Encounters in Theory and History of Education
Rencontres en Théorie et Histoire de l'Éducation
Encuentros en Teoría e Historia de la Educación

The Culture of Trauma and the COVID-19 Crisis
La culture du traumatisme et la crise de la COVID-19
La cultura del trauma y la crisis del COVID-19

Enric Novella

Volume 25, Number 1, 2024

Consequences of the Past and Responsible Histories of Education for the Future

URI: https://id.erudit.org/iderudit/1116831ar
DOI: https://doi.org/10.24908/encounters.v25i0.18239

See table of contents

Publisher(s)

Faculty of Education, Queen's University

ISSN

2560-8371 (digital)

Explore this journal

Cite this article

Novella, E. (2024). The Culture of Trauma and the COVID-19 Crisis. *Encounters in Theory and History of Education / Rencontres en Théorie et Histoire de l'Éducation / Encuentros en Teoría e Historia de la Educación*, *25*(1), 83–105. https://doi.org/10.24908/encounters.v25i0.18239

Article abstract

This article reviews the genealogy and main assumptions of trauma culture in view of its extensive application during the recent COVID-19 pandemic. First, it summarises the crystallisation and development of the contemporary doctrine of (psychological) trauma in clinical psychiatry, psychopathology and psychoanalysis. It then presents the (problematic) translational concept of cultural trauma and offers some reflections on the global understanding of human catastrophes (caused by either collective violence or natural disasters) as traumatic events. Finally, it offers some concluding remarks on the contrast between the (relative) relevance of the trauma narrative in accounting for individual suffering and its (limited) performance in reflecting the final course of a health crisis that in its early stages seemed to threaten our way of life and our values.

Encounters in Theory and History of Education
Vol. 25, 2024, 83-105

The Culture of Trauma and the COVID-19 Crisis

Enric Novella
University of Valencia

Abstract

This article reviews the genealogy and main assumptions of the current culture of trauma in view of its intense deployment during the recent COVID-19 pandemic. First, it summarises the crystallisation and development of the contemporary doctrine of (psychological) trauma in clinical psychiatry, psychopathology and psychoanalysis. It then presents the (problematic) translational concept of cultural trauma and offers some reflections on the global understanding of human catastrophes (caused by either collective violence or natural disasters) as traumatic events. Finally, it offers some concluding remarks on the contrast between the (relative) relevance of the trauma narrative in accounting for individual suffering and its (limited) performance in reflecting the final course of a health crisis that in its early stages seemed to threaten our way of life and our values.

Keywords: epidemics, mental health, narrative, trauma, cultural history

ISSN: 2560-8371
DOI: 10.24908/encounters.v25i0.18239

La cultura del trauma y la crisis del COVID-19

Resumen

Este artículo revisa la genealogía y los principales supuestos de la actual cultura del trauma en vista de su intenso despliegue durante la reciente pandemia de COVID-19. En primer lugar, resume la cristalización y el desarrollo de la doctrina contemporánea del trauma (psicológico) en la psiquiatría clínica, la psicopatología y el psicoanálisis. Luego presenta el (problemático) concepto traslacional de trauma cultural y ofrece algunas reflexiones sobre la comprensión global de las catástrofes humanas (causadas ya sea por violencia colectiva o por desastres naturales) como acontecimientos traumáticos. Finalmente, ofrece algunas observaciones finales sobre el contraste entre la relevancia (relativa) de la narrativa del trauma para dar cuenta del sufrimiento individual y su desempeño (limitado) para reflejar el curso final de una crisis de salud que en sus primeras etapas parecía amenazar nuestro estilo de vida y nuestros valores.

Palabras clave: epidemias, salud mental, trauma, narrativa, historia cultural

La culture du traumatisme et la crise de la COVID-19

Résumé

Cet article passe en revue la généalogie et les principales hypothèses de la culture du traumatisme actuelle au vu de son déploiement intense lors de la récente pandémie de COVID-19. Premièrement, il résume la cristallisation et le développement de la doctrine contemporaine du traumatisme (psychologique) en psychiatrie clinique, en psychopathologie et en psychanalyse. Il présente ensuite le concept translationnel (problématique) de traumatisme culturel et propose quelques réflexions sur la compréhension globale des catastrophes humaines (causées soit par la violence collective, soit par des catastrophes naturelles) en tant qu'événements traumatisants. Enfin, il propose quelques remarques finales sur le contraste entre la pertinence (relative) du récit traumatique pour rendre compte de la souffrance individuelle et sa performance (limitée) pour refléter le cours final d'une crise sanitaire qui, à ses débuts, semblait menacer notre style de vie et de nos valeurs.

Mots-clés : epidémies, santé mentale, traumatisme, histoire, mémoire

Introduction

In an essay published a few months after the explosive outbreak of the coronavirus, Slovenian philosopher Slavoj Zizek suggested that, unlike other disasters that have befallen humanity in the past and other risks it faces today (such as climate change or safeguarding privacy in the digital age), the ongoing epidemic did not seem to behave like an adverse event that "explodes and then passes away", but that it was "instilling a permanent fear and fragility in our lives".[1] Similarly, in an article published in the first weeks of lockdown in Europe, South Korean philosopher Byung-Chul Han pointed out that the "disproportionate panic" unleashed in the West by SARS-CoV-2 – attributable, in his opinion, to the absence of "immunological thresholds" against external risks within the framework of the individualistic, permissive and hedonistic society of global capitalism – ran the risk of degenerating into "lasting terror".[2] And, in a very similar tone, North American writer Siri Hustvedt suggested a year later that the COVID-19 pandemic had caused a "tragic alteration in the fabric of reality" by unexpectedly confronting us with "our vulnerability as a species", so that it would be inevitable to "remember this time as a time of collective trauma".[3]

These testimonies and analyses, which could easily be multiplied, reflect the early and widespread perception of the considerable psychological and cultural impact of a catastrophe whose consequences for our individual and collective life seemed at first to go beyond its epidemiological outcome. As is known, health organisations and mental health professionals have subsequently been able to note the significant psycho(patho)logical correlates of being affected by the virus, including social isolation, fear of contagion, uncertainty, economic difficulties, overburdening of professionals and caregivers, and poorly resolved grief.[4] Of course, this phenomenon is not entirely new: the great epidemics of the past have invariably been accompanied by strong emotional turbulence and large doses of suffering, discouragement, melancholy and even psychological instability or dementia generated by a peculiar succession of highly distressing affects.[5] But what constitutes a (relative) novelty in the COVID-19 episode is the (apparent) scale of this impact, something that should not be surprising considering

[1] Slavoj Zizek, *Pandemic! COVID-19 Shakes the World* (Cambridge: Polity Press, 2020), 58.

[2] Byung-Chul Han, "The Viral Emergency and the World of Tomorrow," *El País*, March 22, 2020.

[3] Siri Hustvedt, "Living in a World that We Had Never Imagined," *El País*, March 7, 2021.

[4] World Health Organization (WHO), "COVID-19 Pandemic Triggers 25% Increase in Prevalence of Anxiety and Depression Worldwide," (2022), https://www.who.int/news/item/02-03-2022-covid-19-pandemic-triggers-25-increase-in-prevalence-of-anxiety-and-depression-worldwide.

[5] Damir Huremovic, ed., *Psychiatry of Pandemics. A Mental Health Response to Infection Outbreak* (Cham, Springer, 2019); Enric Novella, "COVID-19 and the Emotional Culture of Pandemics: A Retrospective and Prospective View," *Paedagogica Historica* 58 (2022): 660–675.

its appearance in strongly psychologised societies that rely on the action of a growing legion of experts linked to the expanding field of mental health and therapy.[6]

Undoubtedly, the narrative that reflects this growing psycho(patho)logisation of the individual and collective experience of the manifold adverse, violent and/or threatening – or simply unexpected, disruptive and/or painful – events that life can bring is that of *trauma*. Traditionally, public discourse and the rhetoric of coping with major epidemics have been imbued with a series of highly symbolic terms such as *plague* (a calamity that always carries stigma, disorder and destruction), *contagion* (not only of microbes but also of emotions and behaviours) and *combat* (fight, war, eradication, etc.).[7] However, fully embedded in a cultural atmosphere in which the perception of the psychic impact of catastrophes tends to predominate over that of their physical devastation,[8] the COVID-19 crisis saw the early and widespread adoption of this narrative that links both individual and collective (traumatic) experience. In this context, the exceptionally adverse circumstances of the pandemic (the threat of the disease, the rigours of confinement, the overexposure to risk or the experiences of insecurity, precariousness, loss, etc.) were quickly perceived as essentially or potentially "traumatic" for millions of people – and, given their consequences in the form of transient or persistent symptoms of psychic suffering, it is clear that for many they were.[9] But, as can be seen in the early assessments of Zizek, Han or Hustvedt, the feeling of "fragility", "terror" or "vulnerability" that – at least initially – took hold of societies that had mostly lost the memory of the great epidemics of the past also revealed strong feelings of ontological insecurity and civilisational crisis that soon suggested the prospect of a "cultural trauma".[10]

It is clear that this initial perception of the impact of the pandemic at both the personal and intimate level as well as the communal and symbolic level is an expression of the prominence of trauma as a key narrative of our era.[11] Of course, this prominence is an example of the conceptual development and cultural projection of the

---

[6] Frank Furedi, *Therapy Culture. Cultivating Vulnerability in an Uncertain Age* (London: Routledge, 2004).

[7] Marco Pulver, "Rhetorik der Seuche. Wie und wozu man über Seuchen spricht," in *Krank geschrieben. Gesundheit und Krankheit im Diskursfeld von Literatur, Geschlecht und Medizin*, eds. Rudolf Käser and Beate Schappach (Bielefeld: transcript Verlag, 2014), 259–292; Priscilla Wald, *Contagious. Cultures, Carriers, and the Outbreak Narrative* (Durham NC: Duke University Press, 2008); Christoph Gradmann, "Invisible Enemies: Bacteriology and the Language of Politics in Imperial Germany," *Science in Context*, 13 (2000): 9–30.

[8] Joanna Bourke, *Fear. A Cultural History* (London: Virago, 2005).

[9] Meaghan L. O'Donnell and Talya Greene, "Understanding the Mental Health Impacts of COVID-19 through a Trauma Lens," *European Journal of Psychotraumatology* 12, no. 1 (2021), https://doi.org/10.1080/20008198.2021.1982502.

[10] Michel Maffesoli, "Sanitary Crisis, Civilizational Crisis," *Space and Culture* 23 (2020): 226–229.

[11] Eva Illouz, "The Melodrama of the Self," in *Melodrama After the Tears: New Perspectives on the Politics of Victimhood*, ed. Scott Loren and Jörg Metelmann (Amsterdam: Amsterdam University Press, 2016), 157–168.

sciences of the mind, which – as the privileged domain in which many of the categories with which individuals see and act with regard to themselves are currently forged –[12] have provided the doctrinal foundation for this powerful framework of understanding and response to adverse events. But it is important to note that the extraordinary implementation and popularity of the "culture of trauma" today is not essentially the result of scientific advances but must be seen against the backdrop of a series of important mutations in the order of values and sensibilities. Thus, for example, the growing emphasis on individuals as agents who govern (almost entirely) themselves and their destiny – that is, the primacy of the ideal of autonomy and personal self-realisation – is surely one of the factors that explain the crystallisation of trauma – understood as an extrinsic and centripetal force that breaks or diminishes intentional action – as a central category and cultural concern.[13] And, in the same way, there is no doubt that the astonishing circulation and social prestige of this category also owe much to a substantial change in the collective perception of violence, suffering and, above all, victimisation; that is, in what French physicians and anthropologists Didier Fassin and Richard Rechtmann have called the "moral economy" of contemporary societies.[14] Be that as it may, the truth is that, beyond the concrete and tangible damage inflicted, events such as the attacks of September 11, 2001 in the United States and the COVID-19 pandemic confirm the enormous vigour and the unstoppable diffusion of trauma narratives, which for decades have been subject to a process of extension and even "banalisation" that has led them to encompass almost any unpleasant, conflictive or undesired eventuality.[15]

With the perspective of nearly five years, the time seems opportune to review the genealogy and main assumptions of current trauma culture and to examine its deployment during the pandemic. Starting from this recent recovery of the collective memory of epidemic diseases, the article summarises the crystallisation and development of the contemporary doctrine of (psychological) trauma in clinical psychiatry, psychopathology and psychoanalysis. It then presents the (problematic) translational concept of cultural trauma and some reflections on the global understanding of catastrophes (whether caused by collective violence or natural disasters) as traumatic events. And finally, it offers some concluding observations on the contrast between the (relative) relevance of the trauma narrative in accounting for individual suffering and its (limited) performance in reflecting the final course of a health crisis that in its early stages seemed to seriously threaten our way of life and our values.

---

[12] Enric Novella, "Las ciencias de la mente y la historia de la subjetividad," *Asclepio. Revista de Historia de la Medicina y de la Ciencia* 65, no. 2 (2013): 012.

[13] Patrick Bracken, *Trauma: Culture, Meaning and Philosophy* (London: Whurr, 2002).

[14] Didier Fassin and Richard Rechtman, *The Empire of Trauma: An Inquiry into the Condition of Victimhood* (Princeton, NJ: Princeton University Press, 2009).

[15] Pau Pérez-Sales, "La banalización del trauma," *Jano. Medicina y Humanidades* 1506 (2004): 10.

The Doctrine of (Psychological) Trauma

As is well known, disorders of reason have been attributed since time immemorial to the effect of more or less violent emotional turbulence that, in one way or another, may alter the bodily disposition or corrupt the activity of the soul, invariably compromising the free exercise of intellectual faculties, the integration of experience or the psychosocial competence of individuals.[16] In this sense, it is worth remembering that, in essence, the very constitution of (modern) psychological medicine in the transition from the eighteenth to the nineteenth century was made possible by the elaboration of a systematic reflection (and a therapeutic practice) focused on the pathogenic (and at the same time cathartic) potential of the passions.[17] Within a few decades, as a consequence of a series of epistemic shifts and corporate strategies, the postulates of degeneration and hereditarianism replaced misfortunes and emotional disturbances as the main factors in the aetiology of madness.[18] But, at the same time, the concept of passion also gradually fell into disrepute and disuse compared to that of emotion; in the context of the new positivist and secular worldview of the second half of the nineteenth century, its broadness and semantic vagueness, its pronounced moral connotations and its traditional connection with the operations of the soul led to it being discarded as the reference concept in the understanding of affective phenomena.[19]

It is surely no coincidence that this transition from passions to emotions largely coincided with the birth and progressive development of the contemporary conception of psychic trauma, which can broadly be characterised as a process of "psychologisation" of the classical Greek notion of *τραύμα* (rupture and, above all, wound).[20] The first significant step in this direction occurred in the late 1860s with the description by a group of English physicians (including surgeon John Eric Erichsen) of a variable cortege of symptoms triggered by railway accidents (or, simply, by frequent train journeys) that

[16] Jackie Pigeaud, *La maladie de l'âme. Étude sur la relation de l'âme et du corps dans la tradition médico-philosophique antique* (Paris: Les Belles Lettres, 1981); Andrew Scull, *Madness in Civilization: A Cultural History of Insanity from the Bible to Freud from the Madhouse to Modern Medicine* (Princeton, NJ: Princeton University Press, 2015).

[17] Marcel Gauchet and Gladys Swain, *La pratique de l'esprit humain: L'institution asilaire et la révolution démocratique* (Paris: Gallimard, 1980); Jan E. Goldstein, *Console and Classify: The French Psychiatric Profession in the Nineteenth Century* (Cambridge: Cambridge University Press, 1987).

[18] Daniel Pick, *Faces of Degeneration: A European Disorder, c.1848–c.1918* (Cambridge: Cambridge University Press, 1989); Ian R. Dowbiggin, *Inheriting Madness: Professionalization and Psychiatric Knowledge in Nineteenth-Century France* (Berkeley CA: University of California Press, 1991).

[19] Mériam Korichi, ed., *Les passions* (Paris: Flammarion, 2000); Thomas M. Dixon, *From Passions to Emotions: The Creation of a Secular Psychological Category* (Cambridge: Cambridge University Press, 2003).

[20] Esther Fischer-Homberger, *Die traumatische Neurose. Vom somatischen zum sozialen Leiden* (Bern: Huber, 1975), 79.

could not be correlated with demonstrable anatomical lesions.[21] As Canadian philosopher and historian of science Ian Hacking pointed out, "railway spine" or "railway brain" was an expression of the "trauma" inflicted by the modern industrial world, whose technological innovations (not to mention its exacerbated and alienating dynamism) gave rise to new forms of affectation and, therefore, of physical and mental vulnerability.[22] A few years later, French neurologist Jean-Martin Charcot, the great patron of the Salpêtrière School, became interested in these conditions as part of his research on hysteria, whose aetiology he definitively dissociated from the gynaecological domain by attributing it to the neurotoxic action of substances, emotions or events upon a neuropathic inheritance.[23] Almost simultaneously, German neuropsychiatrist Hermann Oppenheim coined the term "traumatic neurosis" to refer to the set of nervous manifestations (pain, trembling, dizziness, nightmares, weakness, irritability, etc.) that, by analogy with the model of reflex physiological activity, could be observed in subjects previously free of pathology as a consequence of some type of external shock.[24]

Certainly, until that point – and, actually, until long afterwards – trauma was conceived in exclusively somatic terms,[25] and both Charcot and Oppenheim postulated the existence of microscopic lesions or molecular anomalies of the nervous system as the pathogenic substrate of traumatic neurosis ("hystero-traumatic" in the case of the former).[26] But before the end of the nineteenth century, two other scholars of hysteria in the wake of Charcot, Pierre Janet on the one hand and Sigmund Freud on the other, abandoned this kind of neuropathological speculation and took the decisive step towards the (complete) psychologisation of trauma – and, with it, towards the very foundation of "dynamic psychiatry".[27] In his doctoral thesis in philosophy on

[21] Ralph Harrington, "The Railway Accident: Trains, Trauma, and Technological Crises in Nineteenth-Century Britain," in *Traumatic Pasts: History, Psychiatry, and Trauma in the Modern Age, 1870–1930*, eds. Mark S. Micale and Paul F. Lerner (Cambridge: Cambridge University Press, 2001), 31–56.

[22] Ian Hacking, *Rewriting the Soul: Multiple Personality and the Sciences of Memory* (Princeton, NJ: Princeton University Press, 1995).

[23] Mark S. Micale, "Jean-Martin Charcot and les névroses traumatiques: From Medicine to Culture in French Trauma Theory of the Late Nineteenth Century," in *Traumatic Pasts: History, Psychiatry, and Trauma in the Modern Age, 1870–1930,* eds. Mark S. Micale and Paul F. Lerner (Cambridge: Cambridge University Press, 2001), 115–139.

[24] Paul F. Lerner, "From Traumatic Neurosis to Male Hysteria: The Decline and Fall of Hermann Oppenheim, 1889–1919," in *Traumatic Pasts: History, Psychiatry, and Trauma in the Modern Age, 1870–1930*, eds. Mark S. Micale and Paul F. Lerner (Cambridge: Cambridge University Press, 2001), 140–171.

[25] Ruth Kloocke, Heinz-Peter Schmiedebach, and Stefan Priebe, "Psychische Ereignisse – organische Interpretationen: Traumakonzepte in der deutschen Psychiatrie seit 1889," *Gesnerus* 67 (2010): 73–97.

[26] Pascal Pignol and Astrid Hirschelmann, "La querelle des névroses: les névroses traumatiques de H. Oppenheim contre l'hystéro-traumatisme de J.-M. Charcot," *L'Information Psychiatrique* 90 (2014): 427-437.

[27] Henri F. Ellenberger, *The Discovery of the Unconscious: The History and Evolution of Dynamic Psychiatry* (New York: Basic Books, 1970).

"psychological automatism" (1889), Janet had already noted the frequent presence of traumatic antecedents in the biography of his hysterical patients. And shortly afterwards – in his doctoral thesis in medicine – he outlined a clearly psychological interpretation of hysteria which, without questioning the existence of a "latent predisposition", postulated a "psychological insufficiency" (leading to a "mental disintegration" and a "dissociation of personality") caused by the deleterious effects of certain "provocative agents" (among which he expressly cited "physical or moral shocks") at critical stages of life (above all, in what he called "moral puberty").[28] For his part, after having completed his training at the Salpêtrière and supported Charcot's understanding of hypnotism as a kind of "artificial hysteria" (and not as a mere suggestive product as his rivals maintained), in 1893 Freud and his Viennese colleague Josef Breuer published a "preliminary communication" on the "psychic mechanism of hysterical phenomena" which attributed them to mostly unconscious affective reminiscences of previous "psychic traumas", specifically of "any event which provokes the painful effects of fright, anxiety, shame and moral pain, depending, naturally, on the sensitivity of the individual".[29] Later, it is known that Freud abandoned – for reasons that some authors have considered spurious (Masson, 1984) – this link between hysteria and a childhood trauma of an *eminently sexual* nature (the so-called "seduction theory") in favour of a conception based on the fixations and "fantasies" caused by the *essentially traumatic* nature of childhood sexuality itself. With this turn, Freud began to glimpse the fundamental principles of psychoanalysis and to lay the foundations of his general theory of neuroses. However, although his approach ended up shifting the focus from the disruptive power of the (traumatic) event to the unconscious conflicts of the subject – which has made Janet's contributions more appreciated in current "psychotraumatology" –,[30] it is no less true that the question of trauma – closely related to repression as the main (psychic) defence mechanism – permeates the whole of his work and that of prominent disciples such as Sándor Ferenczi.[31]

Once the passions had been purged from the discourse of the mind sciences and the aforementioned psychologisation of trauma had been completed – it was now understood as an emotional shock that, to put it in terms common to Janet and Freud, exceeds the capacity of (conscious) integration of the psyche and generates a particular form of (traumatic) memory –, the path was cleared for its causal relevance and nosological substantivity to be repeatedly debated over the course of the twentieth century. A key event in this process was, of course, the Great War, which, as the first

[28] Pierre Janet, *L'état mental des hystériques*. Vol. II: *Les accidents mentaux* (Paris: Rueff et Cie, 1894), 258–301.

[29] Josef Breuer and Sigmund Freud, *Studien über Hysterie* (Leipzig: Franz Deuticke, 1895), 3.

[30] Bessel A. Van der Kolk and Onno Van der Hart, "Pierre Janet and the Breakdown of Adaptation in Psychological Trauma," *American Journal of Psychiatry* 146 (1989): 1530–1540.

[31] Jean Laplanche and Jean-Bertrand Pontalis, *The Language of Psychoanalysis* (London: Routledge, 2018).

large-scale military conflict of the modern industrial world, gave rise to all kinds of narratives, films and autobiographical testimonies of its horrors – suffice it to mention here the famous examples by Ernst Jünger, Gabriel Chevallier and Robert Graves –,[32] as well as to the first systematic descriptions of its exceptional impact on combatants.[33] In 1915, the University of Cambridge physician and psychologist Charles S. Myers published a first article on what he called "shell shock" in which he reported the cases of three soldiers who had experienced amnesia, insomnia and a series of sensory abnormalities (in vision, smell and taste) after a nearby heavy artillery explosion.[34] Initially, and despite the fact that Myers himself expressly recognised the similarities of these profiles with the "functional" alterations of hysteria, the category was the subject of various neurological hypotheses and – in a context of intense mobilisation and bellicose patriotism – frequently attributed to simulation and cowardice, although later experiences at the front – with an increasing and unmanageable number of casualties – , the failure of coercive "therapies", and the specular observations of French, German and Austrian doctors favoured a growing recognition of its "neurotic" character and a greater receptivity to its psychological interpretations.[35] Recently, English historian Tracey Loughran has questioned the role of "shell shock" as the first major antecedent of a "post-traumatic stress" whose transhistorical reality has been confirmed in subsequent wars, accidents and catastrophes.[36] But the truth is that the experience of the Great War was entirely decisive in the dissemination of the aetiological doctrine of trauma and the popularisation of its first major syndromic reference.[37]

In any case, and taking into account the devastating impact of the atrocious crimes committed against the civilian population during the Second World War, the status of traumatic experiences as an omnipresent and all-explanatory cause of (almost) any form of mental illness[38] and the definitive and stellar establishment of "post-traumatic stress disorder" (PTSD) in the diagnostic classifications of current psychiatry only began to take shape in the United States throughout the 1970s in the context of coping with the consequences of the Vietnam War and the deployment of a new public perception

[32] Jay M. Winter, *The Experience of World War I* (London: Macmillan, 1988).

[33] Stefanie Linden, *They Called It Shell Shock: Combat Stress in The First World War* (Warwick: Helion & Company, 2016).

[34] Charles S. Myers, "Contribution to the Study of Shell Shock," *The Lancet* 185 (1915): 316–320.

[35] Peter Leese, *Shell Shock. Traumatic Neurosis and the British Soldiers of the First World War* (Basingstoke: Palgrave Macmillan, 2002).

[36] Tracy Loughran, "Shell Shock, Trauma, and the First World War: The Making of a Diagnosis and Its Histories," *Journal of the History of Medicine and Allied Sciences* 67 (2012): 94–119.

[37] Allan Young, *The Harmony of Illusions: Inventing Post-Traumatic Stress Disorder* (Princeton NJ: Princeton University Press, 1995), 43–85.

[38] See, for example, Bridget Hogg, Itxaso Gardoki-Souto, Alicia Valiente-Gómez, Adriane Ribeiro Rosa, Lydia Fortea, Joaquim Radua, Benedikt L. Amann, and Ana Moreno-Alcázar, "Psychological Trauma as a Transdiagnostic Risk Factor for Mental Disorder: An Umbrella Meta-analysis," *European Archives of Psychiatry and Clinical Neuroscience* 273 (2023): 397–410.

of physical abuse and sexual coercion.[39] In the first case, the suffering of veterans who were tormented over the long term by their experiences in a distant and hostile war zone – the so-called "post-Vietnam syndrome", soon interpreted as an "unconsummated grief"–[40] contributed to generating a climate favourable to the expert and collective validation of a condition that was finally defined and incorporated in 1980 in the third edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM),[41] and immediately had an enormous impact on artistic production and popular culture.[42] And secondly, the description in 1962 of the so-called "battered-child syndrome" by paediatrician C. Henry Kempe,[43] and the denunciations made at that time by the feminist movement not only of the structural nature of "gender violence" but also of the social extension of incest and "child (sexual) abuse", led to their rapid identification as sources of "traumatic memory" and, therefore, of more or less severe psychosocial consequences.[44]

To a large extent, it can be said that the nosological construction of PTSD – whose characteristic symptoms (re-experiencing, avoidance and hyperreactivity) appear after "exposure to an extremely threatening or terrible event or series of events" –[45] has completed a new process of "consecration" of the absolute primacy of the (traumatic) event, as opposed to the previous tendency to place it in a certain moral context and/or psychic constitution. Furthermore, taking into account the "interactive" relationship of human beings with the categories they use to apprehend and describe their behaviour and experience,[46] and the decisive weight in this regard of the concepts historically supplied by the different mind sciences, the crystallisation of the contemporary notion of trauma has led to the development of all kinds of theoretical elaborations on the "traumatised individual" that, in a very significant way, emphasise the role of trauma as the event that truly forges and essentially defines personal identity.[47]

---

[39] Byron J. Good and Devon E. Hinton, "Introduction: Culture, Trauma, and PTSD," in *Culture and PTSD: Trauma in Global and Historical Perspective*, eds. Devon E. Hinton and Byron J. Good (Philadelphia, PA: University of Pennsylvania Press, 2015), 3–49.

[40] Chaim F. Shatan, "Post-Vietnam syndrome", *The New York Times*, May 6, 1972.

[41] Wilbur J. Scott, "PTSD in DSM-III: A Case in the Politics of Diagnosis and Disease," *Social Problems* 37 (1990): 294–310.

[42] Roger Luckhurst, *The Trauma Question* (Abingdon: Routledge, 2008).

[43] C. Henry Kempe, Frederic N. Silverman, Brandt F. Steele, William Droegemueller, and Henry K. Silver, "The Battered-Child Syndrome," *Journal of the American Medical Association* 181 (1962): 17–24.

[44] Hacking, Rewriting the Soul.

[45] World Health Organization (WHO), *International Classification of Diseases 11th Revision* (2018), https://icd.who.int/browse/2024-01/mms/en.WHO, 2018.

[46] Ian Hacking, *The Social Construction of What?* (Cambridge, MA: Harvard University Press, 1999).

[47] Robert D. Stolorow, "A Phenomenological-Contextual, Existential, and Ethical Perspective on Emotional Trauma," in *The Oxford Handbook of Phenomenological Psychopathology*, eds. Giovanni Stanghellini, Matthew Broome, Andrea Raballo, Anthony Vincent Fernandez, Paolo Fusar-Poli, and René Rosfort (Oxford: Oxford University Press, 2019), 896–906.

PTSD is certainly not a "timeless disorder", nor does it possess an "intrinsic unity", but rather – like (psychological) trauma itself – it constitutes a historical and contingent product "glued together by the practices, technologies, and narratives" mobilized by a conjunction of "interests, institutions, and moral arguments".[48] And, in this last sense, it is not difficult to see that one of the main reasons that has guided the recent evolution of this entire framework is what Didier Fassin and Richard Rechtman have defined as the "end of suspicion", that is, the radical change in attitude that has occurred in recent decades in the way Western societies view and act with regard to the condition of victim: "Rather than a clinical reality" – they conclude – "trauma is today a moral judgment, […] a feature of the moral landscape serving to identify legitimate victims […]. Trauma speaks of the painful link that connects the present with the past. It identifies complaints as justified and causes as just."[49] Beyond its epistemological and rhetorical appeal – indeed, it is difficult to conceive of a concept more suitable for all kinds of metaphors and analogies –, this rooting of the culture of trauma in the "moral economy" of our societies must surely also explain the ease with which the term has been transferred to the realm of collective experience and has become a tool for historical and social analysis and interpretation.

From Psychological to Cultural Trauma

According to American sociologist Jeffrey Alexander, one of its main theorists, "cultural trauma occurs when members of a collectivity feel they have been subjected to a horrendous *event* that leaves indelible *marks* upon their group *consciousness*, marking their *memories* forever and changing their future *identity* in fundamental and irrevocable ways".[50] Of course, the translational nature of this definition, built almost point by point from the main elements that constitute the contemporary notion of (psychological) trauma, could not be more evident, but it is necessary to recognise that both Alexander and other authors who have specifically reflected on the issue provide some important nuances. Firstly, Alexander has pointed out the "naturalistic fallacy" – largely embodied in what he defines as the "lay theory" of trauma – consisting in postulating a sort of direct causality according to which certain events generate traumatic memory in an almost spontaneous and immediate way: since "human beings need security, order, love, and connection, if something happens that sharply undermines these needs, it hardly seems surprising […] that people will be traumatized as a result".[51] In his opinion, this fallacy has also been committed by various interpreters of cultural trauma in the

[48] Young, *The Harmony of Illusions*, 5.

[49] Fassin and Rechtman, *The Empire of Trauma*, 284.

[50] Jeffrey C. Alexander, "Toward a Theory of Cultural Trauma," in *Cultural Trauma and Collective Identity*, ed. Jeffrey C. Alexander, Ron Eyerman, Bernard Giesen, Neil J. Smelser, and Piotr Sztompka (Berkeley, CA: University of California Press, 2004), 1, my italics.

[51] Alexander, "Toward a Theory of Cultural Trauma," 3.

wake of the Enlightenment – such as Arthur G. Neal with his inventory of the great events that have left their mark on the "national imaginary" of Americans throughout the twentieth century[52] – and the advent of psychoanalysis – such as Cathy Caruth with her theorisation of traumatic experiences as "unclaimed" experiences that can (individually and collectively) be the object of a "narrative restoration".[53] In contrast to the "mechanistic" approach of conventional (psychological) doctrine, Alexander points out that *events* – however disruptive they may seem at first glance – are never inherently traumatic, since (collective) trauma is always a "socially mediated attribution" and, therefore, the result of a certain confluence of shared perceptions, representations and *meanings*.[54] At this point, and beyond the sophisticated model with which he accounts for its process of "social constitution", it is important to highlight the two (necessary) conditions that, from his point of view, must concur to give rise to cultural trauma: first, the precipitating event must of course have a sufficiently painful, annoying or harmful character; and second, above all, it has to concern in one way or another a nuclear element for the group's identity:

> For traumas to emerge at the level of the collectivity, *social crises* must become *cultural crises*. Events are one thing, representations of these events quite another. Trauma is not the result of a group experiencing pain. It is the result of this acute discomfort entering into the core of the collectivity's sense of its own identity.[55]

Based on a review of the Freudian conception of (psychic) trauma, Neil J. Smelser, another renowned American sociologist, has analysed the phenomenon of cultural trauma in similar terms, that is, from a critical stance towards the causal reductionism of the naturalistic and mechanistic model of post-traumatic stress.[56] Consequently, he focuses on the same constitutive elements pointed out by Alexander (the "historical indeterminacy" of trauma, since no event, no matter how relevant it may be, is traumatic *per se*; the "disruption of organized social life", since an event which does not have enough entity or power to undermine or overwhelm essential presuppositions or ingredients of a certain culture can hardly be conceived as traumatic; and its selective and commonly negative impact on the identity of the group, whether national, social, sexual, etc.), but he also suggests other significant features: (1) the "salience of affect",

---

[52] Arthur G. Neal, National Trauma and Collective Memory: Major Events in the American Century (New York: M.E. Sharpe, 1998).

[53] Cathy Caruth, *Unclaimed Experience: Trauma, Narrative and History* (Baltimore ML: Johns Hopkins University Press, 1996).

[54] Alexander, "Toward a Theory of Cultural Trauma," 8.

[55] Alexander, "Toward a Theory of Cultural Trauma," 10, my italics.

[56] Neil J. Smelser, "Psychological Trauma and Cultural Trauma," in *Cultural Trauma and Collective Identity*, ed. Jeffrey C. Alexander, Ron Eyerman, Bernard Giesen, and Piotr Sztompka (Berkeley, CA: University of California Press, 2004), 31–59.

that is, the usually intense mobilisation of unpleasant affects – often reflexive ones such as fear, shame or guilt – brought about by the traumatic experience; (2) the inexorable and to a large extent "indelible" character of what ends up becoming a trauma, which – like repressed memories – always returns in some way and never disappears completely and forever; and finally, (3) the high degree of energy and determination required to face or even merely to evoke trauma, something which is considered (personally and socially) positive and desirable but almost always leads to behaviours or attitudes of denial or avoidance: cultural trauma – he concludes – is "a memory accepted and publicly given credence by a relevant membership group and evoking an event or situation which is (a) laden with negative affect, (b) represented as indelible, and (c) regarded as threatening a society's existence or violating one or more of its fundamental cultural presuppositions".[57] In a similar way to what happens at the psychological level, Smelser thus raises at the sociocultural level the essential ambivalence that – as Scottish historian of science Ruth Leys has emphasised – characterises theoretical understanding and our relationship with traumatic experiences.[58] In short, trauma is precisely what on the one hand is (mimetically) relived, and on the other is (systematically) avoided: "mass forgetting and collective campaigns on the part of groups to downplay, 'put behind us', if not actually to deny a cultural trauma on the one hand, and a compulsive preoccupation with the event, as well as group efforts to keep it in the public consciousness as a reminder that 'we must remember', or 'lest we forget', on the other".[59]

It is precisely this last aspect, together with indelibility and the deep impact on identity, that is especially evident in the complex process of elaboration of the historical event which is undoubtedly the most emblematic and explored in this sense, the Jewish Holocaust, which has been the indisputable point of reference for reflection on cultural trauma in recent decades.[60] To a large extent, the central dilemma was already raised in 1981 by the Italian writer Primo Levi in the preface to the English edition of a compilation of profiles of people with whom he shared captivity in Auschwitz:

> The reader may be surprised at this rediscovered narrative vein, thirty or forty years after the events. Well, it has been observed by psychologists that the survivors of traumatic events are divided into two well-defined groups: those who repress their past *en bloc*, and those whose memory of the offense persists, as though carved in stone, prevailing over all previous or subsequent experiences. Now, not by choice but by nature, I belong to the second group. Of my two years of life outside the law I have not forgotten a single thing. Without any deliberate effort, memory continues to

[57] Smelser, "Psychological Trauma and Cultural Trauma," 44.
[58] Ruth Leys, *Trauma: A Genealogy* (Chicago, IL: The University of Chicago Press, 2000).
[59] Smelser, "Psychological Trauma and Cultural Trauma," 53.
[60] Dominick LaCapra, *Representing the Holocaust: History, Theory, Trauma* (Ithaca, NY: Cornell University Press, 1994).

> restore to me events, faces, words, sensations, as if at that time my mind had gone through a period of exalted receptivity, during which not a detail was lost.[61]

Bearing in mind that both possibilities can – and, in fact, often do – coexist and alternate in the same individual and in the same community, there is a regular timing with which cultural trauma is typically dealt with: an initial phase of repression is followed sooner or later by a phase of "anamnesis" which in some cases leads to a true "memorial obsession".[62]

In the wake of the Holocaust, the concept of cultural trauma has also been used to account for the aftermath of other episodes of collective violence, whether more or less punctual and paroxysmal or sustained and structural. Apart from the many wars of the twentieth century, it is worth citing, in this regard, other genocides and political and hate crimes (Armenia, Cambodia, Rwanda, etc.), as well as the bitter and brutal legacy of slavery, racial discrimination and colonisation.[63] And, recalling the deep cultural imprint of historical cataclysms such as the Great Lisbon Earthquake of 1755, the model has also been extended to natural disasters of a certain magnitude such as the Indian Ocean tsunami (2004), Hurricane Katrina (2005) or the Haiti earthquake (2010).[64] Within the first category, we must of course highlight large-scale acts of terrorism, the most significant and studied example of which is undoubtedly the attacks of 11 September 2001 in the United States. Indeed, it can be said that, to a large extent, this episode certified the maturity of current trauma culture by revealing the versatility and expansiveness of its narratives at both the individual and the collective level.[65]

Following the attacks, much of the research community and the media predicted the emergence of an epidemic of post-traumatic reactions that would affect millions of people – not only in New York City but throughout the country – as a consequence not only of the experiences of risk, devastation and loss, but also of the repeated viewing of television images of the collapse of the Twin Towers. Consequently, mental health professionals were recognised – perhaps for the first time in history – as having a very prominent role in the management of a catastrophe that, on the one hand, was thought to induce massive psychological vulnerability, and, on the other, was announced as the first act of a long "war on terror" that would expose humanity to a threat of unknown dimensions.[66] The attacks undoubtedly had a negative effect on the mental health of many individuals, although in the end – contrary to expectations – this effect was not

---

[61] Primo Levi, *Moments of Reprieve: A Memoir of Auschwitz* (Harmondsworth: Penguin, 1995), VIII-IX.

[62] Enzo Traverso, *Le passé, modes d'emploi: histoire, memoire, politique* (Paris: La Fabrique, 2005), 57.

[63] Jeffrey C. Alexander, "Culture Trauma, Morality and Solidarity: The Social Construction of 'Holocaust' and Other Mass Murders," *Thesis Eleven* 132 (2016): 3–16.

[64] Anna Harwood, "The Trauma after the Storm", *Scientific American*, November 7, 2017.

[65] Fassin and Rechtman, *The Empire of Trauma*.

[66] Bourke, *Fear.*

significantly different or greater than that of past or other kinds of traumatic events.[67] In the same way, the "cultural trauma" that such an act of war on American soil was predicted to entail was ultimately very relative insofar as the disruption of "organized social life" and the impact on the "core of collective identity" were largely circumscribed and in any case transitory, despite the fact that for some years expressions of disbelief and concern about a supposed collapse of the "American dream" were recurrent in public opinion and popular culture.[68]

To a certain extent, this appreciation can be related to the problematic nature, equivocality and vagueness of the very concept of cultural trauma, which – not without reason – has been defined as a "metaphor" resulting from a "categorical error" that entails a "disconcerting lack of historical and moral precision".[69] But beyond its adequacy or usefulness, there is no doubt that its mere formulation constitutes an additional symptom of the vigour and diffusion of a culture whose narrative patterns have colonised collective coping and even the expert reconstruction of the past.[70] Of course, it is not by chance that this process has coincided with the establishment of memory as a central issue in Western culture and with a general shift from the traditional "objectivist" understanding of history to a growing infiltration of the self in its writing.[71] If, as Enzo Traverso has pointed out, we find ourselves in the midst of an "age of humanitarianism in which there are no longer vanquished but only victims", it can be said that what the concept of cultural trauma reveals above all is, in essence, the constitutive link between the culture of memory and the culture of trauma.[72]

The Pandemic of Trauma

If the attacks of 11 September 2001 demonstrated the enormous strength of this cultural framework, it is not an exaggeration to say that the COVID-19 pandemic has resulted in its definitive consecration. As we have seen, the magnitude of the catastrophe, its dizzying spread and the uncertainty regarding its resolution initially raised fears of a true psychological catastrophe and a profound cultural crisis. A few days after its official declaration, the World Health Organization (WHO) was already warning of the inexorable impact of the pandemic on mental health as a consequence of the coronavirus infection itself, the exposure of health workers and caregivers, information

[67] Bill Durodié and David Wainwright, "Terrorism and Post-traumatic Stress Disorder: A Historical Review," *Lancet Psychiatry* 6, no. 1 (2019): 61–71.

[68] Christine Muller, *September 11, 2001 as a Cultural Trauma: A Case Study through Popular Culture* (Cham: Palgrave Macmillan, 2017).

[69] Wulf Kansteiner, "Genealogy of a Category Mistake: A Critical Intellectual History of the Cultural Trauma Metaphor," *Rethinking History* 8 (2004): 193–221.

[70] Dominick LaCapra, *Writing History, Writing Trauma* (Baltimore, ML, Johns Hopkins University Press, 2001).

[71] Enzo Traverso, *Passés singuliers. Le "je" dans l'écriture de l'histoire* (Montréal: Lux Éditeur, 2020).

[72] Traverso, Le passé, modes d'emploi, 19.

overload or the disaffiliating and deleterious effects of lockdowns and quarantines.[73] And, overwhelmed by the initial figures of deaths and infections and above all by the extraordinary impact of the crisis on daily life,[74] some essays of cultural and political criticism proclaimed without hesitation that the pandemic was going to impose – by way of trauma – a profound overhaul of an unsustainable economic and social model doomed to disaster. The trauma of a pandemic repeatedly announced by experts but totally unexpected for the general population thus quickly became the pandemic of trauma.[75]

Of course, and despite the fact that the collapse predicted by the worst omens did not occur, the figures soon confirmed a worsening of mental health on a global level. Within a few months, different studies noted an increase in the global incidence of sleep disorders, anxiety, depression and post-traumatic stress – particularly pronounced, in the latter case, among health professionals.[76] Two years after the start of the pandemic, the WHO estimated that the pandemic had increased the prevalence of depression and anxiety worldwide by 25%.[77] And the most up-to-date reviews on the psychopathological impact of the crisis – the "pandemic within the pandemic" – continue to support these estimates, to which the "additional burden" of neuropsychiatric and emotional problems resulting from so-called "long COVID" has had to be added.[78] In this context, after an initial period of reduced operational capacity due to social distancing measures, many countries have implemented national strategies and specific policies to expand the general coverage of psychiatric care and/or provide services for vulnerable populations such as adolescents or the elderly.[79]

In general terms, then, it must be acknowledged that the trauma narrative has been (relatively) pertinent in accounting for a significant portion of the individual suffering

---

[73] World Health Organization (WHO), Mental Health and Psychosocial Considerations during the COVID-19 Outbreak (2020a), https://www.who.int/docs/default-source/coronaviruse/mental-health-considerations.pdf.

[74] Nick Clarke, *Everyday Life in the COVID-19 Pandemic* (London: Bloomsbury, 2024).

[75] Patricia Álvaro, José M. López-Santín, Ferran Molins, Jesús López, Clara Izquierdo, Alberto Matías, Isabel González, and Ezequiel Sánchez, "Trauma, suicidio y vulnerabilidad. Enseñanzas de la pandemia," *Norte de Salud Mental* 18 (2022): 86–95.

[76] Xuerong Liu et al., "Public Mental Health Problems during COVID-19 Pandemic: A Large-Scale Meta-Analysis of the Evidence," *Translational Psychiatry* 11 (2021): 384.

[77] World Health Organization (WHO), "COVID-19 Pandemic Triggers 25% Increase in Prevalence of Anxiety and Depression Worldwide."

[78] Francesco Fisicaro, Giuseppe Lanza, Carmen Concerto, Alessandro Rodolico, Mario Di Napoli, Gelsomina Mansueto, Klizia Cortese, Maria P. Mogavero, Raffaele Ferri, Rita Bella, and Manuela Pennisi, "COVID-19 and Mental Health: A "Pandemic Within a Pandemic," in *The COVID-19 Aftermath*. Vol. II: *Lessons Learned*, ed. Nima Rezaei (Cham: Springer, 2024), 1–18.

[79] World Health Organization (WHO), "COVID-19 Disrupting Mental Health Services in most Countries, WHO Survey" (2020b), https://www.who.int/news/item/05-10-2020-covid-19-disrupting-mental-health-services-in-most-countries-who-survey#:~:text=Countries%20reported%20widespread%20disruption%20of,or%20postnatal%20services%20(61%25).

generated by the pandemic. But, taking into account initial assessments and diagnoses, it is also worth asking about its performance in reflecting the cultural impact of a health crisis that suddenly presented itself as a threat and a collective challenge of enormously uncertain consequences. Of course, the initial disruption of "organized social life" was truly extreme (and unprecedented) in many respects, but once restrictions were lifted, habits were restored and precautions were forgotten, and the truth is that there has been no implementation of global prevention strategies, substantial modification of our lifestyle or significant transformation in the order of values.[80] Today, then, it seems clear that, as occurred after the attacks of September 11, 2001 in the United States, what has constituted a full-blown psychological trauma for many individuals has not crystallised into a cultural trauma with the attributes referred to above – especially, if one takes into account the absence of indelible lived experience, a substantial imprint at the level of group identity or a consistent effort or "project" of collective coping.

As some authors have rightly predicted, the pandemic of trauma thus seems to have been confined once again to the solipsistic empire of the individual.[81] And this fact will surely affect the way in which it will become an object of historical inquiry, since – leaving aside its early collective perception – it is to be expected that this will be mostly focused on personal memories and individual experiences of disease, isolation, loss, etc. Accordingly, the COVID-19 crisis will once again confirm the privileged status of memory to the detriment of history in contemporary society, a phenomenon that was already noted in the interwar period by Walter Benjamin when, echoing the wounds of the Great War, he pointed out that modernity was characterised precisely by a decline in "transmitted experience" (*Erfahrung*) in favour of "lived experience" (*Erlebnis*).[82] In any case, the intense mobilisation of the narratives of trauma during the pandemic is highly revealing of the extraordinary implantation and popularity of a culture that encourages understanding, generates expectations and prescribes coping with adversity in terms of a generalised and essential psychological vulnerability.[83] In this sense, there are those who argue that current trauma culture constitutes a demobilising artefact of neoliberalism insofar as it "promotes an ideology of individual suffering that adapts extraordinarily well to the spectacle-induced amnesia of late capitalism".[84] Without the need to postulate such a strict correlation with the prevailing socioeconomic order, what is certain is that collective resilience constitutes the most evident counterpoint to narratives of trauma, in so far as these reflect a psychologisation of the

[80] David Vincent, *The Fatal Breath: Covid-19 and Society in Britain* (Cambridge: Polity, 2023).

[81] Byung-Chul Han, "The Viral Emergency and the World of Tomorrow", *El País*, March 22, 2020.

[82] Walter Benjamin, *The Arcades Project* (Cambridge, MA: Harvard University Press, 1999).

[83] Frank Furedi, Therapy Culture. Cultivating Vulnerability in an Uncertain Age (London: Routledge, 2004).

[84] Catherine Liu, "The Problem with Trauma Culture," *Noema Magazine* 16 (February 2023).

tragic aspects of life that is closely linked to the main patterns of subjectivation of our time.

Acknowledgements

This study was carried out as part of the research project “The Clinic of Subjectivity: History, Theory and Practice of Structural Psychopathology” (PID2020-113356GB-I00), funded by the Spanish Ministry of Science and Innovation.

Bibliography

Alexander, Jeffrey C. “Toward a Theory of Cultural Trauma.” In *Cultural Trauma and Collective Identity*, edited by Jeffrey C. Alexander, Ron Eyerman, Bernard Giesen, Neil J. Smelser, and Piotr Sztompka, 1–30. Berkeley, CA: University of California Press, 2004.

Alexander, Jeffrey C. “Culture Trauma, Morality and Solidarity: The Social Construction of ‘Holocaust’ and Other Mass Murders.” *Thesis Eleven* 132 (2016): 3–16.

Alexander, Jeffrey C., Ron Eyerman, Bernard Giesen, Neil J. Smelser, and Piotr Sztompka, eds. *Cultural Trauma and Collective Identity*. Berkeley, CA: University of California Press, 2004.

Álvaro, Patricia, José M. López-Santín, Ferran Molins, Jesús López, Clara Izquierdo, Alberto Matías, Isabel González, and Ezequiel Sánchez. “Trauma, suicidio y vulnerabilidad. Enseñanzas de la pandemia,” *Norte de Salud Mental* 18 (2022): 86–95.

Benjamin, Walter. *The Arcades Project*. Cambridge MA: Harvard University Press, 1999.

Bourke, Joanna. *Fear. A Cultural History*. London: Virago, 2005.

Bracken, Patrick. *Trauma: Culture, Meaning and Philosophy*. London: Whurr, 2002.

Breuer, Josef, and Sigmund Freud. *Studien über Hysterie*. Leipzig: Franz Deuticke, 1895.

Caruth, Cathy. *Unclaimed Experience: Trauma, Narrative and History*. Baltimore, ML: Johns Hopkins University Press, 1996.

Clarke, Nick. *Everyday Life in the COVID-19 Pandemic*. London: Bloomsbury, 2024.

Dixon, Thomas M. *From Passions to Emotions: The Creation of a Secular Psychological Category*. Cambridge: Cambridge University Press, 2003.

Dowbiggin, Ian R. *Inheriting Madness: Professionalization and Psychiatric Knowledge in Nineteenth-Century France*. Berkeley, CA: University of California Press, 1991.

Durodié, Bill, and David Wainwright. “Terrorism and Post-traumatic Stress Disorder: A Historical Review.” *Lancet Psychiatry* 6, no. 1 (2019): 61–71.

Ellenberger, Henri F. *The Discovery of the Unconscious: The History and Evolution of Dynamic Psychiatry*. New York: Basic Books, 1970.

Fassin, Didier, and Richard Rechtman. *The Empire of Trauma: An Inquiry into the Condition of Victimhood*. Princeton, NJ: Princeton University Press, 2009.

Fischer-Homberger, Esther. *Die traumatische Neurose. Vom somatischen zum sozialen Leiden.* Bern: Huber, 1975.

Fisicaro, Francesco, Giuseppe Lanza, Carmen Concerto, Alessandro Rodolico, Mario Di Napoli, Gelsomina Mansueto, Klizia Cortese, Maria P. Mogavero, Raffaele Ferri, Rita Bella, and Manuela Pennisi. "COVID-19 and Mental Health: A 'Pandemic Within a Pandemic'." In *The COVID-19 Aftermath*. Vol. II: *Lessons Learned*, edited by Nima Rezaei, 1–18. Cham: Springer, 2024.

Furedi, Frank. *Therapy Culture. Cultivating Vulnerability in an Uncertain Age*. London, Routledge, 2004.

Furedi, Frank. "The Changing Meaning of Disaster." *Area* 39, no. 4 (2007): 482–489.

Gauchet, Marcel, and Gladys Swain. *La pratique de l'esprit humain: L'institution asilaire et la révolution démocratique*. Paris: Gallimard, 1980.

Goldstein, Jan E. *Console and Classify: The French Psychiatric Profession in the Nineteenth Century*. Cambridge: Cambridge University Press, 1987.

Good, Byron J., and Devon E. Hinton. "Introduction: Culture, Trauma, and PTSD." In *Culture and PTSD: Trauma in Global and Historical Perspective*, edited by Devon E. Hinton and Byron J. Good, 3–49. Philadelphia, PA: University of Pennsylvania Press, 2015.

Gradmann, Christoph. "Invisible Enemies: Bacteriology and the Language of Politics in Imperial Germany." *Science in Context* 13 (2000): 9–30.

Hacking, Ian. *Rewriting the Soul: Multiple Personality and the Sciences of Memory*. Princeton, NJ: Princeton University Press, 1995.

Hacking, Ian. *The Social Construction of What?* Cambridge, MA: Harvard University Press, 1999.

Han, Byung-Chul. "The Viral Emergency and the World of Tomorrow." *El País*, March 22, 2020.

Harrington, Ralph. "The Railway Accident: Trains, Trauma, and Technological Crises in Nineteenth-Century Britain." In *Traumatic Pasts: History, Psychiatry, and Trauma in the Modern Age, 1870–1930*, edited by Mark S. Micale and Paul F. Lerner, 31–56. Cambridge: Cambridge University Press, 2001.

Harwood, Anna. "The Trauma after the Storm." *Scientific American*, November 7, 2017.

Hogg, Bridget, Itxaso Gardoki-Souto, Alicia Valiente-Gómez, Adriane Ribeiro Rosa, Lydia Fortea, Joaquim Radua, Benedikt L. Amann, and Ana Moreno-Alcázar. "Psychological Trauma as a Transdiagnostic Risk Factor for Mental Disorder: An Umbrella Meta-analysis." *European Archives of Psychiatry and Clinical Neuroscience* 273 (2023): 397–410.

Huremovic, Damir, ed. *Psychiatry of Pandemics. A Mental Health Response to Infection Outbreak.* Cham, Springer, 2019.

Hustvedt, Siri. “Living in a World that We Had Never Imagined.” *El País*, March 7, 2021.

Janet, Pierre. *L'automatisme psychologique*. Paris: Felix Alcan, 1889.

Janet, Pierre. *L'état mental des hystériques*. Vol. II: *Les accidents mentaux.* Paris: Rueff & Cie, 1894.

Kansteiner, Wulf. “Genealogy of a Category Mistake: A Critical Intellectual History of the Cultural Trauma Metaphor.” *Rethinking History* 8 (2004): 193–221.

Kempe, C. Henry, Frederic N. Silverman, Brandt F. Steele, William Droegemueller, and Henry K. Silver. “The Battered-Child Syndrome.” *Journal of the American Medical Association* 181 (1962): 17–24.

Kloocke, Ruth, Heinz-Peter Schmiedebach, and Stefan Priebe. “Psychische Ereignisse – organische Interpretationen: Traumakonzepte in der deutschen Psychiatrie seit 1889.” *Gesnerus* 67 (2010): 73–97.

Korichi, Mériam, ed. *Les passions.* Paris: Flammarion, 2000.

Illouz, Eva. “The Melodrama of the Self.” In *Melodrama After the Tears. New Perspectives on the Politics of Victimhood*, edited by Scott Loren and Jörg Metelmann, 157–168. Amsterdam: Amsterdam University Press, 2016.

LaCapra, Dominick. *Representing the Holocaust: History, Theory, Trauma*. Ithaca, NY: Cornell University Press, 1994.

LaCapra, Dominick. *Writing History, Writing Trauma*. Baltimore, ML: Johns Hopkins University Press, 2001.

Laplanche, Jean, and Jean-Bertrand Pontalis. *The Language of Psychoanalysis.* London: Routledge, 2018.

Leese, Peter. *Shell Shock. Traumatic Neurosis and the British Soldiers of the First World War*. Basingstoke: Palgrave Macmillan, 2002.

Lerner, Paul F. “From Traumatic Neurosis to Male Hysteria: The Decline and Fall of Hermann Oppenheim, 1889–1919.” In *Traumatic Pasts: History, Psychiatry, and Trauma in the Modern Age, 1870–1930*, edited by Mark S. Micale and Paul F. Lerner, 140–171. Cambridge: Cambridge University Press, 2001.

Levi, Primo. *Moments of Reprieve: A Memoir of Auschwitz*. Harmondsworth: Penguin, 1995.

Leys, Ruth. *Trauma: A Genealogy*. Chicago, IL: The University of Chicago Press, 2000.

Linden, Stefanie. *They Called It Shell Shock: Combat Stress in The First World War*. Warwick: Helion & Company, 2016.

Liu, Catherine. “The Problem with Trauma Culture.” *Noema Magazine*, February 16, 2023.

Liu, Xuerong et al. “Public Mental Health Problems during COVID-19 Pandemic: A Large-Scale Meta-Analysis of the Evidence.” *Translational Psychiatry* 11 (2021): 384.

Loughran, Tracy. “Shell Shock, Trauma, and the First World War: The Making of a Diagnosis and Its Histories.” *Journal of the History of Medicine and Allied Sciences* 67 (2012): 94–119.

Luckhurst, Roger. *The Trauma Question*. Abingdon: Routledge, 2008.

Maffesoli, Michel. “Sanitary Crisis, Civilizational Crisis.” *Space and Culture* 23 (2020): 226–229.

Masson, Jeffrey M. *Freud: The Assault on Truth*. New York: Faber & Faber, 1984.

Micale, Mark S. “Jean-Martin Charcot and les névroses traumatiques: From Medicine to Culture in French Trauma Theory of the Late Nineteenth Century.” In *Traumatic Pasts: History, Psychiatry, and Trauma in the Modern Age, 1870–1930*, edited by Mark S. Micale and Paul F. Lerner, 115–139. Cambridge: Cambridge University Press, 2001.

Muller, Christine. *September 11, 2001 as a Cultural Trauma: A Case Study through Popular Culture*. Cham: Palgrave Macmillan, 2017.

Myers, Charles S. “Contribution to the Study of Shell Shock.” *The Lancet* 185 (1915): 316–320.

Neal, Arthur G. *National Trauma and Collective Memory: Major Events in the American Century*. New York: M.E. Sharpe, 1998.

Novella, Enric. “Las ciencias de la mente y la historia de la subjetividad.” *Asclepio. Revista de Historia de la Medicina y de la Ciencia* 65, no. 2 (2013): 012.

Novella, Enric. “COVID-19 and the Emotional Culture of Pandemics: A Retrospective and Prospective View,” *Paedagogica Historica* 58 (2022): 660–675.

O’Donnell Meaghan L., and Talya Greene. “Understanding the Mental Health Impacts of COVID-19 Through a Trauma Lens.” *European Journal of Psychotraumatology* 12, no. 1 (2021), https://doi.org/10.1080/20008198.2021.1982502.

Pérez-Sales, Pau. “La banalización del trauma.” *Jano. Medicina y Humanidades* 1506 (2004): 10.

Pick, Daniel. *Faces of Degeneration: A European Disorder, c.1848–c.1918.* Cambridge: Cambridge University Press, 1989.

Pigeaud, Jackie. *La maladie de l’âme. Étude sur la relation de l'âme et du corps dans la tradition médico-philosophique Antique*. Paris: Les Belles Lettres, 1981.

Pignol, Pascal, and Astrid Hirschelmann. “La querelle des névroses: les névroses traumatiques de H. Oppenheim contre l’hystéro-traumatisme de J.-M. Charcot.” *L'Information Psychiatrique*, 90 (2014): 427-437.

Pulver, Marco. “Rhetorik der Seuche. Wie und wozu man über Seuchen spricht.” In *Krank geschrieben. Gesundheit und Krankheit im Diskursfeld von Literatur, Geschlecht und Medizin*, edited by Rudolf Käser and Beate Schappach, 259–292. Bielefeld: transcript Verlag, 2014.

Scott, Wilbur J. “PTSD in DSM-III: A Case in the Politics of Diagnosis and Disease.” *Social Problems* 37 (1990): 294–310.

Scull, Andrew. *Madness in Civilization: A Cultural History of Insanity from the Bible to Freud from the Madhouse to Modern Medicine*. Princeton, NJ: Princeton University Press, 2015.

Shatan, Chaim F. “Post-Vietnam Syndrome.” *The New York Times*, May 6, 1972.

Smelser, Neil J. “Psychological Trauma and Cultural Trauma.” In *Cultural Trauma and Collective Identity*, edited by Jeffrey C. Alexander, Ron Eyerman, Bernard Giesen, and Piotr Sztompka, 31–59. Berkeley, CA: University of California Press, 2004.

Stolorow, Robert D. “A Phenomenological-Contextual, Existential, and Ethical Perspective on Emotional Trauma.” In *The Oxford Handbook of Phenomenological Psychopathology*, edited by Giovanni Stanghellini, Matthew Broome, Andrea Raballo, Anthony Vincent Fernandez, Paolo Fusar-Poli, and René Rosfort, 896–906. Oxford: Oxford University Press, 2019.

Traverso, Enzo. *Le passé, modes d’emploi: histoire, memoire, politique*. Paris: La Fabrique, 2005.

Traverso, Enzo. *Passés singuliers. Le “je” dans l’écriture de l’histoire*. Montréal: Lux Éditeur, 2020.

Van der Kolk, Bessel A., and Onno Van der Hart. “Pierre Janet and the Breakdown of Adaptation in Psychological Trauma.” *American Journal of Psychiatry* 146 (1989): 1530–1540.

Vincent, David. *The Fatal Breath: Covid-19 and Society in Britain*. Cambridge: Polity, 2023.

Wald, Priscilla. *Contagious. Cultures, Carriers, and the Outbreak Narrative*. Durham, NC: Duke University Press, 2008.

Winter, Jay M. *The Experience of World War I*. London: Macmillan, 1988.

World Health Organization (WHO). *International Classification of Diseases 11th Revision* (2018), https://icd.who.int/browse/2024-01/mms/en.

World Health Organization (WHO). *Mental health and psychosocial considerations during the COVID-19 outbreak* (2020a), https://www.who.int/docs/default-source/coronaviruse/mental-health-considerations.pdf.

World Health Organization (WHO). “COVID-19 disrupting mental health services in most countries, WHO survey” (2020b), https://www.who.int/news/item/05-10-2020-covid-19-disrupting-mental-health-services-in-most-countries-who-survey#:~:text=Countries%20reported%20widespread%20disruption%20of,or%20postnatal%20services%20(61%25)

World Health Organization (WHO). “COVID-19 pandemic triggers 25% increase in prevalence of anxiety and depression worldwide” (2022), https://www.who.int/news/item/02-03-2022-covid-19-pandemic-triggers-25-increase-in-prevalence-of-anxiety-and-depression-worldwide

Young, Allan. *The Harmony of Illusions: Inventing Post-Traumatic Stress Disorder*. Princeton, NJ: Princeton University Press, 1995.
Zizek, Slavoj. *Pandemic! COVID-19 Shakes the World*. Cambridge: Polity Press, 2020.