GETTING BEYOND TRAUMA

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Now more than ever, we need new ways to think about harm and redress.

The Democratization of Suffering

After months of deaths, shutdowns, physical distancing, job loss, social isolation, police violence, demonstrations, civil unrest, and calls for dramatic reform, it might seem overly obvious to note that the COVID-19 global pandemic and responses to police violence and systemic racism have impacted virtually everyone's lives in multiple ways.

Across mere weeks, many of us saw our roles as individuals, family members, community actors, employees, and organizational leaders radically altered and often layered over one another, sometimes in the confines of a single space. Others of us were newly driven by necessity into spaces exposing us to levels of risk previously unexperienced. The pressure this created has been palpable and often damaging.

Over the past few months mass protest has also gripped the nation sparked by the murders of African-Americans and the systemic and institutionalized disregard for the value of Black lives throughout the world but exemplified by the consistent physical, social, and emotional violence exacted upon Black people across generations in the United States.

But others have claimed injury as well.

Early in June, Mike O'Meara, head of the New York Police Union claimed that officers were being treated ‘like animals and thugs’ demanding that they be given ‘some respect.’ In the midst of multiple videos capturing police violence and statistics revealing the high number of officer-involved shootings each year, O'Meara claimed that officers were harmed by being misrepresented and shamed ‘into being embarrassed of our profession.’ In early July, news outlets reported that 20% of Minneapolis police officers intended to file disability claims with the city on the grounds that they were suffering Post Traumatic Stress Disorder (PTSD) in the aftermath of the political unrest following the killing of George Floyd and the burning of the 3rd precinct. The harmful impacts of the emergent trauma to law enforcement officers were said to include ‘highly diminished capacity to live and socialize, extraordinary rates of divorce, and alcohol dependency.’

I do not mention these together to suggest that law enforcement officers are not injured by the work they do. On the contrary, the structure of training and implementation of our hyper-militarized policing apparatus is deeply damaging to the people who populate it. Law enforcement officers, in having to steel themselves to more and more thoroughly dehumanizing those they police, do great injury to their own humanity as well. Indeed, the injuries claimed by the officers in Minneapolis (difficulty living and socializing, high rates of divorce, and alcohol and other drug
dependencies, not to mention suicide) have been long but quietly acknowledged as a major problem among law enforcement agencies across the country.

**All in this Together... But Not in the Same Ways**

Recent shifts have been extreme, their onset unexpected, and their impact overwhelming. In the minds of many, we have undergone trauma on a global scale. Moreover, the unifying effect often seen in the aftermath of shared disaster has moved many to call for joint action and mutual care under the banner ‘we are all in this together!’ or ‘Black Lives Matter!’

It didn’t take long for us to see, though, that in times of extreme upheaval when safety, belonging, agency, being enough, and worthiness come into question and our taken-for-granted ways of knowing the world are shaken, individuals and groups often rely on habitual patterns of response to restore a sense of control, orderliness, and predictability.

At the individual level emotional and physiological habits of denial, rage, depression, and numbing abound. At the level of group identity, we see familiar patterns of inclusion and exclusion, with blame and recrimination projected onto racial, ethnic, or political ‘others.’ Even our institutions, often relying on obsolete strategies of response and organizational protocol, reveal familiar fault lines of systemic oppression and harm as poor people and people of color see much higher fatality rates in relation to COVID-19, and racism, classism, homophobia, ableism, ageism, and sexism are now undeniably the deadly ‘underlying conditions' determining life outcomes in very immediate and visible ways. Indeed, we are all in this together, but not in the same ways.

So many of us have been left wondering how to make sense of our current moment and how we might move forward toward increased stability, predictability, and more just social relations that align with the life, liberty, and pursuit of happiness that Frederick Douglass, in his famous 4th of July speech called the ‘anchor bolt of American Destiny.’ ‘Getting to the ‘more that is possible’ in the midst of ongoing financial and community health challenges and doing so in ways that serve everyone will require that we simultaneously work at systemic, institutional, community, and individual levels because they are all deeply interconnected with one another.

However, we cannot do that if we do not have a shared agreement about injury. In order to work together we have to agree about who is being injured and in what ways, and whose injuries will count, and how much.

**America’s Empathy Problem**

On one level empathy is our capacity to develop within ourselves a generally accurate resonance with the experience of another person. We are able to do so when we can identify with some feature of their experience and can see ourselves within them. ‘That is me, over there’ we might think. On a more profound level, though, identification involves actually bringing into ourselves some aspect of another person and incorporating it into our own self-image. ‘They over there, are me right here.’ This form of identification creates a level of empathy that encourages action on behalf of another person even when our own wellbeing may be put at risk. Indeed, with this form of identification based and action-oriented empathy, the ‘other’s’ wellbeing literally is our wellbeing because we have incorporated aspects of the other into ourselves.

Read more in *Catastrophe’s Glow: A Critical Trauma Theory for Chaotic Times (Forthcoming)*

www.scholars.org August 2020
How we define injury also creates problems. First, we find it exceedingly difficult to see and respond to injury to the other within ourselves because the categories we typically use to differentiate ourselves, race, gender, ability, etc. are so drastically opposed that they seem incommensurable and irreconcilable. Second, we do not have a shared agreement about what actually counts as injury, who is able to be injured, and what we, as individuals and as a collective, should do to repair injury. The primary cause of our confusion is how we imagine the other and how we understand trauma (which is the kind of injury we generally believe to require some form of intervention or action).

But is trauma the best framework for making sense of injury in a context as complex as ours?

**Beyond the Neoliberal Trauma Framework**

The concept of trauma has been around since the late 19th century and its meanings have shifted and transformed over time. As a framework meant to explain ‘invisible’ injury, trauma was racialized, sexualized, gendered, and classed from its inception. In fact, from its first applications in the explanation of symptoms deriving from railway accidents, trauma has never functioned transparently or equitably and has never been a simple descriptive term. In the 1800's the struggles over its meaning were grounded in determining who could make financial claims against railway companies for injuries involving early railroad construction and operation.

Later, in WWI and then again WWII, the debate about trauma was focused on the internal moral character and especially the masculinity of soldiers. It really wasn't until the 1980's when the treatment of Vietnam veterans and the adult survivors of childhood sexual abuse was at the center of psychological debate, that the current and dominant understanding of trauma emerged with the appearance of Post-Traumatic Stress Disorder (PTSD) in the Diagnostic and Statistical Manual (or DSM).

What was at stake in these early debates, and what is relevant to us now, is the repeated question of how this kind of psychological injury should be defined, who can be understood as injured or able to be injured, what injuries matter in larger culture, and what redress or healing shall look like. These determinations fell then, as they do now, along axes marked by cultural categories of social difference and the concept of trauma itself functioned (as do contemporary framings of PTSD) as a bulwark to and justification for neo-liberal social and institutional social relations. Trauma as an instrument of neo-liberalism imagines a specific and definable event with a specific and locatable cause. There is a ‘victim’ of trauma and there is a ‘perpetrator,’ and this way of understanding it dominates our intervention and healing norms. Unfortunately, this way of imagining traumatic injury is limiting and often impairs our capacity to identify. One significant limitation is what gets excluded from the category based on its very definition. Injuries to large groups, say, or institutional harm, or trans-generational injury, or injury caused by slow or non-sudden events; none of these are captured by the dominant conception and are, therefore, excluded or misunderstood.

Moreover, thinking about traumatic injury through this lens also limits how we imagine repair. Healing is imagined as a solitary endeavor and we marginalize modes of healing that are rooted in group activity (community rituals, collective protest, etc.) or larger-scale impacts (advocating for policy shifts or changes in the law, say). Additionally, many of these types of injuries, those that are

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excluded or misunderstood, impact communities marginalized by race, class, ability, gender, and sexuality. Instead of simply describing things, the neo-liberal conception of trauma makes things – it creates victims, creates causes, and defines what will and will not count as meaningful injury.

‘Trauma-informed’ or ACES approaches to understanding trauma do raise awareness about structural conditions that impact how individuals experience injury (experiencing food scarcity or abuse at home might impact a student’s experience of violence at school, for example). However, these frameworks imagine individuals moving through different systems accumulating multiple trauma in an additive way. They do not address the injury to populations across time. They are still constrained by the victim/perpetrator construct and serve, in the end, as a kind of displacement or even denial of larger patterns. In a sense, trauma and trauma-informed models are explanatory narratives for understanding injury that provide an alibi for larger forces like neo-liberalism and racial capitalism. We need new ways to think about harm and redress if we want to create new reparative strategies, strategies that do not simply reproduce neo-liberalism (and its harms) and racial hierarchies.

From ‘Trauma’ to ‘Traumatization’

There is, perhaps, no better example than the juxtaposition of COVID-19 and ongoing unrest over police violence to highlight the limits to using conventional notions of trauma to talk about, understand, empathize with, and respond to this cultural moment that is producing injury of so many types. Taken separately, each of these events manifest as emergent and unique, as ‘traumatic events’ that are somehow specific: a virus jumps species lines and spreads with a very high rate of contagion and an extended asymptomatic period creating a global pandemic; a ‘bad apple’ police officer kills a Black man and protests then erupt across the country and the world. Relying on conventional neo-liberal notions of trauma – something sudden and overwhelming that impacts an individual or a group of individuals, focuses our attention on individual impacts, individual choices, and frames mass action or mass impact as something happening to a group of individuals. This diverts our gaze from institutional or systemic causes and effects in the first instance and focuses our responses and justifications for those responses at the scale of the individual instead of broader systemic factors.

Instead of thinking in terms of what ‘trauma’ describes, as in ‘viewing the murder of a Black person by the police traumatized me,’ or ‘COVID-19 is having a traumatic effect on our economy,’ or ‘having to shelter in place or school remotely is traumatizing my children,’ we need to think in terms of what ‘trauma’ does, what it is making in this moment. Traumatization is a term that can describe this.

One aspect of traumatization is the concrete and generally material process by which typical social structures that manage everyday disruptions like suffering, deprivation, humiliation, physical endangerment, emotional strain, scarcity, and danger, are gradually stressed and brought under unbearable pressure that results in their seemingly sudden, surprising, and catastrophic collapse. Traumatization is the slow development of the conditions of possibility out of which the ‘traumatic’ event arises. Traumatization is the enabling condition for what we call ‘trauma.’
How we understand ‘trauma,’ what we think it means, frames how we feel in response to witnessing injurious events as they unfold, and how we feel, where we have intense affect informs our actions.

**Toward Action-Oriented Empathy over Immobilizing Denial or Fatalism**

Understanding trauma as a process of creating victims and perpetrators of injury and shifting to understanding the emergence of damage or catastrophe as a process over time, as the outcome of traumatization, allows us to think about repair and redress more broadly and in ways that get us out of the victim/perpetrator trap.

When we engage current challenges from the perspective of traumatization, longer-term systems come into focus. For example, the system of economic relations that emerged from and flourished within a constellation of highly racialized practices of land theft, genocide, imperialism, and enslavement that currently dominates (racial capitalism) becomes very evident through the lens of traumatization. This perspective makes the killing of George Floyd, for example, about much more than the sudden action of one person upon another. Without ignoring the facts of this specific murder and the decisions and actions of particular individuals, we can also name and hold accountable the history and function of racialized policing in the United States and its connection to and support of racial capitalism. Additionally, from the perspective of traumatization, redress would be focused on developing iterative law and policy changes that amend the dynamics of racial capitalism. Free higher education, loan cancellation, or bail and sentencing reform would all be efforts to truly overturn social systems that create death at scale.

Our current framing of injury is impairing our ability to respond in ways that are simply essential right now. America’s focus on individual gain, personally rewarding meritocracy, and over-emphasis on independent success reinforces the placing of private interest over public safety and health as COVID-19 rages on. It also informs the dominant and unsustainable pattern in social justice activism of centering an ethics of individual ‘burn out’ over community health and charismatic leadership over participatory leadership and organizing.

We are facing into a moment where interrelatedness will be crucial to engaging in experimentation and shared learning as we seek the more that is possible. We are indeed all in this together in different ways, but those differences can be held in the shared experience of the slow creation of the context out of which today's tumultuous moment has arrived.