

SOCIETAL PTSD? HISTORIC SHOCK IN NORTHERN IRELAND

MITCH ELLIOTT, KENNETH BISHOP and PAUL STOKES, Irish Institute for Psycho-Social Studies, Dublin, Republic of Ireland

ABSTRACT *Can there be a societal form of PTSD? Do other individual constellations have a societal parallel? Are there implications for psychotherapists? The answer to these questions is 'yes'; but this must be systematically demonstrated. In the world of psychoanalysis there has been a tendency, in addressing societal questions, to abandon the rigour of the consulting room, and to resort to long-distance speculation.*

This paper describes some of the work of the Irish Institute for Psycho-Social Studies in studying the Protestant community in Northern and Southern Ireland, and particularly a paramilitary-dominated community in Belfast. It details both methodology and findings, and shows powerful parallels between the experience and attitudes of this community and the experience of individual PTSD. This ongoing work will undoubtedly have value for policy makers. For psychotherapists there are important implications about the existence of cultural pathology in a client's psyche – and perhaps the psychotherapist's!

Key words: PTSD, societal PTSD, social trauma, psychoanalysis

INTRODUCTION: METHODOLOGY OF DIRECT CONTACT

In 1994 the Irish Psycho-analytical Association joined with the Department of Sociology at University College Dublin to form the Irish Institute for Psycho-Social Studies (IIPSS). This then developed a transdisciplinary methodology, drawing from sociology, psychoanalysis, and group analysis – and claiming validity in all three. In its first funded deployment the new IIPSS methodology proved startlingly effective in drawing out the experience, the folklore, and the attitudes, overt and

hidden, of the Protestant community in the Irish Republic. In 1999, Kenneth Bishop, Queen's University sociologist and IIPSS Director, completed a three-year study of a paramilitary-dominated community in Belfast, during which an IIPSS study team was fielded on the ground in that community. Bishop's report emphasizes 'decivilization', a sociological term for structural regression. Other key factors emerged, which form a neat parallel, in seven areas, with the symptomatology of PTSD.

When IIPSS was founded in 1994, the final event to make this organization official was a meeting in Dundalk. Jarlath

Benson, a friend of Lord Alderdice, met with Mitch Elliott in Dundalk – or halfway between Dublin and Belfast – to sign documents and shake hands, making him a member of our Company Limited by Guarantee. The basic idea was to produce an amalgam of ideas from psychoanalysis, from group analysis, and from sociology, so as to develop a transdisciplinary methodology for the study of societal questions. Each discipline had a lot to contribute, but each had also shortcomings:

- *Psychoanalysis* seemed to jettison consulting-room rigour when addressing societal problems; using hard-won data from the consulting-room, psychoanalysts would tend to make a stew of societal theory, liberally seasoned with literary allusions, and the occasional historical or cinematic reference, and Hey Presto! The armchair societal analyst!
- *Sociology* insisted on laboratory-like rigour in defining sectors of society and developing questionnaires – but the effort to ensure lack of ‘contamination’ of the subjects being investigated often resulted in a very tight focus that could ignore important contextual material – a slit-window approach.
- *Group analysis* had a theory of unconscious societal structures, but tended to devote itself in practice to the study of the ‘individual in the matrix’ rather than looking at the matrix itself as exemplified in specific ethnic contexts.

The hybrid methodology that emerged involved four principal elements in studying a particular community in a particular locale:

- *Gatekeeper interviews*, conducted by a transdisciplinary and transcultural IIPSS

team, would produce three results:

- (a) a series of referrals leading to the assembly of groups from the community in a series of specific meetings at specific times and in specific venues (see next bullet point);
 - (b) a first sampling of local issues enabling the formation of a ‘topic guide’ for the larger meetings; and
 - (c) a first experience of disparate views within the IIPSS study team.
- *Resonant focus groups* (RFGs): a series of meetings conducted by the same IIPSS team, led now by the group analyst. With a couple of exceptions, the group members are encouraged to speak candidly about their experience in the community, present and past, each contributor often taking cues from a previous contributor. The topic guide is used here as a checklist mainly, because the group will tend to cover all the same topics without prompting. Usually we have done a set of four meetings in each venue, although in a current study we are doing sets of three for budgetary reasons.
 - *The group story*. The group analyst, usually in the first meeting, will lead the group in concocting a group story. This is a ‘fairy-tale’ story with different contributors apparently randomly adding a sentence or a phrase. The group story has been very valuable in bringing out unacknowledged attitudes characteristic of the community.
 - *Analysis of associated dramas in the study team*. Proximity to highly charged ethnic material tends to produce tensions and splits in the research team. Although contributory factors may come from chance personal or real procedural difficulties, there most often seems also to be a re-enactment in translated terms of ethnic stories, with members acting out

roles that have been described as ‘cartoons’ of their ethnic identities. This seems to be a form of societal counter-transference: emotions and resonances induced in study team members by direct contact with emotive material.

The first deployment of the IIPSS methodology was in a study of the Protestant community in the Irish Republic, funded by the Royal Irish Academy (RIA). This involved a series of gatekeeper meetings and 12 focus groups in three locations. Fieldwork was completed in late 1997. The second opportunity was an invitation to use IIPSS RFGs as part of Kenneth Bishop’s three-year sociological study of a paramilitary-dominated community in Belfast. Bishop’s study will be the main topic of this paper. At the time of writing, trans-border studies are underway in Monaghan and Fermanagh, both RIA financed. The work thus far has shown that the evolving IIPSS methodology is an appropriate tool for the study of the underlying structure of issues in a community, a structure called by sociologists its ‘habitus’. Habitus is described by sociologists as a sort of ‘second nature’: not a phylogenetic inheritance but material from the culture learned by the individual so early on that it seems always to have been there. In the individual it is part of the superego structure, or perhaps the symbolic order. In the societal structure, this constellation of issues acts more as the ego of the ethnic group. Tom Inglis, sociology lecturer at UCD, declared on reading initial IIPSS reports ‘All previous methods of studying habitus are now obsolete.’

A final introductory point is that we are here concerned primarily with the unconscious structures and dynamics of a community or an ethnic group as a functioning entity, and only secondarily interested in the

effects and structures resulting from this process in the individual – structures that, of course, would include the traditional superego, and/or the Lacanian symbolic order.

For psychotherapists this point may be best illustrated by a dream Mitch Elliott had in 1996. We had started gatekeeper interviews in Northern Ireland and he had begun a small psychoanalytic practice there himself – a practice he is pursuing even today. In the dream:

I am in the presence of a gigantic creature. Its dimensions are reminiscent of the massive presidential sculptures at Mount Rushmore in America, but larger. The creature’s surface textures are like granite, and again like the skin of a pachyderm, especially an elephant. It is not granite; it is alive and moves with ponderous slowness over decades and centuries.

The creature has an eye on the side facing me. The eye is open, and it is looking at me. The creature’s gaze is neither hostile nor welcoming – perhaps mildly curious about me.

The colleagues had no problem identifying the creature as the ethnic entity, and we began to call it the ‘Elephant’, with the capital ‘E’ to distinguish it from the ordinary pachyderm.

So if we are speaking of ‘societal PTSD’, we are referring to a disorder in the ethnic entity, an illness of the Elephant, rather than concomitant disturbances in the individual that may result from the Elephant’s problem. Geographical distribution of individual disorders can help define the focus of the societal problem, but with surprising results, as we shall see.

PARADISE LOST

This is the title that Ken Bishop gave to his three-year study of a paramilitary-dominated community in Belfast. Ken’s background as

a sociologist was strongly embedded in the sociologies of the emotions and in the work of Norbert Elias, a German sociologist who collaborated closely with SH Foulkes, the founder of group analysis, some five decades ago. A major work by Elias is called *The Civilising Process*, which attempts to define sociologically (without any zero point) differences between societies that are more civilized and those that are less civilized – as well as the processes that lead from one to the other. Ken had no problem in discerning and demonstrating that the structures in these paramilitary-dominated communities had undergone ‘decivilization’, or the civilizing process in reverse. What Ken calls ‘warrior regimes’ are much closer to pre-feudal warlord regimes than to modern democracy, or even to the European feudal system. In the European feudal hierarchies, each individual had his or her place, and a framework of rights and obligations generally protected most individuals; no such claim could be made in the paramilitary-dominated communities of Northern Ireland.

Ken spent some time gathering statistics, making often dangerous contacts, photographing wall murals, and generally getting the lay of the land. Then he called in an IIPSS team. This direct-contact interpretation involved problems getting started; three resonant focus groups; and quite a bit of lore about the paramilitaries themselves. Ken’s work on the history of such communities is original and ground breaking.

Startup

After two meetings with local gatekeeper figures (following on a couple of years’ work by Ken) it was agreed that two groups of about 20 community residents would meet in the Queen’s University audiovisual centre, one at 10 a.m., and the next at noon.

In the event, although the IIPSS team, consisting of Ken, Jarlath Benson (an IIPSS group analyst) and myself, was on time and prepared, only one participant showed up for the first meeting – and none at all for the second! Doing an IIPSS debriefing meeting at about 12.40 in a nearby café, we realized we had to do resistance analysis. Some of the significant points were:

- *Talks about talks.* In the Northern Ireland body politic we had learned that ‘talks about talks’ were the order of the day, and that getting people to a table to talk was a huge effort.
- *Menace of the outside world.* It seemed that people felt safer (in our gatekeeper’s understanding) in the communities than outside them. It was as if someone said ‘Here in the community, we know the rules, as arbitrary and changeable as they may be. What rules apply at Queen’s? Mistakes could be costly in terms of kneecaps.’
- *Distrust of television.* Ken’s introductory letter had mentioned televised sessions; we supposed that this could make a community resident uneasy. Not only was what you said recorded but the videotape could be used to identify you for later paramilitary targeting.
- *A sense of betrayal.* Talking about intimate feelings and community goings on in an institution with government connections was too much like ratting to the cops.

It was therefore decided to hold the meetings at a venue within the community, and not to televise them, although an audiotape would be used. It was also decided that the autonomy of the university and of IIPSS would be stressed, as well as the general principles of confidentiality.

These measures succeeded in enabling three sessions to take place. Even then, the venue at one point was changed without notice. A planned fourth session was abruptly cancelled with little notice. It is well known in psychoanalysis that resistance analysis yields information about structure and this IIPSS effort was no exception. We could perceive a number of influences:

- Fragmentation of civic endeavour into small groups, often of less than 10 people, which communicate badly with each other. This was shown by the attendance problems. We supposed, and later confirmed, that if a small group in the community assured us of good attendance, hostility of other groups would then introduce doubt and non-attendance. Moreover, such an assurance could not dispel the unease about possible sudden and dire consequences, which is part of the way of life, the habitus, of these communities.
- Fragmentation of Churches. There were no less than four different denominations in the community, each sparsely attended, each somewhat inimical of the others.
- Predominance of the paramilitaries. It was symptomatic that, in the change of venue, the meeting that would have been held in one of the church halls was shifted to a discussion room in the local headquarters of the political party associated with the paramilitaries.

Content of the sessions

Perhaps the most powerful impression made on us was nostalgia, a sense of Paradise Lost, from which Ken drew his title. ‘All the doors used to be open’, we were told, ‘and the children used to play in and out of each other’s houses.’ We were

told of celebratory bonfire festivals, not on Hallowe’en as in the Republic, but on 12 July, in honour of the Battle of the Boyne in 1791 (‘the twelfth’). The Boys’ Brigade and other local community institutions bound everyone together. In this undoubtedly idealized vision, the participants in folk memory were poor but happy.

Much had gone wrong since those far-off halcyon days. The actual physical structures of the houses in the community had been mainly bulldozed, the Housing Executive promising to replace the demolished buildings with new council housing. But the Housing Executive had failed to keep its promise. First, a huge fire station had been built over the ruins of nearly 100 houses; a new mammoth police station was also planned. The new houses that were built were weighted towards one- or two-bedroomed dwellings – appropriate for young professionals, or old-age pensioners, rather than for families. Even these had a universal, stunning defect: there were no back doors! ‘No way out?’ Equally symbolic was the old community centre we passed on the way to the meetings, with the sign, ‘Closed’. It was reserved for the once or twice weekly use by a charity for the disabled!

More rancour was expressed about the traditional alliance between the Protestant working-class areas, and the Unionist politicians. ‘If we supported the Union, everything would get better’, they’d been told. But everything grew worse. A great deal of political support was shifting away from the Unionist parties, and toward the parties formed by ex-paramilitaries. ‘Maybe we can get some community support this way’, was the thought. And more: ‘we’ve been good’ – meaning we’ve kept the ceasefire – ‘and our situation has worsened.’ The participants clearly thought that working-class Republican areas were being favoured:

‘They’re buying the peace’, was the idea here, ‘but at our expense.’

Little was said about the local paramilitaries. A women’s meeting had been disturbed by kids playing by the back wall of the small private house where the meeting was being held. The women were disgusted that after a word from a local paramilitary, the kids disappeared. The presence of a hierarchy of punishments kept everyone in line: a warning; a beating with iron bars and nail-studded clubs; a ‘punishment’ shooting, usually maiming for life; exile; or death. For young people, the bogeyman was not a character in Grimm’s Fairy Tales; he was real and you knew him. Paradoxically and pathetically, our participants tried it on with us, that they were proud of a drug-free youth. All knew that this was bought by the terror of beatings or kneecappings and that the same paramilitaries would frequently make profits from drugs sold into other areas. The cynicism here was reminiscent of the sign ‘Arbeit macht frei’ at the entry gate of Auschwitz. A pro-peace local politician, one of our gatekeepers, challenged a couple of paramilitaries in the local paramilitary pub: ‘What have you brought to our community?’ ‘This’, said one, brandishing a handgun.

What were the hopes of the citizens who came to the meetings? Maybe three main hopes:

- that the community could return to ordinary civility;
- that their children would not grow up to be gunmen, in and out of prison, with no trade or profession;
- that something of the lost paradise would one day be restored.

‘We’re determined to rebuild the community’, one man told us courageously. And during our meetings an alliance of small

groups lasted long enough to get the City Council to install a set of pedestrian crossing lights. Was this positive effect triggered by our intervention? We would prefer to think that our intervention met their powerful urge for improvement; getting all the factions in the same room together, speaking more and more candidly, may have helped. Two-and-a-half years later, their community centre was approved for rebuilding and refurbishment: the shape of things to come?

POST-TRAUMATIC STRESS DISORDER – INDIVIDUAL AND SOCIETAL

At the individual level

General

Post-traumatic stress disorder is the development of certain symptoms following a traumatic event, usually in adult life or sometimes in late childhood. Events that trigger PTSD are witnessing, experiencing or being threatened with serious danger to one’s own or another person’s life or physical integrity. It would be safe to suggest that a large number of individuals from both communities in Northern Ireland currently suffer from, and have symptoms of, PTSD as a direct and indirect result of ‘the Troubles’. Note should be taken that there exist at least two official definitions of PTSD – the European and American; the latter is used in this study.

In the *Diagnostic Statistical Manual of Mental Disorders (DSMIV-R)*, the American psychiatric handbook of symptomatology, the listing for PTSD is the only diagnosis in the entire book that places the origin of the symptoms completely on external events rather than on the individual personality (‘exogenous’ rather than

‘endogenous’). The PTSD diagnosis is also the only one that recognizes that, subjected to enough stress, any human being has the potential for developing PTSD and PTSD symptoms.

What this suggests is that although one’s ‘pre-trauma’ personality, belief system, and values can affect one’s reaction to, and interpretation of, a traumatic event, PTSD does not develop because of some inherent defect or weakness in personality: trauma changes personalities, rather than disturbed personalities creating bad situations. In some cases the symptoms of PTSD disappear with time, whereas in others they persist for many years. Post-traumatic stress syndrome often occurs with – or leads to – other psychiatric illnesses, such as depression.

Not everyone who experiences trauma requires treatment. Some recover with the help of family, friends, or clergy. Others need professional treatment to recover from the psychological damage that can result from experiencing, witnessing, or participating in an overwhelmingly traumatic event.

Symptoms

Post-traumatic stress disorder usually appears within 3 months of the trauma; but sometimes the disorder can appear much later. Symptoms fall into four categories:

- Flashback (or ‘intrusion’) – often vivid, unexpected memories of trauma intrude into the current lives of many PTSD sufferers. This return of memory is involuntary, and is often so vivid and compelling that it eclipses present perceptions; in short, this can verge upon, or cross over into, the realm of hallucination. Typically the flashbacks are fragmentary, usually
- omitting important elements of the traumatic event. These re-experiencings or recollections may be so strong that individuals feel as if they are actually living through the trauma again, or seeing it unfold before their eyes or in nightmares. These flashbacks are clearly a subset of what Freud called ‘the return of the repressed’.
- Disrupted relationships (or ‘avoidance’) – the symptoms affect relationships with others. The person might avoid close emotional ties with partners, family, colleagues, and friends. Early stages of avoidance may include feelings of numbness and diminished emotions. Often PTSD sufferers in this phase can only complete routine, mechanical activities. Later, the person with PTSD avoids situations or activities that are reminders of the original traumatic event, because such exposure may cause symptoms to worsen. It is important to note that the inability of people with PTSD to work out their grief and anger over their experiences of loss and injury can continue to affect their behaviour without them being aware of it. Some people also feel guilty because they survived a disaster while others – particularly friends or family – did not.
- Emergency mode (or ‘hyperarousal’) – PTSD can cause those who have it to act as if they are constantly threatened by the trauma that caused their illness. The terms ‘emergency mode’ or ‘permanent battle stations’ seem appropriate to many sufferers. Post-traumatic stress disorder sufferers can become suddenly irritable or explosive, even when they are not provoked. They may have trouble concentrating, or remembering current information and, because of their terrifying nightmares, they may develop insomnia.

This constant feeling that danger is near causes exaggerated ‘startle’ reactions. Sufferers are also frequently absent minded. Moreover, many people with PTSD also attempt to rid themselves of their painful re-experiences, loneliness, and panic attacks by abusing alcohol or other drugs as a form of temporary ‘self-medication’. A person with PTSD may show poor control over his or her impulses and may be a risk for suicide. ‘Chopping’ or discontinuities in speech, in thought stream, in project work, and in relationships, are common. Many sufferers experience a form of tunnel vision: a kind of obsessive concentration on a particular class or series of preoccupations. This is usually seen as part of an array of tactics designed to try to wall off the painful memories – which seem nonetheless to persist in re-presenting themselves, at least in partial form.

- Regression – there are always elements of regression, going back to an earlier state, in PTSD. To start with, the flashback symptom is, of course, a return to the point of trauma in the sufferer’s inner perception: one is back there, reliving the experience, be it 2 weeks ago, 2 months, 2 years, or 2 decades. But there are nearly always more subtle forms of regression. The doctor or therapist who treats the sufferer often experiences the person as passive, helpless, and childlike. Very often the sufferer’s work relationships are affected, as previously mentioned, so that strong self-assertion and pursuit of professional and personal objectives become unthinkable, however powerful the person may have been previously. There can be a sense of passive waiting and vacillating between hopefulness and despair – often with the hope that someone (adultlike) can bring relief to the sufferer (childlike).

Treatment

Psychiatrists and other mental health professionals use a variety of treatment methods:

- Cognitive behaviour therapy focuses on correcting the painful and intrusive patterns of behaviour and thought, by teaching people with PTSD techniques about relating, and by examining (and challenging) the mental processes that contribute to the symptoms.
- Psychodynamic psychotherapy focuses on helping the individual examine how behaviour and experiences during the traumatic event affected them. Reliving the experience wholly, rather than partially as in flashbacks, seems to be crucial in many cases.
- Family therapy may also be recommended because the behaviour of spouse and children may result from, and affect, the individual with PTSD.
- Discussion groups or peer-counselling groups encourage survivors of similar traumatic events to share their experiences and reactions to them. Group members help one another realize that many people would have done the same thing and felt the same emotion.
- Medication can help to control the symptoms of PTSD. The symptom relief that medication provides allows most patients to participate more effectively in their societal roles.

At the societal level

General

Recent work has shown a parallelism between individual psychological structures and processes, and those in an ethnic group. For example, in a recent study by

the IIPSS of the Protestant minority in the Irish Republic, it seemed clear that the rural group studied could and did identify with the lost Protestant Ascendancy, and with arrogant British colonizers in Africa, although this group's social status was not at all elevated. The group had indeed long been stuck in dire poverty according to the memory of many of the participants. Comparisons between this group and a more successful suburban Dublin Protestant group, found this pretentious imagining greatly muted or even lacking in the latter. This suggested that the rural group had more heartily embraced the grandiose identifications *because of, not in spite of*, their humble circumstances and their loss of prestige and influence. In other words, it seemed that the rural group had embraced the *grandiose imaginings* to counterbalance the *disappointing, humbling reality*. This is, of course, parallel to denial and grandiosity in an individual in a constellation often called the 'Walter Mitty syndrome'.

This does *not* imply in any way that the societal phenomenon is just the 'individual phenomenon writ large'. Such processes in the individual seem in some cases to have elements that would be more like 'the societal phenomenon writ small'. There seem to be complex interactions between individual and societal phenomena.

Can there be a societal phenomenon parallel to PTSD in the individual? Kenneth Bishop's work suggests that indeed there can. In his ground-breaking investigation of a paramilitary-dominated community in Belfast, Bishop described a community that had reacted to the shocks experienced over 35 years of 'the Troubles' in a way that had changed its societal structures dramatically; a certain parallelism with individual PTSD seems inescapable.

Symptoms

- Action replay. Reliving the traumatic experience in the individual PTSD is paralleled by pattern repetition on the societal plane. Some examples come readily to mind: participation in triumphal marches and resistance to them; celebration of past victories and defeats; provocative political funerals with paramilitary escort and firearm salutes over the grave. Other repetitions are more subtle: stances of dominance or submission, of strained arrogance or resentful humiliation. In hearing the narratives of the participants, say, in a riot over a march, the listener can easily be persuaded of a ritualized, almost mesmeric quality to the participation: the roles are already there, already nine-tenths defined, and the individuals are just acting them out. The parallel with individual flashbacks is quite strong. Some marches seem more like an annual festival, like Rio's Carnival, but much more sinister than the sinister side of the Carnival often depicted in films.
- Disrupted relationships within the ethnic groups (between individuals, between subgroups, and individual to group) are palpable in Bishop's report. Equally obvious is the disruption in relationships between ethnic groups, and in the relationship with the host society. This multifaceted alienation provides a neat parallel with the isolation of the individual PTSD sufferer.
- 'Battle stations' or emergency mode. Here the parallel is so evident that it hardly needs comment but for people who have not spent time in paramilitary-dominated communities, the extent to which the underlying tension has become a way of life is startling. Community decisions can be deferred indefinitely in

the absence of approval of the paramilitaries. Frequently questions that might lead to a community decision are not even asked, not even formulated. And those who participated in the research had no doubt that community and political endeavour were enfeebled by internal division, and by uncertainty regarding the danger represented by the hardly predictable reactions of the paramilitary leaders. Here ‘punishment’ assaults serve a third purpose, after maintaining ‘order’ and maintaining the power of the paramilitary leaders. This third purpose is to keep everyone on edge, and therefore on a war footing: ‘battle stations’, much in the same way that a hectoring, bullying drill sergeant prepares recruits for battle by insulting them, humiliating them, and enraging them.

- Decivilization (or societal regression). The main thrust of Bishop’s study of the Belfast paramilitary community is to show that such a community can, by carefully described stages, retreat from twentieth-century democratic community structures to a ‘warrior regime’ – like the local warlord communities in prefeudal Europe, or in Afghanistan today. The parallel with individual regression is striking.

Further comparisons

We have sketched a point-to-point comparison using four sets of symptoms derived from DSM-IV-R and from current clinical experience. We should mention two more parallels in passing, very worthy of further exploration:

- A weakened ego structure and sense of self in the individual is paralleled by frequent political paralysis and a confused

ethnic identity at the societal level.

- An enhanced, often monstrous, punitive superego structure in the individual PTSD sufferers is paralleled by the presence of a real, external bogeyman in these affected communities, in the person of the paramilitary warrior or ‘goon’, ready, willing, and able to dish out ‘punishment’ assaults – and much, much worse.

Historic shock: yet another parallel

Bishop’s study details the stages of development, from citizen defence committees – a realistic structural development in murderous ethnic strife – to warrior regimes, whose power is maintained largely by assaults on one’s own population. His statistics show the predominance of attacks on one’s own community. This seems at first glance to be similar to PTSD, in which there is at first a realistic external danger, then the altered organization persists after the actual danger has passed. Lord Alderdice, who has kindly consented to be an advisor to IIPSS, points out from his copious psychiatric and psychoanalytic experience that the onset of PTSD symptoms in the individual *first begins not only after all danger is past, but also after all the physical injury has healed*. Here we can say, perhaps, that the comparison falters, and is no longer exact. ‘PTSD’ as a name is perhaps too specific, and implies too exact a parallel.

SOCIOLOGICAL PARALLELS: REORGANIZING THEORY

Control theory tells us that a process of reorganization can follow the failure to achieve one’s goals or when the effort to achieve one’s goals has gone drastically

wrong – perhaps a form of historic shock. Reorganization takes place over two cycles:

- Cycle 1: decathecting the lost object; that is, disengaging from emotional attachment to the absent object – also referred to as a phase of ‘creative destruction’.
- Cycle 2: recathecting of new object choices through a spontaneous self-organising process of making new object attachments.

(This sociological use of the psychoanalytic concept of cathexis is both interesting and welcome.)

Cycle 1: being stuck

The commencement phase of reorganizing consists of the collapse of significant elements of the internal and external structures that supported the original efforts. This phase of creative destruction is necessarily prior to the process of reorganization proper wherein the person or community attempts to reconstruct a new identity structure that will be more reality congruent and which stands a greater chance of success. This initial phase of reorganization can be both painful and fraught with danger as the person or community tries to discover, unaided and by trial and error, a successful formula for being in the world.

Depression, for instance, may be understood in such terms. Freud’s (1923) paper ‘Mourning and melancholia’ shows that depression (‘melancholia’) is a distorted version of mourning, which is a natural process. In mourning we pass through our consciousness over, say, nine to 18 months, all the significant strands of passionate relating to the lost person, situation or worldview. When a certain ‘critical mass’

of processing is accomplished, our libido is decathected from the lost object and is free to redeploy: the mood lifts, and we are out of mourning. But sometimes important elements (often highly negative ones) of the lost relationship are not accessible to consciousness, and therefore cannot be processed. We are then stuck in mourning, or depression – a situation that could last years, decades or a lifetime.

The implication is clear: ethnic groups can become stuck in reorganization for centuries or millennia, if hidden factors cannot be processed by the community, in a process analogous to individual depression.

Cycle 2: getting unstuck

The second phase of reorganization consists of the more-or-less spontaneous process of self-organization by which individuals and communities are freed to forge new identities and bonds, allow new forms of social organization to emerge, innovate with new ways of doing things (culture) and new goals to pursue (values).

The societal PTSD model

A comparison of this model with the symptoms and etiology of PTSD would suggest that this syndrome is closely analogous to the creative destruction phase of reorganization.

In terms of our analysis of the parallel effects of PTSD at both individual and community levels, we would propose that the entire structure of social action subtended under various forms of zero-sum community identity implicated. The relevant elements of such a structure affected by PTSD, we propose, would be:

- identity, personal and communal;
- culture – how things are done and as

embedded in habitus (at communal level), values and goals (at individual level);

- social organization of the community, including dominant groups and factors, and power relations;
- social bonds both within the communities and between antagonistic communities, particularly the phenomena of engulfment within communities and alienation between communities.

We assert that all four of these elements are exhibited at both individual and societal levels, but at different orders of logical typing. In other words, we are proposing that the individual-society continuum is a recursive structure in which self-similarity is a recurrent feature at all levels of scale, much as in chaotic and fractal structures; patterns in society are repeated in intermediate structures, and in the individual – and *vice-versa* (see Scheff, 1997). We note in passing that depressive processes are often involved with PTSD in the individual as well as in the community.

If our diagnosis of individual and societal PTSD is correct then we would expect all of these components to have suffered degrees of collapse, disorganization or anomie as a consequence of 35 years of both intra-communal and inter-communal violence. This model, therefore, although specific to the paramilitary-dominated communities, can be present in a reduced position throughout Northern Ireland.

Geographical distribution

Fraser (1973) detailed the geographical distribution of prescriptions of tranquillizers and other mood-controlling medicines in Northern Ireland over a period of several years. He delineated four zones, starting

from the paramilitary communities, then a fringe zone, then a more normal fringe zone, and finally ordinary civil society. The interesting thing is that the high levels of prescriptions are *not* in the paramilitary-dominated communities but in the two fringe zones. This implies a certain satisfaction and stability even in the heart of paramilitary-dominated communities; whilst tension and breakdown on the individual level occur in the fringe areas, the areas of culture clash.

Summary

Although the nomenclature of ‘societal PTSD’ may be inappropriate, there is in Northern Ireland a societal disorder, based on historic shock, which attains a state of rest, and resistance to change, in the paramilitary-dominated communities. The state of rest and resistance to change is similar to fixation points in classical psychoanalytic theory; and many other parallels exist. The multidisciplinary approach is valuable, because if it is deemed that the regressive societal organization is undesirable then intelligent interventions may be planned that could have a reasonable chance of catalysing improvements.

It is also very likely true that IRA and Loyalist paramilitary-dominated communities form a complementary pair, as suggested in Mitch Elliott’s 1996 paper ‘Cain and Abel’. Such a complementarity would affect the degree and character of community splitting, if our model is reasonably accurate, and would impart to one side an impression of victory, and to the other side an impression of defeat, both attitudes being largely or mainly illusory. In the process toward peace, these Cain-and-Abel constellations can, and do, change sides.

CONCLUSIONS

There exists on this island a societal pathology, as described above. Post-traumatic stress disorder factors are the closest parallel; but mechanisms from ‘Mourning and melancholia’ as well as secondary gain effects are also present.

The work is not only relevant for Ireland. It is clear that regressive effects exist in other societies; that some societies have remained at the pre-feudal stage; and that developments beyond the vendetta (or warlord) societies – apparently a comfortable fixation point – are quite varied. It seems clear that in human history we have first, pre-feudal/vendetta, warlord-dominated clan societies; next we have feudal societies imposed over a warlord society base; and finally, democratic societies with both substrates. The findings of Bishop’s work and the IIPSS interventions should contribute to understanding these structural struggles.

Professor Michael Rustin, in his 1993 lecture to the Irish Psycho-analytical Association entitled *Psychoanalysis in Different National Cultures*, suggested convincingly that the theoretical developments in psychoanalysis have taken place as a function of the historical situation in which the host society found itself. The evacuations of children from English cities in World War II resulted, for example, in pathologies based on shock separation, and therefore provoked a great enrichment of psychoanalytic theory in the following decades as regards the two-body mother/child dyad and the processes of individuation.

If we add the notion of differing levels of societal pathology to the diversity described by Rustin, then we have a diffi-

cult picture. Clearly differences in the resulting psychological makeup in individuals will affect our notions of ‘normal’ or ‘abnormal’ personality states. For example, in a pair of IIPSS interviews in 1996 with a senior Sinn Fein politician in Belfast, it was made clear that

- a group of individual therapists would not be allowed into IRA-controlled areas unless they subscribed to the ‘right’ political views; and
- any attempt to introduce into those areas therapists or counsellors who were not ‘politically correct’ in this way, could prove to be personally dangerous for those therapists or counsellors.

This is an extreme example, perhaps, of distortion of the concept of ‘normal’ according to the host society. But the example of Alice Miller is more subtle. She had a bad taste in her mouth about psychoanalysis ostensibly because in three personal analyses, no one apparently questioned her superego. It may be that for some Central European analysts (as for Carl Jung), the idea of analysing one’s superego is tantamount to overturning society. ‘The recognition of the unconscious is not a Bolshevik experiment that puts the lowest on top, and thus reestablishes the very situation it is intended to correct’ (Jung, 1934, 104). If this attitude is widespread among Central European analysts, then they will have a different idea of therapy and normality from, say, French or English analysts.

It also seems clear that analysis of the societal layers of the individual mind is generally underdone and, indeed, not much taught in our trainings. Yet unanalysed residues may have contributed, in the minds of analysts and therapists, to the formation

of rigidly defined, mutually antagonistic ‘schools’ of psychotherapy, which confront each other in a way similar to ethnic strife.

Therefore the model of the sick individual in the healthy society is very much called into question by this research; and more research into the societal unconscious world seems to be an imperative.

All in all, we can say that Bishop’s research has suggested the following:

- A blind spot in our psychotherapies exists concerning societal diversity (a) between cultures and (b) within cultures. This diversity seriously affects what is considered ‘normal’ and what is deemed ‘pathological’. Failure to address it may, moreover, contribute by counter-transference to the formation of psychoanalytic ‘schools’ antipathetic toward each other.
- In (post hunter-gatherer) agricultural societies there seem to exist three levels of organization influenced by winning and holding territory: (a) warlord clan societies; (b) feudal societies; and (c) modern democracy.

This is very important, for democracy is the most fragile, if the most sophisticated, of the three levels. After all, democracy is only 221 years old. We must sadly discount ‘Athenian democracy’, as an inspired classical gentlemen’s club, since it excluded the approximately 90% of the population who were slaves, and an additional 5% who were female citizens.

European feudal society had to deal with a warlord substrate – kings wrestling with rebellions by peripheral nobles-turned-warlords. It is now equally clear that modern democracy in its turn must deal with the following:

- Firstly a ‘feudal’ substrate, evidenced by hereditary prominence of a small number of families serving democracy (a benign residue); by persistence of class divisions in European business organization (often malign); and by the drift in America towards *imperium* (quite dangerous).
- Secondly, a pre-feudal substrate, shown in the paramilitary communities of Northern Ireland; in the island Mafias of Sicily and Corsica; in mainland Mafias in Italy, the US, and Russia; and in ubiquitous criminal community pockets.

The Northern Ireland research shows that, under historic stress, warlordism, normally sidelined in modern democracy, can gain prominence, popularity, and (temporarily at least) legitimacy, forming the societal regression exposed by Bishop.

In the coming decades, increasing attention must be given to furthering our understanding of this layering of society. In 1863, President Abraham Lincoln noted that

Fourscore and seven years ago our fathers brought forth on this continent a new nation, conceived in liberty, and dedicated to the proposition that all men are created equal. Now we are engaged in a great civil war, testing whether that nation, or any nation so conceived and so dedicated, can long endure . . .

He adjured the survivors of the terrible Gettysburg battle to build civil democracy, ‘so that the government of the people, by the people, and for the people, shall not perish from the earth.’

Maybe in better understanding the processes and structures involved, we might tilt the odds more in favour of survival of democracy.

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*Correspondence: Mitch Elliott.
Email: mitchelliott@eircom.net.*