Revising Trauma: The Origins of the New Trigger Culture

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Abstract:

The chapter sets out to understand the central role that the notion of 'trigger' has come to occupy in the discourse of trauma in the 21st century, especially in social rather than medical contexts. The term 'trigger' designates a sensory reminiscence of the traumatic event that has the potential to revive the event in the survivor's memory, and thus activate a set of symptoms. In the 21st century 'trigger warnings' have become prevalent in progressive political subcultures, digital spaces, the arts, and the higher education system, giving rise to what might be called "trigger culture". The chapter locates the centrality of triggers as a new phase in the history of trauma, indicating the popularization of trauma as a central lens in contemporary culture. The origins of the notion of 'trigger' are traced back to the coining of PTSD in the DSM-III (1980) when trauma came to be conceptualised through the traumatic event rather than by the pre-dispositioned mental vulnerability of individuals. We then examine the notion of 'cultural trauma', which created the conditions for trauma to become a major ingredient of group identity, and point to the contribution of feminist psychology to an understanding of trauma as far more pervasive and mundane than traditionally regarded. The chapter goes on to look at the work performed by trigger warnings in the context of contemporary identity politics. Finally, it contemplates the shift in the temporality of trauma introduced by trigger warnings, as the harm of exposure to 'triggers' has become indistinguishable from the harm of the traumatic event itself.

For some years now, it has been difficult to browse social networks or certain online discussion groups without encountering trigger warnings. These most typically preface stories of sexual assault, but also narratives of self-harm and eating disorders, reports of soldier and police violence, etc. Trigger warnings have also surfaced as a contentious subject in the higher education system, mainly in the US, where some universities and colleges have introduced policies of utilizing them in course syllabi in response to demands by student organizations.

This chapter will not enter into the debates around trigger warnings. Instead, what we seek to do is to analyze this new prominence of the notion of 'trigger' in everyday communications as a historical shift in discourses of trauma. Granted, the contemporary discussion of triggers and triggering occurs mostly in lay contexts rather than professional ones and is not part of the medical or psychological discourses of trauma. Nevertheless, the very notion of 'trigger' as a sensory reminiscence of the traumatic event that has the potential to revive the event in a survivor's mind, and thus activate a set of symptoms, achieved salience with the consolidation of the definitional complex of PTSD as the organizing concept for describing psychosomatic post-traumatic symptoms. In this sense, the vogue for trigger warnings indicates the popularization of the theory of trauma and the turning of trauma into a central lens in contemporary culture. A parallel and complementary shift has occurred within the academic field itself, as trauma discourse migrated from the disciplines of medicine and psychology to those of literature, history, and culture in the1980s and 1990s. This shift owes to the popularization of post-structuralism in the US since the 1980s (e.g., Felman 1991; Caruth 1996; LaCapra 2001; see also Kansteiner and Weilnböck 2008 for a critique of the conflation of the 'clinical' and the 'cultural'). Accordingly, our analysis does not draw a line between lay and specialized discourses and employs an inclusive notion of 'discourses of trauma'. The change we are tracing, then, is the shift from a focus on the 'traumatic event' to a focus on the 'traumatic trigger.' This essay proposes to identify the preconditions of this shift and the historical process through which it came about, and to examine its epistemic implications.

The essay seeks to contribute to the field of psychosocial studies in several senses: firstly, it situates the evolution of psychological thought - and more specifically the evolution of the theory of trauma - within the social contexts that have shaped and continue to shape it, taking account of the historical junctures and political forces that brought about modifications in the theory or given rise to new conceptualizations. In particular, it maps some of the political, cultural and clinical forces in place since the 1980s that have effected a move *away* from psychoanalysis (that for many decades had served as the dominant theory of trauma) by assigning trauma a strictly event-based etiology. Secondly, it examines how psychological concepts, such as the notion of 'trigger', make their way into popular culture and various non-specialized discursive arenas, and the kinds of work they perform in them. More broadly, the essay inquires into the ways in which the subjective experience known as post-trauma has come to signify socially, and into the cultural and political meanings that attach to it.

The emergence of PTSD

Although the answer to the question of what exactly trauma is – at least in its modern sense – was debatable from the outset, a widely held approach dominated the medical discourse of trauma since the 19th century up until 1980: some people are more likely than others to suffer from trauma, namely those who are born with a weaker mental structure in the first place. Under this paradigm, the traumatic event only served as a dramatic trigger for the mental collapse that was there on the making from the beginning. This was the explanation that doctors such as Freud and Janet – who otherwise disagreed on many things in their theorisation of trauma – offered for the puzzle of why soldiers could participate in the same battlegrounds, but while some of them suffered from traumatic symptoms, others who were exposed to the same difficult situations reacted to them with more resilience.

The year 1980 brought a major paradigm shift in the way doctors, and society more generally, perceived trauma and the traumatic event itself. Under some political pressures that came from two different groups of survivors – Vietnam War veterans and Holocaust victims – the DSM-III included for the first time a new diagnostic category: Post-traumatic Stress Disorder, or as it is better known, PTSD. Before explaining why the coining of this new term was such a paradigmatic shift, we should say a few words about the unusual coalition that pushed for this change. Both Holocaust survivors and Vietnam veterans struggled to be acknowledged as suffering from traumatic symptoms that were caused by horrific events that had happened many years or even decades earlier. As historian Dagmar Herzog (2016) has shown, postwar German psychiatry did everything possible to deny survivors of Nazism any compensation for the loss of their ability to work on grounds of mental health. German psychiatrists cynically adopted the psychoanalytic position – the same psychoanalysis that was rejected and persecuted so fiercely in the Nazi era for being a 'Jewish science' – according to which either one suffered from post-traumatic symptoms due to a weak mental disposition caused by family dynamics of early childhood and thus it had nothing to do with the Holocaust; or the contrary position, which was that when the horrors of the Holocaust happened, one's personality was already fully developed, and therefore it is impossible to prove that it was the atrocities of the Holocaust, and not other events, that caused the post-traumatic symptoms. These medical and legal conceptions were being challenged in German courts and in psychiatric circles for almost three decades, when Vietnam veterans found themselves dealing with a similar situation, namely demanding the American army and the American Government to acknowledge the mental damage that was caused by their military

service in Vietnam and affected their mental health for many years after (Scott 1990). As many of the victims went silent for a few years, and as many of the post-traumatic symptoms did not appear immediately, the American establishment refused to make the connection between the service in Vietnam and the mental breakdown that many of them experienced, and thus refused to compensate them and treat them accordingly (for PTSD and the Vietnam War, see Horwitz 2018; Shephard 2002; Young 1995).

The attempts of 1970s psychiatrists in America to move away from psychoanalysis into a symptom-based diagnostic system was an opportunity for medical shifts on several fronts with some major political implications. Mental illnesses and disorders were now set to have clear visible and measurable diagnostic criteria that came to replace psychoanalytically oriented early childhood aetiologies (Mayes and Horwitz, 2005). Under those circumstances, activist-psychiatrists such as Chaim Shatan and Robert Jay Lifton saw the opportunity to also change the definition of trauma in a way that emphasized the traumatic event rather than the survivor's mental disposition (Scott 1990). Rather than trauma being something that characterizes particular individuals and is attributable to their inborn vulnerabilities, it was now attributed to traumatic events, which at times happened years or even decades before a full mental health crisis materialized; hence, all people that had been exposed to traumatic circumstances regardless of their mental health had the merit to claim that they too could be suffering from Post-Traumatic-Stress-Disorder (Jones and Wessely 2007).

Thus, for the past few decades psychiatrists, sociologists, policy makers, and historians have been increasingly looking for events that could harm people – rather than people that could be harmed by events. If in the past the assumption had been that the group as a whole is 'healthy' but some individuals in it are weaker and more vulnerable to trauma than others, now the assumption was almost the opposite: that it is unlikely for people to survive horrific events such as genocide, war, terror attack, as well as domestic abuse or major individual adversities without developing any post-traumatic symptoms. Indeed, PTSD is based on the idea that those post-traumatic symptoms are normal psycho-biological reactions to abnormal situations.

PTSD and cultural trauma
While it is true that PTSD turned trauma into a universalistic medical category that could apply to each and every person under certain circumstances regardless of their mental

predisposition or cultural circumstances, it also created the epistemological conditions for trauma to become a major ingredient of group identity. Thus, for example, the assumption now is that a historical event such as the Holocaust must be considered a trauma of the Jewish people as a collective, in addition to the individual trauma of each victim, and that this historical fact has shaped Jewish collective identity from 1945 onwards. Instances of what some influential sociologists and trauma scholars call 'cultural trauma' (Alexander et al. 2004) are varied geographically and historically, although many of them involve the construction of narratives of trauma in collectives that suffered totalitarian regimes in 20th century Europe, or colonial histories in the global south. Narratives of collective trauma often serve as a platform for making political demands for present day survivors or their descendants. Examples of debates over cultural trauma and who can claim it include the historical disputes over who were the victims in post-Soviet societies (e.g., Zhukova 2016), the Nakbah in Palestine as a cultural trauma linked to the Holocaust and its aftermath (e.g., Bashir and Goldberg 2018); and demands for reparation for slavery in the US (Nurse 2021).

Once a group of people manages to prove that its members suffer from post-trauma following a disastrous historical event that made many of them victims, this very public acknowledgment serves as a major element in their sense of identity, as well a platform for demanding historical justice that might translate into political rights. In many cases, the recognition of a collective trauma could also imply the legitimation of the collective identity itself as an 'authentic' one, and thus, groups are increasingly and pro-actively 'lobbying' so to speak for some events in their collective history to be recognized as a collective trauma. Contests over the recognition of collective trauma find expression in "memory activism" on the one hand, and "memory laws" on the other (Gutman 2017; Gutman 2016). See for example the ongoing attempts in Israel to deny the Palestinian Nakba – and the collective trauma for the Palestinian people that it occasioned – since to acknowledge it is perceived as lending support to Palestinian political demands, and as undermining the legitimacy of the state of Israel, which has itself founded its legitimation on the collective trauma of the Holocaust (for a different attempt to accommodate the trauma of the Holocaust and the trauma of the Nakba together within the framework of what they define as 'disruptive empathy', see Bashir and Goldberg 2014).

The concept of 'cultural trauma' emerged in the late 1990s, hand in hand with a revival of interest in 'collective memory' and the major role it plays in shaping group identities (Olick,

Vinitzky-Seroussi, and Levy 2011; see also Confino 1997 for an important critique of 'collective memory' in the work of cultural historians). Indeed, the existence of 'collective memory' – always a constructed mixture of history and myth – is considered in the literature of what some scholars call the 'memory boom' (Blight 2009) as the core precondition for the emergence of group identity (Ashplant, Dawson, and Roper 2004). Thus, for example, as Orlando Patterson (1982) has shown, at the core of slavery in the US was the implementing of 'natal alienation', that is the denial of the slave's belonging to any social order, and any generational obligation to their ancestors and descendants. In other words, it was crucial not to provide the enslaved communities with any opportunity for the making of collective memory.

As Ron Eyerman (2004) pointed out, 'collective identity formation, which is intimately linked with collective memory, may be grounded in loss and crisis, as well as in triumph' (161). Within this line of thought, a collective trauma can become the primal scene for the emergence of a collective memory. The two concepts 'collective memory' and 'collective trauma' also share the assumption of being socially constructed, made by shared histories that may serve political purposes of communities in the present. If, as Alexander argues, 'trauma is not something naturally existing; it is 'something constructed by society', then it also needs to be shaped as such by all sorts of social and cultural apparatuses and actors, such as the media, religious bodies, survivors organisations, trauma experts and academic circles, especially historians, sociologists, forensic experts, and legal experts (Alexander et al. 2004; Alexander 2012; Farrell 1998; Luckhurst 2008; Hirschberger 2018; for an informative genealogy, as well as a harsh critique of the notion of cultural trauma see Kansteiner 2004).

Feminist trauma studies and the expansion to the quotidian
PTSD also created the conditions for the shift to triggers in the contemporary discourse of trauma. As long as the focus of doctors was on the mental predisposition of the post-traumatized, triggers were not central in trauma discourse because the perception was that few people – the vulnerable ones – could be 'triggered' by sensory reminiscences of traumatic events. However, PTSD not only made this medical category available to everyone but also expanded the kinds of events that could be considered 'traumatic'. One such notable expansion concerned sexual trauma. Feminist consciousness raising and activism around rape, sexual abuse, and domestic violence that took place in the 70s and 80s, enabled –

beginning in the 1980s and increasingly in the 1990s – a conceptualization of women's experiences of sexual and gender-based violence within the framework of trauma (Herman 1981; Herman 1992; Griffiths 2018). Feminist trauma studies in effect reversed Freud's retraction of his first theory of hysteria that suggested a relationship between childhood sexual abuse and what later came to be defined as post-traumatic symptoms (Herman 1992). In other words, feminist interventions in the theory of trauma substituted for a hermeneutics of suspicion the tenet of believing victims, a tenet that has since increasingly gained currency in broader circles as well.

However, this was never fully in consensus as the memory wars of the 1990s can testify (Leys 2000). Psychologists, such as Elizabeth Loftus and Katherine Ketcham (1994), argued that it is scientifically wrong to assume that adult people can reconstruct reliable memories of assault from their early childhood, and those reconstructed memories cannot stand as hard evidence for condemning, legally or otherwise, family members who were accused in court for abusing their children many years earlier. Loftus provided the scientific support for several high-profile court cases (most recently that of Harvey Weinstein) where defendants tried to argue that their accusers suffer from 'false memory syndrome' (Heaney 2021). Significantly, while up to that point the paradigm of trauma assumed traumatic events, such as war and catastrophes, that were both extraordinary and public, women's traumas, on the other hand, were seen as embedded in the everyday lives of women and girls, hence both normalized and invisible insofar as the violence that occasioned it occurred in the private sphere (Brown 2004). A further development in the theorization and cultural understanding of trauma that paved the way for the new 'age of trigger' was the notion of 'insidious trauma' which identifies the cumulative traumatizing impact of racial bias in addition to sexism (Root 1992). Reflecting the intersectional turn in feminism, Root and others pointed out the need to account for the combined effects of racism, sexism, and violence as a tool of domination. As violence against women came to be seen as ubiquitous and chronic, and as the gaze expanded beyond sexism to encompass the effects of other forms of oppression, such as racism, homophobia, and nationalism on vulnerable minorities, the traditional model of trauma as produced by an exceptional disruptive event that happened in the past and ended, was supplemented by a new understanding of oppressive social realities that result in continuous

and ongoing traumatization. This new understanding undermines binary distinctions between past and present and between the exceptional and the normal.[1]

To sum up, in the decades following the coining of PTSD, the concept of trauma has been extended far beyond its original formulation and applied to situations that form part of the everyday experience of subordinated groups. Together with the emergence of the notion of collective or cultural trauma, and the coining of the concept of 'distant trauma' which refers to indirect exposure to the traumatic event (Plotkin 2018; see also Lifton 2005 on 'distant survivors'), these changes have resulted in a significant expansion of the scope of the population that can be regarded as suffering from PTSD, hence as susceptible to traumatic triggers. From now on, anyone suffering from post-traumatic symptoms related to a specific event, could legitimately demand to avoid exposure to anything that might trigger their PTSD symptoms. Moreover, once traumatic events were being acknowledged on the collective level, anyone who belongs to that collective could potentially make the demand not to be exposed to anything that might trigger symptoms related to the publicly confirmed collective trauma. And as the consensus among trauma scholars is that trauma runs through families and communities intergenerationally, so in principle, people need not any more to have participated personally in the original traumatic event, for them to request that any trigger will be avoided (The literature on intergenerational transmission of trauma is too vast to cite fully. See however Bar-On 1995; Hirsch 2012; Frosh, 2013; Lehrner and Yehuda 2018). The expanded understanding of trauma, followed by a broadened understanding of post traumatic suffering, (as evinced for example by the category of Complex Post Traumatic Stress Disorder), has resulted in a situation in which the risk of exposure to traumatic triggers is relevant to an ever-growing number of people.

Memory, temporality, and the rise of the notion of 'trigger'
The word 'trigger' was not in use in the context of trauma until the coining of PTSD in the DSM-III of 1980, but in fact even then it took a long time for the term to occupy the central place it has now in discourses of trauma. In fact, PTSD itself was an outlier concept in that DSM-III aimed to shift away from psychodynamic diagnosis based on contextualizing patients' mental health within their family history into a symptom-based diagnostic system in

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[1] We are relying here on work by the Israeli psychoanalyst Effi Ziv, which unfortunately is not available yet in an English version. (Ziv 2012)

which one's personal history would not play anymore a central role. The DSM-III prided itself on providing specific guidelines for diagnosing illnesses and disorders by their symptoms only, which meant that the causal connection of past events with present traumatic symptoms was not in line with the then emerging new principles of American psychiatry (Horwitz 2018, pp. 93-98). Thus, the idea of a 'trigger' from the past was controversial from the outset.

The interest in 'triggers' started to increase in the 1990s, mainly through the work of Boston-based psychiatrist Bessel van der Kolk and his colleagues. What one may call the 'van der Kolk School' played a central role in shaping the trauma discourse of the last three decades, and particularly in bringing 'triggers' to the centrality they currently have. A major influence on van der Kolk was the French psychologist Pierre Janet (1859-1947), an influential theorist of trauma, who was overlooked by researchers for a very long time, and has enjoyed a revival of interest since the 1990s. Janet defined trauma as a disturbance of unbearable memories: '. . . certain happenings would leave indelible and distressing memories—memories to which the sufferer was continually returning, and by which he was tormented by day and by night' (Janet 1919, cited in van der Kolk & van der Hart 1991, p. 425). Janet makes a distinction between 'narrative memory' and 'traumatic memory': While the first is a 'social act' in which we are integrating our life experience into a changeable and flexible narrative – how we understand ourselves and tell our own story – 'traumatic memory has no social component; it is not addressed to anybody, the patient does not respond to anybody: it is a solitary activity' (ibid. , p. 431). However, the traumatic memory is not necessarily active all the time but only under certain circumstances, namely '[i]t occurs automatically in situations which are reminiscent of the original traumatic situation. These circumstances *trigger the traumatic memory*' (ibid, emphasis not in original).

For van der Kolk – following Janet – the failure of some people to transform traumatic memories into part of their 'narrative memory' stands at the core of the traumatic state. The outcome of this lack of integration of narrative and traumatic memories is that traumatized people have a tendency for 'dissociation', namely 'a horizontally layered model of mind: when a subject does not remember a trauma, its "memory" is contained in an alternate stream of consciousness, which may be subconscious or dominate consciousness, e.g. during traumatic re-enactments' (438). Here van der Kolk and Onno van der Hart find several affinities with Freud and his idea that repetition-compulsion stands at the centre of the

traumatic experience. Although he is not committed to psychoanalytic tradition, we do not recognize in van der Kolk and some of his colleagues in the 1990s the hostility towards psychoanalysis that Ruth Leys (2000) found in his work in her notable critique. Indeed, while it is true that van der Kolk and his colleagues attempt to integrate older psychodynamic approaches to trauma with their neuro-biological research of trauma, the latter was not necessarily being used to refute psychoanalysis altogether (see Sanfelippo & Dagfal, 2020 for the agreements and disagreements between Freud and Janet).

The outcome is that 'Trauma victims often report alterations in the experience of time, place, and person, which conferred a sense of unreality on the event as it was occurring' (van der Kolk et al, 313). According to this model, the traumatic memory is stored but cannot be accessible to any form of narrativization and therefore can be manifested only by somatic re-enactments, or what came to be known as 'flashbacks'. First appearing in a diagnostic context in the DSM-III-R of 1987 (see Jones et. al 2003, for the history of the diagnosis) flashback is defined as:

> Sudden acting or feeling as if the traumatic event 'were recurring (includes a sense of reliving the experience, illusions, hallucinations, and dissociative [flashback] episodes, even those that occur upon awakening or when intoxicated)' (American Psychiatric Association 1987, p. 250).

Those 'flashbacks' are very often being *'triggered'* by the exposure of the traumatized subject to a sensory recollection from the traumatic event. Therefore, the 'trigger' itself very often turns into the victim's real terror: 'In an apparent effort to avoid feelings that could trigger memories of the trauma, many patients start organizing their lives around avoiding emotional engagement' (van der Kolk et al. 1996, p. 305). The traumatized 'suffer, as Janet (1904) said, from *a phobia for the traumatic memory*' (van der Kolk & van der Hart 1991, p. 447). Trigger warnings, then, can be seen as a phobic attempt to avoid triggers.

Trigger culture

As noted, in the 21st century, we are witnessing a discursive shift, namely the emergence of a 'trigger culture', prevalent mainly in progressive political subcultures, digital spaces, social media, the arts, as well as the higher education system. Accounts of the history of trigger warnings trace their origins in the online sphere, attributing their emergence to the rise of the internet as a means of communication and information dissemination that unlike older media,

such as cinema or television programs, has no rating system (Colbert 2017). Trigger warnings were first employed in online communities and social media to alert readers to problematic contents that could potentially trigger an adverse psychic response. Their use, both online and in non-virtual spaces, has characterized mainly feminist, queer, anti-racist, and other progressive subcultures.

In the second decade of the 21st century, trigger warnings entered American academia, where they quickly became the focus of fierce debate and elicited strong objection from faculty members. In response to calls to by students and student organizations to introduce trigger warnings in syllabi and the adoption of such policies by a number of institutions, the American Association of University Professors published a report that objects to trigger warnings both on account of the rationale that underlies them and on account of their putative effect on academic freedom. The document affirms that "the presumption that students need to be protected rather than challenged in a classroom is at once infantilizing and anti-intellectual. It makes comfort a higher priority than intellectual engagement" (AAUP 2014). In terms of effects, it points out that since the topics associated with triggers are politically controversial ones, such as sex, race, class, capitalism and colonialism, trigger warnings may have a chilling effect leading faculty to avoid subjects that may lead to complaints or discomfort some of the students. Further, it suggests that attaching trigger warnings to certain texts may "elicit a response from students they otherwise would not have had, focusing them on one aspect of a text and thus precluding other reactions." Moreover, "by calling attention to certain content in a given work, trigger warnings also signal an expected response to the content (e.g., dismay, distress, disapproval)" thus undermining a richer reading experience and a more complex response (AAUP 2014).

The demand for trigger warnings by students and student organizations should be seen as part of a broader change in the academic climate that involves a heightened alertness to students' vulnerability – or put differently, the construction of students as vulnerable. Other manifestations of this tendency include the rising concern about sexual harassment in academia, demands for safe space in academic settings, and the growing currency of a discourse of injury and vulnerability (Ziv 2018).

As one of the manifestations of therapeutic culture (Furedi 2004), trigger warnings clearly have to do with the ascendency of trauma as a "new framework to interpret contemporary

conflicts" (Fassin 2008, p. 531), and as a source of social, economic, and moral capital (Young, 1995). Halberstam relates the use of trigger warnings to the phenomena of "hierarchies of woundedness" and "hardship competitions" and to the spreading tendency of 'calling each other out' (Halberstam 2014). Regarding the demand for trigger warnings in academia, Joan Scott has pointed out that the current neoliberal regime allows students to make claims for equality and empowerment only when such claims are formulated in terms of personal injury and lack of comfort and safety – rather than as collective demands voiced in the language of social justice (Scott 2016). In other words, while minority students cannot for instance legitimately object to certain images or texts on the ground that they impinge negatively on their status as a group, academic institutions are liable to be more responsive to claims that such images or texts are detrimental to the mental health of group members *as individuals*.

But the work that trigger warnings perform is not only political but also identitarian. Prevalent mostly among young people in progressive subcultures, trigger warnings bespeak an investment in vulnerability that serves as a means of laying claim to collective identities— whether feminist, queer, or racial ones—that are rooted in histories of struggle and suffering. Both in academic settings and online, using trigger warnings or pressing for their use (often on behalf of putative vulnerable others) signals subcultural belonging and political awareness and commitment. As several anthropologists and historians have noted, the discourse of trauma has a distinctive moral logic, which postulates the innocence of the afflicted subject and locates the source of suffering outside them (Plotkin 2022; Young 1995; Brunner 2002; Breslau 2004; Fassin 2008). It presumes a 'grid of victimization' (McKinney 2007) that assumes clear-cut distinctions between victims, perpetrators, and observers. Hence, positioning oneself on the side of the traumatized carries significant moral capital.

Objections to trigger warnings in academia have often contested (if only implicitly) the very application of the framework of trauma. By casting the issue in terms of comfort/discomfort, rather than in terms of traumatic injury, as in the AAUP document for example, opponents of trigger warnings suggest that the injury produced by "triggers" has more to do with offended feelings rather than with significant psychic pain. In an exasperated response to instances of trigger culture both in academia and in the queer community, Jack Halberstam criticized the over-simplified definition of trauma that informs trigger warnings:

> Claims about being triggered work off literalist notions of emotional pain and cast traumatic events as barely buried hurt that can easily resurface in relation to any kind of representation or association that resembles or even merely represents the theme of the original painful experience. […] Where once we saw traumatic recall as a set of enigmatic symptoms moving through the body, now people reduce the resurfacing of a painful memory to the catch all term of "trigger," imagining that emotional pain is somehow similar to a pulled muscle – as something that hurts whenever it is deployed, and as an injury that requires protection (Halberstam 2014).

By critiquing the model of trauma underlying trigger warnings as a grossly reductive version of the complex psychoanalytic understandings of trauma, Halberstam contests its validity, implying that what is actually at stake is both an identitarian attachment to injury and a misguided form of politics.

Indeed, when viewed from the perspective of the history of political struggles over speech and representation the demand for trigger warnings may be regarded as the most recent in a series of attempts to identify and counter the injurious power of speech. In the 1980s and 1990s, anti-racist politics and feminist anti-porn activism promoted an understanding of injurious speech based on a performative model of language (Butler 1997). Such a model enabled seeing utterances and representations as enacting violence either on their addressees, on those represented in them, or alternately on third parties harmed by the uptake of their messages. Trigger warnings, on the other hand, rather than assume an intended act of subordination, dehumanization, or exclusion, propose a more indirect model of linguistic injury. This model too identifies a harm enacted through words or representations, yet it neither presumes an intention to harm (the speaker is faulted with negligence or thoughtlessness at worst), nor sees the harm as intrinsic to the utterance or representation. While the construction of hate speech and pornography as acts of violence – a construction that allowed contestation of their status as protected speech – led to a strategy of seeking legal intervention, trigger warnings effect a more indirect restriction on speech and are grounded in a disability model that constructs them as a form of accommodation for those suffering from post-trauma.

Conclusion: Triggers and the shift in temporality

Finally, irrespective of the social and political factors underlying the rise of trigger culture, what we would like to underscore is the fact that the contemporary focus on triggers involves a shift in the temporality of trauma.

In the last decade, triggers have, in a sense, displaced the traumatic event itself at the core of the traumatic complex; put another way, the harm of exposure to 'triggers' has become indistinguishable from the harm of the traumatic event itself. Whereas PTSD represents the disruptive intrusion of the past (the traumatic event) into the present, trigger warnings are forward looking rather than backward looking, and represent an attempt to pre-empt the threat of unwanted future encounters with traumatic triggers. In this respect, the ascendency of trigger warnings bears resemblance to the rise of the notion of psychological resilience and the preoccupation with resilience building. Defined as "the ability to 'bounce back' after severe adversity, violence, and catastrophe", the concept of resilience has gained prominence across the American mental health community following the 9/11 terror attacks (Brunner & Plotkin Amrami 2019, p.219). Faced with the prospect of global terror, i.e., violent events that are impossible to anticipate or prevent, cultivating resilience has become a central aim and the object of specialized training programs. Similar to trigger warnings, resilience training seeks to forestall future psychic pain through an intervention in the present. Yet while resilience thinking sets out from the assumption that adverse external circumstances cannot be eliminated, hence focuses on cultivating psychological attributes that may enable people to meet them without suffering long-term mental damage, trigger warnings assume subjects that are already psychologically damaged and focus on adapting the environment to their vulnerabilities.

In regard to the trauma complex, it appears that two complementary moves have taken place: on the one hand, the traumatic event has, generally speaking, lost its distinctiveness – since it is no longer necessarily an exceptional and isolated occurrence but rather either an ongoing reality or something that others have experienced and was passed on through inter-generational transmission or taken on by the subject through identification; and on the other hand, triggers have become the most easily identifiable culprits for post-traumatic suffering and the easiest target for intervention – since to eradicate them one need not undo the past or radically alter social conditions, but merely institute certain restrictions on discourse. Yet, viewed from a different perspective, trigger culture may also be regarded as a kind of protest. The triggered subject is the very opposite of the resilient subject. Rather than

directing her efforts inwardly in line with the neo-liberal vision of the self as invested in a constant project of adaptation, self-improvement, and success against all odds, the triggered subject directs them outwardly in a demand for accommodation. As a discursive intervention, trigger warnings act as constant reminders of iniquitous social conditions and their detrimental effect on the well-being of individuals.

Trigger culture is still evolving, and it is hard to predict what its implications will be on the different trauma discourses presented in this chapter. However, already at this stage we can recognize some clear signs that a new major shift in the history of trauma – not dissimilar in its scale to the emergence of PTSD in the 1980s – is underway. Indeed, while chapters in handbooks usually tend to summarize an existing body of knowledge, it is our suggestion here that research into the new trigger culture is only in its first stages, and much further work needs to be done.

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