

**MEMORY, NARRATIVE, AND FORGIVENESS:  
REFLECTING ON TEN YEARS OF SOUTH AFRICA'S TRUTH AND RECONCILIATION  
COMMISSION AND CELEBRATING ARCHBISHOP DESMOND TUTU'S LIFE OF PEACEFUL  
JUSTICE**

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**Dr. Vamık Volkan's keynote address on trauma, mourning, memorials and forgiveness:**

**THE NEXT CHAPTER: CONSEQUENCES OF SOCIETAL TRAUMA**

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**ABSTRACT:**

*When a massive trauma results from wars, war-like conditions or from existing devastating political systems, there is an identifiable enemy or oppressing group that has deliberately inflicted suffering and helplessness on its victims. Such trauma affects the victimized society in ways that are different from those of natural or accidental disasters or unexpected loss of a leader. Sharing shame, humiliation, dehumanization and guilt, inability to be assertive, and identification with the oppressor complicate large-group mourning and this complication in turn becomes the main reason for the transgenerational transmission of trauma. "Large-group mourning" is a key concept in explaining societal processes in everyday life during a post-trauma period in a society traumatized by "others." This presentation describes difficulties in large-group mourning or the inability to mourn. Sometimes such negative reactions can initiate new tragic events even centuries after the original traumatizing period is over. There are also ways to help a traumatized society and subsequent generations mourn more effectively and even forgive the enemy and their descendants. This paper describes the Truth and Reconciliation Commission proceedings as a monument, in fact as a memorial which includes images of both the victim and the victimizer. Thus images of both sides are in full view before the public and are therefore dealt with in a more realistic fashion. The Truth and Reconciliation Commission's work under Archbishop Desmond Tutu prevented the derivatives of the aggression to turn against the external enemy and helped with large-group mourning. While there seem to be derivatives of aggression that have been turned inward within societies in South Africa, there might be unimaginable tragedies in South Africa without the work of the Truth and Reconciliation Commission.*

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When, in March, 2006, I received an invitation from Dr. Pumla Gobodo-Madikizela to give a keynote address at this meeting where Archbishop Desmond Tutu's life's work on peace and reconciliation in South Africa was to be acknowledged, I felt very honored. I waited this last summer to go to our vacation home in Cyprus where I was born and had spent my early years, to begin writing my keynote address. I thought that the garden of our home would be the place to finish my task. I was surprised that when I began to write about trauma and mourning—something I have done many times—in this setting I found myself preoccupied with two memories that evoked such strong emotions, I had to work through them before I could put anything on paper. These memories and emotions, I believe, illustrate my reaction to this meeting and its association with South Africa's Truth and Reconciliation proceedings. They reflect how personal tragedies can change one's life, and how difficult it may be to mourn such losses. They remind me—in keeping with our purpose here today—that trauma and severe loss on a personal level may become stepping stones to understanding the impact massive traumas and shared losses have on the larger society.

**The first memory:**

I studied medicine at the University of Ankara in Turkey, and during the last two years of my studies, I shared a very small apartment with another medical student who, like me, was a Cypriot Turk. His name was Erol and he was two years younger than I. He became like a younger brother to me, as I do not have a brother of my own.

A few months after my graduation, early in 1957, I went to the United States to study psychiatry, ended up staying there, and became an American citizen. Soon after my arrival I received an envelope from my father in Cyprus that contained a newspaper clipping of Erol's death. Apparently he had gone from Ankara to Cyprus to check on his ailing mother. When he went to a pharmacy in the Cypriot town where his family lived to purchase medicine for her, he was shot seven times.

In those days, EOKA, a Cypriot Greek terrorist organization that wished to unite Cyprus with Greece was fighting against the British rule of the island. There are two ethnic groups there: Greeks and Turks. The Turks in Cyprus were afraid of the proposed unification, and in the late 1950s they took a position against it. It was then that EOKA turned its guns on the Cypriot Turks in order to silence them. By killing Erol, EOKA was sending a message to the Cypriot Turks. The terrorists who killed Erol had no personal relationship with him and they did not kill him as a personal vendetta; Erol was killed because he belonged to a specific ethnic group.

Looking back I now realize that after learning of the death of my former apartment mate I developed "survivor's guilt" (Niederland, 1961). I could not mourn losing him, and for a long time, I was not aware of the impact his death had on my life. Slowly I realized how my "survivor's guilt" was one major reason that I devoted many years of my professional life to studying large-group psychology—the psychology of ethnic, national, religious, racial, or ideological groups. I kept wondering why a large-group would treat

“others” badly, torture them, or even kill them in the name of large-group identity (Volkan, 2006).

About 35 years after Erol’s death, when I was visiting Cyprus, some friends took my wife and me to a restaurant. One friend, aware of the fact that I had written decades earlier about Erol’s death in one of my books (Volkan, 1979), told me that the bearded bartender was Erol’s younger brother. I got up from the table and approached this man behind the bar, told him my name, and asked:

“Does my name mean anything to you?”

He looked at me and began to cry. I started to cry too, and it was at this moment I began mourning Erol’s death, some 35 years after the tragedy. As I began writing this paper, I wondered about Erol’s killers who were never identified. They might be my age now. Did they ever have remorse? Could I forgive them?

**The second memory:**

My second memory takes me back to North Carolina and the early years of my psychiatric career. This memory, it will become clear, is connected to the first one.

When I trained to be a psychiatrist in the late 1950s at the University of North Carolina, I received funds from the State of North Carolina. I could pay back this obligation by

working for two years in a state mental hospital, so as soon as I finished my training early in 1961, I was assigned to Cherry Hospital in Goldsboro, North Carolina. At that time all the patients at Cherry Hospital were African Americans with psychological problems. As a young man, as the saying goes, I had come to America to find “gold.” For me “gold” was not defined in financial terms, but by a wish to expand my mind and embrace high human ideals. Instead, in my very first job in America, I found myself in an environment completely lacking in human dignity. I was about to see at close range something called *racism* and its influence on people who were subjected to it. I was young, an immigrant, inexperienced, and unready to face and deal with such an inhumane societal process. Looking back, I know that my “survival guilt” at that time, due to Erol’s death, was a major reason for my identification with the African Americans at Cherry Hospital. So too were my additional guilt feelings for being in a safe location in the United States while my family members were facing difficult times in Cyprus. Fate had mistreated me, and I wanted to understand how fate was mistreating African Americans.

I was assigned to look after one hundred patients in a locked ward. The first time I entered this ward I noticed that I was the only white person there. As African American attendants walked me down a long hallway to show me around, at one point a muscular black man, a patient, tried to attack me. The attendants restrained him and I was not hurt, but it was very scary. Then I noticed that the attendants were smiling. They told me that the patient who tried to harm me always became “crazy and wild” whenever he saw a white person. They wanted to show this to me in order to warn me not to go near him alone. While their explanation relayed their concern for my welfare, I knew then that the

attendants had set me up to be frightened. I had to be frightened by an African American as their way of showing me indirectly their rage that a young white person was assigned to be their boss.

In those days there was a morning routine at Cherry Hospital. About 60 to 80 patients would receive electric shock therapy. The patients would line up two by two and wait to enter the room where they were restrained on a stretcher. Wires would be attached to their forehead and an attendant would put a piece of cloth in their mouth in order to prevent them from biting their tongue while convulsing. No anesthetics were given. A white doctor would push a button to produce the electricity. In my mind's eye I recall equating the line of patients waiting to be electrically shocked and lines of Jewish people I had seen in films being guided to gas chambers.

I had, at that time, never been to a state institution for only white patients, and I suppose similar morning routines took place there as well. I knew, however, that at Cherry Hospital there was not a single white physician who was born in the United States. The care of the black mental patients was given completely to immigrant doctors, many who had escaped from communist countries such as Lithuania or Hungary. I had come to the USA voluntarily, but I was filled with worry about my relatives in Cyprus. From 1963 to 1968 they lived in enclaves under inhumane conditions surrounded by their enemies (Volkan, 1979). I had no telephone contact with them and only received letters on rare occasions.

Traumatized immigrant physicians at Cherry Hospital identified with the African Americans. We also defensively adopted the role of “superior” caretakers, and perhaps even sometimes directed our helpless rage onto our patients and found pleasure in it, such as when we gave dozens and dozens of them electric shock treatments every weekday morning. We “believed” in what we read about the psychology of blacks in the USA, and even wrote “scientific” papers that suggested the psychological processes of African Americans were less complex than those of Caucasians (Lind, 1914 a, b). We theorized about their wish to be white or their color denial (Myers and Yochelson, 1948; Brody, 1963; Vitols, Walters, and Keeler, 1963; and Volkan, 1963, 1966) and their belief that to be white is to be “prettier” and “nicer” (Goodman, 1952; Kennedy, 1952; Manning, 1960). Our black patients’ domineering mothers and absent fathers were blamed for their mental problems. There were no serious considerations expressed about the role of racism in the development of black patients’ symptoms.

It was only in the late 1960’s and early 1970’s that prominent African American psychiatrists, Charles Pinderhughes and Charles Wilkerson, began publishing papers on the experience of being a reservoir for white’s externalizations and projections of unwanted aspects or thoughts (Pinderhughes, 1969, Wilkerson, 1970). These scholars also exposed myths by showing, for example, that all impoverished children were prone to fail in school, not just black children. In Cherry Hospital, black patients who expressed the wish to be white simultaneously experienced anxiety about the idea of bearing “white blood.” That whiteness was desirable on one level and dreaded on another reflected the fact that, by “wanting” to be like those who denigrated them, African Americans were

both identifying with their oppressors and denying the pain of being reservoirs for the “bad” elements those oppressors had consigned to them, elements such as “sexual aggressiveness” and “intellectual inferiority.”

During my second year at the hospital, I was assigned to a building on a farm outside the hospital grounds—a place called the “Farm House”—that served as a kind of “laboratory” in which to observe a “reenactment” of the slavery period of American history. The food at Cherry Hospital was excellent, because this farm that belonged to the hospital provided fresh chickens, milk, and vegetables. Patients living in the Farm House worked with the animals and in the gardens, perhaps on the theory they would benefit from this as a kind of occupational therapy.

When I entered the Farm House for the first time, I noticed that all the patients there were black males in their twenties or thirties. They all looked physically healthy. It was visiting hour, and I noticed many mothers, wives or friends and relatives socializing with the young black men. There were also many children and a great deal of noise and laughter. The place did not look like a usual mental hospital, and I felt as if I was witnessing families on a Sunday picnic.

What was most unusual was the presence of an American white man, the chief attendant in charge of the Farm House. He was wearing boots and carrying a whip in his hand, looking like a lion tamer. I was told that he was in charge, and when I was introduced to

him as the patients' "doctor," he did not pay much attention to me. I was like a visitor to "his" farm!

Later, after I began meeting and talking with each patient individually in the Farm House, I noticed that all of them or at least most of them (perhaps 50 persons), shared a common "delusion." Each considered himself to be a "Buck." I had no idea what a "Buck" was, but soon learned that during slavery, young and virile black slaves called "Bucks" were assigned to impregnate black slave women in order to increase the slave population. I then understood that the mental patients at the farm shared a defensive adaptation. It was as if they were living during slave times and were working at a farm under a white overseer with boots and a whip. They were trying to cover up their helplessness and humiliation by "believing" they were selected for their sexual superiority and breeding purposes. When I saw them with their families and friends, they were indeed behaving like "Bucks." (For recent studies of this topic, see: Fogel and Engerman, 1995; Andrews and Fenton, 2001; Follett, 2003; and Gutman, 2003.)

A year after the end of *Brown v. Board of Education* case at the Federal District Court on May 17, 1954 in Topeka, Kansas the United States Supreme Court declared school segregation unconstitutional. This started the desegregation time table While I was working at the Cherry Hospital, "desegregation" came to North Carolina state hospitals. What happens to people of color in a situation like this? One day they are not allowed the "privilege" of sitting next to a white person, and overnight the law allows them to do so? What happens to the traumatized self after the discriminating laws are thrown out?

One day I was told that four black youngsters, age 14 to 16, had been admitted to the hospital suffering from “acute schizophrenia.” When I met and spoke with them I learned that their “schizophrenia” was due to their finding themselves suddenly in a desegregated situation. When a new Juvenile Evaluation Center was built in North Carolina, both white and black youngsters were transferred there from other segregated locations. The new Center was fully desegregated except for the sleeping quarters. It housed both male and female teenagers. The four boys were sent to Cherry Hospital because of their confusion at finding themselves next to white boys and, even more disconcerting, close to white girls. Their new situation induced aggressive and sexual fantasies and internal expectations of punishment. The situation also activated shared mental images of historical “memories” and racial hostilities. These youngsters, in order to stay “sane” under this difficult situation, became creative. They wrote or co-wrote poems and read them aloud (Volkan, 1963). A theme openly expressed in these writings was of deadly fights between blacks and whites. Interestingly, a close reading revealed that it was difficult to know who the winner was.

Here are some lines from one of the poems:

This white man and colored man was fighting over a penny

The way the white man hit the colored man was a shame and a pity

The colored man staggered back and said, “You are death bound.”

The white man got scared and started stamping the ground

....

....

He [*the white man*] crawled on his stomach, he messed around and fell

The colored man said, "You better hold on the hell."

The devil said, "I don't want him tumbling down my pass

Because you cut all the skin off his ass."

The devil took and sent him to the Lord's way

The Lord told him to stand half-way

He was standing half-way, bleeding like a well

He said, "I wonder what the government will pay

If I have to do that every day

Colored man must have been some kin to Jack Benny

Because he sure killed me over a penny."

In this poem the black man gives the white man a hard time, but the black man is related to Jack Benny, a famous *white* comedian at the time who pretended to be very stingy. Not identifying the clear winner most likely suggests these youngsters' identifications with the white oppressors. We can surmise that facing sudden desegregation inflamed the fight between their victim selves and the internalized oppressors.

I had to struggle with emotions these two memories induced in me before I could turn to my decades-long experiences in many troubled spots of the world (Volkan, 1979, 1988, 1997, 1999, 2004 and 2006) and highlight some of my observations and findings that are relevant to the main theme of this conference. The following illustrate such observations and findings.

**Traumatizing political systems and post-trauma everyday life for generations to come:**

There are various types of shared catastrophes that can traumatize a society. For example, some are from natural causes, such as earthquakes, and some are accidental disasters, like the 1986 Chernobyl incident, and some are due to the unexpected death of a leader, such as the assassination of John F. Kennedy. Other societal traumas occur due to destruction caused by enemy groups as happens in wars and ethnic or religious conflicts. And sometimes it is a political system within a country that traumatizes a section of the population, as happened in South Africa under apartheid (Sinason, 2001, Maiello, 2001, Eagle and Watts, 2002) or Albania during the dictator Enver Hoxha's regime (Volkan, 1997).

Even though natural events may cause societal grief, anxiety and change, as well as massive environmental destruction when nature shows its fury and people suffer, victims tend ultimately to accept the event as fate or the will of God (Lifton and Olson, 1976).

After man-made accidental tragedies, survivors may blame a small number of individuals or governmental organizations for their carelessness. However, when a trauma results from war, war-like conditions or from an existing devastating political system, there is an identifiable enemy or oppressing group that has *deliberately* inflicted pain, suffering, and helplessness on its victims. Such trauma affects the victimized society in ways that are entirely different from those of natural or accidental disasters or unexpected loss of a leader, even though sometimes it may be difficult to differentiate between different types of disasters. For instance, the massive August earthquake in Turkey which killed an estimated 20,000 people was obviously a natural disaster. But it also fell into the category of a man-made accidental catastrophe since many structures that collapsed during the earthquake had not been built to appropriate standards. Incidentally, among the most interesting repercussions of that earthquake were the changes that the disaster stimulated in heretofore intractable ethnic sentiments between the Turks and the Greeks when rescue workers from Greece came to help Turkey. The Turkish earthquake and the earthquake in Greece, the following month actually initiated a new relationship between the two nations—referred to as “earthquake diplomacy” (Phillips, 2000).

When a society becomes a deliberate target of “others” aggression, the victimized group has to deal with five interrelated psychological phenomena and others related to them.

The five major psychological phenomena are:

- 1- a shared sense of shame, humiliation, dehumanization and guilt,
- 2- a shared inability to be assertive,

- 3- a shared identification with the oppressor,
- 4- a shared difficulty or even inability to mourn losses,
- 5- a shared transgenerational transmission of trauma.

Before examining these five psychological phenomena, I should add that, keeping in mind the main theme of this conference, *my focus will be on societies that are treated inhumanely due to political systems*, such as the one in the United States where slavery was legal, the Nazi period in Germany, apartheid in South Africa, or totalitarian regimes in former communist countries, or other societies under dictatorships. Even when political and legal systems change and traumatizing elements within the society are removed, individual and societal responses to the previously existing and devastating political system do not disappear overnight. Depending on the severity of the traumatizing events and how long they lasted, the influence of the shared trauma on the victimized group and their descendants may continue for decades. One major reason for this is the presence of the shared five major psychological phenomena and those related to them in the minds of individuals who belong to the victimized group. These psychological phenomena attach themselves to real-world issues in the affected societies, such as continuing poverty, inexperience in the democratic way of life, corruptions in the new political system, and international manipulations. Let us look at them more closely.

**1- Shame, humiliation, dehumanization and guilt:** The experience of shame, humiliation and dehumanization is psychologically unbearable, and affected individuals resort to various mental mechanisms to defend themselves from the influence of these

affects. In a war situation or under oppressive regimes individuals' shame and humiliation usually become intertwined with other very disturbing affects such as guilt feelings. For example, surviving while friends and relatives perish or finding security while others are subjected to torture induces survivor's guilt, even though it may be unconscious. Also, when a society has undergone a massive trauma, especially a chronic one, victimized adults may endure shame, humiliation and guilt for being unable to look after their children properly (Volkan. 1997).

I always wondered what happened to the four black youngsters who felt confused when they faced sudden desegregation in North Carolina. Their shame, humiliation, dehumanization and guilt partly led to the misdiagnosis that they were suffering from acute "schizophrenia." Did they have children later in their lives? And, if so, did they pass their devastating feelings on to them? I have observed first hand the effects of such feelings after the liberation of Kuwait following the invasion of that country by Saddam Hussein's forces. Kuwaiti fathers were humiliated by the Iraqi soldiers in front of their children. This led to these fathers' withdrawal from their children. Without actually being aware of it, they wished to hide their shamed and humiliated selves from their children even after Kuwait was liberated, and they continued to feel guilty for not protecting their youngsters. This in turn made the children's, especially male children's, identifications with their fathers difficult. Instead they identified with the aggressor, Saddam Hussein, and expressed this identification indirectly. For example, during one school play, the children applauded the character playing the role of Saddam more than any other character (Volkan, 1997).

**2-Inability to be assertive:** For a long time we have known that the blocking of external motor activity increases the probability of a psychological breakdown after a trauma; foxhole waiting is more damaging than active warfare (Fenichel, 1945). Similarly, a person living under a totalitarian regime or under the guidelines of apartheid experiences the blocking of motor activities (such as being barred from certain locations) as well as mental activities (one cannot raise one's voice against the authorities because to do so is dangerous). This increases the sense of helplessness and causes an inability to be assertive.

To be assertive means finding a "normal" channel to act out aggression. When normal channels are not available, victimized group members turn their aggressive drive inward. This leads to an experience of helpless rage and what can be called a *social masochism*. The expression of direct rage toward the oppressing group remains life-threatening and psychologically impossible. Thus, on many occasions direct rage is expressed *between* the members of the victimized group in what can be called *social sadism*. Eagle and Watts (2002), for example, make reference to 1996 data in South Africa describing most disturbing statistics: An average of 52 murders a day, a rape committed on average of every 30 minutes, a car stolen every 9 minutes and an armed robbery committed every 11 minutes. In 2006 the Child Accident Prevention Foundation of South Africa (CAPFSA) listed a number of heartbreaking statistics involving violence against children. These included the following: 1 200 children were murdered, 1 500 children were the victims of attempted murder, 24 000 children were assaulted and 22 000 children were raped.

during the previous year.(See: *Cape Times* editorial, Suffer the Children, November 22, 2006, p.10)

Even after the traumatizing conditions are removed, the inability to be assertive may continue for a long time. Actual poverty does not disappear quickly, and this and other external factors such as the AIDS epidemic in South Africa, help to perpetuate helplessness and an inability to be assertive. It increases envy and resentment within the formerly victimized group toward those individuals who were able to “assert” themselves and become rich or important for another reasons (Šebek, 1994). This in turn increases tensions in subgroups within the society, which further complicates the existing difficulties.

**3-Identification with the oppressor:** The oppressing group that limits the victimized group’s actions and freedom, if it lasts long enough, becomes internalized as a shared “external superego.” Michael Šebek, a psychoanalyst practicing in the Czech Republic, lived under the communist system. To his credit he was also able to observe the oppressed group’s identification with what he calls “totalitarian objects” (Šebek, 1994). In post-apartheid South Africa perhaps we could call such internalized objects “racist objects.” The shared internalization of an external superego, such as totalitarian or racist objects, does not disappear when policies and laws change to be more humane. It creates confusion when the oppression is lifted and when there is a new external environment. This confusion is reflected in a variety of new moral dilemmas and ethical issues. The expression of freedom can be difficult due to the continuation of the totalitarian or racist

internal objects. People feel that if they do not overcome the “other,” the “other” will overcome them (Šebek, 1992). New freedom and the secret wish to defeat the continuing internalized oppressive powers, and the fear this wish induces, are combined to support a lack of respect for authority while still fearing it, and criminal acts such as stealing from others. The utilization of new freedom in the post-oppressive period becomes corrupted.

**4-Difficulty or inability to mourn:** “Large-group mourning” is a key concept in explaining societal processes in everyday life during a post-trauma period. Sharing shame, humiliation, dehumanization and guilt, inability to be assertive, and identification with the oppressor complicate group mourning and in turn become the main reason for the transgenerational transmission of trauma, a concept I will refer to later. In order to understand group mourning I will start with an individual’s mourning.

The loss of an important person or thing initiates grief and mourning. In psychological literature a *grief reaction* and a *mourning process* are not often differentiated. A grieving individual, in a sense, keeps hitting his or her head against a wall, a wall that never opens up to allow the dead person or lost thing to return! It is a painful process. A typical grief reaction takes some months to disappear, and may also periodically reappear for a time at the anniversary of the event that produced the loss. In truth, there is no typical grief reaction, because the circumstances of a loss are varied, as are individual degrees of internal preparedness to face significant losses.

Mourning is a more silent and internal phenomenon. It begins when the individual still exhibits a grief reaction and typically continues for years. The physical loss of a person or thing does not parallel the mental "burial" of the mental representation—a collection of mental images—of the lost person or thing. Obviously the mourner possesses mental images of a person or thing before its loss. But after the loss, the mourner—and here I am speaking of adults' mourning—turns his or her attention to such mental images and becomes preoccupied with them.

It can be said that the adult's mourning process refers to the sum of mental activities the mourner performs in reviewing and dealing with the mental representation of the lost person or thing. As long as we live we never lose the mental representation of significant others or things, even when they are lost in the physical world. If a mourning process is completed, for practical purposes, we make the mental representation of the lost person or thing "futureless" (Tähkä, 1984): The mental representation of the lost item is no longer utilized to respond to our wishes; it has no future. A young man stops fantasizing that a wife who had been dead for some time will give him sexual pleasure, for example. Or, a woman stops wishing to boss her underlings at a job from which she had been fired years before. It can be said that we "bury" the mental representation of a lost person or thing when we manage to make them futureless.

During the mourning process mourners review, in a piecemeal fashion, hundreds of mental images of what has been lost and, in so doing, are able *to keep* aspects of the lost

person's or thing's images within their own self-representation. This is possible due to mourners' *identification* with the aspects of the mental representation of the lost item.

When such identifications are (unconsciously) *selective* and "healthy," the mourning process is considered "normal." The mourner, after going through the pain of grief and after spending considerable energy reviewing many mental images of the lost person or thing, "gains" something from the experience. By assimilating the functions of a deceased person, the mourner can now perform such functions himself. A year or so after his father's death, for example, a philandering young man becomes a serious industrialist like his dead father used to be.

Sigmund Freud (1917) who gave us an excellent description of the psychodynamics of mourning decades ago, was also aware of *unhealthy identifications*. If a mourner related to the lost person or thing with excessive ambivalence while this person still lived or the thing still existed, the mourner may end up identifying with the mental representations of the lost item in an unhealthy manner. Such persons are unable to create selective and enriching identifications. Instead, they assimilate the mental representation of the lost item "in toto" (Smith, 1975, p.20) into their self-representation. Accordingly, the love and the hate (ambivalence) that originally connected the mourner to the lost person or thing now turn the mourner's self-representation into a battleground. The struggle between love and hate is now felt within the mourner's self-representation. Freud (1917) called this condition, "melancholia" (depression).

In studying complications encountered in the mourning processes, my coworkers and I also focus on a specific type of complication, which creates so-called *perennial mourners* (Volkan, 1981; Volkan and Zintl, 1993). Perennial mourners do not bring their mourning processes to a practical end, but neither do they develop melancholia. Instead they are doomed to remain preoccupied with aspects of their mourning process for decades to come and even until the end of their own lives. During their daily lives their minds try to link again and again to the mental images of the lost person or thing. There are various degrees of severity of such a condition. Some perennial mourners live miserable lives. Others express their unending mourning in more creative ways, but even most of these people, when not obsessed with their creativity, feel uncomfortable.

Members of a large group that has been traumatized by “others” lose people, limbs, homes, land, dignity, prestige and self-esteem. After the oppressive regime is changed, such individuals struggle with losing aspects of their traumatized selves and modify them to fit the new external realities. Facing the loss of the familiar injured self piggybacks onto the struggle with losses that have occurred during the traumatizing period of the group’s history. Because of the continuation of shame, humiliation, dehumanization, guilt, helpless rage and identification with the oppressor, their mourning process becomes complicated and unending. In both normal grief and normal mourning there is a degree of anger toward what is lost, as if the mourner wants to say: “How dare you leave me and inflict a narcissistic wound on me?” Such anger helps the mourner, in routine situations, to psychologically accept that a loss has occurred. But, the rage felt by the members of a victimized group, even though it is a helpless rage, becomes unconsciously connected

with the “normal” anger of the mourning process and magnifies it. This prevents a normal mourning process from taking its course. Also, mourners’ identification with the oppressor creates hidden ambivalence toward the internalized mental representation of their oppressor. The Holocaust, apartheid and like horrors oblige people to cling to external objects even when these are actually dangerous, as, for example, when they are the persecutors. Without this clinging to the external objects, and later to the internal representations of the same, the helpless and dependent victim unconsciously expects psychological annihilation (no relationship). (Volkan, 1993) Accordingly, after societal and legal changes remove the traumatizing external conditions, they face problems mourning the loss of the oppressor as well as their former victimized selves. Another reason why mourning can become complicated was noted by William Niederland (1968) long ago. He compared the survivor syndrome with unresolved mourning and suggested that rage and resentment against the people who had been lost underlies the self-reproaches of those who survived, and that mourning is impossible because of the need to escape from acknowledging such resentment. I added to Niederland’s ideas by stating that “the survivor attempts to avoid to a considerable extent the acknowledgement of aspects of his libidinal attachment to those he has lost since that would bring guilt over having been unable to protect them. ‘Normal’ mourning requires a piecemeal review of both libidinal and aggressive experiences with those who are lost, and survivor guilt militates against this.” (Volkan, 1993, p.98). I am referring to general findings . Resilience against trauma changes from individual to individual.

Societies also mourn or exhibit an inability to mourn. Alexander and Margarete Mitscherlich (1975) studied a large group's inability to mourn, and the effect of this on its collective behavior. Were the Germans to mourn it would mean their taking responsibility for war crimes of Hitler and his regime, so, according to Mitscherlich's in 1975, the Germans display only "isolated regret," and then only for their own losses. Since then various serious efforts were made to end "the speechlessness" regarding this situation in Germany (Opher-Cohn, Pläfflin, Sonntag, Klose, and Pogany-Wnendt, 2000, Volkan, Ast and Greer 2002)

Since a society is not one living organism and it does not have one brain, its becoming a society in perennial mourning can be observed in the initiation of new societal processes associated with losses and responses to such losses. Such societal processes vary according to the severity of the shared trauma and often more importantly, according to the length of time during which the traumatic situation existed. Sociologist Kai Erikson (1975) states that if the "tissue" of the community after a shared trauma is not broken, the society eventually recovers in what Williams and Parks (1975) refer to as a process of "biosocial regeneration." For example, for five years following the deaths of 116 children and 28 adults in an avalanche of coal slurry in the Welsh villages of Aberfan and Merthyr Vale, there was a significant increase in the birthrate, mostly among women who had not lost a child themselves. The increased birthrate "regenerated" this traumatized society in these two neighboring villages.

I have written about “biosocial degeneration” when the shared trauma breaks the tissue of a society (Volkan, 2006). Long-lasting political regimes that aim to humiliate and cause severe losses in a society break the tissue of that society to one degree or another. The mental representation of the historical trauma and how it has been internalized remains in the minds of the members of that society and continues their preoccupation with such representations whenever there is a new event that is difficult to deal with. Let me go back to the four youngsters at Cherry Hospital. The sudden desegregation they faced brought to their minds a symbolic representation of their ancestors’ lives during slavery and later during the segregation of the American South. This illustrates how a society could not mourn and let go of such representations.

In one of their poems, the youngsters remembered the symbolic representation of their ancestors’ lives in an environment dominated by whites. In this poem an African American man (the writer of the poem sometimes refers to this man as “I”) is with a promiscuous black woman. At some point he takes her to an alley to have intercourse. There the man sees his father and brother who also want to have sexual relations with the woman. But a white policeman, associated with authority, appears at the scene and orders the African American men to stop. Then the black woman invites the white policeman to join in the process.

In order to deal with the biosocial degeneration, the victimized society in perennial mourning may evolve what can be named *entitlement* or *irredentist ideologies*. This happens especially when a large group receives its independence after being part of an

empire. Such ideologies create a shared hope that it is possible to recover what has been lost to the enemy. Thus, it justifies the society's inability to mourn. For example, since the birth of modern Greece in the 1830s, after the Greek struggle for independence and separation from the Ottoman Empire, the Greeks had an ideology called the "Megali Idea," which was a response to the Greeks' experience of many "losses" while they were Ottoman subjects. Megali Idea refers to regaining all of the lands that Greeks considered "lost" to others. This ideology was accompanied by a shared sense of entitlement to reverse helplessness and humiliation, turn passivity to assertion, and regain "lost" objects. Many authors (see Herzfeld, 1986; Koliopoulos, 1990; Markides, 1977; Volkan and Itzkowitz, 1994) have written about how the Megali Idea played a significant role in Greeks' political, social, and especially religious lives, since the Greek Orthodox Church was instrumental in keeping the Megali Idea alive and active. Since Greece's membership in the European Union, its investment in this ideology has been waning.

There are other large groups, such as Serbians and Armenians who previously lived under empires, that have assimilated victimhood into their shared identity as a response to their difficulty with large-group mourning. (See Emmert, 1990 and Marković, 1983 about the Serbian sense of victimhood, and see Libaridian, 1991 for Armenians' response to a collective sense of loss.)

Entitlement ideologies such as these can continue from generation to generation, which brings us to the concept known as transgenerational transmission of trauma.

## **5-Transgenerational transmission of trauma:**

Understanding transgenerational transmission of trauma at a societal level owes a great deal to studies made of the second and third generations of Holocaust survivors and others directly traumatized under the Third Reich (references to many studies on this topic can be found in Kogan, 1955, Kestenberg and Brenner, 1996; Volkan, Ast, and Greer, 2002). If we want to understand the tenacity of a societal sense of victimization as it is consciously and unconsciously associated with large-group conflicts, we must first understand the mechanisms of transgenerational transmission at an individual as well as at a societal level.

Many studies have shown that there is fluidity between a child's "psychic borders" and those of the mother and other caretakers, and the child-mother/caretaker experiences generally function as a kind of "incubator" for the child's developing mind. Besides growth-initiating elements, however, the caretaker from the older generation can also transmit undesirable psychological elements to the child. One of the best-known examples of a relatively simple negative form of transgenerational transmission comes from Anna Freud and Dorothy Burlingham's (1945) observations of women and children during the Nazi attacks on London. Freud and Burlingham noted that infants under three did not become anxious during the bombings unless their mothers were afraid. The fluidity mentioned above also occurs in drastic ways among adults under certain conditions of regression, such as during and after massive catastrophes at the hand of others.

There are many forms of transgenerational transmission. Besides anxiety, depression, elation, or worries, there are various psychological tasks that one person may “assign” to another. The well-known phenomenon of the “replacement child” (Poznanski, 1972; Cain and Cain, 1964) illustrates the transmission of psychological tasks. A child dies; soon after, the mother becomes pregnant again, and the second child lives. The mother “deposits” (Volkan, 1987) her image of the dead child—including her affective relationship with the child—into the developing identity of her second child. The second child now has the task of keeping this “deposited” identity within him or herself, and there are different ways for the child to respond to this task. The child may adapt to being a replacement child by successfully “absorbing” what has been deposited. Alternately, the child may develop a “double identity,” experiencing what we call a “borderline personality organization.” Or, the second child may be doomed to try to live up to the idealized image of the dead sibling within, becoming obsessively driven to excel.

Similarly, adults who are drastically traumatized may deposit their traumatized self-images into the developing identities of their children. A Holocaust survivor who appears well adjusted may be able to behave “normally” because he has deposited aspects of his traumatized self-images into his children’s developing selves and has given the children “tasks” to deal with these images (Brenner, 1999). His children, then, are the ones now responding to the horror of the Holocaust, “freeing” the older victim from his burden. As with replacement children, such children’s own responses to being carriers of injured parental self-images vary because of each child’s individual psychological make-up that is independent of the deposited images.

After experiencing a group catastrophe inflicted by an enemy group, affected individuals are left with self-images similarly (though not identically) traumatized by the shared event. As these hundreds, thousands, or millions of individuals deposit their similarly traumatized images into their children and give them tasks—such as to reverse humiliation, to take revenge on the representative of the parents’ enemies, or to do the work of mourning for parental losses—the cumulative effects influence the shape and content of the large-group identity and initiate some significant social movements. It is this transgenerational conveyance of long-lasting “tasks” that perpetuates the cycle of societal trauma: Though each child in the second generation has his or her own individualized personality, all share similar links to the trauma’s mental representation and similar unconscious tasks for coping with that representation. If the next generation cannot effectively fulfill their shared tasks—and this is usually the case—they will pass these tasks on to the third generation, and so on. Such conditions create a powerful unseen network among hundreds, thousands, or millions of people.

Depending on external conditions, shared tasks may *change function* from generation to generation (Apprey, 1993; Volkan, 1987, 1997, 1999). For example, in one generation the shared task is to grieve the ancestors’ loss and to feel their victimization. In the following generation, the shared task may be to express a sense of revenge for that loss and victimization. But whatever its expression in a given generation, keeping alive the mental representation of the ancestors’ trauma remains the core task. Further, since the task is shared, each new generation’s burden reinforces the large-group identity and keeps its complexities “alive.”

An illustration of the effects of slavery through generations of African Americans (Apprey, 1993, 1996, 1998) can be found in the novel, *Thereafter Johnnie*. This autobiographical novel is written by Carolivia Herron (1991), a product of incest, and tells of the rape that began the five generations preceding her. According to Maurice Apprey, a University of Virginia psychoanalyst who is originally from Ghana, Herron's novel demonstrates five way stations: "(i) the females will be raped by slavemasters and the males shall be murdered by slavemasters; (ii) the males who are not murdered shall be sold away; (iii) the males who are neither murdered nor sold away shall marry the females who are not murdered or sold away; (iv) in marriage, enslaved males or former slaves shall have revenge on females perceived to have consented to the destruction of males; (v) women and their daughters shall, therefore, be raped over and over again by enslaved men or former slaves. In this sequence, then, incest may be represented as a derivative of, and as continuous with, rape and murder" (Apprey, 1996, p.142). Apprey concludes that "black-on-black crime" in the United States and adolescent pregnancies among African Americans are related to slavery. As decades passed, the victimized group "forgot" who the original enemy was. Apprey states that the injected hatred is not only expressed in black-on-black crime, but it can also be sequestered in splinter groups, sometimes rigid, fundamentally religious kinds.

Scott (2000) reminds us that often it is the duration of a group's trauma which subjects a society to the type of internalized aggression associated with the transgenerational transmission of trauma. The ancestors of African Americans endured 244 years of slavery and nearly a century of institutionalized terrorism (West, 1994). There are moving

descriptions of the continuing presence of shame, humiliation, dehumanization and guilt that lingers within the African American communities after desegregation was enforced in the United States. (For example, see: Early, 1993; McCall, 1994; Fears, 1998).

### **Chosen Trauma**

The transgenerational transmission of trauma from generation to generation may lead to the evolution of what I call a *chosen trauma* (Volkan, 1991, 2004, 2006). A chosen trauma refers to the shared mental representation of an event in a large group's history in which the group suffered a catastrophic loss, humiliation, and helplessness at the hands of enemies. As I explained earlier, when members of a victim group are unable to mourn losses associated with the massive trauma, reverse their humiliation and helplessness, or become assertive, they pass on to their offspring the images of their injured selves and psychological tasks that need to be completed. All such images and tasks that are handed down contain references to the same historical event, and as decades pass, the mental representation of this event links all the individuals in the large group. Thus, the event's mental representation emerges as a significant large-group identity marker. In open or in dormant fashion, or in both alternately, a chosen trauma can continue to exist for centuries. Whenever a new ethnic, national, religious or political crisis develops within the society, its leaders intuitively re-kindle "memories" and affects of chosen traumas in order to consolidate the group emotionally and ideologically. Political leaders may initiate the reactivation of chosen traumas in order to fuel entitlement ideologies.

A striking example of this is the behavior of Slobodan Milošević and his entourage before the Serbs' war with Bosnian Muslims in 1990-1991 and again before the conflict with Kosovar Albanians in 1998. By reactivating the Serbs' chosen trauma—the “memory” of the Battle of Kosovo (June 28, 1389)—Milošević and his supporters created an environment in which whole groups of people with whom Serbs had lived in relative peace as fellow Yugoslavians became “legitimate” targets of Serb violence. As the six-hundredth anniversary of the Battle of Kosovo approached, the remains of Prince Lazar, the Serbian leader captured and killed at the Battle of Kosovo, were exhumed. For a whole year before the atrocities began, the coffin traveled from one Serbian village to another, and at each stop a kind of funeral ceremony took place. This “tour” created a *time collapse*. Serbs were primed to react as if Lazar had been killed just the day before, rather than six hundred years earlier. Feelings, perceptions, and anxieties about the past event were condensed into feelings, perceptions, and anxieties surrounding current events, especially economic and political uncertainty in the wake of Soviet communism's decline and collapse. Since Lazar had been killed by Ottoman Muslims, present-day Bosnian Muslims—and later present-day Kosovar Albanians (also Muslims)—came to be seen as an extension of the Ottomans, giving the Serbian people, as a group, the “opportunity” to exact revenge from the group that had humiliated their large group so many centuries before. In this context, many Serbs felt “entitled” to rape and murder Bosnian Muslims and Kosovar Albanians. (For further details of the reactivation of the Serbian chosen trauma and its consequences, see: Volkan 1997, 1999.)

## **Truth and Reconciliation Commission as a monument**

We have seen the negative aspects of a society's difficulty or inability to mourn after a massive trauma at the hands of others. Sometimes such negative reactions are seen in events or can be factors in initiating such events centuries after the original traumatizing period is over. But there are also ways to help a traumatized society and subsequent generations mourn more effectively and even forgive the enemy and their descendants. It is beyond the scope of this presentation to describe various methods, but elsewhere I described the details of one method which my colleagues from the University of Virginia and I developed and named a "Tree Model" (Volkan, 2006).

My focus here will be on the Truth and the Reconciliation Commission's activities in South Africa. I am sure that during this meeting we will hear much about these activities and the role of apologies and forgiveness in reconciliation. With a few exceptions (Akhtar, 2002; Moses and Moses-Hrushovski, 2002) psychoanalysts traditionally have not paid attention to concepts of apology and forgiveness. I have written about the difficulty of receiving apology or forgiving before the work of mourning is completed, or at least worked through a great deal (Volkan, 1997, 2006).

Today I would like to look at the work of The Truth and Reconciliation Commission as a monument, in fact as a memorial. In order to explain this idea, let me return to the topic of individuals who suffer from perennial mourning. Psychologically speaking, perennial mourners do not wish to give up the hope of recovering what has been lost, but at the

same time, they wish to complete their mourning, “kill” the lost person or thing, and accept reality. They find a “solution” in which their conflicting wishes can be expressed but never fully gratified; they create *linking objects* (Volkan, 1972, 1981).

A linking object is an item chosen by an adult mourner that unconsciously represents a meeting ground for the mental image of the lost person or thing and the corresponding image of the mourners. Not every keepsake is a linking object; the item is a linking object if the mourner makes it psychologically “magical” and uses it as a “tool” for externalizing and postponing the work of mourning. For example, after his father’s death, a young man picks up his father’s broken watch and hides it in a desk drawer. For the young man, this broken watch becomes “magical.” He becomes preoccupied with repairing the watch, but he never gets it repaired. He has to know where this broken watch is, and he has to protect it, but he never opens the drawer to look at the watch, except on the anniversary of his father’s death. During his psychoanalytic treatment some years after his father’s death, the young man learns that he has been a perennial mourner and that he has used the broken watch as a meeting ground between himself and the image of his father. By keeping the watch locked away, he has locked away his mourning process. No longer internal, his mourning process is externalized onto his preoccupation with the watch. He has illusions of either bringing his dead father back to life by repairing the watch or “killing” his father by throwing the watch away, but he does neither; he remains a perennial mourner.

Societies that have suffered huge losses and experienced shame, humiliation, dehumanization and an inability to be assertive behave like individual perennial mourners. The monuments they build to recall the shared trauma and honor their lost people, lands, dignity and prestige may become *shared linking objects*. As architect Jeffrey Karl Ochner (1997) states: “We choose to erect grave markers and monuments to commemorate the lives of the dead; we usually do not intend to build linking objects, although objects we do make clearly can serve us in this way” (p. 166).

When a monument evolves into a shared linking object, the functions that are attached to it will vary, depending on the nature of the shared mourning that the society is experiencing. Like an individual perennial mourner’s linking object, a monument as a shared linking object is associated with the wish to complete a group’s mourning and help its members accept the reality of their losses. On the other hand, it is also associated with the wish to keep mourning active in the hope of recovering what was lost; this latter wish fuels feelings of revenge. Both wishes can co-exist: one wish can be dominant in relation to one monument, while the other is dominant in relation to another monument (Volkan, 2006). Thus different monuments at different locations and at different times in history respond to different societal needs and wishes. Some are like metal boxes in which the society’s unfinished mourning is locked. But if an external event causes a crack to appear in this metal box, unassimilated emotions can explode. This is why, when some revolution-like conditions appear, people often tear down monuments that remind them of events and, more importantly, feelings associated with times when the monuments were built. Other monuments become a source for continuous pain and

bleeding for a society that is still traumatized, like the Crying Father Monument in Tskhinval, South Ossetia. (Volkan, 2006). A memorial like Yad Vashem remains “hot,” and cannot simply become a static, impenetrable container (Volkan, 1993).. Still others, like the Vietnam Veterans Memorial in Washington, DC, help to bring societal mourning to a practical and effective end (K.Volkan, 1992; Ochsner, 1997; and Volkan 2006). I see the Truth and Reconciliation proceedings as an abstract monument which is effective for healing societal wounds in much the same way as the Vietnam Veterans Memorial in the United States does. When certain conditions are met, a monument as a shared linking object absorbs unfinished elements of incomplete mourning and helps the society to adjust to its current situation without re-experiencing the impact of the past trauma and its disturbing emotions.

One of the conditions for creating a most useful monument is to find a voice in the affected society for images of *both* the victim and the victimizer. When the mental representations of both sides are in full view before the public the possibility to deal with them in a more realistic fashion increases. Such representations do not become internalized in a way that initiates shared psychological problems. The Vietnam Veterans Memorial does not have concrete images of the “enemy.” However, long-lasting public protests during the Vietnam War, controversy about Maya Ling’s design of the monument, and an abundance of documentaries, movies, novels, songs and artwork about life in Vietnam during the war kept the “psychic reality” of the enemy alive in the minds of the American public. At the same time America’s “faults” were also brought to the surface. The groundbreaking ceremony of the Martin Luther King, Jr. Memorial took

place on November 13, 2006 in Washington, DC. Thousands attended. After the construction is completed in 2008 it will be a place where blacks and whites will meet.

What is very interesting and crucial in the design of the Truth and Reconciliation Proceedings is the deliberate inclusion of representatives of victim and victimizer in the process. John Mack (1979) spoke of the “egoism of victimization,” which refers to the externally limited empathy a large group feels for the suffering of its enemy, even when that enemy is being the more severely victimized. I think that when the large group is unable to mourn its own losses it may be more likely to cling to the egoism of victimization. The design of the Truth and Reconciliation proceedings removed the negative influence of the egoism of victimization. This, I believe, had a dramatic effect on large-group mourning.

Another favorable condition for building a monument that will help heal a victimized society's wounds is the role played by “reparative leaders” (Volkan, 2004). When there is a regression in a society, the personality organization of political leaders assumes great significance. The society is simply lucky if reparative leaders are present. Psychoanalyst Donald Woods Winnicott describes how persons coming from ordinary good homes develop, what he calls, innate democratic potentials. This is true, but I argue that persons coming from traumatized homes where they face significant losses may develop unconscious fantasies to repair their parents and thus, if they have enough ego function for sublimation, may also develop innate potentials to repair their societies. But, as

Winnicott describes, there are those who show “their lack of sense of society by developing an antisocial tendency” (Winnicott, 1950, p. 233). If the so-called “hidden antisocials become leaders they usually gather around themselves the obvious antisocials, who welcome them (the immature antisocial individual leaders) as their masters” (Winnicott, 1950, p.244). In such a situation within the society the derivatives of aggressive drives are directed to external enemies. I might add that such aggressive derivatives can also cause a split within the affected society. I also suggest that such a leader cannot help his followers separate where the reality of the enemy ends and where the fantasy begins. This causes further complications. After September 11, 2001 in the United States the political leaders in power exhibited an inability to separate reality from fantasy for themselves as well as for the public. This has caused major disturbing problems.

I met Archbishop Desmond Tutu in Atlanta, Georgia at the Carter Center after I was invited to join the International Negotiation Network (INN) under the leadership of former United States President Jimmy Carter in the late 1980s. Instead of seeing an angry man, I saw in Archbishop Tutu a man full of goodness. He was for me a living symbol of human dignity. Winnicott would say that Desmond Tutu has an innate democratic potential.

Truth and Reconciliation Commission’s work under his leadership prevented the derivatives of the aggressive drive to turn against the external enemy and helped with group mourning. This was not an easy task. And as far as I am concerned, the

Commission's proceedings could not be fully successful without Desmond Tutu's personality factor. While there seem to be derivatives of aggression that have been turned inward within the black societies in South Africa, as is the case among African Americans in the United States, there might be unimaginable tragedies in South Africa without the work of the Truth and Reconciliation Commission. Furthermore, presently on-going work on societal and legal levels that aims to deal with aggression turned inwardly in South Africa might face more difficulties without the Commission's work.

As an outsider I do not know the details of how much work is being carried out to deal with the derivatives of inward-directed aggression in South Africa. But, psychologically important events that are built on the Commission's work or are related to it have come even to my attention. I am referring to a play called *Amajuba: Like Doves We Rise* that captures life under South African apartheid; a film documentary called *Amandla*, directed by Lee Hirsch that tells the story of South African freedom music; South African composer Philip Miller's *REwind*, a Cantata, which is directly inspired by and based on the Truth and Reconciliation Commission's proceedings; and my host Pumla Gobodo-Madikizela's moving book, *A Human Being Died that Night*. With the support of such open expressions of the experience of apartheid and deep feelings associated with them, and with the additional support of this conference the Truth and Reconciliation proceedings in South Africa remain as the strong shared linking object, a monument that absorbs and then tames affects and allows social mourning to continue to be worked through.

I do not make a habit of displaying pictures of myself with well-known men or women, but since our meeting in Atlanta, I have kept a picture of myself standing next to a smiling Desmond Tutu in my home study on a book shelf next to my desk. I never thought about why I had done this until Dr. Pumla Gobodo-Madikizela's invitation to come to Cape Town. It is obvious that I have chosen Desmond Tutu as a figure for inspiration to maintain humanness or what is known in the Nguni languages as *ubuntu*.

Once more I would like to say how honored I am to give this keynote address.

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