A product of history

Today the concept of trauma is widely used to describe responses to extreme events across space and time, as well as to guide their treatment. However, as Allan Young reminds us in *The Harmony of Illusions: Inventing Post-Traumatic Stress Disorder* (1995), it is actually a Western artefact, "invented" in the late nineteenth century: "The disorder is not timeless, nor does it possess an intrinsic unity. Rather, it is glued together by the practices, technologies, and narratives with which it is diagnosed, studied, treated, and represented and by the various interests, institutions, and moral arguments that mobilized these efforts and resources" (5). Similarly, in the introduction to *Traumatic Pasts: History, Psychiatry, and Trauma in the Modern Age, 1870–1930* (2001), Paul Lerner and Mark Micale note that their volume—an edited collection providing a historical study of the concept of trauma—"calls into question the idea of a single, uniform, transhistorically valid concept of psychological trauma by demonstrating its cultural and social contingency through a series of historical case studies" (25). The origins of this "historical product" (A. Young 5) can be located in a variety of medical and psychological discourses dealing with Euro-American experiences of industrialization, gender relations, and modern warfare (Micale and Lerner, eds.; Saunders; Saunders and Aghaie). As Laura Brown observes, hegemonic definitions of trauma have been constructed from the experiences of dominant groups in the West, that is, "white, young, able-bodied, educated, middle-class, Christian men" ("Not Outside the Range" 101). As a result, trauma has come to be understood as "that which disrupts these particular human lives, but no other" ("Not Outside the Range" 101).

The far-reaching implications of the fact that trauma is rooted in a particular historical and geographical context have long been ignored by academic researchers, including activist scholars fighting for public recognition of the psychic suffering inflicted on the socially disadvantaged. As Claire Stocks notes, the latter typically argue that the distress experienced by the constituencies whose cause they champion—for example, victims of sexual or racial abuse—is equivalent to experiences that are generally accepted as being traumatic, such as exposure to war-related violence (75–76). The feminist trauma theorist Judith Herman, for example, insists that her book *Trauma and Recovery: The Aftermath of Violence—from Domestic Abuse to Political Terror* (1992) is about "commonalities: between rape survivors and combat veterans, between battered women and political prisoners, between the survivors of vast concentration camps created by tyrants who rule nations and the survivors of small, hidden concentration camps created by tyrants who rule their homes" (3). She is concerned to "develop concepts that apply equally" to the experiences of these various groups (4). In *Worries of Hurt: Reading the Literatures of Trauma* (1996), Kali Tal, another feminist trauma theorist, similarly highlights parallels and correspondences between traumatic experiences suffered by men and women in very different situations and contexts. For example, she maintains that "the combat veteran of the Vietnam War responds viscerally to the transformed signs used by the survivor of the concentration camp since they mirror his or her own traumatic experience" (16), and that "[a]ll American women are threatened with violence, regardless of their race or class, just as all Jews were in danger in Nazi Germany" (20). This pervasive focus on similarity or sameness stems from a desire to gain recognition for the hitherto disregarded or overlooked suffering endured by disempowered groups. Noble as this goal is, such an approach risks erasing important differences and thereby ultimately doing more harm than good. It takes for granted rather than interrogates hegemonic definitions of trauma which are not scientifically neutral but culturally specific, and which will have to be revised and modified if they are to adequately account for—rather than to (re)colonize—the psychological pain inflicted on the downtrodden.
Indeed, it can be argued that the uncritical cross-cultural application of psychological concepts developed in the West amounts to a form of cultural imperialism. This claim has been made most forcefully by Derek Summerfield, a psychiatrist who sharply criticizes humanitarian interventions to provide psychological assistance in international conflict situations. "Psychiatric universalism," he writes, "risks being imperialistic, reminding us of the colonial era when what was presented to indigenous peoples was that there were different types of knowledge, and theirs was second-rate" ("Cross-Cultural Perspectives" 238). In the assumption that Western-style trauma programmes are necessary to avoid a postwar crop of psychiatric disorders, which is used as a basis for interventions in the lives of war-torn populations around the world, Summerfield hears "a modern echo of the age of Empire, when Christian missionaries set sail to cool the savagery of primitive peoples and gather their souls, which would otherwise be 'lost'" ("Critique" 1457).¹

These and similar accusations are reiterated by Ethan Watters in his book Crazy Like Us: The Globalization of the American Psyche (2010).² Watters critiques what he calls "the grand project of Americanizing the world's understanding of the human mind" (Crazy Like Us 1). Over the past three decades, he writes, Americans have exported their ideas about mental health and illness around the world without regard for cultural differences, imposing their definitions and treatments as the international standards: "Indigenous forms of mental illness and healing are being bulldozed by disease categories and treatments made in the USA" (Crazy Like Us 3). One of the four case studies Watters examines is post-traumatic stress disorder (PTSD; the others are anorexia, schizophrenia, and depression). He reports on the Western trauma counsellors who arrived in Sri Lanka following the 2004 tsunami and who, in their rush to help the victims, inadvertently trampled local expressions of grief, suffering, and healing, thereby actually causing the community more distress.

The idea that Sri Lankans lacked local resources for psychological healing ignored or discounted the cultural traditions, beliefs, and rituals on which these people—who had lived through a 30-year civil war—relieved. The resilience displayed by many Sri Lankans in the wake of the tsunami was seen as evidence that they were "in denial" and needed to be forced to confront the traumatic event that they had just experienced lest the unprocessed memory of it would begin to fester and manifest itself as PTSD. To that end the Western trauma counsellors employed a "debriefing" technique, which consisted of making the survivors retell and rework the traumatic event they had witnessed verbally or otherwise so as to allow them to process or master their traumatic memories. Watters argues that applying this approach—whose scientific validity he questions in any context—to post-tsunami Sri Lanka was ineffective and even harmful. He suggests that the remarkable psychological resilience shown by the Sri Lankan population, its capacity to live in the face of horror, can be partly accounted for by protective beliefs in Hindu and Buddhist traditions, such as an active acceptance of pain and suffering or the belief in rebirth and recompense through reincarnation (Crazy Like Us 89). Moreover, he claims that the central tenet of Western trauma counselling—that traumatic experiences must be retold and mastered—undermines local coping strategies, designed to keep the violence of the civil war from spiralling out of control, according to which the best way of dealing with trauma and containing the violence is not to talk about it directly (Crazy Like Us 107–14). Watters also points out that Sri Lankans tended to see the negative consequences of the tsunami not so much in terms of psychological damage as in terms of damage to social relationships (Crazy Like Us 91–93). "In a culture such as Sri Lanka's," therefore, "an emphasis on healing the individual away from the group, particularly in one-on-one counseling with strangers, is problematic" (Crazy Like Us 93).

As is well known, trauma gained official disease status in 1980, when it was included in the third edition of the authoritative Diagnostic and Statistical Manual of Mental Disorders (DSM) of the American Psychiatric Association as PTSD, a discrete and independent diagnostic entity appearing under the larger rubric of anxiety disorders. PTSD has been redefined in each subsequent version of the DSM, and is set to undergo further changes in the fifth edition, expected in 2013. That PTSD is widely believed to constitute a timeless, acultural, psychobiological phenomenon can be inferred from the fact that it is set apart from the "Culture-Bound Syndromes" described in a very short section far back in the DSM, that is, mental illnesses peculiar to certain cultures.³ As Watters points out, “Western mental health practitioners are prone to believe that, unlike those culturally contrived manifestations of mental illness, the 844 pages of the DSM-IV prior to the inclusion of culture-bound syndromes describe real disorders
of the mind, illnesses with symptomatology and outcomes relatively unaffected by shifting cultural beliefs. And, the logic goes, if they are unaffected by culture, then these disorders are surely universal to humans everywhere" (Crazy Like Us 5). However, many clinicians and researchers have come to feel that the PTSD construct reflects a Eurocentric, monocultural orientation (Spanierman and Poteat 521).4

In a recent book, Brown calls what she describes as the “disconnection between the fields of trauma studies and cultural competence” both “surprising and ironic,” as many of the early proponents of PTSD were social justice activists, involved in movements against the Vietnam War or for women’s equality: “It might have been reasonable to assume that these socially conscious professionals, already deeply attuned to some forms of social injustice, would have looked next to issues of racism, classism, heterosexism, and other forms of oppressive inequality as they tried to enhance their comprehension of how trauma affected human lives; but that never occurred” (Cultural Competence 8).

**Trauma and the everyday**

Much criticism has been levelled at the DSM formulation of PTSD for its perceived failures of inclusiveness. Particularly contentious is Criterion A, the definition of what constitutes a traumatic stressor. According to the 1980 definition, PTSD is caused by an event that “would evoke significant symptoms of distress in most people” (DSM-III 238). Qualifying stressors, such as rape, military combat, earthquakes, aeroplane crashes, or torture, were those deemed to be “generally outside the range of usual human experience” (DSM-III 236). The revised 1987 edition expanded Criterion A to include witnessing or learning about one’s family or friends being exposed to serious dangers as well as being directly exposed to such dangers oneself (DSM-III-R 250). The fourth edition, published in 1994, gives the following definition, which appears unchanged in the latest DSM version, a text revision of DSM-IV from 2000 called DSM-IV-TR:

A. The person has been exposed to a traumatic event in which both of the following were present:

1. the person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others

2. the person’s response involved intense fear, helplessness, or horror. Note: In children, this may be expressed instead by disorganized or agitated behavior

(DSM-IV 427–28; DSM-IV-TR 467)

Note that the direct victim of the event is now no longer required to be among the family or friends of the witness, as was still the case in the DSM-III-R. The fact that Criterion A has broadened with almost each successive version of the DSM has led some critics to complain about “a conceptual bracket creep” (McNally 5) or “criterion creep” (Rosen et al. 4) in the definition of trauma. However, the preliminary draft revision of the DSM published on 10 February 2010 suggests that this trend will be reversed in the DSM-5, as the definition of what counts as a traumatic stressor has been “tighten[ed] up” so as “to make a better distinction between ‘traumatic’ [sic] and events that are distressing but which do not exceed the ‘traumatic’ threshold” (American Psychiatric Association, “Rationale”). Yet, many feminist and multicultural clinicians and researchers have argued that even in its current formulation Criterion A, though broad, is still narrow enough to make some important sources of trauma invisible and unknowable. In particular, it tends to ignore “the normative, quotidian aspects of trauma in the lives of many oppressed and disempowered persons, leading psychotherapists to an inability to grasp how a particular presentation of client distress is in fact posttraumatic” (L. Brown, Cultural Competence 18). The narrow range of possible traumas in people’s lives implied by Criterion A needs to be expanded, it is argued, as there are many other experiences than those involving “actual or threatened death or serious injury, or a threat to the physical integrity of self or others” that can result in post-traumatic symptoms.

Concrete suggestions that have been offered for extending current definitions of trauma include type II traumas (Terr), complex PTSD or disorders of extreme stress not otherwise specified (Herman, “Complex PTSD”), safe-world violations (Janoff-Bulman), insidious trauma (Root), oppression-based trauma (Spanierman and Poteat), postcolonial syndrome (Duran et al.), postcolonial traumatic stress disorder (Turner), and post-traumatic slavery syndrome (Poussaint and Alexander). These attempts to go beyond or diversify the DSM definition of trauma can assist in understanding the impact of everyday racism, sexism, homophobia, classism, ableism, and other forms of
structural oppression. Even though post-traumatic symptoms may be exhibited, the chronic psychic suffering caused by such experiences does not qualify for the PTSD diagnosis if, as is most often the case, an overt threat or act of violence is absent.

To give an example, I will briefly discuss racism as a source of what Maria Root calls “insidious trauma.” In most Western countries, overt racism has largely been replaced with more covert, subtle, ambiguous, and complex racist incidents operating at institutional and cultural levels. Racism nowadays typically takes the form of daily micro-aggressions such as being denied promotions, home mortgages, or business loans; being a target of a security guard; being stopped in traffic; or seeing one’s group portrayed in a stereotypical manner in the media. Unlike, say, hate crimes committed by an overtly racist perpetrator, such incidents involve no direct threat to life or physical safety and, as a result, do not fit the Criterion A definition of traumatic stressors. One such incident alone may not be traumatizing, but traumatization can result insidiously from cumulative micro-aggressions; each one is too small to be a traumatic stressor, but together they can build an intense traumatic impact. As Jill Matus points out, “To claim that racial oppression should be viewed as productive of trauma is to move away from the emphasis on an overwhelming event that cannot be registered or recorded by the usual processes of memory in order to look at the local, habitual, everyday (therefore often unremarkable or invisible) forms of oppression” (29).

Thema Bryant-Davis and Carlota Ocampo list five barriers which, in their view, prevent the acknowledgement of racism as a source of trauma. The first of these barriers—the narrow DSM definition of trauma—can be regarded as a consequence of the other four. One of these is “moral disengagement”: “If we deny the existence and impact of trauma, then we are relieved from the duty of having to respond to it” (485). This corresponds to the reason Brown gives to explain why, despite its activist roots, the field of trauma research has largely ignored issues of racism, heterosexism, classism, etc. According to Brown, it comes down to a matter of “aversive bias” (Cultural Competence 9), a form of bias that is denied by and is invisible to its practitioners. Questioning assumptions taken as truth by the dominant culture is threatening and induces shame in members of dominant groups: “The critical analysis of systemic forms of oppression requires those in positions of dominance and privilege, such as psychologists and other psychotherapists, to acknowledge the social locations of greater power stemming from their professional training and status and to see themselves as benefiting from oppression through the privilege inherent in those roles, whether or not they actively oppress others” (Cultural Competence 9). It is much more comfortable for mental health professionals to see themselves as neutral but caring bystanders, as “good people who, because they are not intentionally perpetrating oppression, are thus not involved in it nor necessarily responsible for its alleviation through the mechanism of their work” (Cultural Competence 9). Bryant-Davis and Ocampo also point to “the belief that broadening the category will demote the status of legitimate victims by diluting the definition of trauma” (485). They call the underlying premise that sympathy and resources are limited “destructive,” and ask which gatekeeper will determine who the real victims are (485). Just as PTSD, which initially included only the experience of war veterans, was expanded through advocacy to include survivors of domestic violence and sexual assault, so ethnic minorities and their allies must now advocate for the recognition of racist-incident-based trauma as a legitimate traumatic experience, without in any way threatening the legitimacy of victims of other traumas (485). The fourth barrier which Bryant-Davis and Ocampo identify is the fear that broadening the trauma category will increase the financial accountability of perpetrators, leading to reparation lawsuits and compensation claims (485–86). The fifth and final barrier is the survivors’ concern with being pathologized, as normal responses to traumatic incidents are categorized as disordered (486). Gwen Bergner concurs that “the potential to pathologize blackness” is “[in] doubt the greatest danger in discussing the psychic effects of racism” (223). Bryant-Davis and Ocampo point out, though, that the survivor should not be stigmatized, as it is the racist incidents that are the problem and the root of the disorder. Indeed, these alternative paradigms for comprehending traumatic stress precisely shift the blame from the individual victim to the social context by making visible the en masse oppression of target groups, whose continued existence it is emotionally and economically easier for society at large to deny.

Dominant conceptions of trauma have often been criticized for considering trauma as an individual phenomenon and distracting
attention from the wider social situation, which can be particularly problematic in a cross-cultural context (Wessells 269–71; Summerfield, “Critique” 1453–55). After all, in collectivist societies individualistic approaches may be at odds with the local culture. Moreover, by narrowly focusing on the level of the individual psyche, one tends to leave unquestioned the conditions that enabled the traumatic abuse, such as political oppression, racism, or economic domination. Problems that are essentially political, social, or economic are medicalized, and the people affected by them are pathologized as victims without agency, sufferers from an illness that can be cured through psychological counselling. The failure to situate these problems in their larger historical context can thus lead to psychological recovery being privileged over the transformation of a wounding political, social, or economic system. Insofar as it negates the need for taking collective action towards systemic change, the hegemonic trauma discourse can be seen to serve as a political palliative to the socially disempowered. Summerfield even goes so far as to suggest a continuity between the reframing of political, social, or economic phenomena as psychopathology by humanitarian disaster relief agencies today and the use of psychoanalytic concepts to characterize the restiveness of the colonized or the desire for freedom of the enslaved as the result of deficiencies in psychological structure and balance in a previous era. “Humanitarian interventions,” he writes, “are not exempt from considerations of power and ideology, and may be at risk of an unwitting perpetuation of the colonial status of the non-Western mind” (“Critique” 1458).8

Pioneering postcolonial trauma theory

These criticisms of the individualizing, psychologizing, pathologizing, and depoliticizing tendencies of the dominant trauma model were anticipated by Frantz Fanon in his pioneering work on the psychopathology of racism and colonialism, especially in Black Skin, White Masks (1967 [1952]) and the last chapter of The Wretched of the Earth (1963 [1961]). As Rebecca Saunders notes, “Though rarely read as a trauma theorist, Frantz Fanon draws attention to crucial, yet often overlooked, episodes in the history of trauma: to the specific forms of trauma produced by colonial wars, by colonization itself, and, more diffusely, by racism” (13).9 In “Colonial War and Mental Disorders,” the final chapter of The Wretched of the Earth, which follows the text’s more famous sections on violence and national culture, Fanon describes the mental distress that colonial violence produces in both Algerians and their French colonizers through a series of psychiatric case studies of patients under his care. As he sets out to address “the problem of mental disorders born out of the national war of liberation waged by the Algerian people” (181), he observes that it is not just the war but also the colonial situation which it seeks to end that causes psychological damage: “The truth is that colonization, in its very essence, [before the war] already appeared to be a great purveyor of psychiatric hospitals” (181). In order to understand this, Fanon goes on, “we need only to study and appreciate the scope and depth of the wounds inflicted on the colonized during a single day under a colonial regime” (182). Even “[i]n the calm of this period of triumphant colonization,” he argues, “a constant and considerable stream of mental symptoms are direct sequels of this oppression” (182).

Fanon’s discussion of the psychological impact of colonialism in The Wretched of the Earth extends his analysis of the effects of racism in Black Skin, White Masks. A classic example of insidious trauma due to systematic oppression and discrimination is provided by his oft-cited account of encountering racial fear in a white child.10 In “The Fact of Blackness,” Chapter 5 of Black Skin, White Masks, Fanon describes how he felt his corporeal schema crumble as a result of being objectified as a demonic black figure in the eyes of a little white boy in Lyon, who, upon seeing him in the street, exclaimed: “Mama, look at the Negro! I’m frightened!” (112; trans. mod.). Associating the white child’s fright with virulent expressions of racist hatred, Fanon recounts how the imposition of the child’s gaze “abraded” his body “into nonbeing” (109). Stripped of his subjectivity, he became conscious of himself as “an object in the midst of other objects” (109). He compares the shock of encountering racial prejudice to psychic splitting—“I existed triply”—and physical amputation: “On that day, completely dislocated, unable to be abroad with the other, the white man, who unmercifully imprisoned me, I took myself far off from my own presence, far indeed, and made myself an object. What else could it be for me but an amputation, an excision, a hemorrhage that splattered my whole body with black blood?” (112). A little further on, Fanon tells us that “[m]y body was given back to me sprawled
out, distorted, recolored, clad in mourning in that white winter day” (113). He speaks of “being dissected under white eyes,” being “fixed” by those who “cut away slices of my reality” (116), and describes how “I felt knife blades open within me” (118). These persistent surgical metaphors, which recall the original, physiological meaning of trauma as a cut, lesion, or break in the body produced by an external force or agent, convey the devastating effect of contact with the objectifying and racializing gaze of the white European, which causes the black man to become alienated from himself. Fanon’s analysis brings to light the harm done to marginalized groups by continuous exposure to “a galaxy of erosive stereotypes” (129), which leads them to develop feelings of inferiority, inadequacy, and self-hatred.

Moreover, Fanon calls attention to the social nature of the traumas caused by racial oppression, claiming, in Black Skin, White Masks, that “the black man’s alienation is not an individual question” but, rather, “a question of a sociodiagnostics” (11). Hence, “the effective disalienation of the black man entails an immediate recognition of social and economic realities” (10–11). Fanon also questions the tendency of European psychoanalysis to focus exclusively on relations within the family unit and to assume a basic continuity between the family and the nation. A child growing up in a stable European family constellation later encounters a wider social world governed by the same values, rules, and principles. In the colonial situation, however, there is no such natural agreement between the family and the national culture. As Fanon points out, “A normal Negro child, having grown up within a normal family, will become abnormal on the slightest contact with the white world” (143). The discordance between the values, rules, and principles governing life in the family and those enforced in the social order makes the transition from childhood to adulthood a profoundly disorienting experience, and possibly a source of trauma, for the colonized. In another departure from traditional psychoanalysis, Fanon cautions against the inclination to value “the salvation of the soul” (11) over and at the expense of material liberation. The black man’s chronically neurotic state of mind cannot be alleviated, he writes, as long as the socio-economic structure which brought it on remains unchanged: “There will be an authentic disalienation only to the degree to which things, in the most materialistic meaning of the word, will have been restored to their proper places” (11–12). As Françoise Vergès points out, for Fanon, “[i]ndividual alienation and political alienation are related; both are the product of social, political, and cultural conditions that must be transformed” (49).

Sticking to the event-based model

The concerns about the PTSD construct expressed by psychologists and other mental health professionals, and the alternative paradigms that they have proposed, have received very little attention from within the field of cultural trauma research. For the most part, cultural trauma theory remains oriented around the Freudian model that underlies and informs the psychiatric profession’s official codification of trauma as PTSD (Wilson), taking no account of recent developments in psychological trauma research. Cultural trauma theory continues to adhere to the traditional event-based model of trauma, according to which trauma results from a single, extraordinary, catastrophic event. This is particularly noticeable in the work of Cathy Caruth and Dominick LaCapra, who engage more extensively and explicitly with psychological research on trauma than most other trauma theorists. Caruth mentions the debate about the introduction into the DSM of a category called disorders of extreme stress not otherwise specified (DESNOs) in the preface to Trauma: Explorations in Memory (viii) and includes an essay by Laura Brown criticizing the DSM definition of trauma in the same collection (“Not Outside the Range”), yet her work does not challenge the punctual trauma model which it takes as its starting point, and according to which “the accident” is “the exemplary scene of trauma par excellence” (Unclaimed Experience 6). This model also informs the neurobiological approach outlined in the essay by Bessel van der Kolk and Onno van der Hart in Trauma: Explorations in Memory, whose theory of the literal nature of traumatic memory fits well with Caruth’s poststructuralist account (Leyes 229–31): taking their cue from the work of Pierre Janet in particular, van der Kolk and van der Hart perpetuate the assumption that trauma is “a frightening event outside of ordinary human experience” (172).

The traumatic impact of racism and other forms of ongoing oppression cannot be adequately understood either in terms of the basic concepts and distinctions which LaCapra has introduced or
expanded upon (Kennedy; Wilder), though bringing conceptual clarity to trauma theory is one of his most notable contributions to the field. One of LaCapra's key distinctions is that between loss and absence, which maps onto the distinction between historical and structural trauma. Loss "is situated on a historical level and is the consequence of particular events" (Writing History 64); absence, by contrast, is situated on "a transhistorical level" (Writing History 48), "is not an event and does not imply tenses (past, present, or future)" (Writing History 49), as it is a constitutive feature of existence—for example, the absence of ultimate foundations or metaphysical grounds (Writing History 50). Loss can be "worked through" (a concept LaCapra borrows from Freud); absence must be lived with. Useful as these distinctions are, it is hard to see how the trauma of racism fits into this picture. Unlike structural trauma, racism is historically specific; yet, unlike historical trauma, it is not related to a particular event, with a before and an after. Understanding racism as a historical trauma, which can be worked through, would be to obscure the fact that it continues to cause damage in the present. As Gary Wilder notes, "the idea of working through presupposes a normal distinction between past and present that has been unnaturally confused and needs to be restored. But what constitutes normal temporal distinctions when the structured past continues actively to structure the present?" (54). Understanding racism in terms of structural trauma is no less problematic, though, as this would make it into a constitutive feature of existence, something that must be lived with. As Rosanne Kennedy points out, "other concepts are needed" (104). Moreover, as Victoria Burrows argues, this is a matter of some urgency: "until the daily occurrence of racial trauma becomes an important part of trauma theory, it will be addressing neither the structural nor the historical traumas of the twentieth century, nor will it provide a viable theoretical paradigm for the twenty-first" (18).

An article by Stocks that takes canonical trauma theory to task for its "cultural bias," which makes it "less applicable" to non-Western subjects (88), inadvertently shows how difficult it is for trauma theory to transcend this bias and to develop alternative conceptualizations attuned to racial and colonial trauma. Stocks denounces trauma theory's reliance on "specifically Western conceptions of the self" (73), according to which a psychologically healthy subject is unified, integrated, and whole, and questions the notion that healing from trauma consists of overcoming the fracturing of the self and the resulting division in identity caused by an extremely disturbing event. Stocks is right to point out that the assumption of "the pre-existence of a state of perceived psychic unity, which 'healing' aims to restore" (74), is often unwarranted: after all, for many disempowered groups, as we have seen, trauma is a constant presence, "a continuing background noise rather than an unusual event" (L. Brown, "Not Outside the Range" 103), meaning that there is no pre-traumatized state of being that can be restored in any straightforward manner. Unlike those (typically Western) subjects who have a sense of their own history as "ordinarily uninterrupted and coherent," "[t]hose for whom history is characterised by division may find it impossible or inappropriate to organise their memories in a singular, chronological fashion. Consequently, the kind of catharsis supposedly offered by the traditional 'talking cure' would presumably be unattainable since there is no single linear narrative into which to integrate traumatic memories" (Stocks 88). However, instead of challenging the one-size-fits-all application of the event-based model of trauma on the grounds that it risks ignoring the traumatizing effects of everyday oppression, Stocks surprisingly calls for a positive valorization of division, fragmentation, and multiplicity, which she conceives of as "a healthy or desirable foundation for the formation of identity" (75). Invoking the concept of "double consciousness," coined by W. E. B. Du Bois in The Souls of Black Folk (1900 [1903]) to describe the fractured psyche of black Americans, she expresses her regret that "the trauma theorists are inherently unable to reconcile multiplicity with mental health," even though she finds herself forced to admit that "the divided self may not be entirely unproblematical" (86). Indeed, Tal has fittingly called Du Bois's double consciousness "a graphic and apt descriptor of the effects of traumatic stress on an oppressed population" ("Remembering Difference"), effects which Stocks's approach carelessly embraces rather than interpreting them as signs of the traumatic impact of subjugation on the socially devalued.

**Tainted origins**

I would like to maintain, however, that trauma theory is not irremediably infused with Eurocentric bias, though such accusations have
often been levelled at the main methodologies—psychoanalysis and deconstruction—from which it takes its inspiration. As Alfred López notes, psychoanalysis has come under attack by contemporary theorists of race, gender, and culture such as Gayatri Spivak and Jacques Derrida, yet he believes that it remains “ideally suited to a theory and praxis of trauma, and colonial and postcolonial trauma in particular” (155). He keeps faith in the possibility of “a postcolonial psychoanalysis,” that is, “a discourse that would learn to listen to its others and their needs, rather than impose upon those others universalized dogmas and schematics inherited from an often oppressive and violently dominating Western scientific and philosophical tradition” (173). He calls on psychoanalysis to “check its own tendencies toward universalization, and its complicity with the systematic imposition of Western cultural paradigms on the rest of the world that still poses as a universal humanism,” and to respect heterogeneity and difference in dealing with the symptomatologies of cultures during and after empire (173).

In the same vein, Christopher Lane argues, in the introduction to The Psychoanalysis of Race (1998), that, despite its “tarnished” origins (13), psychoanalysis has much to teach us about race and racism. He defines the two aims of his collection as follows: “to ruin the myth that psychic enigmas are best explained as racial conflicts, and to critique the assumption that conflicts over the cultural meaning of race can be resolved without our tackling or understanding the unconscious” (20). On the one hand, assuming, with Freud and Carl Jung, that the unconscious operates as a “primitive” or “savage” constituency (13) would be to reproduce egregious stereotypes about racial difference” (20); on the other, treating the unconscious as unimportant would be to misunderstand the “ongoing difficulty” of cross-racial harmony (20).

Ranjana Khanna’s project in Dark Continents: Psychoanalysis and Colonialism (2003) is similar to López’s and Lane’s in that she, too, recognizes that psychoanalysis is “a colonial discipline” (x), yet refuses “to throw out the proverbial or indeed parochial baby with the bath water of political and economic colonialism” (28). Khanna acknowledges that psychoanalysis “brought into the world an idea of being that was dependent on colonial political and ontological relations, and through its disciplinary practices, formalized and perpetuated an idea of uncivilized, primitive, concealed, and timeless colonized peoples” (6). However, psychoanalysis is not doomed to assist in the repression of the colonized, but can be refashioned and reconfigured to become “the means through which contingent postcolonial futures can be imagined ethically” (xii). According to Khanna, psychoanalysis can be salvaged for postcolonial critique by being put through a process of “parochialization” or “provincialization.” She sums up her argument as follows: “Far from rejecting psychoanalysis, Dark Continents shows the importance of psychoanalysis in the world today as a reading practice that makes apparent the psychic strife of colonial and postcolonial modernity. I argue that psychoanalysis itself is a colonial discipline, and that, as such, it provides mechanisms for the critique of postcoloniality and neocolonialism” (x).

Deconstruction, in its turn, like poststructuralism in general, has been accused of being irrelevant if not indifferent or even inimical to postcolonial concerns because of its alleged textualist bias and its location in the Western academy. These accusations have been levelled most famously by materialist critics such as Aljaz Ahmad, Benita Parry, and Neil Lazarus, who denounce the perceived depoliticization of postcolonial studies as theorized and practiced by “culturalists” like Homi Bhabha and Spivak. Ahmad, for example, rejects the “apocalyptic anti-Marxism” supposedly espoused by postcolonial discourse, which he sees as the progeny of postmodernism, a catch-all phrase of derision for him that encapsulates poststructuralism and deconstruction (10). According to Ahmad, postcolonial critics such as Bhabha and Spivak, who take their inspiration from Derridean deconstruction, “subscribe to the idea of the end of Marxism, nationalism, collective historical subjects and revolutionary possibility as such” (10). Lazarus similarly denounces what he calls “the idealist and dehistoricizing scholarship” dominant in the field of postcolonial studies, and, like Ahmad, calls for a materialist critique (1). Parry also laments the rise of a postcolonial theory informed by poststructuralism, which, in her view, has shifted the focus away from politics and the violence of history:

The abandonment of historical and social explanation was soon apparent in the work of those postcolonial critics who disengaged colonialism from historical capitalism and re-presented it for study as a cultural event. Consequently an air-borne will to power was
privileged over calculated compulsions, “discursive violence” took precedence over the practices of a violent system, and the intrinsically antagonistic colonial encounter was reconfigured as one of dialogue, complicity and transculturation. (4)

Postcolonial theory as conceived by Bhabha and Spivak is seen to mystify imperialism and to deny the agency and voice of the colonized.

According to other commentators, though, poststructuralism and deconstruction have made a valuable and positive contribution to postcolonial thought, which Ahmad, Lazarus, and Parry largely fail to acknowledge.15 Stephen Morton, for example, while conceding that a postcolonial theory that is “too centred on the critique of the sovereign subject, the deconstruction of western metaphysics and the claim that all collective political resistance to imperialism is recuperated within a dominant system of power and knowledge” runs the risk of “denying the efficacy of collective political action, and the persistence of imperialism under the guise of neo-liberal globalization,” stresses that poststructuralism is a crucial resource for effecting cultural and intellectual decolonization. “While poststructuralism was never explicitly aligned with the anti-colonial liberation thought of Frantz Fanon, the formulation of poststructuralism was nonetheless a product of decolonization in post-war France, and has provided some of the most influential postcolonial theorists, such as Homi K. Bhabha and Gayatri Spivak, with a set of conceptual tools to challenge the cultural and philosophical legacies of colonialism” (172).

The most robust defence of postcolonial theory’s reliance on poststructuralism and deconstruction has been mounted by Robert Young in his books White Mythologies: Writing History and the West (1990) and Postcolonialism: An Historical Introduction (2001).16 Young contends that poststructuralism originated not in May 1968, as is often claimed, but in the Algerian War of Independence, and hence was always already postcolonial (White Mythologies 1). As he points out, many pioneers and key theorists of poststructuralism—Derrida, Hélène Cixous, Jean-François Lyotard, Louis Althusser, and Jean-Paul Sartre, among others—came from Algeria or were personally involved in the events of the war. Even though poststructuralism was taken up and developed in Europe, it was actually of non-European origin. Young goes so far as to suggest that the poststructuralism associated

with these names can be characterized as “Franco-Maghrebian theory”; after all, he writes, “its theoretical interventions have been actively concerned with the task of undoing the ideological heritage of French colonialism and with rethinking the premises, assumptions and protocols of its centrist, imperial culture” (Postcolonialism 414). Young credits this poststructuralism born out of the experience of colonialism with having provided postcolonial studies with a critical vocabulary for challenging the systems of knowledge that support Western imperialism. He sees deconstruction in particular as part of an attempt to decolonize the forms of European thought: “If one had to answer...the general question of what is deconstruction a deconstruction of, the answer would be, of the concept, the authority, and assumed primacy of, the category of ‘the West’” (White Mythologies 19). The critique of Western systems of knowledge that deconstruction offers is a vital step in the process of overturning the imperial order which those systems reflect and legitimate.

Coming down firmly on the side of those critics who argue that neither psychoanalysis nor deconstruction are fatally compromised by their (supposed) European provenance, I believe that trauma theory—as a product of their marriage—need not be abandoned altogether but can and should be reshaped, resituated, and redirected so as to foster attunement to previously unheard suffering.
Conclusion

In this book, I have tried to expose the limitations and blind spots that I think trauma theory will need to confront if it is to deliver on its promise of cross-cultural ethical engagement. To some extent, this is already happening. Though in the early stages of its development trauma theory focused predominantly on the Holocaust, in recent years the field has begun to diversify. It now also includes a still relatively small but significant amount of work addressing other kinds of traumatic experiences, such as those associated with not only 9/11 but also slavery, colonialism, apartheid, Partition, and the Stolen Generations. Moreover, there is a growing number of publications that adopt a cross-cultural comparative perspective. No doubt, much work remains to be done, especially, I think, regarding the conceptual and aesthetic issues that I have identified. However, these are hopeful signs, at least, that trauma theory is not irredeemably tainted with Eurocentric bias but can indeed stay relevant in the globalized world of the twenty-first century.

This relevance, however, cannot and should not be taken for granted. The ubiquity of trauma in contemporary United States culture has led to a number of trenchant and powerful critiques of—or even a backlash against—the recent interest in trauma, most notably by Mark Seltzer, Lauren Berlant, and Wendy Brown. Seltzer has famously identified a “wound culture” operating in society today: “the public fascination with torn and opened bodies and torn and opened persons, a collective gathering around shock, trauma, and the wound” (3). He characterizes the public sphere that is defined by this wound culture as a “pathological public sphere,” that is, one in which “the very notion of sociality is bound to the excitations of the torn and opened body, the torn and exposed individual, as public spectacle” (3–4). According to Seltzer, this pathological public sphere is inhabited by individuals who indulge in a voyeuristic fetishism of the other’s wounds. Witnessing the suffering of others is not conducive to any kind of progressive social or political change, in his view—quite the contrary even: the cultural fixation on spectacles of suffering and trauma (such as car crashes or serial killings) is all about individuals indulging in erotic pleasure, enjoying a sadistic identification with violence and a masochistic identification with exposed pain.

Berlant has also expressed serious misgivings about the proliferation of images of suffering in the public sphere and the sentimental political discourse that, despite the popular belief in its positive workings, effectively uses these images to silence and commodify the voices of the oppressed. According to Berlant, this discourse turns pain into an object of mourning and thereby represents the sufferers as dead—indeed, mourning figures here as “an act of aggression, of social deathmaking” (307). In so doing, sentimental political discourse domesticates the traumatic impact of suffering on privileged and complacent spectators who are complicit in the exploitative system that engenders this suffering. Even well-meaning, progressive attempts to give a voice to the oppressed can fall prey to sentimental politics, and obscure the structural nature of oppression and inequality, when they presume “the self-evidence and therefore the objectivity of painful feeling” (309). Berlant suggests that “the tactical use of trauma to describe the effects of social inequality so overidentifies the eradication of pain with the achievement of justice that it enables various confusions: for instance, the equation of pleasure with freedom or the sense that changes in feeling, even on a mass scale, amount to substantial social change” (310–11). Meanwhile, the “overwhelming structural violence” of the system remains unaddressed; indeed, the “transpersonal linkages and intimacies” fostered by sentimental politics can come to serve as “proleptic shields,” “ethically uncontestable legitimating devices for sustaining the hegemonic field” (311).

Similar doubts about the political value and efficacy of focusing on trauma and testimony have been voiced by Brown, who argues that identity politics in contemporary liberal society is based on an
investment in “wounded attachments” that undercuts its emancipatory goals. The pursuit of a radically democratic political project is hindered, in Brown’s view, by the tendency of subordinate groups to assume a victim position to confirm and legitimate an identity for themselves. Putting pain at the heart of demands for political recognition severely limits the possibilities for political transformation: “all that such pain may long for—more than revenge—is the chance to be heard into a certain release, recognized into self-overcoming, incited into possibilities for triumphing over, and hence losing, itself” (74–75). According to Brown, an effective oppositional politics may sustain such a project but must not be overtaken by it: she insists on the need to “guard[] against abetting the steady slide of political into therapeutic discourse, even as we acknowledge the elements of suffering and healing we might be negotiating” (75).²

Cogent though these various critiques are in their own terms, it seems to me that they unduly homogenize and simplify different forms of interest in and inquiry into trauma. While it is true, of course, that trauma research does not in and of itself lead to political transformation, I would argue that a trauma theory revised along the lines I have suggested is not destined to serve as the handmaiden of the status quo or a mere academic alibi for the indulgence of voyeuristic inclinations. On the contrary, it can help identify and understand situations of exploitation and abuse, and act as an incentive for the kind of sustained and systemic critique of societal conditions called for by Berlant and Brown. In fact, the expanded model of trauma I have proposed, based on the work of Laura Brown, Frantz Fanon, and others, bears a close resemblance to the model of suffering that Berlant puts forward as an alternative to the (traditional) trauma model, which she finds inadequate: “a model of suffering, whose etymological articulation of pain and patience draws its subject less as an effect of an act of violence and more as an effect of a general atmosphere of it, peppered by acts, to be sure, but not contained by the presumption that trauma carries, that it is an effect of a single scene of violence or toxic taxonomy” (338). Berlant’s observation that “the pain and suffering of subordinated subjects in everyday life is an ordinary and ongoing thing that is underdescribed by the (traumatic) identity form and its circulation in the state and the law” (344) is perfectly in line with the argument I have presented in this book.

That trauma research can act as a catalyst for astute political analysis and meaningful activism would seem to be borne out by the development in Fanon’s writing, from Black Skin, White Masks, which describes the psychological impact of racial and colonial oppression, to the overtly political The Wretched of the Earth, which confronts the source of the mental strife he saw in the clinic.³ Since Douglas Crimp’s plea for “[m]ilitancy, of course, then, but mourning too: mourning and militancy” (18) in relation to the AIDS movement back in 1989, several scholars have argued that an interest in issues of trauma, loss, and mourning is in fact compatible with a commitment to radical activism. A desire to make visible the creative and political—rather than pathological and negative—aspects of an attachment to loss is the thread that binds together the essays gathered in David Eng and David Kazanjian’s volume Loss: The Politics of Mourning (2003), which seeks to “extend[] recent scholarship in trauma studies by insisting that ruptures of experience, witnessing, history, and truth are, indeed, a starting point for political activism and transformation” (10). Eng and Kazanjian see their collection as moving “from trauma to prophecy, and from epistemological structures of unknowability to the politics of mourning” (10). As one of the contributors, Ann Cvetkovich, puts it, trauma can be “the provocation to create alternative lifeworlds” (“Legacies of Trauma” 453).⁴

Recognition of suffering serves as a necessary first step towards the amelioration of that suffering. In Judith Butler’s words, “The recognition of shared precariousness introduces strong normative commitments of equality and invites a more robust universalizing of rights that seeks to address basic human needs for food, shelter, and other conditions for persisting and flourishing” (28–29). Without wishing to overstate its likely impact, I believe that rethinking trauma studies from a postcolonial perspective and providing nuanced readings of a wide variety of narratives of trauma and witnessing from around the world can help us understand that shared precariousness. By fostering attunement to previously unheard suffering and putting into global circulation memories of a broad range of traumatic histories, an inclusive and culturally sensitive trauma theory can assist in raising awareness of injustice both past and present and opening up the possibility of a more just global future—and, in so doing, remain faithful to the ethical foundations of the field.⁵