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"The trauma must remain inaccessible to memory"

Trauma melancholia and other (ab-)uses of trauma concepts in literary theory. Part II

The concept of psycho-trauma has gained widespread currency in literary theory in recent years. Yet what might be sign of hope for a more interdisciplinary approach to psycho-trauma on closer inspection turns out to be ambiguous, according Harald Weilnböck. Literary theory, he writes, often distorts what psycho-trauma means in clinical terms and, while gaining interdisciplinary cachet, repeats patterns of self-protection and transference. In part two of this long essay, the fictional Dr Goodheart is confronted with an example of "trauma-therapy bashing" that makes him suspect that the humanities' take on trauma is actually more than just innocuous nonsense: perhaps it's even harmful.

Despite his intellectual appreciation for the poetic aspects of this paradoxical kind of thought, Dr Goodheart at this point reaches such a degree of puzzlement that he again turns to the above mentioned friend of his, who has more experience with how literary studies people think. His friend states his opinion that this widespread kind of philosophy cannot be understood at all, but instead demands that its readers believe in it as one believes in a religion. At best, it can be aesthetically appreciated as poetry. Dr Goodheart's friend adds that there are hardly any people out there willing and able to voice a well-founded critique of this kind of thought because it basically consists of an amalgamation of traditional modes of philosophical thinking — here he used the German word *Interpretationsgewohnheiten*, which could be translated as "interpretative habits" or "cultural prejudices" — and the allegedly more sophisticated poststructuralist tradition of thought. This amalgamation, comments Dr Goodheart's friend, is all the more irresistible because of poststructuralism's use of psychoanalytical terms, which lends the approach an interdisciplinary flavour. In reality, however, it advances a Heideggerian "fundamental psychology" or "transcendental psychology" that is based on crypto-metaphysical figures of thought. That is why it is more commensurable to traditionalists than one would assume, given the revolutionary attitude of early poststructuralism (Rühling 495). In effectively avoiding engaging in full-fledged psychological culture studies, while gaining a more interdisciplinary flavour, traditionalists and poststructuralists have been able to set aside their squabbles and come to enjoy this kind of symbiosis. Thus, there are few left who support psycho-traumatological culture studies in a serious and reasonable fashion (see Fischer, Fraisl/Stromberger, Rabelhofer), while those that do are mostly not employed by humanities departments.

Dr Goodheart is not sure whether he understands all this correctly. However his friend refers him to some articles that contain at least some remarks about these issues, one of which is by Mahler-Bungers, who writes about Paul Celan's poems and critiques postmodern philosopher Jean-Francois Lyotard

for ontologizing "The Trauma" as the "essence" of the human spirit. Mahler–Bungers makes clear that such ontological statements are in fact post-traumatic reactions and far from what they pretend to be, namely scholarly analytic thought about cultural and historical phenomena (31). Dr Goodheart's friend also refers him to the American historian Dominick LaCapra, who was one of very few capable of seeing through the hype about postmodern thought in the early 1990s. LaCapra wrote that "postmodernism should itself be understood — indeed worked-through and not celebrated — as displacement, disguise, and at times distortion of aspects of the Shoah" (98).¹

The argument about ontologizing trauma rings a bell with Dr Goodheart, since he remembers from Weinberg apodictic phrases such as: "The trauma is always already inscribed in memory" or: "For this very reason the trauma must remain inaccessible". These phrases do, indeed, have a certain ontological and even clerical sound to them; they feel as if they were written to be believed rather than understood or discussed. In general, however, Dr Goodheart feels that his friend's judgement was rather harsh: after all, the authors he has read are renowned scholars. He also noticed that his friend harboured some sort of embitterment about all this that he cannot account for; it seemed inappropriate in the face of these indeed perplexing but in any event also quite inspiring articles. Nevertheless, Dr Goodheart decides to follow his friend's advice and, in order to get clearer about the cultural and historical implications of trauma, looks into research that employs the methods of modern, clinically informed psychoanalysis and psycho–history.

First, Dr Goodheart picks up a book published by the renowned German publisher Suhrkamp, edited by the well-known historian Jörn Rüsen and the social psychologist Jürgen Straub. There he finds articles on many interesting subjects including the mechanisms of transgenerational transmission of trauma symptoms. One of the more culturally and historically oriented articles particularly catches his attention. The historian Michael S. Roth begins by arguing against what he calls the "exaggerated notion" propounded by deconstructivist authors that "life in and of itself is somehow traumatic" (170). Roth states that such theoretical claims are vacuous and calls for developing clear concepts about how people deal individually with personal memories and biographical challenges. This, Dr Goodheart finds, resonates with what his friend said, citing Mahler–Bungers and LaCapra.

Therefore, it comes as a big surprise when Roth's article quite abruptly turns philosophical itself and, taking on a gloomy and apocalyptic tone, evokes a sort of existential menace that, in rather Heideggerian fashion, he labels the *Be-drohliche* ("the threatening"). The most irksome aspect about this is that the *Be-drohliche* is supposed to be the very process of "mental integration of the trauma". Once again, Dr Goodheart feels as if someone is disorienting him to do what he does, which, of course, is nothing other than helping traumatised people to "mentally integrate" their experiences, in order to alleviate the symptomatic forms of suffering that arise from these experiences. Roth, while not oblivious of the fact that therapy, i.e. reducing suffering, is an important factor in violence prevention, nevertheless says — or almost incants — in a somewhat uncanny tone: "But there is something *threatening* contained in the integration of trauma, namely the notion that the terrible past could be cleansed by the 'already existing psychic patterns' [of the person]" (167). Any successful "integration", according to Roth, would also "relativize" and "normalize" the trauma, thus negating the trauma's "singularity"; when traded in for "narrative desire", the trauma would even be trivialized and rendered "banal".

These are strong words, finds Dr Goodheart, especially since they occur in an article that for the most part seems sober and reasonable. Dr Goodheart is shocked. How can one denigrate the human ability to narrate stories as an almost dirty "narrative lust"? For Dr Goodheart, the narration of and listening to self-experienced events is the very essence of therapy — and even of civilization as a whole. Certainly, people who narrate may lie or fool themselves and others, but this is part of the narrative game: we do not have anything better, unless we want to believe in "truths", which isn't Dr Goodheart's inclination at all. And one thing is for sure: people narrating stories about personal experiences events cannot fool themselves and others nearly as much as when generating abstract thoughts, arguments, and theories.

Dr Goodheart catches himself getting distrustful and malicious: is it not that these authors' particular kind of "theoretical lust" is what is *be-drohlich*, especially to those who simply want to tell or listen to a story? Could it be that empirical narrative about psycho-traumatic experience poses a threat to this sort of theory, which in essence wants to "cleanse" itself of any empirical narrative that could "relativize", "trivialize", or render it "banal", and thus remove its "singularity", as well as its "impact" (as Caruth says) on theoretically interested readers? Is all this not about mechanisms of mental defence, control, and power on the part of individuals who do not wish to touch upon and "play with" what they experienced in their own "past[s]"? Dr Goodheart does not like himself when he becomes so reproachful, distrustful, and almost paranoid, when he almost aggressively pathologizes others, wilfully putting them on the couch. But after a time he becomes calmer and more empathic; perhaps his own anger, too, might be a transference reaction going back to the emotional threat and injury inherent in the subject matter as such, and in the different intellectual discourses about it. Here Dr Goodheart also notices that Roth and the other authors mean well when they find "mental integration [...] threatening" and call it an abominable "narrative lust"; they are evidently inspired by the intention to prevent the atrocities and injustices of past and present being forgotten and subdued.

Nevertheless, soft-spoken Roth's sudden and aggressive denunciation of "narrative lust" has made Dr Goodheart wary enough to turn towards sources that are less theoretical and have a stronger base in clinical studies. He picks up a special issue of *Psyche*, the most renowned psychoanalytic journal in the German language, on "The past in the present — time — narration — history" (2003), which in many respects refers back to an earlier special issue on "Trauma, violence, and collective memory" (2000). In it, Dr Goodheart finds an interesting article on Primo Levi. The author, Stephan Braese, convincingly argues that the reason Levi committed suicide in 1987, long after his concentration camp experiences, was because working at integrating a trauma of such immensity also implied entering a narrative dialogue about his experience — possibly with the descendents of those involved in committing the crimes. The article shows how Levi went about this and how his attempt failed: the Germans who responded at all tried to minimize their personal responsibility or in abstract ways alluded to their own suffering; in any event, they were not open for dialogue about the experience of the Shoah.

This article is lucid and convincing. However, somewhere in the middle, Dr Goodheart stumbles upon a theoretical excursus containing bizarre statements about — once again — "the Trauma". Braese quotes Cathy Caruth, who says that in order to alleviate psycho-traumatological suffering, traumatic experience must be turned into "narrative structure" — this much Dr Goodheart easily understands and agrees with. Then, however, Caruth

continues much like Roth and Weinberg, saying that "verbalizing and integrating traumatic experience" causes the traumatic memory to "lose its very specific precision and strong impact"; by losing its "precision", it also loses its "basic unfathomableness" that is "so essential" to it. Even more, it would lose "its being a massive onslaught to comprehension" — a loss Caruth seems to consider unfortunate (969). In the end, Caruth ponders whether "playing with the reality of the past is not really a sacrilege to the traumatic experience". Dr Goodheart finds this all the more peculiar since these theoretical excursions — just like in Roth's text — appear quite abruptly and seem entirely unnecessary to the argument put forward in Braese's otherwise very convincing article.

From his clinical work, Dr Goodheart knows well that verbalizing traumatic experiences, particularly during the initial phases of therapy, is not only difficult for patients but also often feels insufficient — not sufficiently "precise", as it were — as means to express what happened. Sometimes, patients are attached to the notion that what they have experienced is basically inexpressible and unfathomable and that this, in a way, is good as it is — that touching upon it would equal what Caruth calls a "sacrilege to the trauma". From the clinician's point of view, however, Dr Goodheart cannot grasp how it is possible not to realize that it is indispensable to address at least a certain degree of traumatic experience and thus to commit some degree of sacrilege. Furthermore, he cannot understand how it is possible to view the moment when the traumatic memory loses its impact as detrimental. And why it should be unfortunate that something loses its capacity to be "a massive onslaught to comprehension" escapes Dr Goodheart entirely. For him, "comprehension" is one of the most powerful tools for integrating what we have experienced and avoiding suffering the effects of psycho-traumatically caused incomprehension.

On reflection, however, Dr Goodheart finds some comfort in his oft-confirmed experience that whenever thoughts get mixed up and (subjective) theories become contradictory and paradoxical, it is instructive for the listener to switch to the level of counter-transference awareness. This level of interactional perception focuses less on the content and logic of the speakers thoughts than on the affective and associative impact they have on him as an engaged (co-narrative) listener of these thoughts; this switch of attention is particularly insightful once content and thought becomes incoherent or otherwise difficult to follow. On this level of (self-) observation, Dr Goodheart realized that Caruth's predilection for "massive onslaught[s] to comprehension" was almost as threatening as Weinberg's admonishment against committing an "excorporation of trauma". This leads Dr Goodheart to conclude that the protagonists might unconsciously be moved by personal and/or institutional experience, as a result of which they have suffered. This leads them to condone precisely such "massive onslaughts" on their own comprehension. The fact that they are not sufficiently aware of this results in unconscious re-enactments of these experiences; re-enacting, however, implies switching from a passive to an active mode and identifying with the aggressor. In fact, Dr Goodheart feels that this discourse as a whole is much like a "massive onslaught" to his clinical "comprehension" of the nature of mental injury and healing. In a sense, then, this discourse performatively re-enacts what it speaks about and attempts to reflect upon: power, violence, and trauma. This performative self-contradiction cannot be conducive to working through trauma on a societal level.

Switching to the level of counter–transference awareness appears to Dr Goodheart to be all the more advisable the more he encounters paradox and contradictory thought. While still wondering what "sacrilege to the traumatic experience" could possibly mean, he notices that Braese approvingly refers to Ulrich Baer, who, in discussing Caruth, comes to a similar conclusion, plainly stating that: "witnessing" — i.e. publicly verbalizing the trauma — is always a "sacrilege against the integrity of the trauma". Taking this at face value would mean turning "the Trauma" into a sacred item and object of quasi–religious veneration; yet this cannot be what Caruth and Baer really mean, since they are evidently full of empathy and compassion for trauma victims.

However, one tiny detail does indicate precisely that: for Caruth, the basic question while talking about "cure" does not seem to be how empirical individuals who have been traumatised may receive "a cure", i.e. are effectively assisted in alleviating their symptoms. Caruth's question is rather how "trauma can receive a cure" and this is by no means the same thing. If this is a slip of the tongue, it is a Freudian slip indicating that this approach to trauma is not about the mental health of empirical individuals but about the health and "integrity of the trauma" as theoretical concept. To wish that the "trauma becomes testimony" — and not so much that people become witnesses — in a way already implies that trauma is not supposed to go away or even fade. If it were to do so, it could no longer serve as a "testimony", something in which these authors seem to have invested heavily. This philosophical interest in trauma would also explain why Caruth and others want the "impact", "precision", and "essential unfathomableness" of the trauma to be kept intact and why they want to protect it from "sacrilege". Could it be, thinks Dr Goodheart, that Caruth, while sporadically referring to clinical concepts, wishes to sanctify "the Trauma" and turn it into an object of quasi–religious worship?

Reading on, Dr Goodheart encounters even more quandaries than answers to his questions. After referring to Caruth at great length, Braese quotes W.G. Sebald, an author of literary and essayistic texts. Sebald starts by drawing a distinction between "memory" and "recollection", the latter serving to bring what lies in the memory into a discursive form so that it may be expressed and/or narrated. Particularly puzzling for Dr Goodheart are some of the stipulations that Sebald adds to this conceptual distinction. For instance, he suggests that "memory has a conserving and safeguarding function whereas recollection aims at continuously dissolving and destroying memory". This, of course, runs counter to how Dr Goodheart thinks about memory. Learning from his humanities friend that this distinction is fairly commonplace in recent intellectual discourses on trauma and that it goes back to Walter Benjamin and the early twentieth century psychoanalyst Theodore Reik does little to dispel Dr Goodheart's puzzlement.

How could one conceive of the process of accessing and working–through personal recollections of a traumatic sort as "recollection"? This almost appears as if the author were intent on building a theory of psycho–trauma on simply ontologizing what trauma–patients generally feel about their experience before they have started working on it. At this point, the patients are indeed likely to have feelings corresponding to how Sebald defines "recollection": they feel that "the process of recalling" might lead to "losing the truth" and "rendering unreal the past", that one "relinquishes memory" if one is "prefers recollection". Sebald builds his theory upon these defensive reactions — which paradoxically produce a trauma theory from the vantage point of mental trauma defence instead of therapy. Needless to say, as a clinician, Dr

Goodheart has an entirely different approach to "recollection". He has gathered much empirical experience to the effect that "preferring recollection", i.e. expressing and "naming traumatic experience [...] gradually transforms inassimilable knowledge into contextualized and affectively tolerable self-history that can be narrativized", thus making the person feel better (Adelman 79). Viewing recollection as a destructive force will pose obstacles to the healing process.

In reading on, Dr Goodheart realizes that Sebald suddenly switches his tone and — to Dr Goodheart's mind — becomes stern and almost aggressive, not unlike Roth when he condemns "narrative lust" as "banalization". At first, Sebald — in a very calm and level-handed manner — suggests that "memory" might have "a higher moral value" and "recollection" might have "a higher social value". This twofold appreciation comes as a comfort to Dr Goodheart and almost makes him forget the ominous and reproachful words about "sacrilege" and recollection's intent to "destroy" memory. But the following sentence reveals that any comfort was illusory. Sebald himself, as if reading his reader's thoughts, states that this twofold validation of "memory" and "recollection" is "no great consolation to the writer". Then Sebald writes a grave and menacing sentence that deeply troubled Dr Goodheart: "[The writer] who relinquishes memory in favour of recollection [...] knows he is committing a betrayal that breaches loyalty to the dead". This sentence really sent shivers of fear down Dr Goodheart's spine. Once again he feels that somebody is seriously threatening him, like he felt when Weinberg warned him not to "excorporate the trauma". But unlike Weinberg, Sebald makes his threat very clear: the implicit charges are issued on account of "betrayal" and the "breach of loyalty towards the dead".

Here, Dr Goodheart has to pause and for some moments work on shaking off the feelings of fear, depression, and anger that reading these passages induced in him. However, drawing on his clinical experience, he instinctively understands what the dichotomy of "memory" versus "recollection" was really about in psychodynamic terms: it is so that "memory" can inflict harm and insult "recollection", and in the end inflict harm upon the "writer"-self. In other words, this distinction seems to be constructed around the unconscious impulse to re-enact a scene of mental violence or breach of confidence and to turn the resultant negative affects against the self. This is equivalent to a mental scene in which one mental agent "destroys and dissolves the other", and in which one denies that the other has access to "the truth", as one might imagine in a debate between a person opting for memory's truth and another favouring recollection's truth.

Dr Goodheart realizes that he has come across a psychological vehicle designed to mentally re-enact scenes of a debilitating or even (self-)destructive nature — mostly by inflicting onto the self affects of guilt, shame, and humiliation, for instance about alleged "betrayals" and "breaches of the faithfulness", which in this psycho-logic are paradoxically caused by engaging in narrative, i.e. potentially therapeutic recollection. This psychological vehicle seems to be well concealed by secondary defence mechanisms of rationalization, which, of course, is potentially inherent in any abstract intellectual concept or dichotomy. Inferring further from his clinical experience, Dr Goodheart concludes that this mechanism of splitting and projecting guilty feelings can be understood as a re-enactment if not of psycho-traumatic, then of a difficult interactional constellation, in that it resembles a known trauma-compensating defence mechanism — and therefore still obeys the logic of trauma having to "remain inaccessible to

memory". More simply stated: trauma and trauma–compensation is not only what these texts speak about, but also what they re–enact and do.

This unexpressed experience must therefore still be painful and/or symptomatic to these "writer[s]", who might unconsciously act it out via their particular way of writing or interacting with the reader — as Dr Goodheart feels with increasing intensity while reading on. This also could be the reason why Sebald, when he talks about "loyalty towards the dead", expresses and even celebrates a deeply ingrained feeling of shame (rather than guilt). In Dr Goodheart's clinical references (Hirsch 1997, 2000; Fischer/ Riedesser 2000), this most probably indicates psycho–traumatically induced feelings of guilt. The fascination of this kind of psychic defence might be why Braese and others quote Sebald and Caruth.

Having made these assumptions, Dr Goodheart feels somewhat relieved; compassion begins to replace the anger which some of these readings had at first excited. In fact, by now he felt able to — as it were — mourn what Sebald himself forgot and left un–mourned. But Dr Goodheart does not go as far as to entirely forget the initial disturbance and dejection he felt towards Sebald, who not only stopped short of narrating his own experiences of "trauma", "betrayal", and "breach of confidence", but evidently also attempted to transmit his personal defence mechanisms as well as the anti–narrative and anti–therapeutic celebration of guilt feelings onto his readers — thus multiplying and popularizing them among the community of those interested in cultural and literary issues about psycho–trauma.

Given how much Braese's arguments are mired in defensive rather than analytical thought, Dr Goodheart wonders why the editors of *Psyche*, all experienced psychoanalysts, failed to intervene. It seems comprehensible and excusable that Braese, a literary scholar and not a clinician, has not caught on to this mental vehicle and its interactional implications — though Dr Goodheart thinks it would be advisable for literary scholars who decide to write on psycho–trauma issues to look more closely at clinical research, even if they "only" want to refer to cultural and historical contexts. What does seem incomprehensible to Dr Goodheart, however, is the fact that an editorial board of psychoanalysts could let this pass without any ado. No clinical editor could possibly have overlooked that Sebald's gloomy "loyalty towards the dead" indicates a psycho–traumatically induced guilt complex rather than a valid concept of trauma theory and therapy. Moreover, a clinician could not fail to wonder whether this emphasis on "faithfulness", while it certainly means to honour the dead victims of a catastrophe or atrocity, also unconsciously participates in the concealment of the perpetrators and in maintaining the power mechanisms that were among the premises of the traumatic occurrence and that still linger in present–day interactional patterns. Did the editors maybe simply suspend their clinical experience because Braese's paper was dealing with a cultural and not a clinical issue?

This lack of editorial intervention is all the more incomprehensible to Dr Goodheart since he was recurrently struck by the impression that Braese's paper did not need this rather peculiar trauma theory. It almost seems as if someone had prompted Braese to integrate these excursions about Caruth's and Sebald's pathos–stricken concepts. Dr Goodheart notices how he suddenly develops an idea that is essentially paranoid: maybe it was the *Psyche* editors themselves who recommended that Braese adopt this approach? Or else, was it the influence of some powerful discursive order in the field of theorizing cultural memory? The former, of course, seemed nonsensical, since *Psyche* is

the leading psychoanalytic journal in the German language and will not uncritically support peculiar philosophical trauma theories that largely conflict with analytical concepts and clinical findings.

Dr Goodheart therefore wonders what might have inspired this sudden burst of paranoid thinking on his part. Eventually, he realizes that this must have been the result of an emotional transference emitted by the texts he read. These affects of persecution and maliciousness were most probably caused by the fact that the text's discourse of "sacrilege", "guilt", "excorporation of trauma", "destroying memory", "breach of loyalty toward the dead", is, in the imperative form in which it is cast, bound to induce such feelings. These transference affects might also bear witness to some degree of psycho-traumatic experience itself, be it of a primary or secondary order; at least they indicate corresponding mental defence mechanisms. In other words: it seems that not only do these texts engage in theoretical thought about trauma, but traumatic experience and its mental defence are also underlying factors behind this theoretical thinking. This consideration reminded Dr Goodheart of LaCapra's idea that poststructuralism might be less of a theory than an interactional phenomenon that "should be indeed worked-through" and not "celebrated" (98).

When Dr Goodheart starts to look into another article of this issue of *Psyche* on aspects of memory and trauma, he wonders whether his paranoid idea was so neurotic after all. In "Time and Remembering", Udo Hock writes on screen-memories as a universal model of childhood memory, and he does so in a philosophically well-founded manner drawing on Kierkegaard, Freud, Lacan, Laplanche, Zizek, Walter Benjamin, and Theodore Reik. While he is reading, Dr Goodheart senses the melancholia of the *future antérieure* inspired by French philosophical theories. While on other occasions these had left him feeling helpless, he finds this article to be quite profound and cohesive. However, when he gets to the end, he again feels as if he is being subjected to a sudden switch of tone — which also seems somewhat dissociative, Dr Goodheart reflects. With Hock, this switch was not so drastic; he does not use phrases as strong as the "sacrilege to the trauma" or the "breach of loyalty". Instead, Hock refers to Benjamin's and Reik's notion of "conserving memory" and "destructive recollection" (c.f. Sebald, 836); and he reconfirms this well established philosophical dichotomy by emphasizing that Laplanche referred to it by speaking of the "belle optimisme de la destruction".

Dr Goodheart has noticed that humanities discourses are sometimes characterized by an implicit inclination to engage in a *melancholia of aporia*, i.e. to formulate and cherish the bitter-sweet notion that in the end things are existentially irresolvable. Of course, he thinks, we humans will never resolve the great existential riddles of what life, nature, and death is all about, a prospect he personally finds neither especially threatening nor fascinating. What really interests Dr Goodheart — and this does seem to be a solvable issue — is why professional scholars and psychoanalysts so lavishly indulge in this melancholia of aporia and whether this has to do with a certain melancholia of "the Trauma". In Hock's article, this melancholia becomes almost as morbid as Weinberg's and Sebald's talk about "loyalty to the dead", "excorporation", and "sacrilege". Turning to Reik's allegory of Egyptian mummies, Hock explains how, having been preserved for thousands of years, they begin to disintegrate and decay when excavated and exposed to the sunlight of archaeology — and metaphorically of psychoanalysis.

Evidently enthralled by Reik's fantasy of the decaying mummy, Hock turns to an equally ambiguous metaphor, namely Walter Benjamin's notion of "exploding the continuum of historical chronology in order to uncover the object of historiography" (837). Dr Goodheart's humanities friend has argued that the Benjamin fashion in literary studies never realized how aggressive and destructive Benjamin's recurring fantasies of explosions and "shocks" were; he has come to think that this is because many people involved in literary studies in the 1970s and 80s viewed themselves as intellectual saboteurs whose aim was to "explode" the ideology of international imperialism (Weilnböck 2005c). Dr Goodheart immediately recognizes this explosive figure of thought in Caruth's notion of "the Trauma" as "a massive onslaught to comprehension" (969). From his clinical knowledge, Dr Goodheart can swiftly infer that such destructive aggression is the psychodynamic flipside of melancholia.

How then, Dr Goodheart asks himself, can psychoanalysts partake in this curious melancholia of dark, bitter-sweet feelings about irresolvable existential riddles and sympathize with philosophical fantasies of explosions and decaying mummies? Hock, in any event, seems quite prone to this intellectual taste. His final paragraph — as if wanting to end on an especially impressive note — engages in general philosophical consideration of how the "dissolving and decomposing impact of analysis" reaches its limits in "the unbending steadfastness of the object", which includes "all sorts of objects", even the Lacanian "object *a*". In the same vein, Hock hails the "impossibility of entirely dissolving the object in a net of causal relationships" and, on a parting note, underscores how wonderful it is that there is always "an ahistorical core of the unconscious that resists integration in a web of signifiers". This almost sounds as if Hock wishes to befriend the numerous adversaries of psychoanalysis — and of Enlightenment on the whole — who make the same kind of arguments, albeit in a more cynical than melancholic tone. In any event, Hock, like Roth and Caruth, seems to view mental "integration" as something unfortunate or even bad, a sentiment typical of popular anti-Enlightenment currents.

How, Dr Goodheart wonders, would Hock feel if it turned out that the "ahistorical core of the unconscious" eventually proves not to be so "ahistorical" after all, but rather, in particular patients, consists of some disintegrated trauma experience. This has been Dr Goodheart's recurrent experience. What if the therapist were to cherish sentiments about the "unbending steadfastness" of "all sorts of [mental] objects", including traumas, and if he were to appreciate the "impossibility" of fully comprehending them? Would this not mean siding with the perpetrators? It certainly would, Dr Goodheart thinks. A therapist so enthralled with the "ahistorical core of the unconscious" would be unlikely to elicit any historical and empirical trauma experience in the first place. Moreover, Dr Goodheart observes, Hock does not really deal with psycho-trauma but "just" with "childhood memories" in general.

Dr Goodheart cannot avoid getting increasingly agitated about these undoubtedly well-meaning trauma theories. On top of every thing else, Dr Goodheart discovers by coincidence that Hock, Caruth, Braese, and Baer have misread Reik's philosophical dichotomy of "conserving memory" and "destructive recollection" (836). Dr Goodheart thinks one could have understood Reik much better, or else could have made much better use of his concepts, had one turned directly to Reik's text and not gone via Walter Benjamin's — philosophical — reading of him. Psycho-trauma clinician Mathias Hirsch, for instance, draws entirely different conclusions from Reik.

He focuses instead on his distinction between "remembering" and "remembrance" (*Erinnern* vs. *Gedenken*) taking "remembering" to mean the therapeutic process of working-through traumatic experience by putting it into narrative expression. "Remembrance" is an unfortunate kind of interaction that "aims at remaining faithful to past events as if being present". Thus, while remembering is a "dynamic process that changes the subject and makes room for new objects [...] remembrance is static" (106) and works against and subverts the therapeutic process.

This seems to Dr Goodheart to be an appropriate response to Sebald's ominous phrase about "loyalty to the dead" and to Braese's guilt-stricken use of this dictum. Elsewhere in the book, Hirsch addresses the aggressive transference feelings that Dr Goodheart had to struggle with while reading Sebald, Caruth, and Weinberg: "Remembrance [is] the opposite of [therapeutic] remembering just as resentments are" (43). In fact, Dr Goodheart has often felt affects of resentment induced by his reading, without being able to put his finger on precisely where they originate. He therefore wonders whether these authors are unwittingly caught in "remembrance" and "resentments" while writing about issues of trauma that prevent a "dynamic process" of "remembering" in themselves and in their readers.

Dr Goodheart is by now rather exhausted and also somewhat annoyed by his increasing realization that the humanities discourses, which he had put so much hope into, are by and large quite ambiguous. Good-hearted as he is, he assumes that these authors mean well, and even that there is some use in thinking about trauma in this way, or, at least, that it cannot cause much harm. For the time being, Dr Goodheart decides to take a break from all this and read the newspaper, which he has left unread during his strenuous detour into philosophical spheres.

However, going through past issues of the *Frankfurter Rundschau*, Dr Goodheart realizes that maybe these humanities discourses are not so innocent at all and, in fact, *are* able to cause harm. The well-known historian and social psychologist Harald Welzer has evidently decided to inaugurate a public debate on psycho-trauma issues. Welzer has done extensive interviews with WWII survivors in Germany and eastern European countries and in his highly successful book, *Opa war kein Nazi* ("Grandpa wasn't a Nazi"), writes on how families think and speak about Germany's wartime past. In order to instigate this debate, Welzer hit upon the idea of suggest that most trauma-therapists are sort of a bad thing. This was not what Dr Goodheart had in mind by taking a break by reading the newspapers! On the other hand, Dr Goodheart knows full well that voicing resentment is one way to interest the media and grab readers' attention. The only thing he was not aware of is that trauma-therapy bashing has become an easily excitable popular resentment. Welzer, in any event, seems to think so. He states: "The ideology of working-through and confronting [the trauma] only consolidates the person's status as a victim while pretending to remove it" (*Frankfurter Rundschau* 13 June 2003) What's more, Welzer really means it: "Every good trauma-therapist will encourage any kind of coping mechanism that is beneficial to the patient; only bad therapists cling to doctrines such as 'remembering is better than forgetting'".

On a couple of occasions during the last few days, Dr Goodheart has had an inkling that the refined texts he was reading were also erroneous in certain respects and in part even nonsensical. But this appears to be a particularly drastic example. Granted, there were approaches to psycho-trauma therapy that *were* quite defective and even abusive; one only needs to think of the

childhood memory hysteria in the 1990s and the False Memory Foundation (Prager).

But this has pretty much had its day and Welzer is not referring to it. Instead he levels his attack at psycho–trauma therapy in general, leaving Dr Goodheart puzzled about why a distinguished researcher would chose to do so. At any rate, a closer look at Welzer might be of some help in determining what the more refined forms of poststructuralist trauma theories really are about in terms of unexpressed psychodynamic underpinnings. Looking back at the other authors, it appears to Dr Goodheart that these more refined arguments are in essence motivated by affects akin to Welzer's trauma–therapy bashing.

No matter how different the style of writing, Welzer is not far from what Weinberg and others have already stated: taken as a whole, all authors agree that "what has been forgotten in trauma is, in fact, best left as such [...] it ought not to be our ambition to remember it" (Weinberg 1999, 205). In terms of conclusions, they would probably also agree that whoever strives to do so is a "bad therapist [clinging] to a [bad] ideology" and thus victimizes the patient (Welzer); commits an "excorporation of the trauma" (Weinberg) or a "sacrilege against the integrity of the trauma" (Caruth, Baer); unduly "plays with the reality of the past" (Caruth, Braese); "breaches the faithfulness towards the dead" (Sebald, Braese); or spoils the Lacanian *jouissance* of "traumatic knowledge" (Bronfen, Juranville). Thus, although Welzer's approach has nothing to do with poststructuralist theory (on the contrary), the statements from these quite different academic fields seem analogous. Their common denominator in a psycho–traumatological respect is that "trauma must remain inaccessible to memory".

In particular, Welzer seems to have something to add to the aspect of "loyalty to the dead", something that, Dr Goodheart felt, would at least render the topic less gloomy. In his book, *Opä war kein Nazi*, Welzer presents evidence suggesting that people strictly differentiate between a public mode and a private mode of remembering the past. While most Germans in their public memory deplore what happened during the Hitler regime, most in their private memory do not regard their own families, and particularly their grandparents, as having been implicated. Some grandchildren even believe in stories about their grandfathers having been resistance fighters, while in fact they fought on the Eastern Front as Wehrmacht–soldiers or even SS–troops. Furthermore, the grandparents themselves had never consciously corroborated such stories. The stories are family myths that have unwittingly emerged in the minds of the grandchildren, not so much as a result of what they have been told, but rather of the overall attitude of the family. In most cases, this attitude is that the family was not personally responsible, that it disapproved of the regime from the start, and that — especially in retrospect — it disagreed with much of what the Nazis stood for.

These were indeed remarkable observations. However, Welzer disregards the whole array of clinical and psychoanalytical studies on issues of family dynamics and intergenerational transference effects that had inaugurated this topic in the first place.² Moreover, Welzer draws some peculiar conclusions that, to Dr Goodheart's mind, foreshadow Welzer's trauma–therapy bashing that was to come one year later. Welzer states that: "Regardless whether the concocted stories [about acts of political resistance] were true or not, they may in any event serve as motivational examples [for the grandchildren] to show courage should any of their family be threatened or persecuted". Such stories would at least show that "in a totalitarian system, individual resistance was

possible and reasonable". Welzer thus attributes a pedagogical surplus value to apologetic inter-family myths and delusional fabrications. No matter that the grandparents lied and kept secrets — if these lies are of educational value, why not tell them?

From the perspective of the interactional and psychological dynamic of families and family-biographies, Dr Goodheart thought this to be a pretty naive, even nonsensical assumption. A family climate in which (self-)delusional fabrications about the past of the parents and myths about political or civil resistance prevail are not at all likely to generate any sustainable forms of "courage". It is even less probable that any skills and qualities that go beyond just being "courageous", for example the ability to solve conflicts and integrate ambivalence, will be cultivated. It seems more likely that militant and visionary approaches to "courage" and political thinking will be developed — assuming that the political apathy and uncritical obedience is avoided.

Therefore, in Dr Goodheart's mind, Welzer's belief in the educational value of family myths of the more noble sort reveals a disconcerting degree of psychological naiveté and in any event severely underestimates the complexity of the psycho-social effects that inauthentic and dishonest family communication can entail. However, in view of the debate about Günter Grass's life-long cover-up of his membership in the SS, a debate that was going on at the time, he realizes that Welzer's stance does resonate with a strain in German intellectual thinking. Quite a few people concluded that regardless whether Günter Grass had concealed his membership in the SS, Grass's moral position and political impact in post-war Germany was important, educational and effective and his deceit could therefore be condoned.

As if wanting to provide additional support for the paradoxical benefits of myth-fabrication, Welzer puts forwards another "controversial" idea. Contrary to a general belief that he vaguely attributes to "representatives of the '68 generation", which he seems to dislike, Welzer states that it is not true that the World War II generation had, and still would, "keep silent and cover up" their wartime experiences. This assumption is, rather, a "carefully cultivated myth" on the part of the sons and daughters that reflects "the so-called '68 generation's own problems". Dr Goodheart, having clinician friends belonging to this generation, realizes that this is, indeed, a quite unusual stance to take. Since Welzer does not elaborate on this comment at all, so that it remains at the level of a brief polemical thrust, Dr Goodheart thinks Welzer is demonstrating the kind of "courage" he so emphatically anticipates — at least in the sense that Dr Goodheart attributes to this "courage".

This is because Welzer's statement was daring and at the same time unsubstantiated and unsustainable — and it was one that would most likely have a polarizing effect on its audience. On the one hand, one could view it as a correct and helpful reminder of the fact that in the intergenerational conflicts in the postwar era — just like in every relational issue — there were always two (nearly) equally responsible players in the communicational game of telling stories. Neither could be credited as being in sole possession of the political and/or ethical truth and both might have contributed to the lack of narrative exchange characterizing the situation. Yet how could one get from there to the idea that the wartime generation would have been quite open about the war if only their children, the unruly '68ers, had let them speak. Wasn't Günter Grass a good case in point to the contrary? If at all, this statement

might prove correct with regard to the suffering on the part of the German population, but certainly not to criminal acts and Nazi partisanship.

In the light of the astonishing misunderstandings about the dynamics of inter-family communication, Dr Goodheart feels that Welzer's book, while it presents remarkable findings about Germany's post-war memory, in a way foreshadows the author's curious impulse towards trauma-therapy bashing. Believing that it was the children's fault that the parent's experiences and actions during the war were not properly communicated in post-war Germany, hereby even alluding to "the so-called '68 generation's own problems", is indeed psychologically congruent with wanting to do away with any kind of trauma therapy that thinks that "remembering is better than forgetting" and that does not see its main focus in "support[ing] [...] coping mechanisms".

In any event, at this point Dr Goodheart realizes how deeply exhausting this kind of intellectual endeavour is — at least for people from his vocational sector. At various points during his reading he felt strongly the suggestive pull of the admonition towards "loyalty to the dead", which he found energy consuming and unrewarding. So Dr Goodheart decides to leave all this behind and go on holiday. The only literature he takes with him is a couple of clinical case studies and some novels by Haruki Murakami (Weilnböck 2007c).

Note: The bibliography will appear at the end of the third and final instalment of this article.

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- ¹ Dr. Goodheart's friend also very much appreciated LaCapra's work on aesthetic representations of the Shoah because he had uncovered the biases of intellectuals' great adoration of Lanzmann's famous film series *Shoah* in showing how Lanzmann cynically manipulates and abuses the Polish peasants he interviews in order to scapegoat them with respect to international anti-Semitism (Weilnböck 2003a).
- ² Dr Goodheart badly misses any reference to A. Adelman; M.S. Bergmann et al. (Eds.); H. Faimberg; K. Grünberg; J. Kestenberg; I. Kogan; G. Rosenthal (Eds.); J. Rösen/J. Straub (Eds.); C. Schmidt; C. Schneider and many others.

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