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Narrowing windows – A metaphor for the Hungarian collective nervous system



ABSTRACT

According to Lakoff and Ricoeur's concept of *conceptual* and *living metaphor*, these poetic images are not only part of everyday language use, but are in fact crucial for conceptualisation, world-understanding, understanding and interpretation. The following paper places the collective identity traits of Hungarian society within this metaphorical framework and links István Bibó's concept of Hungarian communal hysteria to the diagnosis of complex postural stress disorder. The aim of this line of thought is to contribute to a more complex understanding of the collective nervous system through a new metaphor.

KEYWORDS

chronic traumatization, C-PTSD, collective identity, threatened identity, exclusive victimhood

DOI 10.14232/belv.2025.1.10

<https://doi.org/10.14232/belv.2025.1.10>

Cikkre való hivatkozás / How to cite this article:

Szilárdi, Réka (2025): Narrowing windows – A metaphor for the Hungarian collective nervous system. Belvedere Meridionale vol. 37. no. 1. pp 152-164.

ISSN 1419-0222 (print)

ISSN 2064-5929 (online, pdf)

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The following paper draws parallels between the Hungarian socio-psychological forms of collective threat experience and the concept of chronic traumatisation. The linking of the two, quite different processes is done in the metaphorical space, i.e. the aim is not to establish a one-to-one or a cause-and-effect correspondence, but to unfold the analogy through the conceptual system of the identifier and the identified, which allows to illustrate certain characteristics of Hungarian social functioning, such as the distinctive collective sense of victimhood or the fixed and persistent state of fear. In this identification, István Bibó's concept of community hysteria (originally also used in a figurative sense) and the neurological mechanisms of complex post-traumatic syndrome (C-PTSD) and chronic traumatisation are analogous, but the concept of Lakoff's conceptual metaphor, according to which metaphor is a form of interpreting the world, also plays a key role.

In our earlier work, my colleagues and I (SZILÁRDI et al., 2022) have already proposed a thought experiment in which we applied a psychopathological diagnose, borderline personality disorder (BPD), to the East-Central European, and within it the Hungarian, collective identity traits. Of course, we did not intend to claim that there are more BPD persons in Hungarian society, nor that the region can be concretely defined by a diagnostic category; we merely tried to present a new attempt at an interpretation that could be used to understand the Hungarian social functioning.

As before, the fact that the conceptualisation between the individual and the collective is not at all alien to the social sciences and humanities can be a point of reference: the application of the models used by personality psychology to the collective field is in fact quite common, for example in the case of concepts such as grief work, identity, victimhood or even trauma.

Although the concept of *community hysteria* will be explained later, it is important to point out here that Bibó did not draw the peculiar Hungarian collective character in the 1940s from a medical psychiatric point of view, but from a social science approach, from a historical perspective, and for this he used a popular diagnostic term of the beginning of the last century, which at that time was spreading in public discourse as a representative concept symbolizing pathological functioning. In this context, it is also worth opening a window of reflection on the question of how, just as the terms hysteria became popular in the 1920s, depression in the 1980s, bipolar in the 2000s, and then narcissistic, borderline (or even 'psychopath') in the 2000s, and In recent years, the term *trauma* has become an all-encompassing concept in everyday discourse, which very often functions as an interpretative/explanatory starting point behind psychological maladaptive functioning (and, it should be added, precisely because of its prevalence in the discursive space, it can also very often relativise some of the consequences of psychological dysfunction).

It is therefore essential to emphasise at the outset, in relation to complex post-traumatic stress disorder (C-PTSD)¹, that, unlike "mere" post-traumatic stress disorder (PTSD), we are dealing with a new diagnostic category (2022), the first step in interpreting which is to rigorously distinguish between the concepts of *trauma* (T) and *traumatisation* (t).

¹ The diagnosis of complex post-traumatic stress disorder (C-PTSD) is officially published in the 11th edition of the World Health Organization's (WHO) International Statistical Classification of Diseases (BNO-11). The BNO-11 was published in 2018 and came into force on 1 January 2022, making C-PTSD an officially recognised diagnosis in international medical practice (World Health Organization (2018): International Classification of Diseases 11th Revision (ICD-11).

TRAUMA AND/OR TRAUMATISATION?

Trauma (in the psychological sense) can be described as an acute condition that occurs as a consequence of some unexpected event and causes an immediate emotional shock that can lead to a disorganization of the psyche (Bakó, 1992). From a diagnostic point of view, such a single traumatic event or the result of a short period of extreme stress can be the classic post-traumatic stress disorder, whose symptoms have been quite well established in the literature (cf. VICTOR et al., 2006).²

Traumatisation, on the other hand, can be identified as a much slower process, triggered not by a single dramatic stimulus but by a cumulative effect of harmful (and not necessarily extreme) stressors over a longer interval (VAN DER KOLK 2011). Such prolonged stressful situations, over which the person has no perceived emotional control (e.g. repeated abuse, imprisonment, vulnerability, or prolonged exposure to seemingly milder humiliation, inconsistent behaviour, etc.) can result in what is known as complex post-traumatic stress disorder (C-PTSD).

This distinction is necessary because the words trauma and traumatisation are often confused in both everyday and former professional language, the main reason being that the literature has recently used the word traumatisation to refer not only to the process of experiencing trauma but also to the consequences of stressors over a longer period of time. Because of this linguistic confusion, I will use the term chronic traumatisation in the remainder of the paper, where I will discuss the relational system of C-PTSD.

SPECIFIC FEATURES OF THE REGION

A vast amount of literature on the specificities of the Central and Eastern European region has been produced over the last century, including approaches that see the difference with “Western” societies in the different historical paths (e.g. HOBSBAWM 1992; ROMSICS 1998; DIECKHOFF 2002; SCHÖPFLIN 2003; etc.), or from the notion of the nation or the theory of divergent nationalisms and its critical reception (Kohn-Plamenatz, 1973 cited in Kántor, 2000; Smith 2004; Hutchinson-Smith 1994; Anderson 2006; Zimmer, 2003; Hoppenbrowers, 2002 etc.), or even in the liminal geopolitical status of the region (e.g. Konrád, 1989; Máté-Tóth, 2019; Máté-Tóth-Balassa, 2022).

It is very likely that the totality of these approaches, as well as their narrow critical reception and further development, is also correct, i.e. the liminality of geographic location and the historical continuities of these areas: namely, the status of being wedged between empires, the anchoring of a national rather than a nation-state path, and the anchoring of an ethno-linguistic rather than a civic values-centred national identity, left strong traces in the collective self-determination and reactionary capacity of the region, and the resulting communal climate has hardened into a particular shape in this part of Europe, certainly in Hungary as well. As reported in Hungarian research, the construction of Hungarian national identity is dominated by shared experiences of loss and national grievances, an emotional state of threat coupled with a marked sense of victimhood, and unelaborated historical losses result in a specific arrangement of collective emotions (cf. FÜLÖP 2012; LÁSZLÓ 2013; MÉSZÁROS 2018; SZILÁRDI 2017, etc.).

² (1) memory intrusions, re-living, panic; (2) avoidance, numbing, (3) physical and mental distress, anxiety, panic and constant alertness

COLLECTIVE TRAUMA THEORIES

In recent decades, the thematisation of historical shocks has brought with it the discussion of social theories of trauma from a psychological perspective, with the most prominent points being the development of fixed and stuck states of identity across generations, or the persistent fear caused by collective losses. (Given that a radical separation of the concepts of trauma and traumatisation had not yet appeared in diagnostics at that time, the theories referred to do not, by definition, reflect the distinction between the unexpected and the dramatic, and the cumulative distress series).

Just as the functioning and essence of a group is not the simple sum of its members, and the losses of a community cannot be described by the mere sum of personal traumas, therefore the differences are usually formulated by these authors as a specific feature of the collective as compared with the individual. Kai ERIKSON (1995), for example, argues that social traumas do not break through psychological barriers with sudden and brutal force, but rather seep slowly and imperceptibly into the consciousness of the community, and in the process, the relationships between members and ultimately the sense of community itself are eroded.

Hans Jürgen Wirth argues that traumatic experience(s) bring with them repression not only at the level of the individual but also at the level of the group, while at the same time mobilising projective mechanisms in the social field that can, in extreme cases, assume paranoid dimensions (Wirth, cited in PFITZNER 2008).

From a different perspective, J. C. ALEXANDER (2004) speaks of the sociocultural construction of negative historical events when he emphasises the socially mediated attribution of trauma, i.e. he conceives of trauma *as a gap* between the event and its representation. Accordingly, he argues that social representation itself is constructed by cultural coercion, and that this ultimately means telling a new story for the community.³

ERŐS (2007) identifies the narrative deficit following trauma as a barrier to collective processing, and argues that this stalemate is repeated until new forms of representation emerge, but in his line of thought he separates the category of *national wounds* from the experience of *collective trauma*, and the reason for this separation is that, although both processes can cause identity trauma, the latter is the one that poses a persistent and fundamental threat to existence, which has a strong negative impact on the self-definition of several generations.

REASON FOR USING METAPHOR

Already through these few examples, it can be seen that the social psychological processing of the collective extension of the concept of trauma is becoming more and more nuanced, and that this is becoming more and more emphasized not only in theoretical but also in empirical approaches (cf. CAIRNS et al., 2003; BAR-TAL et al., 2009; VOLLHARDT 2012; FÜLÖP et al., etc.) However, when looking at the diagnosis, context, neuroscientific dimensions and process of C-PTSD, the relevant analogy is still unresolved, although this kind of mind game can be very illustrative in understanding social functioning, if only because some features of the cited

³ The link between trauma and storytelling in clinical practice is also emphasised by PENNEBAKER (1995), whose experiments have shown that an increase in the coherence of the narrative has a major impact on the processing of loss, and thus on physical and mental health.

collective trauma theories are actually more similar to the (temporally later) concept of chronic traumatisation.

The question may arise, of course, whether it makes sense to delve further into this already complex issue, since if the schemas of collective trauma are already sufficiently elaborated, what need is there to validate a new pathology or neurological mechanism in the social context? The answer to this question is multifaceted.

On the one hand, in the creation of a metaphor, there is a mapping of two conceptual schemes, one for the identifier and the other for the identified role, in two fields which are distant from each other. However, in terms of this linkage, we can build more strongly on RICEUR's (1975) concept of the living metaphor and Lakoff's conceptual metaphor (LAKOFF – JOHNSON 2003), according to which these poetic images are not only part of or enriching acts of everyday language use, but are in fact crucial for conceptualization, world-understanding, comprehension and interpretation. In this sense, therefore, the creation of a new metaphor promotes a more complex understanding, so that similarity as a fact should be sufficient reason to sketch a thought experiment, especially if it deepens our interpretation of the phenomenon. In my view, the mechanisms and symptoms of C-PTSD bear a strong resemblance to features of the Hungarian social climate, and as a result, this approach is more effective in explaining the social reality around us than other distant identifiers that can be linked to it. Thus, in what follows I will attempt to identify the identifying role in the neurological process and symptoms of chronic traumatisation, the identified role in Hungarian social functioning (in Bibó's terms, community hysteria), and finally to make claims about the "collective nervous system" of Hungarian society.

CHRONIC TRAUMATISATION AND NEUROCHEMICAL CASCADE AS IDENTIFIER

In general, the nervous system responds to threatening stimuli by alarm, and the associated natural neurochemical cascade aims to restore the body's homeostasis. In this process, brain function switches to sympathetic nervous mode (to facilitate the immediate decision to flee or attack) and the hypothalamic-pituitary-adrenal axis is activated, with a slower but more sustained response to cope with stress (MOGYORÓSY-RÉVÉSZ 2019).

However, if the effect of distress is prolonged or recurrent (chronic traumatisation), the above cascade mechanism is prolonged, the equilibrium state is upset, there are significant and persistent changes in both cognitive, emotional and behavioural responses, and these changes are now also detectable in the structural features of the brain (HEIM et al., 2000; PERRY 2004; WILSON et al., 2011). This is a brief summary of the pathology of C-PTSD.

Under the influence of such prolonged crisis or cumulative stress, two main types of anomalies in emotion regulation emerge: the *hypoactivational* dissociative pattern (derealization, blocking, derealization, depersonalization), in which negative emotion is removed and/or diminished, and the *hyperactivational* reaction set, in which the predominance of negative emotion completely overwhelms and frames the person's perception. In C-PTSD, these two patterns often oscillate in rapid succession, the reason being that when the level of perceived threat becomes intolerable, the hypoactivation phase comes to the fore, and then as the perception of

negative stimulus decreases, the hyperactivation phase kicks in to give the body the opportunity to cope with the stress (PERRY 2004).

In sum, the explanation behind the biphasic roller coaster that results from rapid alternation (CORRIGAN – FISHER – NUTT 2011) lies in the nervous system's ongoing attempt to restore regulation, in which, although both mechanisms are adaptive, the rapid alternation and co-presence of extreme responses still exhibit maladaptive effects (MOGYORÓSY-RÉVÉSZ 2019).

Part and consequence of this effect is that the window of tolerance to stressors narrows, i.e., incoming stimuli are more likely to be labeled as “threatening” and the responses to them have a lasting and significant impact on neurological functioning (OGDEN – PAIN – FISCHER 2006), and ultimately the nervous system becomes organized around the triggered experience. This is therefore a significant difference from the classical diagnosis of PTSD.

The resulting symptoms of C-PTSD include a tendency to problem focus, negative self-image, blaming, inconsistency, self-rejection, selective memory, learned hypervigilance (heightened alertness), and a sense of threat (VAN DER KOLK 2020).

For the subsequent validation of the conceptual metaphor, three nodes in the neurological cluster of complex PTSD are worth highlighting: (a) the concepts of a narrowed tolerance window and induced emotion regulation disorders, (b) the persistent alterations in brain structure and neural function, and, in relation to this, (c) the symptom cluster.

COMMUNITY HYSTERIA AS IDENTIFIED

István Bibó introduces a philosophical, yet rather nuanced approach to the social psychological character of the region. He argues that the historical memories of the presence of foreign power and the nationalist reaction to resist it in the Eastern European region have led to a juxtaposition of the concepts of democracy and nationalism, the advantage of the social order of the Western states has become irrecoverable, and, more importantly, the attempts to overcome the disadvantage - due to the absence or ‘alienation’ of state institutions - have been met with no other option than the assertion of a system of cultural symbols.

In the harmonious development of nations, the key to the Bibó’s idea is the balance between democratism and nationalism, the disruption of which can lead to serious disturbances. One such disturbance or consequence is the state of fear for existence or the politicisation of culture, or, in the apt term applied to social processes, the concept of communal hysteria. In Bibó’s concept of communal hysteria, the collective state of mind is derived from shared historical experiences and patterns of memory:

“It does not make much sense, however, to call immediately community hysteria any political feeling more intense than the average (...) It is more legitimate to consider as hysterical the persistent states of fear, as Ferrero describes them, which are the result of the great historical shocks of communities, e.g. These tend to manifest themselves in the constant fear of conspiracies, revolutions, invasions, coalitions and the violent persecution of perceived or real political opponents. But the real, great communal hysteria is when it is combined with all its characteristic symptoms: the community’s detachment from reality, its inability to solve the problems life has given up, its insecure and exaggerated sense of self-worth, and its unrealistic and disproportionate reactions to the influences of the world around it.” BIBÓ 1990. 371.

Bibó stresses that communal hysteria is passed on from generation to generation, another generation may live through the experience itself, another may evaluate it, and finally another generation may react hysterically. As for the peculiarly “distorted Hungarian character”, he mentions here, above all, the selective processing of information, unrealistic territorial attachment, the fixation and the transformation of fear into motives resulting from the uncertainty of national boundaries, and the presence of strong ambivalent feelings of self-blame and self-aggrandisement as elements of the peculiarly Hungarian hysteria.

According to Bibó’s way of thinking, the communal mental faculty is very similar to the individual psychic faculty, but it is also very different from it, because in it individual mental states are summarized and organized. Hence, the unfolding set of reactions becomes much more complex than at the individual level, and intentionality, community explanations and community goal-setting play a very important role. Thus, in fact, to understand the community character, it is not only the historical causes and processes that need to be taken into account, but also the political and ideological constructions in which the experience of loss has become a consensus in the social power field.

NARRATIVE PSYCHOLOGICAL RHYMES

As a sort of interjection, as a bridging element in the distance between the identifier and the identified, we can refer to the fact that these ideas are not at all alien to the school and reception of narrative social psychology.⁴ László – following precisely the ideas of BIBÓ (2005, 2011, 2012) – points out that in the construction of group identity, and more precisely in the evaluations of historical events preserved in collective memory, there are characteristic emotional patterns that are organised in a way that is similar to the individual life course (and identity). In other words, in the case of groups, we can speak of historical trajectories and the emotions associated with them, as in the case of individual trajectories. In the representations of collective memory, specific, repetitive models and strategies of emotional coping, specific to the group, can be found, and more importantly, the elements stored in these are strongly related to the construction of collective identity.

In their modelling studies of the patterns of organisation of historical representations, LÁSZLÓ, EHMANN and IMRE (2002), for example, found that the type of scenario in which events take a positive turn does not occur at all in Hungarian historical events.⁵ The Hungarian collective memory records the reconstruction after the Tatar invasion as the last reparation event, after which reflections on peaceful periods are underrepresented. The results may be explained by the fact that even temporary positive turns in national memory, which abounds in historical setbacks, basically induce disappointment and anger, and their evaluation is thus shifted in a negative direction (FÜLÖP 2010; LÁSZLÓ 2013, etc.). The pattern of group emotions resulting from the Hungarian historical trajectory and the collective national identity construction that can be unfolded from it thus suggest that Bibó’s ideas are still valid after all these years, and that the “Hungarian communal psychological make-up” can now be justified by empirical results.

⁴ one of the central claims of narrative psychology is that the psychological questions of individual life history raise the problem of the sequences of group history.

⁵ only three of the four basic themes were found in Hungarian folklore narratives. Of the event themes “we only won”, “we only lost”, “we won but eventually lost” and “we lost but eventually won”, the narrative of the type “we lost but eventually won”

THE AETIOLOGY, CASCADE AND SYMPTOMS OF THE “HUNGARIAN COLLECTIVE NERVOUS SYSTEM”

If we try to validate the neurological mechanisms of chronic traumatisation in the social field, it is worth looking for similarities with the aetiological conditions and symptoms of C-PTSD, without falling into the hybris of a full correspondence, in which case the metaphor’s degree of freedom would be compromised and the associative gap would be replaced by a didactic approach.

The causes of complex PTSD are thus identified in the clinical literature as being the result of prolonged stressful situations in which the individual feels a persistent lack of control over his or her situation, feels that he or she has lost the right to self-determination, or believes that he or she is unable to escape from the situation or does not currently see a way out.

In the case of Hungarian society, this conditionality can be found in the region-specific, geo-cultural characteristics and historical perspective outlined earlier. The prolonged lack of autonomy, the uncertainties of national borders, the fear of hegemony, the struggles for independence, the experience of a permanent state of prey status between empires, the historical representation of the delay in the wake of divergent national development and the experience of loss linked to Hungarian history constitute the interval in which chronic distress persists for a long time, and as a result of which the window of tolerance in the collective nervous system narrows.

In individual pathology, the person who has suffered a series of chronic distress experiences intense fear even after he has moved away from the situation. In a collective sense, this symptom is also shown in narrative studies of the last decade: texts that form the Hungarian national identity (history books, folklore narratives) bear the mark of a marked sense of victimhood and threat that capture the historical situation of about 250 years ago.⁶

This brings us to the issue of structural change: one of the consequences of C-PTSD is that prolonged stressors can cause permanent structural changes in the brain. The counterpart of this structural change is a set of reactions and patterns of emotion embedded in the collective self-definition, which continues to have an effect in the contemporary present, even though the conditions of the time (such as lack of national autonomy and self-determination) no longer exist. Experiences of loss, such as the Trianon Peace Treaty, Habsburg or Soviet oppression, for example, are not only reflected in the reawakening of national discourses after the regime change (cf. NIEDERMÜLLER 1996; BODÓ 1999), but are also plastic in contemporary rhetoric, if we look at political enemy formation, fear-mongering or intolerance towards external groups (e.g. MÉSZÁROS – SZABÓ 2018; SZILÁRD et al. 2022).

Both qualitative and quantitative data from Hungarian researches over the past decade show a self-representation that reveals elements of unelaborated cumulative traumatisation: overwhelmed by grievances, fearful and suspicious reactions towards external groups, passivity, avoidance of responsibility, one-sided, biased perspectives and extreme emotional reactions;

⁶ Several Hungarian studies show this result, for example, SZALAI and LÁSZLÓ (2008) show that Hungarians appear as weak agents, i.e. passive and coerced participants in historical self-representation. Concerning the dimensions of evaluation (LÁSZLÓ and CSERTŐ 2011), the theses of intergroup bias were confirmed at the verbal level. Further studies have focused on the analysis of the role of narrative internal perspective in identity construction (TÓTH, VINCZE and LÁSZLÓ, 2006), the measurement of intensionality and the emotional patterns of the historical trajectory (FÜLÖP 2010). The related results all imply the concept of identity threat.

and stagnation in processing the pain and losses suffered (BRAHAM – Kovács 2015; FÜLÖP – KŐVÁGÓ – BENZA – Kovács – KELENHEGYI 2016; SZILÁRDI 2017)

As for the succession of hypo- and hyperactivation processes: the threat experience paralyses on the one hand and provokes an exaggerated emotional response on the other. The resulting ripple effect can almost too easily be likened to Bibó's concept of community hysteria: the social entrenchment and overdetermination of alien power, the oscillation of self-blame and self-reinvention, the blaming of the perpetrator, depressive dynamics, emotional instability and victim perspective all resemble the mechanisms and symptoms of C-PTSD.

Finally, Bibó's argument that intentionality and communal explanations will play a very important role in the latter is strongly emphasized in the separation of the concepts of individual and collective hysteria. This element is perhaps most evident in the acts of power agentiality employing moral panics (COHEN 2002) and securitisation (BUZAN et al. 1998). The logic of action of political actors who effectively use the tool of fearmongering and populist discourse entails a phobic rejection (cf. cleavage) of foreign groups (METTAN 2017). And the question of the reality of enemy images (namely, whether they are perceived or real) in this interpretative framework does not merely belong to the realm of power/political manipulation, but also becomes a question of the narrowed window of tolerance, i.e., very simply put, it is not a question of whether there will be an enemy, but of who will be one. Consequently, we also have to take into account the question of whether persistent patterns of fear have the further consequence that, after a certain period of time, not only external groups pose a threat, but also those that were originally part of the internal group, but which, because of ideological, ideological or any other differences, are labelled as 'threatening', i.e. the consequence of the narrowed tolerance window is also extreme polarisation within society.

SUMMARY

In our previous work, we applied the symptom cluster of borderline personality disorder as an experiment to the reaction patterns of Hungarian society, but at that time the new diagnosis of C-PTSD was not yet clear, which - not incidentally - was not yet available because the distinction between BPD and complex post-traumatic stress disorder was a challenge for clinical psychology and psychiatry, precisely because of the symptomatic overlap of the two diagnoses.

So, what might be the significance of linking C-PTSD and Hungarian community hysteria in the contemporary present? Can such a comparison hold any novelty? In recent decades, a number of pertinent theoretical, historical and empirical approaches have been developed on the collective identity, national losses, historical and emotional dynamics of Hungarian society, thematizing and justifying the schemas of self and out-group, the presence of a marked sense of victimhood and the experience of threat.

However, in my view, if we relate these findings to the metaphorical space of the circumstances, functioning and symptoms of the onset of C-PTSD, the logic of the collective 'action and reaction set' becomes more understandable. Indeed, the analogy not only provides a descriptive and synthesizing insight into the historical causes and consequences, but can also provide a broader perspective on the mechanisms of identity construction. In addition to demonstrating the heightened sensitivity of this society to threats, thus making it possible to understand the success

of the manipulation attempts of the various ideological sides, it also shows the discursive logic of the agents of power at the time, which already treats the presence of (selected) external groups or threatening persons with a lower level of sensitivity, anxiety and hypervigilance.

If Bibó captured the social constitution in the metaphor of communal hysteria, the “political and discursive nervous system” of Hungarian society can be seen in the image of complex PTSD, both in terms of oscillation and aversion towards foreign groups, and in terms of the sensitivity of the heightened sense of fear. For this reason, we cannot rule out the possibility that Bibo might find the identification of the metaphor in the community C-PTSD today, but this is of course only a playful suggestion.

However, the applicability of the C-PTSD metaphor may have a more serious dimension if we consider not only the clinical picture but also its collective, social therapeutic proposals for the future. Since the recovery of maladaptive functioning should be validated at different levels of social publicity, it is certainly worth creating a trans- or at least interdisciplinary context that can act in educational, artistic, symbolic action and discursive fields of power. In the case of emotional stability, the ‘restoration’ of the window of tolerance, it is worth listening to the theorists of collective trauma cited above, that new forms of representation must be incorporated into the process of processing a state of persistent threat, so that, as we have argued in our previous work (2022), corrective narratives of the causes of wounding and their retelling may prove crucial to healing.

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