonged and general one.

However, it is the experience of civilian population that affected the concept of trauma the most during that period and caused both the social and the scientific evolution of the concept.

First of all, WWII was signified by the extent to which the experiences of the military and the civilian population began to intersect. Large parts of civilian population in Europe were encountering on a significantly regular basis the events, which prior to WWII mainly were examined in their relation to trauma only in case of the military personnel. This was happening due to the large parts of population transitioning to the military service during the war, civilian population participating in the resistance movements in the occupied territories (i.e. encountering the war-related events as combatants outside of the traditional army framework), as well as due to the extent to which the civilian population was targeted for bombardment and other forms of aggression. This intersection between the soldiers and the civilian populations meant that the theories and frameworks previously applied to the soldiers alone were forced to be examined on the example of civilians, where at least some elements of the framework were inapplicable.

Second, it is impossible to examine the way WWII affected the development of the concept of trauma without examining the issue of the Holocaust and general extermination of civilian population by the nazi regime, both within Germany and outside of it. The holocaust was the largest and most recognised genocide both at the time and remains such today, with the term “genocide” itself being invented in 1944 specifically to describe it. Other languages had terms to refer to such events, but the lack of a specific term in English is

partially evident from the famous speech by Winston Churchill in 1941, where he called the nazi aggression against the civilian population and the soldiers in Soviet Union “a crime without a name”. Therefore the actions of nazi regime during WWII became in a way the archetypical genocide, by which not only other genocides were measured, but other crimes and events as well, as it became the point of reference for the aspect of inhumanity and aggression. However, it is necessary to examine the specific reasons and ways the holocaust affected the development of the concept of trauma.

The first potential reason is the degree to which it affected multiple European countries, meaning that the issue of encounter with an extreme and violent event and the consequences of such an encounter became extremely personal and relevant to the global community even outside of general human solidarity.

The second is the fact that while today many countries primarily view the holocaust as an action that was done to them by an external force, in many countries the occupying forces and the nazi regime were helped by members of local population and even larger local groups, meaning that the population of every country was essentially divided into two opposing sides. The issue of belonging to a particular group became extremely relevant after the defeat of nazi regime, when belonging to a group associated with them was no longer in any way beneficial. This is extremely relevant to the concept of trauma, because as will be examined in more detail later, trauma essentially became the marker of belonging to the group seen in positive light — i.e. if a person or a group was considered to be traumatised, they were considered to be victims, and the absence of trauma meant the suspicion of being related to the perpetrator. It is important to note, that this observation in no way refers to the presence or absence of the actual trauma, but merely outlines the circumstances that influenced the utilisation of and structure of the concept of it.

This role of the concept of trauma also meant that the possibility of being considered traumatised was essentially denied to the those defined as perpetrators. The definition and role assignment worked both ways — establishment of trauma of a particular subject or group assigned them the role of a victim, and the assignment of their role of a perpetrator either made assigning the traumatised status impossible or much more difficult. The general reluctance to examine the trauma of the German population during WWII until much later, compared to the other countries involved in the WWII, can be seen as evidence of that imbalance.

The third is the fact that civilian population served as the main source of the evidence of the crimes committed against it. While, for example, the military personnel could present their accounts of what they had seen at the concentration camps, holocaust survivors could testify to these events to a much larger extent. The concept of trauma is relevant in this case as it served as the mark of authenticity of the individual experiences, the evidence of what the person had gone through, supporting the veracity of their testimony.

This role of trauma as accepted evidence of past events is clearly different from the contemporary role of trauma in the military, for which there are several explanations. The most common one is the fact, that the same suspicion that was first applied to the workers and railway accident survivors and then to the soldiers could not be applied to the holocaust survivors — they could not be suspected of cowardliness, of seeking benefits or of excessive narcissism: "Only events themselves, their ‘irrefutable reality’, and no longer the putative psychological failings of the sufferer, could account for the psychological damage caused by the Holocaust" (Didier Fassin & Richard Rechtman, p 127). While this is true, another factor should not be underestimated as well, namely the role assignment aspect which will be examined later in greater detail. The claim of being traumatised, i.e. negatively affected by an external adverse event, positions not just the subject, but the event and its source along particular axes. Therefore the stated source of trauma should be taken into account, when examining it and the framework surrounding it. The claim of trauma (in the most general sense) by the survivors of the holocaust aligned with the necessity and the desire to accuse the nazi regime and the perpetrators of the Holocaust of their crimes, and by accepting the validity of the survivors’ claims, their testimony and their trauma could be used as the arguments of accusation, both in social sense and even in judicial one.

Partially influenced by this new role of trauma in civilian population, a new term was proposed after the war to describe their experience after the war — ‘survivor syndrome’. In case of civilians it essentially replaced the 'traumatic neurosis'. This term references not just the event and the experience of the victim who had lived through it, but the subjective experience of said victim, due to its relation to the concept of ‘survivors guilt’. It also signifies that some key element of the subject persisted through the event, but was affected by it, thus in the term itself establishing the causal connection between the symptoms and the subjective experience of the victim and the event they experienced. This is also significant for the concept of trauma, as the stressing of the

suspicion by the victims towards themselves (survivors guilt) coincided with the circumstances, which reduced the external suspicion towards them. This correlation supported the change in the role of traumatised victims from an unreliable individual to a reliable witness, who is reliable not despite, but because of their trauma. Survivors guilt became such a significant elements of the new understanding of the concept of trauma, that it was searched for and suspected even in cases where it was not present: “It was both the focus of the psychotherapeutic treatment and the diagnostic marker actively sought by clinicians, sometimes to the point of suggesting it or doubting the legitimacy of trauma in cases where it was not present” (Fassin, Didier & Rechtman, Richard, p.75).

Another change to the concept of trauma was along the axis of normality, which will be examined later in greater detail. While any attempts to apply the old suspicions regarding the moral and character flaws of the survivors were met with outrage and condemnation, the issue of non-universal trauma persisted. Because not everyone who experienced the same events was traumatised, this raised the question of what the source of this disparity was. Due to the number of survivors and their variety, paired with the same or similar events they experienced, ”the question was no longer who were these men who presented with psychological disorders, but rather how did they manage to survive the impossible” (Fassin, Didier & Rechtman, Richard, p. 73). Previous approach that the survivors survived due to being the strongest was not supported by the data and did not explain the trauma they had. Others argued that it is the absence of trauma that should be treated as abnormal, showing the extent of its considered and even sudden normalisation. After WWII Bruno Bettelheim, an Austrian psychiatrists, offered a view, which essentially defined the direction in which the view of trauma would develop in the next several decades: “he shifted the focus of the psychoanalytic theory of trauma by suggesting that the trauma-generating situation carried at least as much influence as individual psychological factors” (Fassin, Didier & Rechtman, Richard, p.74). Essentially, the issue of the debate, both social and scientific, was the allocation of the abnormality aspect inherent to the concept of trauma, which was often correlated with what is considered its source — it was shifting from the individuals to the events they experienced. The trauma was no longer caused solely by the qualities the individuals possessed, but at least in equal measure by the external events. This made the presence of trauma itself the evidence of the type of events experienced by an individual.

The scale of the Holocaust also reframed trauma from the issue of specific individual in specific limited circumstances to a more global and more universal concept. Experience of survivors of concentration camps became the universal example of an equally universal reaction when normal people are placed in abnormal circumstances. Trauma was seen a universal type of reaction, however this universality was in fact much more limited in practice. While trauma of the holocaust survivors was beginning to be accepted as evidence of the reality of their experience and an argument for the accusation of the source of this experience, trauma of the soldiers was, while accepted as real, still treated as abnormal and non-systematic. This was especially true for the non-white non-european or non-american soldiers, whose trauma was either not recognised at all or attributed to their inherent difference.

In practice, while in the years after the war the reality and the universality of the trauma related to the holocaust was defined and accepted, applicability of this new standard of trauma in specific cases not related the holocaust specifically was still much more limited. Trauma was more and more detached from a specific type of event and more defined by a quality the events that caused it shared, but this transition was still ongoing.

This readiness to accept the existence and reliability of a particular trauma, (its role as the evidence of the reality of the subjective experience and the event that caused it), combined with the hesitance to accept the trauma of some individuals or groups in the same way, shows that the suspicion shifted from the trauma itself (i.e. whether or not it exists) and the individual (whether or not their character is flawed), to the validity of the individual's claims — whether or not their experience can be accepted as the aforementioned real and reliable trauma.

This was partially related to the scientific view of trauma as a psychoanalytical concept, which was still used by the medical and scientific specialists at the time. In cases where the experience was not shared by such an extensive number of people, the event was reframed in the history of a particular individual, thus, while not necessarily doubting the validity of their claims, reducing the effectiveness of trauma as evidence. "The increasing gap between these two social trajectories of trauma testifies to the rise of a shared aspirations to transform clinical practice with trauma victims into a politics of trauma" (Fassin, Didier & Rechtman, Richard, p. 84).

2.8 Battered-child syndrome & War on Poverty

In 1964 an expansive social welfare campaign, unofficially called “War on Poverty”, was introduced in America. One of the goals proclaimed as its part was the fight against the cruelty, neglect and abuse of children in poorer families. Since the program included not only the prevention of such abuse but reaction to its presence as well, it necessitated the specific criteria which could serve as official grounds for the intervention in the private life of a family. In 1962 an article about the ‘battered-child syndrome’ was published in the Journal of the American Medical Association, describing the symptoms of child abuse and essentially establishing a clear link between the symptoms displayed by the child and the abuse they have suffered prior. This concerned not only the physical symptoms revealed through examination such as an X-Ray scan, but psychological and behavioural symptoms as well, even if it was stated that not enough is yet known about them: “Psychiatric factors are probably of prime importance in the pathogenesis of the disorder, but knowledge of these factors is limited. Physicians have a duty and responsibility to the child to require a full evaluation of the problem and to guarantee that no expected repetition of trauma will be permitted to occur.” (C. Henry, Kempe et al.). In addition to establishing another significant precedence of the psychological symptoms serving as evidence of past events, this paper underlined the responsibility of the doctors towards the abused children, providing an example of trauma-related secondary role assignment and prescriptive nature of its establishment. Combined with the ‘War on Poverty’, this led to the mandatory reporting laws being signed in every state within a decade, essentially firmly establishing another case of universal concept of trauma, this time, however, linked not to a specific historical event, but to a particular type of actions or behaviours, thus increasing the universality of the concept. Not only is this relevant to the development of the concept of trauma in of itself, but it provided a precedent for the next stage of its evolution and its social role.

After this point chronological description of the development of the concept of trauma is more complicated, as it began to spread into multiple contexts and branches, and therefore multiple significant developments were occurring simultaneously. Generally, while chronological oder is being adhered to where possible, the following sections are arranged in order that is most beneficial in

regards to establishing patterns of development where maintaining chronological order is not possible.

2.9 Feminism

While a detailed history of the feminist movement lies outside of the scope of this essay, its activity during the period after 1960 is particularly relevant to the development of the concept of trauma and even the choice of the modern term 'trauma' itself. While the previous section concerned general child abuse, not specifically sexual, the latter type was particularly relevant for the feminist movement, whose members were campaigning against the sexual abuse of young girls. Seeking the same effect of public concern and legal measures as was achieved in the case of general child abuse, the movement requested from the scientific community a similar confirmation for the reality of sexual violence against children in general and girls specifically. This expectation was motivated by the role the doctors played in the emergence of the legally and socially admissible evidence in the previous case — X-Ray scans offered images of fractures that could not be explained other than by abuse, and testimonies of psychiatrists offered additional support to the legal accusations. This case, however, was different in the weight it would place on the psychological evidence, not physical. In the case of child abuse the psychological symptoms, while deemed to be of potentially hight significance, always accompanied specific physical evidence. This was possible in that case as the event, the reality of which needed to be proven, was sufficiently recent for the physical evidence to still be present and detectable. In the type of abuse the feminist movement was interested in the event was usually reported much later, thus leading to the situation where physical evidence was lacking. This essentially would require the clinicians to utilise their scientific expertise to establish not only the reality of particular subjective experience of the victims, but also the irrefutable link between these experiences and particular past events, and present these findings in the public forum. While they successfully did the first, as several doctors and specialists publicly testified to the reality of the suffering the women were experiencing (both to the reality of trauma in specific cases and to the reality of this experience in general), the framework they were working within did not provide sufficient tools to establish the expected link between this trauma and past events. Essentially, this meant that while trauma was recognised as real, this by itself was not sufficient to speak

of its source and utilise it as evidence for the purpose of not just judicial, but even social accusation of specific individuals or groups. The association between the recognition of trauma (both physical and psychological) and the successful persecution of the abuser formed expectations, which could not be realised with the psychological aspect alone.

In addition to the perceived failure of the psychology to produce the desired result, the established classical framework of the psychoanalysis was not compatible with the feminist position, as Freud's works in particular argued against the gender equality, and utilisation of Freud framework presented their testimonies regarding sexual abuse as fantasies, which they were confusing with reality. This led to the feminist movement joining the general condemnation of psychiatry as a discipline and the authority of the psychiatrists and psychologists to, among other things, define what constitutes trauma and what its presence implies.

At the Radical Feminist Rape Conference In 1971, Florence Rush, a social worker, presented a paper on the reality and often sexual nature of child abuse, based on her professional experience with sexually abused girls. She argued that this issue was particularly relevant for the feminist movement and condemned, among other things, the classical interpretation of psychoanalysis, where the report of prior abuse at an older age was considered to be expression of oedipal fantasies and therefore was not treated as potential evidence of real experience. She argued that if the psychological symptoms were treated as evidence of other types of abuse in children, this should be true for the sexual abuse as well. In addition to that, she argued for the recognition of similar pattern in the cases of sexual abuse at an older age, i.e. the recognition of psychological symptoms as evidence of past events in the case of sexual abuse in general.

The role of trauma as the evidence of the reality of past events was established in the case of Holocaust, and later also utilised in the case of child abuse. This can be considered the next significant stage and perhaps the first stage where the traumatised status was arguably assigned to a particular group not by an external actor or group, but by the group itself. While the psychological trauma of holocaust survivors was partially claimed by the survivors themselves, the extensive role of the external specialists in this designation is difficult to deny.

Following Rush's presentation in 1971, the term 'incest survivors' was adopted by the group, to paraphrase the already established at the time term 'holocaust survivor': "Incest survivors, as they began to call themselves following Rush's

speech, having learned the lessons of the psychiatric and psychoanalytic notions of trauma that were developing at the time, began to compare their experience of traumatic memory to that of the Holocaust survivors. The shift from traumatic experience to bearing witness to the unspeakable, introduced a few years earlier in psychoanalytic discourse, gave them a new perspective from which to assert that the suffering of women who had been subjected to sexual violence was comparable, at least in certain respects, to that of the survivors of the Nazi concentration camps." (Fassin, Didier & Rechtman, Richard, p. 81). The terms and vocabulary referring to the concept of trauma were used not only to claim the reality of subjective experiences, but in the economic sense to request a restoration of imbalance. However, before speaking about the effects of this social developments, it is important to examine another contemporary event which influenced the evolution of the concept of trauma.

2.10 Vietnam war

Vietnam war is generally recognised as the next significant military conflict that influenced the concept of trauma after WWII. Starting a decade after the end of WWII it presented a very different image of a conflict and the role of the US military. While during WWII American soldiers were successfully presented in generally positive light to the US population and perceived as such, their role in Vietnam was much more questionable and was the topic of multiple debates. A full overview of the influence of this conflict, while potentially relevant, is outside of the scope of this paper. For that reason it is logical to focus on the specifically new ways it affected the concept of trauma and the event which is usually considered to have played the key role.

As was stated prior, after WWII the moral judgement related to the concept of trauma changed significantly, as trauma was generally no longer considered to be the evidence of a moral failure of an individual, but of the external harm done to them. This associated the traumatised state with a positive moral evaluation, thus leading to a situation where the perpetrator was unlikely to be considered traumatised. While this did not influence the military to the same extent as the civilian population, the level of suspicion towards the traumatised soldier was still significantly lower.

In 1969 the details of the 1968 My Lai massacre committed by the American soldiers were shared with the public by the journalist Seymour Hersh, despite

the army's attempts to cover it up and resolve the issue quietly. This massacre caused a massive outrage and is described as the most publicised and well known massacre committed by the US in the 20th century. Apart from multiple other factors, this massacre raised a significant issue of assigning the blame for it. The event was sufficiently horrific to position it firmly as abnormal, thus prompting the question of what caused this abnormality. Even assigning the blame for the massacre to the specific individuals who have committed it did not resolve the issue, as this either meant that these were normal people who have committed abnormal acts, raising the question of what caused this, or that these were abnormal men, who somehow found their way into the US army and served there for some time without being questioned at any point. Psychiatrists and psychologists involved in the investigation examined the individuals and their records and excluded the possibility of prior mental illness, therefore focusing the attention of both the public and the interested parties on the event itself. The parties interested in the investigation of the incident in the US could generally be separated into supporters and the opponents of the Vietnam war, however the interest in defending the soldiers did not necessary align with this separation, as, for example, a significant number of war veterans, including those that had served in Vietnam, condemned the war but were interested in defending the soldiers.

Seeking explanation for their actions, psychiatrist Robert Lifton along with several others claimed that these actions were caused by the environment and the situation they found themselves in. "These men were not completely responsible for what happened to them, Robert Lifton claimed, More precisely it was the war, and particularly the nature of combat in hostile Vietnamese jungle, where invisible enemies were an ever present danger, that had led these men to become what they were never meant to be" (Fassin, Didier & Rechtman, Richard, p. 90). It is important to note, that while the psychiatrists condemned the actions of these soldiers, this causation chain from the external factors to their behaviour presented the soldiers as essentially the victims of the Vietnam war and the circumstances they found themselves in. To describe it, Lifton used the term 'atrocity producing situation'. Not only that, but to explain their behaviour Lifton also used the concept of survivors syndrome: "Putting a radical twist on a concept he himself put forward a few years earlier to describe the psychological symptoms of survivors of the Holocaust and Hiroshima, Lifton suggested that these soldiers, who had seen so many of their comrades die, had been consumed by the same survivor guilt as the Jewish and

the Japanese survivors" (Fassin, Didier & Rechtman, Richard, p. 91). The members of the PTSD task force (as the new term and psychiatry framework was being actively developed at the time due to the reasons described later) were actively involved in defending the war veterans, and argued for the inclusion of these new discoveries into the official definition of PTSD. This presented an issue, as essentially the victims and the perpetrators would be recognised as similarly traumatised, which came into conflict with the positive moral evaluation associated with the traumatised status. The partial abandonment of such association, however, details of which will be presented later, essentially offered a solution and a classification which suited the goals of the majority of the parties involved, adding a political motivation to the development often seen as scientific:

"The solution was ultimately simpler than it appeared, since classing the perpetrators of atrocities with the victims offered significant political advantages for both pacifists and supporters of war. For Vietnam Veterans Against the War it was essential to reveal the full horror of the war's atrocities, particularly those committed by US troops, but it was equally important not to place the responsibility on the soldiers themselves. The image of the soldier traumatized by their own actions, an outgrowth of Lifton's concept of the "atrocity-producing situation", allowed them to denounce the war without directly condemning those fighting it. On the other side, for the military authorities who, after My Lai, could no longer cover up the extent of the crimes committed, the soldiers' trauma offered the undeniable advantage of mitigating some of the horror by showing men now destroyed by what they had done. […] For My Lai was not an isolated case" (Fassin, Didier & Rechtman, Richard, p. 92).

Essentially, moral aspect was removed from the clinical and scientific definitions, which focused instead on the specific symptoms. Trauma was neither the indicator of the moral failure of the individual, nor of their innocence. Instead the new concept focused more on the external element, and the concept of abnormality, previously assigned to the individual and now detached from the moral judgement, was fully transferred to the external event. However, this transition should be viewed in the context of another contemporary development

2.11 Legitimacy crisis of psychiatry and publication of DSM III

"Since the early 1970s a huge internal reorganisation, both theoretical and institutional, has been underway in US psychiatry. Reeling from its clash with the anti-psychiatry movement, the discipline's image was doubly tarnished. In the medical world psychiatry was regularly accused of lacking scientific basis. Both its diagnoses and its theories were routinely contested. Seen as unreliable, because they had a low level of reproducibility from one clinician to another, and of little validity, because clinicians were relatively unsure of the pathological reality of what they claimed to describe, psychiatric diagnoses were viewed by many doctors as a hazy amalgamation of moral judgements, received ideas, and outmoded theories. Public opinion saw psychiatry as an instrument of social control, which wrongly classed all of the undesirables that US society did not know how to deal with as insane." (Fassin, Didier & Rechtman, Richard, p. 84) As part of the reorganisation and restructuring, psychiatry abandoned the key element of the previous framework, namely the dimension of moral judgment. Previous official classifications of disorders, neuroses and mental illnesses, published by the European and the American agencies, were either focused on the statistical description, not the clinical framework, or were too vague and of no use for those who would use them — mental health professionals and insurance companies.

The new definition of trauma, or specifically of PTSD, published in the DSM III in 1980, represented a significant shift, while perhaps more social than scientific. The older term 'neurosis' was associated with the idea that the cause for the disorder should be found in the subject's (sub)consciousness, therefore abandoning it in favour of the new one implied the abandonment of that approach. This was meant to not only signify the change in the scientific approach, but also symbolise the abandonment of the negative social aspects traditionally associated with it: "The encounter with the aspirations of the women's movement offered an opportunity to demonstrate psychiatry's new capacity to meet popular expectations, particularly those of groups oppressed by the social order, which psychiatry had always been reproached for serving. […] Redefining the condition formerly known as traumatic neurosis meant that the concept would be recast free from the stigma of suspicion, in the hope of winning over feminists in the same way as gay rights activists" (Fassin, Didier & Rechtman, Richard, p.86). As a result, the scientific view of the concept of trauma was detached from the moral judgement previously inherent to it,

focusing on the effect the abnormal external circumstances had on the subject. This, however, meant that potential new efforts to assign the moral aspect to the elements of trauma framework no longer came into conflict with its scientific interpretation.

2.12 Victim rights groups and the definition of victim

While it is difficult to deny the impact the victims rights groups and similar organisations, dedicated to the support of victims and to helping them receive compensation after various incidents, had on the concept of trauma, it is not easy to pinpoint specific events that these developments can be tied to. Therefore the events listed here should be considered examples of general trend, not necessarily specific sole causes.

While the laws regarding compensations for various incidents were slowly expanding after the WWII, the actual process of receiving these compensations was quite complicated and prolonged. Partially, victims rights associations emerged in both Europe and America in an attempt to help the victims deal with these difficulties. One of the particularly difficult issues was that to claim compensation, the victims would have to file a lawsuit against a specific guilty party, defining which was not always possible. Therefore the establishment of the "Fonds de Garantie des Victimes des actes de Terrorisme et d'autres Infractions" (Guarantee Fund for victims of terrorism and other criminal acts) in France in 1986 signifies an important development in the legal position of a victim — this fund was dedicated to providing the compensation to the victims of terrorist attacks and other crimes, especially where the guilty party could not be sued directly by the victim. While part of a more general development, this represents an acceptance of the concept of shared global responsibility to the victims by the state, and therefore the society.

This is relevant for the concept of trauma, as this development made the legal definition of a victim even more important than previously. Generally at that time in Europe the definition of victim included those who had suffered physical harm during the event or whose property had been damaged, while the psychological damage was not included on its own and was generally examined only as a secondary aspect of the physical one. Essentially, only those that suffered physical harm to themselves or their property were recognised as victims, while those present during the incident were classified as "involved". To expand the definition, victim groups had to establish a

shared link between all those they would represent as victims of the incident and the incident itself.

In 1986, when the French Parliament was voting on the establishment of the Guarantee Fund, victim organisation SOS Attenants commissioned the first epidemiological study by the National Institute for Health and Medical Research on the psychological effects of terrorists attacks. The study concluded that psychological symptoms corresponding to the newly established concept of trauma, were present not only among those who were physically injured by the attack, but those who only witnessed it. While the public recognition took more time, this study and similar ones that followed established trauma as the unifying factor for those demanding compensation: “By blurring the line between visible and invisible injuries, trauma became the mark of all victims: the injured, the survivors, and the “involved”, a group that would include rescue workers and therapists, and soon even television viewers.” (Fassin, Didier & Rechtman, Richard, p 113)

This expansion of the unifying role the concept of trauma and the term ‘trauma’ played, as well as their link to the concept of victim, continued with similar incidents, including two major ones in 2001 — the terrorist attacks on the World Trade Centre in New York and the AZF factory explosion in Toulouse, France. However, there was another important development, which played a significant role in how these events affected the concept of trauma and in its transition from the scientific to the social and political sectors.

2.13 Emergency psychological care

In the early 1990s the reports on the benefits of a debriefing process (also referred to as de-shocking) led to the general development and acceptance of immediate mental health intervention for those exposed to events carrying a high risk of trauma. This practice was first adopted by the military and was gradually spreading to the civilian sector, where such intervention was suspected of being necessary first not for the victims of various incidents, but for the professional workers, such as doctors and firefighters. At the beginning emergency psychiatrists worked at the bases of the emergency services and did not accompany them to the field. Despite some critique from several psychiatrists regarding the universal applicability of this method and the care that should be taken when using it, soon the practice was proposed to be spread to the victims as well at a much larger scale. Psychological care was

incorporated into the state emergency response systems, where their help could be requested by the local authorities. This initiative and the teams of professional volunteers that the system relied upon received significant media attention: “Every time a team was called out to deal with an incident that caught public attention, comments appeared in the press. Each time, the presence of psychologists was highlighted: they were interviewed and filmed. The media focused more attention pn the “emergency psychs” than on the other rescue workers” (Fassin, Didier & Rechtman, Richard, p.137). This represented a significant presence of scientific branch of trauma concept in the social field, as while the emergency response units were connected to the state, they were led and organised primarily by psychiatrists and psychology, who belonged to by this point relatively new discipline of victimology — branch of psychology focused specifically on victims and often an object of multiple debates, as its legitimacy was often questioned. This new form of psychological care again led to a significant expansion of the definition of victim, and, inherently, to the broadening of the potential applicability of the concept of trauma (and the related vocabulary: “Since the concern was no longer the treatment of symptoms developed some time after the event, but intervention at the scene itself in order to prevent those same symptoms, it became impossible to put limits on the range of those at risk: people who were directly or indirectly affected, rescue and support workers, and witnesses (even those who witnessed at a distance) all became potential victims” (Fassin, Didier & Rechtman, Richard, p.137).

2.14 September 11

While the role of the terrorist attack on the World Trade Centre in the evolution of the concept of trauma is widely accepted, its nature is not entirely agreed upon. Epidemiological studies were conducted almost immediately after the attack, providing formal confirmation that a large portion of the American population displayed significant signs of stress, even those far from the actual attack site. It was theorised that those not present during the attack were affected by the images they saw on the TV and the greater context they had for the limited information they received, compared to those present and physically affected by the original attack. However, this interpretation was later criticised, and a more general concept of a remote trauma was established. This expanded the idea that direct physical harm was no longer necessary for trauma

to occur, which had been developing for several decades at this point, and connected it with studies that provided sufficient evidence for it to be generally accepted. At this point, even general presence at the point of event was no longer necessary: “What was new here was that in order to have experienced trauma as a result of an event, it was no longer necessary to have been directly affected by the event. Even though one had not lived through the war, endured the persecution, or experienced the sexual violence, it was not possible to be traumatised by virtue of the fact that one identified oneself as part of the same human community, the community affected by the event” (Fassin, Didier & Rechtman, Richard, p.106).

This was also the point where the scientific concept of trauma supported a significant expansion of the social one, with very little ability to limit the way it was utilised. Scientific research regarding the actual medical trauma supported the image of a trauma as a metaphorical collective experience, shared by multiple people across large distances, providing evidence for its reality and strengthening its perception. However, it is important to note, that this was a general statistical research, not the examination of every individual case. While the initial study proved general possibility of PTSD at a large distance, later research did not support the hypothesis of a health crisis and stated that the general level of stress was much lower than the official threshold necessary for the PTSD diagnosis. Unsurprisingly, the second wave of research was spread much less actively than the first.

This event also reinforced the positive moral characteristic of the traumatised subject, as while this evaluation was now absent from trauma as clinical diagnosis, the social circumstances surrounding the particular situation, where this diagnosis was (largely incorrectly) applied, created the ground for the association of positive moral positioning with trauma to again be reinforced.

One additional factor that should be considered is the active involvement of medical specialists in the events from the very start, both within and outside of their professional capacity (or at least outside of the framework that usually accompanied it). Immediately after the event, despite the publication of a public letter by several trauma specialists, warning against unorganised debriefing and provision of consultation services, multiple specialists offered their services to the US government, to local authorities, and even flew out to the attack site to provide immediate assistance on the ground. US citizens were actively prompted to make use of these services as necessary, with multiple reminders that the event could traumatise them. From a medical point of view,

trauma requires a period of time to pass after the initial event. And while trauma prevention often requires immediate action prior to the particular symptoms being present, in the case the extent of such prevention and the degree, to which the social concept of trauma and the medical one were intersecting, have possibly forced the spread of the self assessment and the belief regarding the trauma one received, as essentially the entire population of US was prompted to determine if they were traumatised. Moreover, the fact that they were traumatised, similarly to the patterns established before, would reinforce their belonging to the group viewed in a positive light after the attack.

2.15 Toulouse explosion

Massive explosion at the AZF factory in Toulouse, France, which occurred in 2001, happened just several days after the attacks on the World Trade Center in New-York and was initially suspected of being related to it. Its almost simultaneous occurrence with the terrorist attack in New York and its industrial nature present an opportunity to examine several other aspects of the contemporary state of the concept of trauma and the changes it had undergone since the official introduction in 1980s.

The explosion itself was characterised by several significant factors. First of all, it occurred at a factory, making it and the surrounding areas the epicentre both purely physically and conceptually, as both the most affected by the explosion and those potentially responsible for it would be sought in its vicinity. Second, the explosion affected a very significant part of the city, however to varying degrees, presenting a range of damage to health and property. Third, the factory was located near the working-class district of the city, one of its poorest, thus the parts of population with the least financial support and dependant on their income and those most affected presented significant overlap.

Similarly to the attack in New York, French government and many local authorities were offered help and services by a wide range of specialists of various qualifications, from professional doctors and psychiatrists to those only tangentially related to the field. Proper government structures and state related organisations, designed to offer psychological support in such situations, had already been established by that point, as was described earlier, but, due to the organisational chaos, the volunteers were often not properly coordinated or instructed: “Because of the urgency of the situation, instructions were issued in

haste and the mobilization of resources was hurried. At no point were the qualifications and skills of volunteers checked, and they were given no specific task, simply asked to put their name on the list" (Fassin, Didier & Rechtman, Richard, p. 131). The system established by the local authorities using the volunteers continued to function for two weeks, as the Toulouse Medical and Psychological Emergency Unit was forced to restrict their activity to organising a localised centre.

Overall disorganisation led to the establishment of multiple local victim support groups, where those present received consultations by volunteer lawyers, doctors and psychologists. None of these initiatives, even those organised by the local authorities, were coordinated with the larger state agencies. Moreover, multiple volunteers who did not offer their services to provide psychological consultations, and even many of the victims, actively participated in what they described as "providing psychological support". One coordinator of the logistical aid was quoted saying: "What I can say is that our teams who were with the victims have done really good work; I think they've really done a lot of listening, although they're not psychologists. In the end I think everyone's been giving psychological support ". This lack of dependence on credentials was seemingly accepted by the victims as well. This demonstrates the notion of psychological support being significantly detached from the medical limitations and environment, while still being considered significantly important for the wellbeing of those affected by the incident. While not related directly to the term 'trauma', this example shows the extent to which the previously scientific concept has been essentially democratised. What is also significant, is the clear intersection of the roles of a victim and a therapist — Toulouse citizens were prompted to perform the roles of both.

In contrast to this universality of the victim, an epidemiological study by the National Institute for Health Monitoring, conducted immediately after the incident, presented a clearly unequal map of victims. Not only were those closest to the factory expectedly affected more on a purely physical level, but even prior to the incident they clearly belonged to a potentially more vulnerable group. "All of these factors defining "most exposed" (spatial, social, material, somatic, affective) describe the same population: those who lived in the districts close to the factory, who already before the accidents were living in precarious economic circumstances. […] Thus a social map of trauma was drawn, in which economic background, professional status and immigrant origin intensified the impact of geographical proximity […] Thus the

consequences of the disaster could no longer be separated from the social realities against which they were set. This pointed to a "collective responsibility", as the chair of the scientific community put it — which later provided a basis for assigning financial compensation independent of the assessment of individual cases" (Fassin, Didier & Rechtman, Richard, p. 143). While these older differences and problems of those affected by the explosion the most were not caused by the explosion itself, they significantly influenced the way the explosion affected these people, and were therefore incorporated into the concept of trauma. On a purely social level (at least at first) the trauma from the specific event included not only the imbalance created by this event, but the pre-existing imbalance and issues as well. However, this inclusion would find an economic reflection later on as well.

The victims' rights associations campaigning for the compensation to be provided emphasised these prior issues in their approach: "Whereas previously the campaigns of victims' rights associations had always made a point of restricting their actions to the specific condition of victim, the survivors' association worked in the opposite way. They appropriated the motif of the victim and the language of trauma in order to give voice to much older grievances that remained unsettles" (Fassin, Didier & Rechtman, Richard, p.145). The issue of compensation in the case of the Toulouse explosion was more complicated than in the case of the terrorist attacks, as the potentially responsible party, which would be required to provide the compensation, was a proper legal entity within France and subject to civil and criminal responsibility. The guarantee fund mentioned earlier did not cover this situation. To apply for compensation in such cases French laws required that the victim acquired a certificate of injury issued by a medical specialist prior to the application. This would have meant a complicated process for the victims, as well as occupy the courts for a very long time. As the company controlling the factory was also not interested in the long court proceedings and especially in the PR effect they would have, an agreement outlining a simplified procedure was established, where, among other elements, the requirement for the initial injury certificate was dropped. Many initial complaints regarding the psychological damage did not fit the formal definition of trauma and were at first rejected by the experts hired by the court. This prompted another round of discussions, after which the category of "specific damage" was added, "that would include in its criteria a variety of psychological signs and take into account as well more social and economic considerations, such as the life

difficulties faced by the claimant since the disaster. The amount to be awarded depended not on the clinical condition of the claimant, but on the cumulative weight of his or her problems. […] this extension of the definition made it possible for a large proportion of the population of Toulouse to receive compensation, at least those who agreed to sign the protocol. According to the experts, virtually nobody was ineligible for the compensation. Even those who had not been in the city on the day of the explosion could benefit from the principle of specific damage, on grounds of their emotional experience of the accident and its consequences for their everyday life." (Fassin, Didier & Rechtman, Richard, p. 150). The concept of trauma, within the legal framework surrounding the Toulouse explosion, was essentially expanded to fit almost everyone.

It is necessary to note that two categories of Toulouse citizens were not included in these settlement agreements, however. The first were the workers at the factory, who were excluded from the collective unity of trauma both socially and legally for several reasons — their potential association with the responsible party and the efforts of the workers union, which was interested in maintaining the jobs which could be lost if the workers were positioned as the victims of the company which owned the factory. Legally speaking, their only option to receive the same compensation as the rest of the public was to accuse the company of criminal negligence. They were provided with counselling and psychological help, i.e. their trauma was recognised and addressed, but these efforts were intentionally separated from those addressing the general public and no information was shared outside of the company. It could indeed be argued that the efforts by the company and the workers union were aimed at reducing the unifying effects of trauma.

The other group excluded from the compensation agreement were the patients at the mental hospital located right next to the factory. They were not addressed in public speeches, nor were they included in the epidemiological study conducted right after the explosion. "This exclusion clearly indicates that the mental hospital patients were not considered victims of the disaster: they remained above all mentally ill patients to be catered to by the psychiatric care provisions already in place for them, rather than by the structures set up to care specifically for trauma" (Fassin, Didier & Rechtman, Richard, p.146). This contradicts the contemporary scientific logic, which clearly states that mental illness is one of the markers of being particularly vulnerable to PTSD. Therefore from a scientific point of view their trauma was more probable and

likely more serious than of an average Toulouse citizen. Therefore the reasons for their exclusion is likely not scientific, but social and/or legal. Legally speaking, they were already provided with care by the medical facilities they were transferred to, and their rights and existence was defined by the legal documents regarding their stay at these facilities, which did not offer the framework to request compensation for their trauma. However, this does not explain their exclusion from a social point of view — the compensation agreement included many of those, who would not be compensated for their trauma and damage under the standard French laws, and in the case of these people the social factor of the collective pressure was more significant than the legal one. One possible explanation, however, is that at the moment of the accident these patients were not considered to belong to the group which requested compensation for and was unified by the collective trauma: "No longer was the person testifying to trauma regarded with suspicion, but he or she still needed to be rooted in the collective reality of a tragic event in order for their testimony to be credited." (Fassin, Didier & Rechtman, Richard, p. 146) This rooting, however, has to not just be claimed by the person themselves, but recognised by others, which did not happen here for the reasons mentioned above.

The disorganised nature of the psychological support provided after the incident was widely criticised, but while the nature of the criticisms varied, the value of trauma and its significance was not questioned. The need for the care to be provided to those traumatised was no longer promoted primarily by the scientific and medical community, but by the political one. It is important to note that this is a separate issue from compensation, which at this point was firmly established in the socio-political sector — it is specifically the provision of psychological care which was not just democratised, as can be evidenced by the general readiness of the population to participate in it (or in what they perceived to be psychological care) as both patients and doctors, but was now also transitioning to the political area in general. "In this sense Toulouse marked a turning point in the history of trauma in France. For the first time, the primacy of scientific discourse and clinical psychological practice was challenged by a political vision of trauma. The issue was no longer, as during previous campaigns, to advance the cause of victims using the evidence of clinical trauma, but rather to appropriate the mobilising power of trauma as a social fact. […] Already of secondary status in the past, victimology now became insignificant, even suspect, at the very moment when care for the

victims of trauma had gained the greatest social visibility and was recognised as a political imperative in the face of collective suffering." (Fassin, Didier & Rechtman, Richard, p. 135)

2.16 Humanitarian groups

Humanitarian organisations, such as Red Cross, Médecins Sans Frontières (MSF) and Médecins du monde (MDM), in their responsibilities can sometimes be seen as similar to the victim rights groups mentioned previously. While these organisations are often considered to focus on providing care and services to those in need, it is important to remember that one of the founding principles of both MDM and MSF is the concept of "witnessing", and the website of MDM specifically states the goal of "Témoigner pour dénoncer, informer pour engager" (testify to condemn, inform to engage). These organisations, generally founded in the 19-20 centuries, developed a significant focus on the psychological aid and the concept of trauma in the late 20 century and played a role in the acceptance of the concept and the role it plays today.
It is important to note that the scientific categories employed by these organisations are clearly subservient to the goals they pursue, which can be seen on the example of the 1988 Armenia earthquake. "In Armenia it was the concern for the other, a characteristic of the humanitarian groups that came first — not the diagnostic category, which belonged to psychiatric practice" (Fassin, Didier & Rechtman, Richard, p.172). Despite psychologists taking part in the projects of these organisations, generally speaking they were not acting in their full professional capacity — their participation predates the use of the concept of trauma, much less the official clinical diagnosis of one: "In other words, for both the MSF and MDM, the category of trauma appeared on the aid scene some time after volunteer psychiatrists had already entered the field, and it simply served to support their intuitions and legitimise their actions. […] Thus it was the ideal of moral commitment […] rather than any appeal to professional reasoning or to the validity of the DSM, that drove the psychiatrists in these two organisations to act" (Fassin, Didier & Rechtman, Richard, p.174). In that sense, while appealing to the scientific development of the concept of trauma, the efforts of humanitarian organisations belong to the social sector, not the scientific one. Therefore they represent another area, where the scientific concept of trauma was incorporated into the social and

even economic framework, serving to support it in cases where the interpretations and criteria aligned.

There are several significant ways in which the humanitarian groups influenced the concept of trauma and its use. The first is the escalation of scale. Victim rights groups focus primarily on relatively local and specific causes, with new groups often being established after particular events and more global groups potentially accepting victims of various incidents but still limiting their efforts to a particular country or region. Humanitarian organisations on the other hand are much more flexible and thus offered the opportunity for the social concept of trauma to transition to an even larger scale and serve as a tool for the interaction not on the local, but on an international level. An example of this might be seen in the efforts of these groups to secure funding and donations for the support of a particular group of a particular conflict by emphasising the effect the conflict had on them and appealing to a general humanitarian principles through the medium of trauma, even if the conflict and the group are located in a different country or even on a different continent than those being appealed to. Another relevant form this takes are the reports offered by these groups to the international organisations and authorities on behalf of particular groups, often meant to motivate support for them. The appeal to the scientific aspect of the concept of trauma and the social effectiveness of the utilisation of this term, however, often come into conflict. This can be seen on the example of the testimonies and reports on the experiences of the Palestinian population during the second Intifada, offered in "The Palestinian Chronicles" published by MSF in 2001. The language used varies from testimony to testimony, and the accuracy of the scientific approach and the social effectiveness of the testimony are almost inversely proportional: "In effect the accounts swing between two poles. On the one hand, they aim to testify in psychiatric language, where humanitarian authority is greatest, but then there is danger that clinical concerns will diminish the impact of the testimony to the extent that its power of demonstration is lost. On the other, they aim to communicate raw experience, what they have seen and heard of the violence, but they do this at the risk of exceeding the legitimate bounds of humanitarian authority. […] Thus bearing witness through trauma involves stretching clinical observations in order to make them say what they do not necessarily say so unequivocally, in order to establish causal links where. Caution is more normally the rule" (Fassin, Didier & Rechtman, Richard, p.201).

Another development, which while not necessarily evolving the concept of trauma still brought a significant aspect of it to the surface, is the accusatory aspect of role assignment inherent to it. While this aspect is absent from the scientific dimension of the concept, it is undoubtedly present in the social one, which the humanitarian organisations employed. While providing evaluation of the trauma of a particular group in the case of natural disaster could potentially signify the potential value placed on their experience compared to the other affected groups, in the case of military conflict such recognition almost inevitably results in perceived accusation towards the other side(s). There are several significant examples of this effect that can be seen in the history of humanitarian organisations. The first particularly relevant case is the expelling of the greek chapter of MSF after their announcement of the exploratory mission in Belgrade to estimate whether the Serbian civilians should be recognised as victims as well. This mission did not align with the general position of the MSF, UN and NATO, who were bombing the city as part of the humanitarian intervention. The second significant example are the reports by MSF and MDM on the victims in the Israeli-Palestinian conflict during the second Intifada. No matter the victims from which side the report described, the other side accused the organisation of partisanship and bias. Highlighting the trauma of one group automatically was assumed to be accusatory towards the other group.

Final note regarding the activity of the humanitarian groups related to the concept of trauma concerns the their general absence in the cases of conflicts in Africa in the 1980-2000. Multiple reasons have been presented for the lack of psychological support initiatives, but Fassin and Rechtman quote a possible explanation, which has rarely been mentioned directly: “I discovered that a white person could have difficulties in understanding a ‘black consciousness’, ‘black’ revelations, and a ‘black’ truth that is not ours” (Fassin, Didier & Rechtman, Richard, p.185). This leads to the conclusion, that an aspect of the inherent ‘otherness’, which was mentioned earlier in regards to the treatment of the African and other non-white non-european soldiers during WWI and WWII, was still present and was influencing the concept of trauma and its utilisation by the humanitarian organisations during that period.

2.17 Refugees

While not the last element chronologically, asylum seeking should be examined in the context of all the preceding sections and the actions of the victim rights groups and the humanitarian organisations. After the initial movement in support of the refugees after the WWII, the process of asylum seeking became more and more difficult, with the refugees being required to provide more and more proof of their persecution. In this context the concept of trauma offered a tool to provide evidence of persecution in cases, where physical traces were not sufficient (similarly to the development related to feminism). Now accepted as evidence of past events, it was also promoted as such in the case of the asylum seekers by the humanitarian organisations and groups lobbying for their rights. However, while the arguments proposed by the humanitarian groups referred to a more abstract or social notion of trauma, the specific government procedures regarding the acceptance of refugees required specific criteria, which could be provided by the clinical definition, which in turn led to the situation where the same psychiatrists and psychologists championing for the refugees to be accepted were asked by the government they petitioned to issue certificates, testifying to the reality of trauma the refugees claimed. While trauma could be used as evidence of torture and other crimes, physical traces of which either had disappeared or had never been left in the first place, its nature required the source of the statement of its existence to be sufficiently reliable, which the refugees were not considered to be. This development essentially placed the psychiatrists who were acting as activists into the position of expert witnesses. Similarly to the earliest developments during industrial revolution, the claimant had to rely on the professional testament of the authoritative specialist for their claim to be effective.

One of the issues that the critique of this approach highlighted is the fact that such certificate, even when it is positive, supports the concept of its necessity, i.e. that the words of the refugee can not be trusted without the secondary confirmation. So even when a psychiatrists wishes to help the refugee and support them, by testifying to the reality of their trauma they confirm the idea that refugees in general should not be believed without proof. The certificates provided by the specialists essentially reinforced this perceived lack of trust, replacing the trustworthiness of the refugee with the trustworthiness of the specialist, transferred from one to the other through the medium evaluation of

the applicability of the concept of trauma. While studies did not show actual significant influence of the certificates on the chances of the asylum seeker obtaining it, the extent of discussion the issue caused, as well as the number of refugees seeking such confirmation, shows that the confirmation of the reality of trauma is considered to be an effective tool in the process of asylum seeking, highlighting another context where it serves as an economic tool.

It should also be noted, that asylum and immigration are the contexts, where many aspects, which leave the European social and legal framework, historically remain for much longer. Sinestrosis, which initially served as formalisation of the suspicion towards the worker requesting compensation, resurfaced again as the term, which formalised suspicion towards the refugee seeking to take advantage of the system. It was eventually highly criticised and generally abandoned in 1970s. This suspicion, however, is partially related to the more general issue of 'otherness', which often limited the use of the concept of trauma.

Overall, the role the concept of trauma played in the process of asylum seeking has both indicated and clarified its role as an instrument of requesting compensation. What is significant, the compensation is requested not from the initial source of trauma, but from a different group. This again indicates the inherent relation of the concept of trauma to the principle of responsibility without fault, mentioned first in relation to the workers compensation in the beginning of this chapter.

2.18 Current state

The sources offering information regarding the current state of the development of the concept of trauma are both multiple and insufficient. If previously the concept of trauma and the related vocabulary was debated in context of a separate issue (i.e. whether a particular experience should be considered traumatic or if compensation for it should be given), generally the debates have transitioned to the concept of trauma itself. In the last several years multiple articles have been released criticising its overuse or demanding a broader rights for its definition and interpretation. Not only that, but it became a central point in multiple campaigns, such as the MeToo movement. New forms of trauma have been suggested both within the medical and the general communities, from societal to generational, from climate to gender. The term trauma has been incorporated into multiple new concepts, and

multiple activities such as ‘traumabonding’, ‘traumadumping’ or ‘traumasplaining’ have emerged, with multiple articles explaining what these terms mean, often before they themselves become sufficiently widespread. The concept of trauma is at the same time used more widely than ever and critiqued just as actively. The extent to which the concept has become a part of modern culture can be seen in complaints regarding the overabundance of the ‘trauma trope’ and multiple articles and even memes stating that due to overuse the concept and the term have both become meaningless. New global events, which are actively researched for their potential to cause trauma, such as Covid epidemic and significant climate catastrophes, have happened just in the last few years. On February 24, 2022, Russia invaded Ukraine, which resulted in a large scale military conflict present in the mass media to the extent not seen for a long time, likely due to its proximity to Europe both geographically and culturally. Almost since its very emergence the concept of trauma has been actively developed and spread in the conditions either surrounding or produced by military conflicts, and multiple initiatives and articles have already emerged, examining these events through the lens of trauma and examining the role of trauma and actions motivated by it within the context of latest events. The issue of the right to be traumatised is raised again, with interpretation arguing for the limitation of the ownership of a particular trauma due to the inherent incompatibility of negative role assignment with the ability to be traumatised.

The concept of trauma itself inherently is related to the effect that an external event has on the subject or subjects, with the effect often being not immediate, but delayed, especially with the new understanding of trauma often referring to systematic developments over generations. The clinical understanding of trauma necessitates a period of time to pass before the trauma can be determined with a sufficient degree of certainty. For these and multiple other reasons the research related to trauma is inherently related to a degree of lag, even more so than many others. The current state of trauma can be examined with any sufficient degree of certainty only retroactively. However, examination of critique could potentially reveal at least some patterns, both historical and modern, that could explain how the concept and the terms function and how the current trajectory of the concept and the term ‘trauma’ should be viewed.

3. Structure of the concept of trauma

Having presented the general history of the concept of trauma and the variety of terms used to refer to it, in this chapter I intend to establish the preparatory frameworks, necessary for the historical analysis of the concept of trauma, its term and the critique related to it.

Without conducting a full scale sociological research, which unfortunately lies outside of scale of this paper, the next logical alternative is the examination of the historical development of the concept of trauma, presented in the previous chapter, in order to outline the key aspects of its interaction with the various structures in general and the changes, that these interaction have undergone since its inception. As this analysis is performed not on the first hand data, but on the work of multiple other researchers, who in turn based their research on the recorded data regarding the concept of trauma (with a few notable exceptions), this analysis does not in fact examine the actual mechanism behind the trauma, but instead the mechanisms within and behind its perception by a society, i.e. not the trauma itself but its concept. Despite not necessarily providing any reliable data regarding the nature of trauma itself, I believe that the patterns outlined through this method are a sufficient base for the analysis of the concept of trauma, as well as vocabulary and critique related to it. While this chapter potentially ventures into the territory of sociology or philosophy, I maintain that this examination is based on the relevant data and is necessary to systematically examine the developments and critique, related to the concept of trauma and the various terms used to refer to it. In this chapter I will first offer three approaches to the analysis of the concept of trauma, each focused on different category of patterns. These approaches are not alternative to each other, but complementary, and should be used simultaneously, as data revealed by one might be relevant to the explanation of irregularities revealed the others.

3.1 Axes of categorisation

Throughout its history the concept of trauma has been employed as a tool of categorisation — evoking the concept of trauma and establishing its applicability automatically assigns a set of qualities to various elements of the framework it operates in, such as establishing some elements as real or abnormal. And while the categories themselves have been sufficiently consistent throughout the existence of the concept of trauma, the categorisation

itself has not. Therefore the specific set of these categories employed in a particular context or time can be used to reveal data about the particular state of the concept of trauma in that context, as well as the potential meaning of the terms used to refer to it. Moreover, the change of categorisation throughout time might potentially be used to describe the changes that the concept of has undergone.

As different terms have been used to refer to the concept of trauma throughout its history, they are all associated with a particular set of characterisations, but even some of them have undergone a transformation throughout their existence such as the term shell shock, which is still used today but has lost significant portions of its negative connotations. Due to the fact that the categorisation process is not necessarily binary in its nature, the more logical term for these elements of this approach is axes, as the categorisation along these axes can both be positive and negative, i.e. the axis of reality might refer to classification of something as either real or unreal, but also classify elements in gradations, ascribing to them perceived probability in a particular situation.

3.1.1 Axis of reality

This axis refers to the degree, to which the existence of a particular object or concept is stated or challenged through the use of the concept of trauma. This does not refer to an additional specifying statement accompanying the invocation of the concept of trauma, but to the implication through the invocation itself. For example, today the phrase such as “he is traumatised” characterises the claimed subjective experience of the individual as real and infers the reality of the event that caused the trauma, while the phrase “he is suffering from traumatic neurosis”, while referring to the same concept, classified the elements differently.

3.1.2 Axis of reliability

This axis refers to the degree, to which the reality of one element is accepted as reliable evidence, speaking to the reality of another. Or, indeed, the degree to which through stating the reality of one element the reality of another can be implied. The positioning of elements along this axis has to be accompanied by the specification regarding the second element, the reality of which is being implied, and one element can potentially be linked to

several others, thus requiring positioning along the axis several times. Despite the complexity, this attribute allows the establishment of clear evidence network, which simplifies the examination of various statements where the concept of trauma is used as evidence.

3.1.3 Axis of normality

This axis refers to the degree, to which the object is considered to be common or correspond to the a particular set of characteristics that define the acceptable range of its form/state. There are multiple elements, which can be positioned along this axis, for example the subject that is considered to experience trauma, the abstract concept of traumatic reaction itself, and the event, which their traumatic experience is linked to. Positioning of elements along this axis reflects whether or not they are considered normal or abnormal, and therefore their potential role in the logical sequence of causality. From the examined data it is evident, that the logical chain of causality is largely reliant on this attribute, as the concept of trauma has always been linked to the concept of abnormality to some extent, while the allocation of the abnormality of what caused it changed throughout history. The logical chain, even outlined in several theories, such as the model of Adam Cygielstreijch related to the concept of surprise, can be summarised as follows: if the concept of trauma is abnormal and uncommon, the elements which produce it have to be abnormal and uncommon as well, as the opposite would lead to it being more frequent and therefore less abnormal.
It should be noted, that at least for this axis the potential for trauma and the experience of trauma have to be positioned separately. Potential for trauma in an average subject generally shifted towards the normal end of this axis throughout history, while the experience of trauma is inherently related to the abnormal categorisation, at least to some extent.

3.1.4 Axis of moral judgement

This axis is most difficult to define, as it refers to the most unspecific type of characterisation. However, from the very inception in its modern form, the concept of trauma has been related to the context of compensation and, therefore, the concept of justice and “deserving”. The economic aspect

would not be possible without this relation. Through the establishment of applicability of the concept of trauma in a particular situation the subject is classified as 'deserving', which can be considered a positive moral judgement, or, in the other case, as 'fraudulent' which can be considered negative. The decision regarding the applicability of the concept of trauma has not always been related to the positive moral judgement, and this will be examined in more detail later on.

While encountered in almost every context and thus potentially universally applicable for the analysis of the concept of trauma and its critique, these axes are also framework and context dependant, and for a more detailed historical analysis of a particular period it is important to establish what the reference points for all of the axes in a particular context are, i.e. compared to what reference the element is defined as more or less real, normal or moral. An example of this issue can be seen in the axis of normality being applied to the concept of trauma in the case of soldiers during WWI and WWII. The positioning of european/white soldiers and non-european/non-white soldiers along this axis would reveal significant disparity between them, but the disparity would be related to the general reference point against which they were defined, not to the groups themselves — what was considered 'averagely normal' was significantly different for these two groups. The variation in universality of the axes or the difference in positioning of two similar elements along the same axis might serve as an indication of a systematic difference in reference systems at the time in general.

3.2 Framework complexity

While the first approach focuses on the set of characteristics assigned to the elements of a framework related to the concept of trauma, the second approach instead examines the framework itself, the elements included in it, and the different levels of complexity that these elements form. While the frameworks themselves are rarely stated directly and their elements are rarely directly listed, the descriptions presented below are the result of analysis of multiple sources and the developments outlined in the previous chapter. The elements listed in each have been determined logically, through examination of which arguments are necessary for a particular position or statement involving the concept of trauma to be true. For example, such statement as "A traumatised

person deserves to be compensated", when claimed to be objectively correct, to be determined as such requires among other elements an external system of values, which necessitates the compensation to follow the act of traumatisation. Alternatively, for the request for compensation towards the government for the damage in the terrorist attack to be successful, such as in France in 1990s, an underlying logic necessitates the reason why government should accept responsibility for an action performed by another party.

These frameworks are referenced through the use of the trauma-related vocabulary, with type of the framework referenced being possible to discern based on the logical chain, established or implied by the speaker/writer. The contexts and situations where particular types of framework might be encountered are outlined at the end of each description, as each level permits different types of interactions that are likely to take places in different contexts. The establishment of these frameworks also performs an act of role assignment, as the invocation of the concept of trauma essentially implies that the elements of the context fit into the referenced framework (as otherwise the invocation is illogical and can not be used effectively in social communication).

3.2.1 Level 1: Limited frame of reference

Included elements:

- Subject
- Subject's negative experience (characterised by several criteria, such as longevity or severity)
- Event(s) or fact(s) correlating to this experience

This is the simplest framework possible for the concept of trauma, as it includes the fewest necessary elements for the concept of trauma to be employed at all. This level of framework is characterised by the applicability of trauma being established relying almost exclusively on the reference frame of a single individual. An external evaluation might be involved, but the estimation of trauma is conducted based on the criteria employed within the reference frame of the subject specifically. While there is invariably some universal elements involved due to the concept of general human experience and the idea of some underlying similarity between different people, the key factor is the reference system, which includes

primarily the traumatised subject themselves. The concept of the trauma itself might be universal, but the specific circumstances and conditions of its application in this case are not claimed to be.

The event or fact which is correlated with the trauma at this level is treated as essentially sourceless, even in cases where the source is evident, due to the focus of the framework being the subject and their experience. The concept of trauma at this level serves merely to signify the fact that a particular experience of state fits the criteria that define it in relation to the subjective frame of reference. No claim of universality is made, nor can the concept of trauma normally be used within the framework of this level effectively in social interactions outside of referring to the role of subjective experience in the limited frame of reference, as this limited frame of reference essentially means that trauma has not been established in the shared context. I.e. trauma on this level is trauma only in the context of one specific individual.

There are several examples of this framework being employed. The first is clinical context, where, despite the diagnosis being universal and even having universal criteria (such as the DSM definition) according to which its applicability is determined, these criteria largely describe the reaction of the subject themselves to an event, not the event itself. Multiple cases of general use of the term 'trauma' outside of the medical context today also fit into this framework, as the term is used to reference the severity of one's experience, often ironically, but no reference or claim is made for the event to be recognised as traumatic in general. Moreover, such structures as "An event was traumatic for me personally ", or "I found an event to be traumatic" signify that the frame of reference remains limited to a single subject.

3.2.2 Level 2: Shared frame of reference

Included elements:

- Subject
- Subject's negative experience (characterised by several criteria, such as longevity or severity, as well as fitting the criteria of the shared system of norms/values being referenced)
- Event(s) or fact(s) claimed to have caused the experience
- Shared system of norms and values

In contrast to the first level, the applicability of the concept of trauma is determined based on the criteria shared by someone other than the subject, at the very least the individual or group to which the claim of applicability of the concept of trauma is being addressed. The use of the shared framework means that not only the applicability of the concept of trauma in a particular case is established, but the universal applicability of the concept of trauma in this set of circumstances regardless of the individual experiencing them is implied as well. Through the appeal to the shared system of norms and values a claim of objectivity is performed.

This also establishes a logical chain regarding the causal connection between the event and the subjective experience: elements of the framework are classified according to the shared system of norms and values, and through the similar categorisation the causal connection is established as well. What this means in practice, is that usually categorising several elements as abnormal links them in the likely causal relation to each other. While today this usually means classifying the event as sufficiently abnormal, and thus connecting it through this quality to the abnormal subjective experience and establishing a probable causal link between them, it can be argued that historically speaking it hasn't always been the case. During WWI, for example, by establishing the event as sufficiently normal and the reaction or experience of the subject as abnormal through referencing the shared system of norms and values, the causal link between the event and the experiences/symptoms was not established. The abnormality was instead assigned to the subject themselves and the causal link was established between this abnormality and the abnormality of their experience/symptoms. Still, the shared system was employed by the medical workers to classify the event as normal not just for the specific subject, but universally so. This is evident from the fact that the event was classified as normal not for the specific subject, but for a 'soldier' in general, thus leading to a conclusion that a particular course of action should be followed not just in a particular case, but in every similar case.

This framework can generally be encountered in any social context where the objective reality of trauma is claimed, apart from those where specifically the reference frame of a single individual is stated. It is particularly true for the cases, where trauma is presented as evidence of reality of another element, such as the event which triggered it, because

reference of shared system of norms and values by definition avoids the significantly more complicated necessity of acceptance of a subjective system of norms and values as objectively real and reliable by a second party.

This framework is also involved in the cases where trauma is defined as a relatively universal concept, applicable to multiple individuals, as this universality inherently requires a shared reference frame for the concept or term to be applicable. This includes cases, where this abstract concept is applied to a specific case and where the sufficient similarity to the general concept is implied. This means, that medical context, for example, involves both the first and the second levels of framework, with second being used to establish a general diagnosis, and the first being used to establish its applicability in a particular case.

It should be noted, that the role of a victim can be assigned to the traumatised subject only starting from this level, and therefore the secondary role assignments, such as those protecting the traumatised victim, or those testifying on their behalf, can be established starting from this level as well. This is due to all these classification requiring the classification of victimhood to be transferrable between systems and contexts — without the reference to the shared system of norms and values these roles can easily be contested as subjective.

3.2.3 Level 3: Responsibility / Consequence

Included elements:

- Subject
- Subject's negative experience (characterised by several criteria, such as longevity or severity, as well as fitting the criteria of the shared system of norms/values being referenced)
- Event(s) or fact(s) claimed to have caused the experience
- Shared system of norms and values
- (Either)Party responsible for the event
- (And/Or)Party responsible for upholding the shared system of norms and values
- Compensation, aimed at restoring the state of normality defined by the referenced shared system of norms and values

This level of framework is the most complex one, due to the necessity of the connecting steps between the initial and the final elements (event to responsibility/compensation). It is similar to the previous level and must include every element present there, as the new elements are included into the logical chain already established. This level is different, however, in that it includes the concept of responsibility, which can be separated into two kinds. The first aspect is the responsibility for the event, which through the mechanics of the previous level is established as the cause of trauma. In many cases, in addition to (or instead of) the responsibility for the event, the responsibility for upholding the shared value system is invoked or assigned as well. This is especially relevant in cases, where some form of compensation is requested, but the party responsible for the event can not be determined or is unable or unwilling to perform what is required.

The last element requires particular attention, as it is related to the pattern of similarity that is generally not outlined in the literature examined for this paper. Its explanation requires a more detailed examination of the logic it is based on. In the event of successful establishment of the applicability of the concept of trauma, the chain of logic established at the second level of framework is established as well. This chain states that through the event, which is considered to be traumatic within the referenced shared system of norms and values, the subject was caused to have an experience which led to their current traumatised state. The state of trauma is inherently considered abnormal, as it is one of the key factors that distinguishes trauma from the other types of negative experiences, and so the request for compensation is essentially made in order to restore the normal state, which the subject is implied to have been in prior to the traumatising event. This logic is supported, for example, by the exclusion of the mentally ill patients from the list of those potentially traumatised in the explosion in Toulouse in 2001, as they were arguably already defined as abnormal within the shared system of norms and values, which was referenced during the discussion of that explosion and the following legal proceedings. Thus their previous state could not be used as an argument for the establishment of their new abnormals state — the abnormality was present prior to the event, and so the necessary element of transition from one state to the other was lacking. The fact that prior abnormality was unrelated to the effects of the event was seemingly ignored.

The compensation is meant to, for the lack of the better term, balance the previous effect on the subject and return them (and possibly other elements) to the state defined as normal. It is important to note, however, that the state defined as normal is highly dependant on the shared system of norms and values being referenced. Therefore the form of the compensation is highly dependant on this system as well. The money paid to the survivor of a railway incident or the compensation paid to the victim of an assault fit the traditional definition of compensation. Viewed in this systematic way against the referenced shared system of norms and values, however, negative consequences for the person that traumatised the subject also fit this definition, as the request for such consequences is based on the use of the subject's trauma as an argument (this example refers specifically to the situations where the psychological damage is used as an argument, not the physical). Moreover, viewed this way the mandatory treatment of soldiers during WWI, for example, can be seen as a form of compensation as well, as this action essentially played the same function: restoration of the traumatised subject to the state, which the referenced system of norms and values defined as normal, following the establishment of the applicability of the concept of trauma. The restoration was prompted through the establishment of the applicability of the concept of trauma (by clinical specialists working with the army), similarly to the more traditional form of compensation being requested not by the subject themselves, but on their behalf or even almost completely separately from them.

To summarise, the term 'compensation' in this paper refers to any action requested or prompted through the use of the concept of trauma (via the use of the relevant vocabulary), aimed at restoring the subject and potentially other elements of the framework to the state, defined as normal within the referenced system of norms and values.

3.3 Field interaction

The final approach is a little different from the first two, as it examines not the classification or the framework establishment through the concept of trauma, but the categorisation of the concept itself. A large part of critique of the concept of trauma is related to the issue of it existing between several contexts, being classified simultaneously as a scientific term and as a colloquial one. Any examination related to it requires at least a general attempt at the analysis

of its interaction with at least several contexts, and this approach is proposed to do just that.

From its very emergence and throughout its evolution, the concept of trauma has been inherently linked to several contexts and systems, which can be surmised from the sources of its definition, situations it has been utilised in, effects of its utilisation, types of arguments used to critique it and the elements referenced when employing it. The concept of trauma in that sense can roughly be ascribed to three fields, and therefore three aspects can be outlined within the concept of trauma itself.

3.3.1 Economic

The first aspect is economic. This does not necessarily refer to the monetary element, but the general approach from the point of view of resource exchange, profit and loss. The concept of trauma emerged in the 19th century in the context of courts and compensation claims, and was from the very beginning used as an argument for the necessity of resource exchange, being beneficial to one party and harmful to the other. In this capacity, inherently linked to the third level of framework examined earlier, the concept of trauma and the associated vocabulary has been used throughout its history to the present day, both within the strict limits of legal system and outside of it. Therefore, the concept of trauma can at least partially be considered to be an economic one, and it and the related vocabulary could potentially be examined through that lens.

3.3.2 Scientific

The second aspect is scientific. This refers to the relation of the concept of trauma to science and its reliance (until a particular point which will be examined in more detail later) on science for its definition and criteria of applicability. For the purposes of this paper the scientific and clinical aspects of the concept of trauma are not treated as separate, however, this does not mean that this approach could not potentially reveal additional relevant patterns in the future. Again, from the very beginning the scientific approach was involved in the development of the concept of trauma, differentiating it from multiple other types of subjective psychological experiences specifically through the scientific support of its objective reality

— it was the focus of multiple scientific theories, a topic of research and scientific disputes. The scientific link was utilised as the key element in supporting claims related to it in courts as well, and it played a key role in making the concept of trauma an effective economic tool. Therefore the concept of trauma can at least partially be considered to be scientific or clinical, and it and the related vocabulary could potentially be examined through that lens.

3.3.3 Social

The third and final aspect is the most complicated one. The utilisation of the concept of trauma as an economic tool could not occur only due to the scientific support and a general existence of an economic system. It also required the economic system to include the frameworks and tools, based at least partially on the concept of justice and "deserving". While these aspects could potentially be viewed purely through an economic lens, at least for the purposes of this paper they are treated as a separate system, to which the concept of trauma is inherently linked, at least in significant aspects of its application. This field encompasses a set of norms, principles and abstract values, which do not necessarily align with the economic ones, at least in the short term. For the purposes of this paper, both the field, which includes the elements described above, and the relevant aspect of the concept of trauma, are referred to using the term 'social'. The term 'moral' is potentially more applicable, but the alternative term is chosen partially to avoid confusion with the similarly named axes of characterisation mentioned earlier.

In the research examined for this paper both the economic and the scientific aspects have been argued to be of primary importance or simply to predate the others. The inception of the concept of trauma, outlined in the examined literature, often creates an essentially closed loop, where the development of the scientific aspect of trauma was prompted by an attempt to use trauma as an economic tool, and the economic use of the concept of trauma was made possible only due to the existence of the scientific theories related to it. However, the examination of the historical development, described in the first chapter, leads to the conclusion that selecting one aspect as the primary or the oldest is essentially impossible, as the key attribute of the concept of

trauma in its modern form is that it exists at the point of intersection of all three fields from the very beginning — social, economic and scientific.
The scientific approach was used to establish a causal chain from the event to the consequences that the subject exhibited, as well as support the reality of each element of that chain. The chain, viewed in the context of the values and priorities of the social system, positioned the traumatised subject as 'deserving'. This, in turn, when utilised within the economic system based on the social values, then permitted the concept of trauma to be used as an economic tool to request compensation. The effectiveness of the concept of trauma as an economic tool was defined by the use of scientific approach and authority to establish a causal chain of events, which could in turn lead to the desired economic result only in the context of shared social system of norms and values.

3.4 Historical analysis

Having outlined all three approaches and explained the logic they are based on, in this section I intend to use them to examine the development and evolution of the concept of trauma, this time highlighting the patterns they reveal. The structure of this section will repeat the structure of the historical one with a few exceptions, as for each period, event or context I will outline the appropriate data. The period before the industrial revolution will not be examined, however, due to the reasons outlined earlier. Potential timeframe expansion is possible, but lies outside of the scope of this paper.

3.4.1 Industrial revolution

When examined using the approaches outlined earlier, there are several patterns that can be observed in the emergence of the concept of trauma from the very beginning. The intersection of the three aspects has already been outlined earlier, but it is important to note the specific ways that this intersection functioned, when viewed through the two other approaches.
The framework, within which all three aspects first came together, had to include all elements of the third level, where through the medium of trauma the logical chain is drawn from the initial event to the necessity of compensation. The scientific aspect classified the subjective experience of the victims of incidents at factories or railway incidents as real and

potentially even reliable (the axis of reality was significantly more important, however, as the trauma could not yet by itself serve as the evidence of reality of the event that caused it). The event was classified as abnormal, while the subject themselves was classified as normal. The experience of trauma itself was classified as abnormal, in contrast with the relatively common potential for it. The axis of moral judgement was at this point not yet actively used by itself, but generally the subject was positioned in its positive area, because, as stated previously, it was necessary for the economic use of the concept of trauma to be effective. The general positioning along the axes, however, was not rigid, as this was still a relatively new concept, and the newly proposed framework and logic were not yet accepted universally.

The development that followed, while having clear consequences for both the social and economic aspects, can be traced first of all to the scientific one. It is possible that the other two fields actually motivated these changes, but it was the scientific aspect that these changes were achieved with. The scientific aspect that linked the economic and the social ones changed significantly enough with the introduction of new theories and interpretations, leading to the significant reduction of the effectiveness of trauma as an economic tool, at least for the traumatised subjects. The second approach reveals that the framework complexity remained the same, i.e. an appeal was still made to the shared system of norms and values, the referenced system, however, changed significantly enough to produce a different result. Alternatively this can be viewed as an appeal to a different system of norms and values, this time based on the new theories and interpretations offered by the scientists and doctors at the time. The axes involved remained the same, the positioning along them, however, changed. Through implication of motivation by profit and negative effect of compensation on those claiming to have been traumatised, their subjective experiences were no longer considered sufficiently real and the causal link between them and the event was significantly reduced. Instead, the compensation was assigned to the abnormal category, and the causal link to the experience of the subject was drawn between that experience and the compensation instead. Essentially, it was no longer the event which was considered abnormal, leading to an abnormal reaction, instead the abnormality was assigned to the compensation. This in turn led to a logical interpretation, that to reduce the abnormality of the reaction, the

abnormality represented by the compensation had to be reduced or removed. The event was still considered abnormal, but not sufficiently to link it causally to the resulting trauma.

3.4.2 Russo-Japanese war

The military context resulted in the same process of the same framework of the third level. The same establishment of trauma through the appeal to the shared system of norms and values took place, this time the claim was made not by the subjects or their lawyers, but by the military command and the army doctors. The claim also resulted in the actions that were meant to restore the subject to the state, considered normal in the shared system of values being referenced. The compensation and the state of normality, however, were different in the case of soldiers. Several interpretations of that difference are possible. The nature of the difference is revealed by the first approach — scientific aspect utilised in these situations positioned the subjects and the events differently; in the case of civilians the event or the compensation were positioned as abnormal, as stated earlier, while in the case of soldiers the event was positioned as normal, as can be seen on the example of the theory by Adam Cygielstreijch, as was the compensation, and the abnormality was instead allocated to the subject themselves. As this was done though the scientific aspect of the concept of trauma (i.e. through the use of scientific theories as arguments for the validity of certain claims), the difference might be explained by the scientific theories employed being sufficiently different. The Russo-Japanese war, however, was characterised by the opposite movement – the traumatic responses of soldiers and civilians were beginning to be classified as similar from a scientific point of view, and so it is unlikely that the difference can be attributed to the scientific aspect alone or even primarily. An alternative interpretation can be offered by the second approach. While the framework structure in both cases can be considered identical, the shared systems of values referenced here are either sufficiently different to produce such different results, or the system is the same, but the two types of subjects categorised are viewed so separately and differently within that system, that the states of normality for both are completely separate. Potentially, as soldier can be viewed as a role that a subject enters and can at some point exit, additional research into whether or not the state of normality at that period was significantly

different for the different roles is a viable avenue of future research, as is the level to which the reality of trauma and the applicability of related vocabulary was different depending on the subject's role. In any case, there is a clear disparity to the reference points employed for different categories.

3.4.3 The first World War

The patterns that can be observed during the period of Russo-Japanese war are even more present in this period. The classification of subject as abnormal and the event that caused their trauma as normal in the case of soldiers continued. It is important to note, that while the suspicion regarding the reality of claimed trauma transferred from the workers to the soldiers and back, the mechanisms behind these suspicions were somewhat different. While similar suspicion of seeking benefit through the claim of trauma (i.e. of an attempt to utilise the economic aspect of trauma without sufficient scientific or social base) was aimed at soldiers as well, as it was suspected that they were attempting to escape their duties through faking their symptoms, it is important to note that the circumstances they were facing were different, as was their classification. As would be seen later, the acceptance of these events as possessing qualities that made them potentially traumatic for the civilian population was much broader than in the case of soldiers. They were classified as abnormal for the civilians and as normal for soldiers, which in turn made it possible to employ the concept of trauma in the way it was employed, i.e. classifying it as a negative state which should be corrected in order to return the soldier to the battlefield. Without this difference in classification the same suspicion could not transfer as easily.

3.4.4 Period between the two world wars

As was stated before, the development of the psychoanalysis both during and after WWI did not significantly change the perception of trauma either in soldiers or in civilians. It employed the same framework of second and third levels, establishing trauma in the context of global societal norms and universal patterns, not in individual cases specifically. The reference frame remained universal. The subject remained in the abnormal category, the event in the normal one, and the only change was that the responsibility for

the event was no longer assigned to the subject, but to their subconscious. This somewhat shifted the subject from the highly negative moral characterisation, but not yet to the positive area, as their 'correction' was still necessary for them to be returned to the state established as normal in the shared system of norms and values, and they still received negative consequences for their behaviour and symptoms associated with trauma. Moreover, shifting the responsibility from the subject themselves to their subconscious also additionally reduced the reliability of trauma as evidence of the event which caused it. It was instead more and more accepted as evidence of underlying character flaws.

This combination of factors limited ability of the traumatised subjects to utilise the concept of trauma as an economic tool. Because the scientific aspect of trauma essentially classified them, and not the situation, as abnormal, as well as not establishing causal relation between the event and their subjective experience, any attempt to use the economic aspect of trauma would result in actions related only to them, and not to the event or its consequences. This can be seen in the readiness to use the psychoanalytical theories in the contemporary economic arguments aimed at denying compensation to the traumatised subjects.

3.4.5 World War II and Holocaust

Both during and after WWII significant shifts occurred along all 4 axes, and all three aspects of the concept of trauma rearranged themselves radically. The changes were triggered first of all by the social aspect of trauma and it remained the driving force throughout the whole process. This can be seen in the critique, that some theories attempting to explain the survival of certain prisoners of concentration camps received: "In one of the very first reports on Holocaust survivors, presented in Washington at 1948 conference of the American Psychiatric Association, Friedman argued against the idea that the survivors possessed psychological and physical qualities superior to others, on the grounds that the 'implication of this statement… dishonoured millions of martyred dead' " (Krell, 1984, quoted in Fassin, Didier & Rechtman, Richard, p.73). The scientific theories were critiqued according to social norms and values, clearly showing the primacy of the social aspect in the whole process. The social context also added the weight to the new scientific evidence described earlier in the historical chapter. Not only could

this evidence be interpreted to establish a new form of the scientific aspect of trauma, but this interpretation was universally demanded due to the social circumstances. The process, which originally established the concept of trauma in its modern form, essentially repeated itself, as all three aspects of trauma were involved in similar roles again. The factors outlined in the historical chapter led to the situation, where it was needed to utilise the trauma of survivors of WWII in general and concentration camps specifically as an economic instrument, to essentially define Nazi Germany as both responsible for the event that caused trauma and for the compensation for it (and the trauma itself). This necessity was established within the shared social system of norms and values, as it was this system that was relied upon for the negative characterisation of the holocaust. And the scientific aspect was required to find the objective evidence that could be used to establish the connection between the two previous aspects, as well as serve as the objective determining tool to establish the criteria, according to which the trauma would be assigned.

Finally, this development made the economic aspect of trauma much more accessible to the subjects of trauma themselves. As the abnormality was now assigned to the event and not to them, and as the causal relationship between their experiences and the event was established, it was now possible for the subjects of trauma to utilise this concept as an economic tool again, as the compensation would be first and foremost related to the event and the changes it caused, and not to them and their personal history specifically.

Viewed through the first approach, the event was radically shifted towards the abnormal category. What is significant, is that this shift was universal — Holocaust was no more normal when viewed in the context of a factory worker than when viewed in the context of a soldier. This established the universal constant across all the shared systems of norms and values (or all parts of the same system) and this universality is what played a key role in the developments that would follow. The subject was shifted equally radically into the normal category, and both of these shifts were first social and only then scientific. Similar shift for similar reasons occurred along the axis of morality — the event was classified as negative, while the subject was classified positively. This can also be seen by the type of critique the scientific theories that ascribed negative qualities to the subjects of trauma faced. Finally, the subjective experience of the traumatised subjects was

radically shifted along the axis of reliability — it was actively accepted as reliable evidence of the reality of the event that caused it.

Examination of framework complexity does not reveal any additional changes, as the mechanisms and the elements employed remained the same from the very establishment of the concept of trauma. Because the system remained the same, it can be concluded that the only significant change occurred in the shared system of norms and values being referenced. This correlates with the data from the third approach, presented above, and therefore it can be established that in relation to the concept of trauma the shared system of norms and values came to be dominated specifically by the social aspect and the social context.

It should be noted, however, that these changes occurred primarily in regards to the trauma of the holocaust survivors, and, as was stated earlier in the historical chapter, most of the changes did not affect the general population and the soldiers right away. The growing universality of this new set of parameters would become the focus of the next several developments.

3.4.6 Battered-child syndrome & War on Poverty

Developments related to this section did not necessarily introduce any new shifts into the structure of the concept of trauma along any of the axes or in any other area, but essentially marked the first significant expansion of the framework, established after the WWII. The same parameters and the same structure now could be utilised by a different section of population in a different context. However, unlike the development that followed right after, this should not necessarily be considered a direct expansion of the previous paradigm directly — the children were not considered to be similar to the victims of the Holocaust, at least based on the literature examined for this paper. Instead the only similarity between the two paradigms was the framework surrounding the concept of trauma.

3.4.7 Feminism

As stated, development of the concept of trauma related to the feminism movement after the 1960s-1970s represents a significant expansion specifically of the paradigm of trauma established after WWII. The same positioning of the same elements along the same axes, with the aspects of

the concept of trauma playing the same roles, but this time applied to new circumstances, with the goal of this application being the claim of their similarity to the original ones. Unlike the previous development, this one can be considered intentional, and potentially be classified as an attempt at unification of both branches of developments or both paradigms — the one established for the abused children and the one established for the survivors of the holocaust. The evidence of the Holocaust branch can be seen in the term ‘incest survivors’ and terms and sources, referenced in the relevant contemporary works, while the evidence of the abused children branch can be seen in the type of evidence demanded from the scientific community and the overall part it was expected to play.

The established approaches allow to specify this and previous developments as the unification of systems of norms and values being referenced within the trauma framework, or universalisation of reference points on the relevant axes for different groups. It should be noted, that the driving force of this universalisation was again the social aspect, not the scientific one, at least in this development. The prevalence of contemporary critique of the scientific approach to trauma in regards to it not corresponding to the social one confirms the area, where this universalisation occurred first.

3.4.8 Vietnam war, legitimacy crisis of psychiatry and publication of DSM III

The two sections are combined in this analysis, as they can be viewed as parts of the same key shift. While the axis of morality itself inherently belongs to the social aspect of the concept of trauma, positioning along this axis up to that point had been done through the establishment of the applicability of the concept of trauma in a particular situation. This establishment was in turn primarily achieved through the logical causal chain, established through the scientific aspect of the concept of trauma — it was the reliance on the scientific basis that offered the moral classification sufficient legitimacy to be used economically. Moreover, until a certain point, the scientific aspect itself had included significant positioning of framework elements along the moral axis, as the concept of trauma was associated with theories related to negative character aspects of the subject (narcissism, greed, etc).

The Vietnam war and the crisis of legitimacy that the psychiatry was facing at the time forced the scientific aspect of the concept of trauma to essentially actively reject the axis of morality and positioning of framework elements along it. This meant that employing the scientific aspect of the concept of trauma to establish the applicability of this concept no longer automatically resulted in the positioning of relevant elements along the axis of moral judgement, neither in the negative nor in the positive sense.
The subject was classified as normal, the event as abnormal, the potential for traumatic reaction as sufficiently common. The referenced shared system of norms and values, significantly, reached the point where the same system or same reference points were employed for the soldiers and the civilians. At the same time, however, the abandonment of the axis of moral judgement potentially contributed to an eventual further separation of the social and the scientific aspects of trauma, as the axis of moral judgement was both key to its social aspect and incompatible with the scientific one.

3.4.9 Victim rights groups and the definition of victim

The developments related to the victims' rights groups can also be seen as part of the same trends described above. Universalisation of the referenced system of norms and values or the reference points within them, combined with the reduced role of the scientific aspect, replaced instead primarily by the social and economic ones. The scientific basis for the estimation of the applicability of the concept of trauma was still present, but its importance was reduced and it was also challenged and forced to change, with this prompt again consistently coming from the social aspect. The applicability of trauma in specific situation was often claimed first, with scientific justification for that being sought after. It is impossible to state with certainty if the correlation of this development with the abandonment by the scientific aspect of the moral axis can be viewed as causation, but at the very least they can be viewed as parts of the same vector of development.
The significant development that the second approach reveals, is the increasing shift in the approach to responsibility. The concept of shared or universal responsibility for maintaining and implementing the shared system of norms and values became more and more prevalent, which can be seen in the emergence of laws codifying this responsibility in cases where direct responsibility for the event could not be established or utilised. Even in

cases where this responsibility was clear, such as terrorist attacks, the effects of the economic aspect of the concept of trauma were often aimed at the state and the society in general, not at the specific party. Where no formal economic mechanisms for the assignment of this shared responsibility existed, they were created. As can be seen in the Guarantee Fund in France in 1986, the demand for the legal framework preceded the discovery of the official basis for its existence (epidemiological study).

3.4.10 Emergency psychological care

While emergency psychological care is often viewed as belonging to the scientific and medical fields related to trauma, it should be noted that from the earliest point of its expansion it faced critique from the scientific and medical communities for the universality of its application and the lack of clear scientific basis for the multiple forms which it took. The eventual active transition of this sector to the political field, which is described in the historical chapter, can be seen as further evidence of its tenuous connection to the scientific field in the first place. Contrary to several estimations, the developments related to this field do not reflect the growth of the role of the scientific aspect of trauma, but instead its increasing irrelevance even in the fields, where it played a significant role earlier. Eventually, in the area of emergency psychological care the criteria for the application of the scientific aspect of trauma became significantly based on the social ones, as the decision regarding the application of emergency psychological care shifted from clinical to the political structures. The shared system of norms and values, even in this case, was dominated by the social aspect. No significant shifts along the axes can be observed, apart from two. The first is the further increase of the degree, to which the potential for trauma became normal and universal. The consequence of that and of the need to assign the causal link between the inherently abnormal experience of trauma and another abnormal framework element was the increasing degree, to which the abnormality was assigned to the events.

Applicability of the concept of trauma was often established prior to any significant evidence for it due to the nature of emergency psychological care. Despite the fact that the potential victims were not traumatised in a clinical sense, wider and wider groups were treated as “potentially traumatised”, thus increasing the connection to the systems surrounding the

concept of trauma. This trend, combined with the increasing prevalence of the social aspect of trauma in this context compared to the scientific one, makes it possible to argue that the assignment of abnormality to an event began to occur based primarily on the social system of norms, and not on the scientific basis.

To clarify, if

a) the presence of emergency psychological care specialists was decided based on non-scientific and non-clinical principles due to their transition into political context, and

b) their presence classified a large group of individuals as at least potentially traumatised, and

c) the abnormality of trauma required another element of framework to be classified as abnormal for the establishment of causal chain, necessary for the third level of framework,

then this development potentially also contributed to the increasing classification of more and more events as abnormal and potentially traumatic.

As the psychiatrists and psychologists were invited to provide emergency psychological care based on the estimation of the event as abnormal by the socio-political structures and not necessarily medical specialists, the concept of trauma became increasingly attached to what was considered abnormal specifically within these structures.

3.4.11 September 11

The developments following September 11 can again be see as further evolution of the same pattern of increasing prevalence of the social aspect of trauma. No new significant changes in the trauma paradigm can be attributed to this event under any of the three approaches, except for the fact that it provided further examples of scientific aspect of trauma being utilised when it fitted the social priorities and ignored when it did not. The evidence for the possibility of of remote trauma was utilised to support the claim of universal social trauma, while the later research and studies arguing against such classification were largely ignored.

3.4.12 Toulouse explosion

Similarly to the attacks in New-York, the explosion in Toulouse can not be viewed as a significant development point in of itself under any of the three approaches. It merely revealed the extent of the developments which had already occurred up to that point. The degree, to which the qualifications of volunteers were ignored by both the organisers and the victims, reveal the extent of detachment of the concept of trauma from the scientific field, at least in a context such as this. The variety of damages and consequences, as well as prior inequalities, which were accepted as evidence of trauma caused by the explosion in the compensation agreement, show the detachment of the economic aspect of trauma from the scientific one as well. The social aspect of trauma, only tangentially aligning with the scientific one, and in some cases even going against it, such as the mental patients exclusion, produced an almost universal economic result.

Noteworthy, the inclusion of the prior inequalities and problems into the concept of trauma can also be seen as evidence of the degree, to which the abnormality, necessary for the establishment of causality and determining the focus of the compensation, could be spread — it was no longer limited to the specific event, the explosion, but included prior factors, thus leading to the compensation potentially related to them as well.

The concept of trauma by this point became a very flexible and effective economic tool, which was supported by its scientific aspect, but no longer limited by it.

3.4.13 Humanitarian groups

Activity of humanitarian groups in the last quarter of the 20th century can again be seen as part of the established trend and classification, expanding the scale and the reach of this paradigm. The scientific aspect of trauma was involved only to the extent that it was useful for the economic and the social function this concept performed, and abandoned when the function could be better performed without it. Scientific language remained in their reports, especially aimed at specific government bodies and official institutions, but, as was mentioned in the historical chapter, despite the use of the scientific vocabulary, it was utilised outside of the scientific framework and without appropriate precision.

When utilised by the humanitarian groups, the framework of the concept of trauma was generally of the second and third levels, due to the necessity of establishing a causal chain for the trauma to be recognised as objective and be used to establish a logical need for compensation. Their reports and activity occasionally became the object of active debates, with the moral axis and role assignment aspect specifically being the focus of critique. The traumatised status of individuals belonging to certain groups was disputed on the grounds that they (or their group) had committed actions, which had been classified as morally wrong. Despite the scientific aspect abandoning the axis of moral judgement, this shows that this axis remained a significant part of both social and economic aspects of trauma and played a significant part in the determination of the applicability of the concept.

3.4.14 Refugees

The role of trauma in the context of asylum seeking, or at least in the formal and informal requests for it, can clearly be seen as expression of its economic aspect — it is used as an argument for the act of providing opportunity and resources. The logic for this action, however, is often based on the values and axes that can be considered purely social. This leads to the social aspect of trauma being actively employed by the asylum seekers and those who advocate for them. Scientific aspect is occasionally employed at this point, but it is rarely the basis or even the method for the establishment of the applicability of the concept of trauma. Scientific aspect of trauma, however, plays a significant role in this context, as it is often actively employed by the state which provides asylum. Even the same activists who advocate for the refugees, when hired by the state to provide certificates regarding the reality of the refugee's trauma, are expected to act in their professional capacity, following the appropriate limitations and criteria when establishing the applicability of the concept of trauma in a clinical sense. In that sense the scientific aspect is employed to reduce the effectiveness of trauma as an economic tool. The critique aimed at the certificates even by those who issue them is focused specifically on the inevitability of such limitation, as even the positive positioning of the subject's trauma on the axis of reality and reliability inherently positions all the other traumas negatively on those axes, unless they are accompanied by the same certification. This arrangement in a way reveals the inherent

modern perception of scientific aspect of trauma as almost a limitation on the personal use of trauma as an economic instrument, the limitation often challenged and critiqued.
The framework employed in the process of asylum seeking is almost always of the third level, but, despite trauma serving as the grounds for the demand of the compensation, this compensation, as was stated in the previous chapter, is never demanded from the party or individual responsible for the trauma — the appeal is inherently made to the concept of shared responsibility for maintaining the referenced system of norms and values.

3.4.15 Current state

For the reasons stated in the historical chapter, proper evaluation of the current state of the concept of trauma and the related terms is difficult to estimate. The proper estimation would require extensive research of corpora containing data from the last several years, which unfortunately not only lies outside of the scope of this paper, but is also complicated by the fact that most corpora present a lag of their own, usually falling several years behind the latest developments. However, general analysis of the modern articles and examples chosen for this paper can reveal several patterns, which could potentially be tested with a more focused and at the same time more extensive research.
The first pattern is related to the interaction of the first level of framework with the other two, which takes two main forms. In both cases the subjective reference frame is utilised in the claim of objective evaluation of the applicability of the concept of trauma, but they differ in the reaction to such incorporation. In the first type this incorporation is challenged, and the lack of reliance on shared system of norms and values is presented as the counter-argument. This pattern is often encountered in the critique of applicability of the concept of trauma. In the second type, however, the incorporation is not just accepted, but supported and even stated directly — trauma, despite being utilised on the second and third levels of framework (i.e. to assign responsibility or blame for the event that caused it or to demand compensation), is stated to be evaluated by the subject themselves based on their own experience, reference frame and perception. This is a recent development that potentially can point to the key element that changed in the concept of trauma in the recent years, specifically the

blending between the subjective and the shared reference frames and systems of norms and values.

The second pattern is related to the axis of normality. As the analysis showed, the potential for trauma has been steadily shifting towards the normal categorisation, but until relatively recently the actual experience of trauma was still classified as sufficiently abnormal. The second pattern is related to the experience of trauma steadily shifting to the normal category, with both the potential and the experience of trauma being classified as extremely common and normal. This contradicts the scientific studies that show that the levels of stress and other symptoms that would fit a PTSD diagnosis are observed in only a small fraction of population, but this contradiction only supports the observed separation of the scientific aspect of trauma and the socio-economic one.

3.5 Summary

The proposed approaches have revealed several trajectories of development of the concept of trauma and offered a way to describe them, both separately and in relation to each other. There are several patterns that these approaches highlight within the development of trauma, which could potentially clarify not just the current state of the concept and the term but the trajectory that resulted in them.

1) Initial utilisation of either very varied shared systems of norms and values or varied reference points within these systems, followed by a gradual universalisation. If the period during and after the industrial revolution is characterised by the concept of trauma being significantly different when applied to different segments of population, starting from the Russo-Japanese war, but especially after WWII its development is characterised by the concept (and terms) becoming more and more universal, reducing the difference in classification between different segments of population.

2) Clear shift in the role of the scientific aspect following WWII. Prior to WWII the scientific aspect performed a largely defining role in the framework of the concept of trauma, determining its applicability and being inherently tied to the right of its determination. However, after WWII many of its functions gradually moved to the socio-political sector,

with the scientific aspect eventually separating from one of the axes and playing a much less significant part.

3) Gradual increase of the social aspect following WWII. This development naturally happened parallel to the previous one, but specifically refers to the shift of the referenced system of norms and values used to establish the applicability of the concept of trauma, as well as the arguments that drove its development. It is important to note gradually the social aspect of trauma also accepted several functions of the scientific one also in cases, where the scientific one defined the application of the economic aspect.

4) Elevation of the subjective reference scale. Potentially linked to the previous development, this pattern is characterised by the subjective reference frame being essentially slowly incorporated into the shared system of norms and values — the self-estimation of the applicability of trauma, and trauma established only in relation to the single subject, gradually began to be encountered within the same patterns that were previously reserved for the second and third levels of framework and trauma.

5) Increase of normalisation of both traumatic classification and potential for trauma. As was stated earlier, the potential for trauma has been gradually shifting into the more common and normal category, as the criteria for the ability to be traumatised were shifting further and further, until the extreme expansion after WWII. The normalisation of the traumatic classification was also examined earlier, but it should again be noted that it went through a similar extreme expansion later.

6) Gradual increase in the benefits to cost ratio of use of economic aspect of trauma. Until a certain point the positive determination of applicability of the concept of trauma classified the subject negatively in various ways — either assigning them negative moral characterisation (i.e. qualities such as greed or narcissism), or positioning them as hysterical or somehow unreliable. However, with time the utilisation of the concept of trauma economically lost its downsides for the subject, and at the same the criteria which are used for the determination of its applicability have been expanding further and further.

7) Vocabulary shift. The previous development is partially reflected in the variety of terms used to describe the concept of trauma — if initially these terms tended to be relatively specific, relating the concept of trauma to a particular type of events (‘battle fatigue', ‘railway spine’), or carried a negative connotation of the subject and their state (traumatic hysteria, sinestrosis), the modern term ‘trauma’ is universally applicable and essentially neutral in its characterisation of the subject.

4. Critique

Examination of critique related to the concept of trauma will be attempted using the same three approaches outlined previously. However, the data required for this analysis is rarely stated directly, therefore an additional and more easily observed systematic basis is needed, data of which can be then used to propose an interpretation within the aforementioned approaches. This secondary system is focused on the object of critique, which is either stated outright or can be surmised from the logical structure established by the author, i.e. from which unmentioned arguments need to be true for the proposed statements to be true.

Ideally, the same structure as the historical chapter should be implemented for the critique analysis. However, this would require a much more detailed and extensive analysis that the format permits. Due to the scale and scope of this paper, a very limited analysis of the first-hand historical sources was performed, except for the several modern articles, which are explained in more detail later. For the historical section of this chapter the analysis is largely reliant on multiple compilationary works, as well as the examples of critique relevant to a particular period referenced in the books and research papers examined for this paper. While this does reduce the reliability of the observed patterns, this approach offers a balance of the scale of approach and the resources required, while at the same time producing several patterns which could later be checked using a more extensive research focused on the specific period.

Due to the fact that trauma research is inherently tied to a degree of temporal lag, i.e. a period of time is required before both the trauma itself and the relevant linguistic situation can be interpreted with a sufficient understanding of context, data regarding the latest period of critique of the concept of trauma and the relevant terms (2000-2023) is not readily available in the same format. Moreover, multiple sources examined for this paper date to the first and second decades of the XXI century, not covering the latest period in sufficient detail for the same reasons. Therefore for the critique analysis of the most current state of the concept of trauma and the terms related to it, a set of articles from the years 2020-2022 was selected. The articles generally come from major newspapers and websites and were chosen due to their focus being either directly or indirectly stated as critique of the concept of trauma or terms related to it. Additionally, several general compilationary sources were examined as well, offering multiple examples of additional critique, unfortunately often lacking sufficient context.

4.1 Categories of critique

After the initial examination of the sources, both historical and modern, a set of categories was compiled, into which the critique related to the concept of trauma can generally be organised, based on its target. Generally, the categories can be viewed as primarily linguistic or logical, and not tied to the concept of trauma or the terms related to it, instead focusing on the mechanisms inherently shared by almost any term in general.

1) Critique of applicability

Critique of applicability either supports or challenges the applicability of the terms related to the concept of trauma (in modern examples the term 'trauma' specifically) either for a specific object or event, or for a type of objects or events in general. This type of critique is sometimes accompanied by the statement of specific criteria which the author associates with the concept of trauma, but in other cases the criteria can often be inferred. While this type of critique can be simply the expression of different criteria or definitions for the concept of trauma used by the author and the critiqued side, there are examples, both today and historically, where the criteria are stated to be the same, but the applicability is still disputed.

2) Critique of definition

Critique of definition focuses specifically on the set of attributes and parameters that are used to define the concept of trauma, distinguish it from other related concepts, and therefore determine the applicability of the related terms in specific cases. The difference in definitions can be stated directly or inferred from the context.

3) Critique of context

Critique of context focuses on the issue of the concept of trauma belonging to a particular context (usually clinical or social), and is usually either expressed directly, or can be inferred through the critique of its applicability in a specific case or if its use by a person not belonging to a particular group.

4) Critique of prevalence

Critique of prevalence might potentially be considered a subtype of the critique of applicability or context, as it is rarely encountered on its own, but there are examples, both in historical and modern sources, of the critique of prevalence of the terms, related to the concept trauma (and the concept itself), being stated separately from the other types of critique, with consequences linked to the prevalence specifically. Therefore it is logical to separate it into its own category and examine as such.

5) Critique of the consequences

Critique of consequences focuses on the actions, which are expected or prompted to follow after a positive determination of applicability of the concept of trauma through the applicability of the terms related to it. This type of critique is necessary to examine as well, as, not accompanied by other types of critique, this type potentially points to the differences in the shared system of norms and values, utilised in second or third levels of framework.

All of the categories of critique described above are also tied to a matching set of critique regarding the right of determination of the relevant parameter, i.e. critique of the right define the context where the concept of trauma can be used, or determine what the term ‘trauma’ should mean. These types of critique are not listed separately, as their detailed description is unnecessary. However, they should be considered separate as they do not always appear in the same context or even in the same time period as the original five.

For the reasons mentioned above, critique analysis will be based on the five categories outlined. Developments and patterns related to the historical points established earlier will still be traced chronologically where possible. Each type of critique during each period will be, when relevant, analysed using the three proposed approaches.

4.2 Critique analysis

4.2.1 Critique of applicability

The first examples of the critique of applicability in the examined sources date back to the period of industrial revolution. They are mentioned in context of arguments offered in courts regarding the issue of compensation for the railway accidents and workplace injuries. It is not surprising, as the applicability of the new concept (expressed through the applicability of the relevant terms such as 'railway spine' or 'trauma neurosis') was the key element, upon which the successful application of the economic aspect of the concept of trauma hinged. For the most part the critique of applicability is supported by arguments that can be seen as related to the scientific context, as alternative theories and interpretations are used as arguments for or against a particular logical chain. Most of the critique of applicability from that period focuses on the positioning of the subjective traumatic experience along the axis of reality, later on adding the positioning of the subject on the axis of moral judgement. The axis of normality is basically never critiqued directly, but the focus on the fact that compensation is usually requested by those of lower financial means could potentially point to the positioning of the subject as an abnormal element, thus potentially creating basis for an alternative interpretation. The framework, within which this critique is encountered, is usually of the third level, due to the necessity to assign responsibility and request compensation.

The following stage of development of critique of applicability is essentially characterised by it being separated into two, as the two alternative interpretations of trauma, often expressed by two different terms, were competing. One positioned the subject in the positive section of the moral axis, establishing the causal link to the event, the other in the negative, establishing the link to the monetary motivation. This is also tied to the assignment of responsibility, which is varyingly assigned to the subject, the employer or company, or even the laws regarding compensation, and the compensation itself.

The situation was different in the military context. Applicability is critiqued, but only inasmuch as it concerns the ability of the soldier to perform their duty — applicability becomes the focus of critique only when this ability is somehow reduced. Critique is generally based on the recognition of

circumstances as severe enough to cause significant disturbance, and if they are deemed insufficiently serious, this is used as the argument in the critique contesting the applicability of the concept. This clearly shows the application of the framework of at least second level. It should be noted, however, that in several cases the external circumstances serve not just as basis for the critique of applicability itself, but also as the basis for the degree of responsibility of the soldier for their trauma — responsibility for the failure that was trauma was reduced if the circumstances were accepted as sufficiently serious. In that sense the soldiers at least partially shared the responsibility for maintaining their normal (i.e. not traumatised) state, as defined by the shared system of norms and values.

Potentially as psychoanalysis focused on the reinterpretation of the existing cases, there are no examples of critique of applicability related to it in the examined sources.

In the period between the two world wars, the critique of applicability is encountered primarily in the context of compensation for the soldiers, potentially due to this debate being particularly publicised. Critique of applicability during that period is characterised by the fact, that it essentially focused on limiting the framework to the second level through employing the theories offered by the psychoanalysis — responsibility was assigned to the soldiers, so even if the symptoms were real, the issue of compensation could not be argued within such framework.

While the examined sources do not offer any clear examples of the critique of applicability related to the period of WWII, there are multiple examples related to the period right after it. In that period critique of applicability is mostly positive, in a sense that the applicability of the concept of trauma is asserted, despite the circumstances not fitting a particular definition. As was stated earlier, the moral axis and the axes of reality and reliability are often employed, with critique focusing on the positioning of the subject and their experience. During that period the applicability is essentially asserted as a given, forcing the definition to be changed.

The next significant examples of applicability critique are related to the discussions surrounding feminism, where the applicability of the concept of trauma is asserted by its proponents. Cases of the critique by scientists and clinicians, where the assertion is supported, mostly employ the first or second level of framework, positioning trauma within the reference frame of specific individuals, or second, even implying the applicability of the

clinical term. At the same time, same assertive critique of applicability from those not belonging to the clinical community employs the framework of the third level, almost always accompanying the statement of applicability with the critique of consequences (or lack thereof). It should be noted, that this period is the first one, where examined sources offer a significant enough amount of critique of the right to determine applicability of the concept of trauma.

Other significant portion of the critique from the same period is related to the Vietnam war, specifically to its effects on the soldiers sent there. While the concept of trauma (at this point related to the terms of 'battle fatigue', 'combat fatigue', 'combat stress disorder', and PTSD) was discussed in relation to the war in general, its applicability was critiqued particularly in relation to the war crimes committed by the American soldiers and the concept of trauma being applied to them. The critique focuses on the mostly on the issue of the soldiers being perpetrators and positioning of them and their victims on the moral axis in the same section. The framework employed in this critique can generally be classified as of the third level, as in multiple cases the issue of consequences of successful applicability is raised. Critique of the right of determination of applicability is generally much less present in this instance, despite being present during the same time in the context of feminism, potentially due to the fact that this right had no effect on this particular situation, as both positive and negative critique of applicability was coming from relatively the same sources.

In the examples examined for this paper, critique of applicability related to the activity of the victims' rights groups is for the most part relatively straightforward, as those arguing in their favour critique the refusal to apply the concept of trauma to a particular situation, while their opponents argue against it. In most cases this critique can clearly be tied to the critique of definition and to the employment of the third level of framework, as the arguments clearly align with the effectiveness and the availability of the concept of trauma as an economic tool, and are often accompanied by the mention of compensation. Significantly enough, the critique of the right of determination of applicability is rarely encountered, potentially due to the necessity of these groups to interact with the established official systems. The critique of the right of determination of applicability would essentially be counterproductive, as it is the specific authority of the state and the

experts who determine the applicability of trauma, that allows it to be used as an economic tool in the first place.

Critique, related to the emergency psychological care, is very often focused on the issue of applicability, specifically the idea that the concept and the relevant terms are applied incorrectly and overall too generally, without following the sufficient criteria. Several specialists argue, that a certain determination of the application in these circumstances is generally impossible. It is impossible to determine the level of framework involved in this context, but the axis of normality is often clearly implied if not stated directly by the critics. The positioning of the event and the experience in the abnormal category is the focus.

Critique of the applicability related to the terrorist attacks in New-York, Toulouse explosion, and other similar incidents from 1990s - 2000s is also related to the issue of applicability. In multiple cases, especially the attacks in New-York, critique of applicability is clearly aligned with the aspects of the concept of trauma — critique against the applicability, especially sufficiently global, is usually offered by the members of the scientific community, while the opposite view is presented by those outside of it. Critique of the right of determination of applicability is rare, but generally tied to the issue of the trauma in clinical sense and trauma in social sense being mixed together. This could indicate the reaction to the separation between these two aspects of the concept of trauma, mentioned in the previous chapter, in cases where the axis of moral judgement is involved.

Critique, related to the concept of trauma in the activity of humanitarian groups, is often focused on the issue of applicability as well, specifically the incorrect and unscientific use of the term ‘trauma’. The critique is usually established at the second level of framework, while the related arguments by the proponents of these groups, their activity and the use of the concept of trauma, usually operate on the first or the third levels, focusing on the compensation and the economic effect of successful application of the concept of trauma. This is often accompanied by the critique of the right of determination of applicability, where the proximity to the event is used as an argument for that right, i.e. the members of these groups having inherently more right to determine the applicability of the term due to their physical and metaphorical distance to the events and experiences they describe. Another type of critique of applicability that should be mentioned here is the critique by the subjects and groups the term is applied to, which is focused

on the implications, associated with the term. While this might be seen as critique of consequences, this critique is still expressed through the critique of applicability. The issue of characterisation of passivity and weakness, associated with the application of the concept of trauma, is often listed as the reason for the critique (i.e. due to these characteristics being seen as inapplicable, applicability of the concept of trauma is challenged as well).
In the context of the refugees, a significant portion of the the critique of the concept of trauma in the examined sources is focused on the issue of applicability and the right of its determination, whether this critique is direct or is used to imply the critique of context, definition or consequences. Apart from the general critique of applicability, positioned within the framework of the third level and clearly related to the economic aspect of trauma, critique of the right of determination often comes from the very specialists this right is given to. The necessity for this determination is criticised as well, and the arguments employed can be attributed to all three aspects of the concept of trauma — the necessity of determination is defined as contradicting the principles of the social aspect of trauma, being unreliable from the scientific point of view, and ineffective in relation to the economic aspect. The positioning along the axes should be noted as well, as it can be inferred that the challenging critique of applicability generally focuses on the axis of reality, while the critique that asserts the applicability often focuses on the axis of moral judgement. Due to the fact that the scientific axis of trauma, as presented earlier, abandoned the axis of morality, this could be seen as the expression of conflict between the social and the scientific aspects.

There are multiple examples of the critique of applicability in the modern articles, examined for this chapter, just as there are multiple examples of the critique of the right of its determination. In fact, this type of critique is the one encountered most often, both on its own and expressed by the other types of critique.
First, the critique of applicability is often accompanied by the statement or implication that the experience or event in question do not fit the criteria of a particular official definition of trauma, with this definition often coming from either clinical texts or a clinical specialist. In several examples, however, the specific criteria according to which the term should not be applied are presented instead, such as seriousness of the event or the type of

negative experience it caused. In such cases critique of applicability essentially becomes critique of the evaluation of a particular quality, assigned by the author. In the first case this type of critique belongs to the second level, as the shared definition is being discussed. In the second case, however, it more likely can be see as the conflict between the first and the second levels — specifically the attempt to use the first level as a basis for the critique at the second one.

Second, critique of applicability is often connected to the issue of general pathologization of the normal experiences, implying the applicability of the term in general being incorrect, not just in a specific case. This type of critique is often accompanied by the implication or statement that the term trauma is used only to denote the subjective negative attitude towards the particular experience. In several cases the general claim is made regarding the lack of available vocabulary to describe the degree of negative attitude towards a particular event, thus leading to a content creep. This type of critique can be seen as again related to the levels of framework, as the implication is made that the determination on the first level is used in cases, where the second one is expected, at least by the critic.

Third, in several cases critique of applicability is accompanied by a statement that the author should not receive particular consequences that would follow a successful determination of the applicability. This type of critique can with a high degree of certainty be positioned at the framework of the third level, as the term trauma is clearly perceived as a means to establish the logical chain and gain particular compensation or at least consequences. The term trauma is perceived and employed first and foremost in its economic form.

Fourth, in several cases critique of applicability is accompanied by the implication or statement of ulterior motives of those, who are responsible for causing the incorrect determination of applicability. For example that the applicability is being promoted in order to sell a particular product or achieve popularity. The concept of trauma is seen as economic, and the applicability is challenged at at least the second level of framework.

Fifth point is related to the logic, which is often presented in the cases of critique of the right of determining applicability. The argument for the expansion of that right is often accompanied by statements that limited right of determination leads to multiple cases being unrecognised and therefore multiple people being robbed of what the determination of application

would bring. The description of specific consequences varies, but they include monetary gains, treatment and wellbeing, all of which can be classified as compensation. In several cases the echo of older critique is present as well, i.e. the idea that certain traumas are not recognised or admitted systematically as part of general oppression. These arguments, when analysed using the three proposed approaches, can be classified as related to the economic aspect of trauma (due to the focus on the consequences and benefits missed), as well as functioning within the framework of the third level.

On the other hand, the arguments against the expansion of the right of determination usually state the possible negative consequences of incorrect application, as well as underline the general issue with the lack of any reliable consequences when the applicability of the term is not determined by a specialist. As in both cases the issue of compensation is raised, it is likely that the critique is related to the third level of framework.

Finally, it should be noted that a large portion of critique of the right of determination of applicability in the modern examples is related to the cases, where the applicability was established by the subject themselves. This is particularly often mentioned in the context of products and projects, which invite the viewer to determine if they fit a particular set of criteria, which the critics often point out do not in any way be related to the clinical definition of trauma. This pattern is particularly often mentioned in the context of social networks, such as Instagram or TikTok. This pattern might be seen as the issue of being prompted to confuse the first and second levels of framework.

4.2.2 Critique of definition

Similarly to the critique of applicability, the earliest examples of the critique of definition in the examined sources date back to the period of the industrial revolution. While it is reasonable to assume that elements of this critique could be found in the same context as the examples of the critique of applicability, i.e. courtroom arguments and expert opinions, in the examples examined for this chapter this type of critique mainly was presented separately. A possible explanation for this is the necessity of definition to be established prior to the utilisation of the concept and the related terms in these contexts.

Both prior to WWI and during it, critique of definition was mainly focused on the scientific aspect of the concept of trauma — it was mainly focused on different explanations for the symptoms and the patterns, in which these symptoms are encountered, both in civilians and soldiers. It focused specifically on the axis of normality, contesting the positioning of events, subjects and other elements, potentially due to the necessity to establish a causal chain mentioned earlier.

Critique by those supporting psychoanalytical approach was focused on the definition as well, as the same cases were interpreted differently. Overall it can be stated, that at least up to that point most critique related to the definition of the concept of trauma was operating within the framework of at least second level, based on the appeal to universal criteria shared between multiple subjects. Finally, several sources reference the critique offered at the end of WWI and right after it, in particular by William Halse Rivers, regarding the moral classification of the traumatised soldiers and through it, the definition of trauma in general.

In the period between WWI and WWII critique of definition was rarely encountered in the context of the issue of compensation for the soldiers, as the critique focused on the issue of consequences and applicability. In the cases where the critique of definition was still present, it accompanied the arguments regarding type and aim of compensation. However, as stated earlier, compensation can be viewed as an action aimed at restoring the subject and potentially other elements to a state defined as normal, and the definition of trauma essentially can be seen as codifying what element should be considered abnormal, what form this restoration should take, as well as who this compensation should be aimed at. As the issue of supporting or contesting the compensation aimed at the subject and taking the financial form was the focus during that period, it can be assumed that a large portion of the critique of other types should be viewed as inherently the critique of definition, especially in cases where the applicability is not being actively contested.

Examined sources offer few examples of critique of definition from the period during WWII, which correlates with the general delayed nature of trauma analysis and evaluation. The examples of critique of definition after that period are varied and focus mostly on the interpretation of trauma in relation to the survivors of the Holocaust. Critique mostly focuses on incompatibility of the older definitions and their inability to explain the new

data, where the applicability is presumed. As new theories and definitions were proposed, several examples of critique focused on evaluating them using general social and moral values, specifically characterising negatively the theories that attempted to explain the survival of some victims of holocaust and the death of others through attribution of positive qualities to the survivors alone.

The feminism movement, surprisingly enough, does not offer multiple examples specifically of the critique of definition — the relevant critique mainly focused on applicability of the existing concept and terms, not on the change of definition. This potentially shows that the critique was focused on reclassification of elements the concept of trauma would be applied to, not necessarily on the change to the concept of trauma itself and its definition. Therefore this critique can be interpreted as aimed at the difference in the shared systems of norms and values, employed in the frameworks of second and third levels, or potentially the critique of the reference points these systems assigned to different groups.

Examples related to the Vietnam war and the trial over American soldiers, however, offer multiple cases specifically of the critique of definition, as well as critique of definition expressed through critique of applicability. This critique mainly focuses on the complications the positioning of subjects along the axis of moral judgement presents and the issue of abandoning it. It should be noted that neither in this nor in any previous cases examples of critique of the right of definition could be found, potentially signifying that at least up to this point the right of definition was not significantly systematically challenged, i.e. remained limited to a particular group.

Critique related to the activity of the victims' rights groups is mainly focused on the issue of applicability, not definition. The definition is not actively challenged either by the groups or by their critics, instead it is the classification of external elements in regards to fitting this definition that is the focus of available critique.

In the case of emergency psychological care it is again the critique of applicability that is focused on, as no clear new definitions are proposed, nor are the old ones challenged significantly. Critique of definition instead focuses on the definition of the traumatised subject, which is criticised in regards to the blurring border between those traumatised and those

potentially traumatised, even prior to any symptoms. This critique is again often expressed through the critique of applicability or consequences.

Critique of definition in regards to the terrorist attacks and catastrophes of the 1990s-2000s is mentioned in the examined examples relatively rarely, mostly in those cases where the issue of applicability is raised and the definition needs to be stated to justify or challenge the applicability. In several cases critique of definition can be seen as implied, but without additional research it is not clear whether it is the applicability or the definition of the concept of trauma that are challenged.

In the case of the humanitarian groups critique of definition always accompanies the critique of applicability and is offered both by those who support their use of the terms related to the concept of trauma and those who challenge it. Those supporting the applicabilityessentially state the applicability of the concept and the related terms and conclude that the definition should be changed to incorporate them. Similarity to the development of the concept of trauma after WWII should be noted at this point, as well as active positioning of elements along the axis of moral judgement. Those challenging the applicability evoke the formal clinical definition as the means to do it, stating that the definition employed by the humanitarian organisations is incorrect. Part of the critique focuses on the issue of essentially two definitions overlapping, i.e. there being a clinical and a vernacular one, and their criteria being confused, essentially misapplying definition to establish applicability. Critique of the right of definition is also present in this context, with this right often being tied to the issue of either distance to the event considered traumatic, or the credentials and formal recognition of qualifications.

Finally, critique of definition related to the refugees in the examined sources can generally be classified as an extension of the critique of applicability — i.e. the definition is criticised in response to the challenge of applicability. The critique by those advocating for the refugees is focused on the formal definitions being too narrow, while the critique by those arguing for the stricter criteria focuses on the definition not being sufficiently scientific. This potentially can be viewed as the result of the inherent role the axis of moral judgement plays in this situation and its complete abandonment by the scientific aspect of the concept of trauma.

In the modern articles examined for this chapter, critique of definition is not as widespread as critique of applicability, but often accompanies critique of different kinds. Within the clinical context, critique of definition in the examined sources focuses both on the critique of formal (clinical) and less formal definitions.

Critique of clinical definition by the members of the clinical community states that it is either too wide or too narrow, however the specific criteria are rarely mentioned clearly enough. Critique of definition employed outside of the clinical context by the members of the clinical community is more rare, but is generally expressed as an assumption, that the subjects either decided or were informed that they had trauma in a clinical sense of the term, while relying on the definition which was not clinical. Critique of definition focuses on the non-clinical definition being too broad, too easily applicable, and too reliant on the subjective evaluation. In particular the non-clinical definition is critiqued in regards to its potential relation to the consequences (or lack thereof), such as visiting a specialists, taking medication or requesting compensation. Essentially, viewed through the second approach, this critique focuses on the utilisation of the framework of the second or third level, while not referencing the correct shared system of norms and values or even utilising the applicability of the concept of trauma established on the first.

Critique of definition by those outside of the clinical community also focuses on definitions offered in both contexts. Critique of the clinical definition is often focused on its narrowness and inapplicability in certain situations, where the applicability is desired or presumed. Related critique of the right of definition is supported by similar arguments to the ones used to critique the right of applicability determination, i.e. that the definition does not cover either specific cases or case types that it should cover. This is often either implied or stated to be related to the consequences of successful application of the term, and therefore can again be classified as operating in the framework of the third level and involving the economic aspect of the concept of trauma.

Critique of the non-clinical definition is often implied, as such definitions are almost never stated directly. In most cases specific criteria are mentioned when criticising the applicability of the concept and term trauma, which is then defined by the author and the critic in its relevancy to the concept of trauma. Essentially, critique of definition in these cases mostly

focuses on the specific attributes and their relevancy, not a definition in a more traditional sense. Several criteria, however, are encountered particularly often, such as persistence, severity, specific symptoms or the amount of discomfort caused regularly by the experience in question. Further examination might potentially result in a compilation of criteria that today define the concept of trauma and the relevant terms outside of the clinical context.

4.2.3 Critique of context

Critique of context is both encountered much less often compared to the two previous types of critique, and is not encountered in the period of industrial revolution, at least in the sources examined for this paper. The earliest examples, which could potentially be classified as such, are related to the proposed similarity between the military and the civilian cases of trauma by Honigman in 1907. One potential explanation for this delay is that this type of critique is inherently linked to the transition of the concept of trauma from one context or another, or a significant shrinkage of the context seen as appropriate. Prior to the period of industrial revolution not only had the concept of trauma in its modern form potentially not existed, but the form it existed in was tied primarily to the military context and could not expand into other context, thus not being able to cause this type of critique. After its establishment during the period of the industrial revolution, the concept of trauma essentially existed in two context separately — military and civilian, and the similarity proposed by Honigman marks potentially the first intersection of the two and therefore the first examination of the context.

Critique of context is equally almost absent from the period of WWI and is present in the period between WWI and WWII only to the extent that it supported the critique of the attempts to utilise the diagnosis, received in one context, to achieve the result in another, i.e. an attempt to use a diagnosis of trauma from the civilian context to avoid military service. In that sense the similarity between the two context still wasn’t sufficiently widely accepted.

The first truly clear examples of the active critique of context are related to the feminist movement of 1970s, where this critique in the examined sources is mostly offered by those criticising the use of the concept of trauma and terms related to it outside of the clinical environment. Critique

by those supporting this expansion also for the first time in the examined sources included the critique of the right to determine the appropriate context as well. These critics supported their position by presenting the existing limitations as essentially controlling the access to the concept of trauma and the consequences of its use. This clearly connects this critique to the third level of framework and the utilisation of the economic aspect of trauma.

Neither in the context of the Vietnam war nor the activity of victims' rights groups are there examples of clear critique of context. Potential explanation for that is simply that the context in these situation was the one where trauma was traditionally encountered (i.e. accidents and war), and it was the applicability in specific cases and the implication of said applicability that were the focus instead.

The development of the emergency psychological care, however, was again characterised by critique of context being present, specifically the critique from the members of clinical community. Their critique was focused mostly on the issue of the concept of trauma being utilised outside of circumstances, where its utilisation is safe, justified, and where the precision of its application can be guaranteed. It can be inferred that such context did not include the work in the field. While this can also be potentially be viewed as the critique of the right of context definition, as the critique remained both aimed at and produced by the members of the clinical communities, without additional research it is difficult to determine if that is the case. However, it should be noted that the targets and authors of the critique relatively clearly align with the participation in or support of the discipline of victimology, at least in the examined sources.

While the commentary on the terrorist attacks in New-York on September 11 in the examined sources was generally not accompanied by the critique of context, the Toulouse explosion was. Several sources mention the critique of context being present in the contemporary discussion of the events. Specifically multiple members of the state structures related to the psychological care criticised the concept of trauma (and the related terms) being employed outside of the context of professional medical services and organisations, essentially being used in the discussions and consultations of non-certified volunteers and victims of the accident. The consequences of this use were described as potential confusion and psychological damage to the victims, as well as lack of the appropriate consequences of the terms and

concept being employed. In another example, critique of context is aimed specifically at the fact that the concept of trauma was essentially absent from the discussion of the mental patients, showing that as the concept was entering another context, it was potentially leaving the one it originally occupied. Finally, another set of critique of context was criticising the right of determining the correct context and was aimed mostly at the clinical specialists. This critique stated that such rigid and strict limitation of context where the concept could be used (or where it could be used with a particular result of producing compensation) would prohibit the access to this concept for many of those, to whom this access should be provided.

Activity of the humanitarian groups was also accompanied by several references and examples of critique of context in the examined sources. This critique was mostly offered by the members of scientific and clinical communities and mostly concerned the utilisation of the term ‘trauma’, which is clearly implied to have a clinical meaning and therefore belongs to the clinical context, outside of said context. It should be noted, that the critique focuses not on the use of the concept of trauma itself outside of a particular context, but the implication that the concept is utilised as a clinical category outside of the appropriate context. Unfortunately without further examination of the original texts it is difficult to establish the patterns that resulted in the assumption that the concept of trauma should be interpreted as strictly clinical, despite the context not being appropriate.

Critique of context is also present in the case of asylum seeking. While fitting into the pattern described above, it can generally be separated into two main types. The first is the critique regarding the utilisation of the concept of trauma within the legal system in general, based on the fact that the criteria that this context demands are much more strict than the ones that the clinical concept can actually provide. The second is the critique regarding the harm this utilisation brings to the concept being utilised in the clinical environment, as the concept essentially becomes legal and not clinical, with legal criteria and priorities overriding the clinical ones. Essentially, the critique implies that the goal and method of the utilisation of the concept of trauma and the related vocabulary can not be clinical and legal at the same time.

Critique of context in the articles chosen for the analysis of modern critique generally takes two forms. The first one is similar to the historical pattern,

and specifically the one just outlined — the critique focuses on the utilisation of the concept of trauma and the related vocabulary outside of the clinical environment. The arguments for this critique vary. In some cases the harm that this utilisation might do to the subject is underlined, as outside of the specific context the sufficient precision can not be guaranteed and subject might arrive at false conclusions. In others the lack of appropriate consequences is stressed instead, as it is stated or implied that the determination of the applicability of the concept of trauma should always be followed by specific consequences, such as medical examination or treatment. Critique of this limitation is also present, focusing on the inherent limitation of access to the concept of trauma and the appropriate consequences this approach causes. Essentially, the arguments are again the same as in the two previous cases regarding the right of determination of applicability and definition.

The second significant type of critique of context is related to the secondary systems that the utilisation of the concept of trauma in a particular context or environment interacts with, not the fact of utilisation itself. One of the often mentioned systems is targeted advertising, either by humans or automated algorithms. Utilisation of the concept of trauma potentially leads to the subject being targeted either with the goal to manipulate or defraud them, or to make them purchase product or service that is useless at best and harmful at worst. Another system mentioned particularly often are the social networks, such as TikTok or Instagram, where in addition to the issues mentioned earlier the general model of interaction between the users promotes unhealthy and harmful behaviour, as such behaviour is considered to be more engaging.

Throughout this section the outlined patterns of critique have not been analysed using the three proposed approaches, as it can be generally stated that the patterns are sufficiently similar to be analysed together. Critique of context can generally be viewed in two ways. When consequences and compensation are stressed as significant factors of critique, it is logical to view it as part of the third level of framework, specifically the issue of limited access to the economic aspect of the concept of trauma. Limitation of the context inherently leads to the limitation in ability to utilise the concept of trauma as an economic tool, or the dependency of that utilisation on the access to that context. Alternatively, in the cases where the negative clinical consequences are highlighted, the critique can be viewed as the

conflict between two functions or two shared systems of norms and values utilised at that level of framework — necessity to limit the utilisation of the concept as a clinical tool comes into conflict with the desire to utilise it economically. Finally, in several cases, critique asserting the necessity of the expansion of context, has been related to the universalisation of the system of norms and values or reference points within these systems.

4.2.4 Critique of prevalence

While the critique of prevalence is usually ascribed to a more later period of the development of the concept of trauma, the first examples of such critique in the examined sources technically date back to the period of industrial revolution. These examples are few, but the target of the critique is still stated clearly. This critique negatively characterises the extent to which the concept of trauma is utilised in court proceedings, accompanying it with the statement characterising the majority of the cases as fraud. Such approach, combining the critique of prevalence and the critique of applicability, can be found in almost every period, with pattern being extremely similar. While ideally only the examples containing the critique of prevalence not accompanied by the critique of applicability should be analysed, unfortunately not a single example from the sources examined for this paper contained this critique on its own. In every case the critique of prevalence was accompanied by either implied or stated critique of applicability, context or definition. As expected, critique of prevalence increases in amount as the concept of trauma develops further. Depending on whether the accompanying critique of applicability is positive or negative, the prevalence of the concept of trauma and the related terms is either criticised as the evidence of overpathologization of normal experiences, usurpation of the language considered clinical, or the trend of recognising the negative experiences for what they are and demanding recognition and reaction on a public level. There is little point in listing all the periods and specific cases, where this critique is encountered, as the pattern essentially remains the same and only the amount of such critique increases with time.

This type of critique essentially serves as an indicator of the perception of the position of the potential for trauma on the axis on normality — the

critique, either positive or negative, comments on the perceived movement of that potential in the positive and therefore common direction.

Modern examples of such critique are essentially no different, however, it might be argued that they offer the closest to the pure critique of the prevalence, separate from the critique of applicability. Specifically, the prevalence is thought to reduce the effectiveness of the terms related to the concept of trauma. The first aspect of that reduction of effectiveness has to do with their descriptive role, where they are employed to convey a very specific meaning by those, who have undergone a specific experience which, unlike other cases where an alternative term might be applicable, can only be described using the term ‘trauma’. The term is not stated to be inapplicable in the cases where it is used, but instead it is its prevalence over the alternatives that is criticised specifically. The second way in which the effectiveness of the terms related to the concept of trauma is reduced is clearly related to the economic aspect of the concept, as the critique essentially states that the use of the terms, related to the concept of trauma, no longer leads to the appropriate reaction and consequences. Again, the incorrect applicability is not necessarily stated, as the reduced effectiveness is tied directly to the prevalence itself and, potentially, to the ever-expanding definition. Finally, several examples state that the term is used so actively and has such varied and unclear definition, that it has essentially become meaningless, again combining the critique of prevalence with the critique of definition.

4.2.5 Critique of consequences

Critique of consequences is the third type of critique, following the critique of definition and applicability, that is present in significant amount since the period of industrial revolution. The examples in the examined sources focus on the actions that must be taken after the reality of trauma (expressed through the applicability of the contemporary related terms) is established. This takes the form of the critique of compensation, be it critique of its amount, target, or role, and discussion of the appropriate reaction in general. The consequences are always viewed as a restoration of the subject to the state established as normal within the referenced system of norms and values, referenced within the framework of the third level, but what exactly

constitutes the abnormality of the subject changes, and so do the logical consequences, which the critique reflects. Initially the compensation is interpreted as reflecting the damage that the subject suffered, i.e. the monetary estimation of the degree of their abnormal state. Later on, as their abnormality is transitioned to their inability to work, the role of compensation changes and it is no longer the monetary estimation of the degree of damage, but merely a trigger — the very act of compensation causes the restoration, therefore the amount can be reduced. Finally, the abnormality encompasses the inability to work paired with the desire for compensation, and the compensation itself is then considered to cause the abnormality. The logical consequence is then removal or almost complete reduction of compensation, so as to remove the desire for it and thus restore the subject to the 'normal', working state. While operating on the framework of the third level, the critique of consequences essentially gradually shifted from the focus on the economic aspect to the scientific one, as the issue of compensation itself was no longer viewed as economic, but as clinical. Simultaneously, this critique can be viewed as evidence of the consequences shifting from generally beneficial for the subject to the ones meant to compensate the perceived negative effect their experience and symptoms had on other parties. At the same time, however, while increasing the role of compensation to the other parties for the experience and actions of the subject, the critique continued to present these actions as beneficial and correct for the subject as well, with compensation clearly still restoring them to the state considered normal within the referenced shared system of norms and values.

Unsurprisingly, this model was especially present in the military context. The period of WWI is characterised by the critique of consequences focused on the issue of treatment best suited to restore the capabilities of the soldiers and to return them to battle. The critique of this type and period is generally characterised by positioning the subject as essentially the opponent of the clinical specialist, and the consequences are critiqued from the position of effectiveness in overcoming their resistance. This was followed by several examples of critique of the brutality of these methods, as the psychoanalytical approach was growing in popularity, but it was still the effectiveness of the methods that was the primary concern.

In the period between WWI and WWII critique of context in the examined sources mostly relate to the economic consequences, i.e. compensation to

the workers and the soldiers. The interaction of this type of critique with the scientific aspect was described earlier, but the degree to which the critique of consequences was still utilising the scientific aspect of the concept of trauma should still be noted. Despite operating within the economic context, the arguments applied still significantly related to the scientific principles and interpretations.

During the WWII the critique of consequences did not change significantly, which is to be expected due to the same evaluation lag mentioned earlier, and it is after WWII that the main bulk of critique of consequences of that period can be found. Unfortunately, while the sources examined for this paper list several examples of the critique of consequences of this period, their amount and the clear complexity of the period make it extremely difficult to establish a clear pattern without significant additional research. However, one aspect can be highlighted already, based on the available critique, and that is the conflict between the clinical and economical interpretations of trauma and its consequences. Trauma received by soldiers during the war is described as a medical condition, which should be treated, but not compensated. This can potentially be seen as the key distinction of the type of consequences that the establishment of trauma can cause. Whether or not this is the point such a distinction first appears in critique in general can only be estimated with additional research, but, examined retroactively, multiple shifts that the consequences had undergone by that point align with this distinction. Moreover, the shift of compensation from the economical to the clinical field, related to the period between the industrial revolution and WWI, could potentially be seen as the first such shift.

Several examples of critique of consequences related to the battered child syndrome and the related legislations, available in the examined sources, do not focus on the concept of trauma itself, but on the issue of interaction between the government and its citizens, i.e. the border between public and private, and do not reveal any additional information relevant for the subject of this paper.

In the post-war development of the concept of trauma related to feminism, critique of consequences was one of the key elements. While at an earlier point critique of applicability took precedence, for the reasons outlined in the historical chapter it is not surprising that the critique of consequences was one of the key elements of the general critique of psychiatry as a

discipline by the feminist movement. This critique, despite opposing the scientific view of trauma at the time and being incorporated into the general critique of psychiatry, still actively involved the scientific aspect of that concept, as one of the earlier and significant elements of the related public debate was the publication and presentation of a scientific paper by Florence Rush. Critique of consequences in general during that period was varied, as it focused both on the economic and clinical consequences, with critique of one often being difficult to separate from the other.

In the examined sources the Vietnam war was characterised by the critique of consequences as well, not only in regards to the specific trial, but in regards to the consequences for the traumatised soldiers in general, as the general lack of treatment they received was actively criticised by multiple veteran organisations. The consequences in the case of the tried soldiers specifically were also a significant factor, as they were discussed not only in relation to the trial and the soldiers, but to the concept of trauma itself, as positive evaluation of the reality of trauma in that specific case would result in significant changes in the concept. While in the examined sources this is one of the first examples of the critique of consequences not of a specific, but of systematic kind, it is extremely likely that it was present since a much earlier point. In this case the term ‘systematic’ refers to the consequences that change the definition, the applicability or the consequences of the concept of trauma not only in a specific case, but lead to the changes at a sufficiently large scale. This assumption is based on the fact, that due to the consequences belonging to the framework of the third level and only being possible through reference of the shared system of norms and values, changes in the consequences, without referencing a different system, necessitate changes within that system, which would then lead to similar consequences in following cases. While this is clearly an oversimplified view of this process, this potentially points to another significant aspect of the trauma recognition and the interpretation of the critique of its applicability and consequences. However, additional research is required to evaluate the validity this approach.

In the sources examined for this paper critique of consequences is present in relation to the activity of the victims’ right groups only until a certain point — it is generally presented in cases, where state-related mechanisms, related to receiving compensation for the damage, the reality and extent of which the concept of trauma is meant to determine, have not yet been established,

or if the functioning of such mechanisms is seen as insufficient in some way. As the research of first-hand historical examples for this chapter was extremely limited, it is possible that this can in fact be explained by an attempt to establish a relatively logical sequences of events, where this critique leads to a specific development, and the critique is in fact much more widespread. Other relevant types of critique of consequences of that period focus on the role of the concept of trauma and the clinical evaluation in the legal system of compensation, i.e. the perceived necessity for the subject to establish the reality of their trauma in a clinical sense for the non-physical damage to be compensated. According to this type of critique, the concept of trauma by this point had become so tied to the process of compensation claim, and its perceived objectiveness was so relied upon, that it essentially shifted the whole framework of estimating non physical damages. The critique states, that unless the non-physical damage was not recognised by a certified clinical specialist as a mental disorder caused by the event, this damage was much less likely to be compensated. The framework of the third level was essentially critiqued for being too effective economically, to the point that alternative systems were being undermined.

Estimation of critique of consequences in the case of the development of emergency psychological care is relatively difficult, as the majority of critique is not focused on the consequences of the application of the concept of trauma in general, but on the consequences of application being wrong due to the incorrect use of the psychological procedure of debriefing.

However, in several cases the examined sources reference the critique by the general media of the efforts to organise the state-scale program of such emergency psychological care, and specify that the critique did not mention the issue of applicability of the concept. Instead, it described the consequences as alternatively too extreme or insufficient. This is potentially linked to the changing sequence of events. Prior to the emergency psychological care, the appropriateness of the reaction, justified by the reality of trauma, was naturally preceded by the estimation of that reality, i.e. the determination of the applicability of the concept. However, the nature of emergency psychological care essentially demands the reaction to the possibility of trauma to happen prior to that determination, and therefore the appropriateness of consequences can only be estimated retroactively, leading to such a polarised critique.

Terrorist attacks and industrial catastrophes of the 1990s-2000s were accompanied by a significant amount of critique of consequences, however, similarly to the examples related to WWII, the examined sources are not sufficient to establish a clear enough general pattern of development. As in the situation with the critique of the consequences in case of the emergency psychological care, a large portion of critique focused on the issue of the applicability being established incorrectly, thus not criticising the consequences themselves, but the preceding element in the logical chain they were included in. Only several examples of critique focus on the actual consequences of the applicability of trauma being established, specifically in the case of the terrorist attacks in New-York. The authors in these examples criticise the degree to which the America in general, its citizens and its political decisions were viewed positively after terrorist attacks, mentioning the established global trauma as the justification for this view and challenging the transference of positioning on the moral axis between the the context where trauma was established and a separate context that followed.

In the context of the activity of humanitarian organisations the critique of consequences can generally be separated into two types. The first is similar to the of critique mentioned earlier regarding the effectiveness of trauma as a method of establishing the need for compensation. The the term ‘trauma’ is criticised in regards to its applicability, as it is treated as a clinical one and therefore strictly defined, but the focus is on the circumstances that this incorrect application causes. The consequences themselves are not presented as incorrect or negative, but the utilisation of the concept of trauma to cause them is. The difficulty in achieving similar consequences in any other way is attributed to the concept of trauma being too effective, similarly to the pattern mentioned earlier in regards to victims’ rights groups.

The second type of critique is related to the positioning of the traumatised subject and the source of trauma on the axis of moral judgement. The applicability of trauma is challenged in regards to the consequences of such applicability being incorrect or lacking the necessary context, i.e. the moral positioning achieved by the utilisation of the concept of trauma is seen as undesirably transferrable to the other circumstances and events, where moral positioning is stated to be different. This can particularly be seen in the critique related to the conflict between Israel and Palestine, where the

consequences of stating the reality of trauma of members of one group are seen as harmful towards the members of the other.
Critique of consequences in the context of asylum seeking can also be separated into several types, with the first one being essentially the same — the effectiveness of the concept of trauma as an economic tool detracting from the effectiveness of other methods, which makes its utilisation almost necessary, even when it is implied to not necessarily be applicable. The second type of critique is almost the opposite of the first, criticising the consequences as being insufficient. This type of critique is offered solely by those advocating for the refugees, at least in the examined sources.

Critique of consequences in the modern articles examined for this paper is as broad as it is varied. Even ignoring the critique of consequences of incorrect application or definition, almost every article mentions consequences that the author considers incorrect, harmful or simply unproductive. In one article the author criticises the necessity of professional treatment, in the other the decision to forego it. Authors criticise various treatment programs available both within the established clinical practice and outside of it, the reaction of those around the subject and the subject themselves. Unfortunately, the critique of consequences in the modern articles examined for this paper is so varied and so present, that it is impossible to establish a clear pattern without additional research.

4.3 Summary

While the approach chosen for the critique analysis section of this paper is very broad and reveals only general potential patterns related to the concept of trauma, there are nonetheless several observations that can be outlined.

1) Critique or applicability, definition and consequences are present from the very period, chosen as the point of emergence for the modern concept of trauma. This can potentially be explained by these three aspects being the key to the implementation of the new concept (and utilisation of the new terms). The first examples of the critique of context can be found a little later, but generally speaking this critique can be found in much larger numbers after 1960s, pointing potentially to an increasing degree of interaction between various contexts, as well as potential vocabulary

transition between them. Critique of prevalence has been encountered since the very beginning, but never in sufficiently pure form — throughout its history it likely served mostly to highlight the degree to which another criticised aspect was widespread. However, in the modern articles there were several examples of what can be considered pure critique of prevalence, potentially pointing to a qualitative shift.

2) Critique of the right of determination of various factors is encountered much later than the general critique of these factors. The critique of the right of determination of applicability, the right of definition etc. appeared in particularly large numbers also after 1960s, which, combined with the increasing critique of context related to this period, potentially highlights it as a key period for further examination.

3) Critique of consequences, related to compensation, serves as a relatively clear indication of the contemporary shifts of framework elements along the axis of normality. As compensation is always aimed at restoring the normal status to the subject and potentially other elements, not only does the type, form and target of the compensation reveal the assignment of an abnormal attribute, but the critique related to this aspect potentially reveals the contemporary vector of development, i.e. what element is being moved along the axis of normality and in which direction.

4) Analysis of the critique of consequences reveals, that generally after 1970s there is an increasing amount of critique, related to the effectiveness of the concept of trauma as an economic tool (i.e. the degree to which the concept of trauma is connected to the compensation aimed at reimbursing the victim), to the extent that it makes the use of this concept (and therefore the related terms) highly beneficial, if not mandatory. This is supported by the critique related to the victims' rights groups, humanitarian groups, asylum seekers.

5. Conclusion

5.1 Summary of progress

In the beginning of this paper I have described the issues, surrounding the term ‘trauma’ today. I outlined my approach and explained the necessity to examine the term ‘trauma’ not separately, but as a logical extension of a much longer chain, as it is inherently affected by every development that precedes it.

In the first chapter I proposed the key criteria that separate the modern concept of trauma from its historical predecessors. I then established the point at which this modern concept likely emerged, given my reasons for this estimation, and finally presented a historical examination of the development of the concept of trauma from that point. While not exhaustive by any measure, this development outlined the key periods and contexts that either caused particular changes in the concept, or revealed the changes that were generally happening at the time or had happened prior to that point.

In the second chapter, I outlined three complementary approaches, which could be used to analyse the concept of trauma and the framework, within which the terms related to it operate. Next, using these three approaches, I attempted to examine the historical development, presented in the first chapter, and finally outlined the patterns that these approaches revealed.

In the third chapter I explained my approach to the analysis of historical and modern critique, related to the concept of trauma, explained how I selected the sources for this analysis and what general categories the critique can be separated into. I then presented a short overview of how these categories developed throughout the key periods and contexts, outlined in the historical chapter. Finally, I presented several key observations that can be made, based on the examined data.

In this paper I have attempted to reveal the key mechanics behind the concept of trauma, which would be preserved regardless of the term used to refer to it. I traced the changes that these mechanics have undergone and the way they interacted with each other in particular periods. These mechanics have at least partially revealed the trajectory, within which the current term ‘trauma’ can be viewed, and potentially explained at least some of the issues it is facing today.

5.2 Summary of key observations

First of all, since its very emergence, the modern concept of trauma has existed at the intersection of three key fields — scientific, social and economic. Not only that, but it is precisely because it initially belonged to all three fields simultaneously, that it could be utilised in the way that it was and be as effective as it has been, at least up to a certain point. The often encountered view that it was initially a scientific concept, which at some point was 'hijacked' or 'usurped', is only partially correct, as while the scientific aspect was part of the concept of trauma, from the very beginning it operated in conjunction with the other two.

Second, the issue of uncertain position between the clinical and non-clinical fields has also been present in this concept of trauma from the very beginning and is therefore inherent to any term used to relate to it. The analysis of critique of consequences and the types of consequences in general have revealed that one of the first changes the concept of trauma underwent was the transition of the consequences it produced from the economical to the clinical field. Therefore the issues often criticised in the modern term 'trauma' have been present in the concept it refers to from the very beginning.

Third, while it is unlikely that a single event can be established that led to the current divergence of the scientific aspect from the other two and the issues this created, it is possible to outline few key patterns that are clearly related to it.

The first is the abandonment of the axis of moral judgement by the clinical community (and therefore the scientific aspect) in the 1970s-1980s, which was preceded by two significant shifts related to it — first the radical shift of the subject in the positive direction after WWII and the Holocaust, then back in the neutral direction after the Vietnam war crimes trials. While the scientific aspect abandoned this axis, it still remains key to the social and the economic aspects of trauma.

The second is the social activism, related to the feminism movement, which could potentially be seen as the first example of the concept of trauma utilised as a socio-economic tool first at a significantly large scale, coupled with the critique of the right of determination of applicability. The positive shift along the moral axis mentioned above made the economic aspect of trauma much

more effective, thus potentially contributing to the divergence, as the scientific aspect was essentially the limiting factor to its application.
The third pattern is related to the radical shift in the system of norms and values, used to classify the abnormality of events — for reasons outlined in the second chapter, the push of victimology and emergency psychological care into the social sector resulted in essential shift of the criteria from scientific to social.
Final pattern is the fact, that the abandonment by the scientific aspect of trauma of the moral axis was occurring essentially at the same time, as the effectiveness of the economic aspect was growing to the point, where this effectiveness undermined other mechanisms. It is possible that due to these developments not happening instantaneously, the inertial transition of scientific authority gave additional push to the development of the socio-economic aspects of the concept of trauma.

Fourth, lack of significant critique, related to the right of determination of applicability, right of definition, and other similar aspects, prior to the second half of the 20th century, potentially points to the system of these rights being relatively stable, likely limited to the scientific and clinical fields. After WWII, however, there are more and more examples of such critique, which points to the specific period, where the key shift potentially occurred. Unfortunately, this paper is limited in scope, but further additional exploration of the developments related to this period specifically could be beneficial.

Finally, a particular change, related to the framework complexity has to be outlined. While the specific point where it occurred can not be established without further research, this shift occurred in the period after WWII and is potentially related to the divergence between the scientific aspect of the concept of trauma and the other two. The key difference between the first level of framework complexity and the other two is the reference frame, within which something is established as traumatic. Initially, for the concept of trauma to be used economically, the applicability of the concept had to be established against the referenced shared system of norms and values, which included the criteria definition the event and the experience as traumatic. However, at some point the establishment of the event as traumatic on the first level of framework, i.e. classification of something as traumatic, became sufficient to operate this concept within the systems, traditionally requiring the higher levels

of framework. Potentially, the system of norms and values changed in such a way, that a subjective evaluation has essentially replaced the one previously recognised as objective, i.e. established against the shared norms. This could reflect the general shift in the role of the subject and could explain the effectiveness of several campaigns, where the recognition of the reality of trauma was based solely on the claim of the subject.

5.3 How could this paper be improved

First, the critique analysis performed in this paper is very limited and would benefit from both a more focused and a more extensive approach — a more extensive approach would allow examination of more sources of critique, while a more focused one would permit a more detailed examination with specific examples, examined in greater detail.
Second, this paper is limited mainly to western Europe and America, and would benefit from incorporation of parallel developments observed at least in the Eastern Europe and Russia, but ideally in other regions in general.
Third, due to its scope, this paper did not focus on the modern state of the concept of trauma to the extent that it could. While it is true that the research of this concept inherently carries a degree of lag, it is still possible to gather more data regarding the present situation, however it would require significant additional efforts and time.
Finally, the concept of trauma was examined largely separately from the other elements of vocabulary that similarly have entered the everyday language and grown in popularity. This paper could benefit from implementation of additional comparative analysis focused on other terms, as this could reveal both patterns common for this type of terms in general, and highlight the ones unique to the term ‘trauma’ specifically.

5.4 Further research

The approach chosen for this paper is inherently very wide, and while it potentially revealed several patterns and established several potential approaches, which could be used to analyse the concept of trauma and the terms related to it, the first necessary step is testing this approach in a smaller frame with greater focus on the specific period.

Secondly, this paper outlined several periods specifically as containing key changes that the concept of trauma has undergone, and examination of the specific nature of these changes and the context they occurred in could reveal additional useful information.

Third, as mentioned previously, additional and more focused critique analysis using the proposed methods could be beneficial, especially in terms of examining their correlation with the types of critique established in the third chapter. It would be logical to examine which type of critique is used to interact with which element of framework or which mechanism.

Fourth, unfortunately, the examination of context interactions had to be left outside of the frame of this paper, but a detailed examination of the effect utilisation of the terms related to the concept of trauma in one context has on its utilisation in another. Examination of critique revealed examples of the negative effects the incorporation of the concept of trauma into legal system had on its presence and effectiveness in the clinical environment, and it is potentially viable to examine this and similar effects through the specific terms.

Finally, while the current war in Ukraine is not likely to change the mechanics behind the concept of trauma significantly, due to its proximity (both cultural and geographically) mentioned earlier, it could potentially reveal the latest developments it has undergone up to this point and the changes in mechanics, which determine how the term ‘trauma’ itself is used today. It would be of particular interest to examine the differences in the way the concept of trauma is utilised and referenced within Russia and Ukraine, as well as the neighbouring countries and languages.

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Erklärung

Hiermit versichere ich, dass ich die vorliegende Hausarbeit selbstständig und ohne fremde Hilfe angefertigt, alle benutzten Quellen und Hilfsmittel angegeben und Zitate als solche kenntlich gemacht habe.

Ich versichere ferner, dass ich die Arbeit weder für eine Prüfung an einer weiteren Hochschule noch für eine staatliche Prüfung eingereicht habe.

München, den 29. Januar 2023