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Anthropology Book Forum

Open Access Book Reviews

Eds. by Mark Micale and Hans Pols. *Traumatic Pasts in Asia History, Psychiatry, and Trauma from the 1930s to the Present*. New York, NY: Berghahn Books, ISBN:9781800731844

Traumatic Pasts in Asia focuses on how people reacted to horrific past events of wars, mass violence, and natural disasters across modern Asian history, covering the period from the mid-1930s to the present. The book includes twelve case studies examining social, cultural, and political manifestations of psychological trauma. The book can be read in relation to the original *Traumatic Pasts: History, Psychiatry, and Trauma in the Modern Age, 1870-1930* volume, published in 2001 that exclusively focused on Europe and North America. Employing ‘trauma’ as a vantage point to excavate underrepresented social histories challenges the conventional contours of the term as both a diagnostic label and a moral frame. The contributors interrogate pasts suggested by our current time where ‘trauma’ is increasingly capable of evoking relatable meanings and moral concerns, dubbed the “age of trauma” (117). Trauma is articulated in two distinctive ways. Whereas ‘trauma’ is utilized in some cases to unravel the silenced forms of pain and suffering, some other cases critiqued the overt exporting of “trauma” to non-Western realms through professionals obscured local priorities of healing.

The overarching argument furthers the fact that “Western concepts of psychological trauma provide a powerful lens of analysis through which to study modern Asian history” (5). In that way, the book resembles a novel contribution to the growing interdisciplinary area of historical trauma studies with non-Western accounts. Most case studies provide a profound critique to the expansion of Western psychiatric diagnostic categories like ‘trauma’ and its concomitant ‘PTSD’ as objective categories in recognizing psychological suffering and their potential incongruity in non-Western contexts. The studies carried out mainly by historians and anthropologists in this volume explore “how individuals and communities reacted to these calamities, and how victims, survivors, and others crafted narratives and coping strategies to render their suffering legible, intelligible, visible, manageable and legitimate” (3). Arguably, this book counts as a valuable endeavour to “decolonize mental health” by defamiliarizing current Western conceptions of psychology and psychiatry that seek universalism.¹ It highlights the necessity of unsettling the hegemonic aura of biomedical psychological categories. That is,

"taking Asian experiences of trauma 'on their own terms'" (Micale and Pols; 2021, 5). More precisely, "psychological trauma is culturally and historically situated and cannot be extracted from its complex social, cultural and political context" (4). The book, thus, exposes readers to a wide range of sociocultural patterns in handling psychological suffering, either by drawing on indigenous cultural references, importing foreign biomedical frames, or combining both modes of knowledge.

After traumatizing events, people resort to diverse cultural strategies to restore their communities and gain a sense of normality that the book editors identify as a "blend of interpretations." This "blend of interpretations" unfolds the intriguing fusion between traditional healing techniques along with other different streams of medical, psychological, and psychiatric traditions in interpreting the aftereffects of trauma. In other words, the chapters unpack "the dynamic interplay between dominant (Western) psychiatric views on PTSD and various local idioms of distress" (19).

Some chapters have instrumentalized the concept of "trauma" to uncover the existing silences on experienced violence. However, words like "trauma" and "traumatic" are not part of the various spoken languages in Asia. Chapter 3, "Atomic Trauma," by Ran Zwigerbery tackles the paradoxical phenomenon of the rising interest in studying the psychological ramifications of the nuclear age after the bombings of Hiroshima and Nagasaki (in Japan), as a "psychological weapon of 'mass terror'" as an unprecedented event witnessed by the entire world, while overlooking the actual survivors of these bombings who faced neglect for their mental suffering for decades (78). The historical excavations uncovered a confluence of reasons behind the negligence of atomic bomb survivors' psychological trauma. The failure to acknowledge the psychological pain among the survivors is attributed to multiple reasons, namely American censorship, Japanese researchers' suspicion of trauma, and the immense interest in radiation damage.

Likewise, Chapter 6 tries to read the psychological trauma implied in the letter-writing friendship between Western activists and a group of Indonesian women imprisoned as part of anti-communist purges in Indonesia. The author, Vanessa Hearman, recognizes the fact that these women never used the term "trauma," but applying psychological trauma allows the research to subvert the imposed stigma on female communist activists in contemporary Indonesia. Similarly, Hua Wu relies on the connections of trauma and memory in addressing

the remembering of the experiences of Sent-Down Youth programs that mobilized urban educated kids to the countryside during the communist restructuring of 1960s China.

The ethnographic studies in Chapters 5, 10, and 11 defy the globalization of PTSD. In fact, PTSD screening has been indoctrinated as an integral humanitarian effort to elevate the suffering of inflicted populations since the 1990s. Such standardization of psychological relief has obscured the complex dynamics that take place in processing traumatic events, especially in protracted conflicts, like in Vietnam, Burma and Kashmir. As the editors nicely put it, “many individuals in Asia today remain in situations that continue to traumatize them: they therefore are not yet post their trauma” (16). In Chapter 5, “No PTSD in Vietnam,” Narguis Barak attends to the vigorous marketization of PTSD, by bringing into play an array of particular cultural, contextual, socio-political history and environmental factors that condition suffering and healing in the Vietnamese context after the war. Barak discovered that foreign theories of French and Soviet psychiatry found resonance in traditional Vietnamese medicine that “emphasized the somatic and social over the intrapsychic and individual” (134). The subsequent Chapters 10 and 11 thoroughly describe the transferring of the public health model of trauma and its intersection with local common-sense-making processes, one in Burma and the other in occupied Kashmir. Most importantly, the authors of both chapters notice the constitution of “trauma” and its associated terms as a form of “public testimony” (246) to gain international visibility for the inflicted populations.

Another curious moment that some of the studies trace is the non-linearity of the development of psychiatry and psych-sciences in the early twentieth century. They, rather, unravel the dialectic dynamics in transferring and applying these modern Western realms of ideas and traditional cultural frames, in various contexts, cultures, and times. In Chapter 4, Jennifer Yum-Park discusses the time in South Korea in which army psychiatrists struggled to diagnose and treat the psychiatric victims of war after the Korean War. This historical case simultaneously highlights the role of war in facilitating the global exchange of medical ideas, and the dynamism of ideas in psychiatric thought and practice, at that time. For instance, the Neo-Freudian dominated American psychiatry which extended Freud’s thought in explaining mental breakdown in the army. The neo-Freudians ascribed the mental breakdown to the “pre-existing psychological and interpersonal disturbances since their early childhood” (102). In Chapter 7, Caroline Bennett—through her focus on haunting in post-Khmer Rouge Cambodia—provides what she describes as “a counter-narrative or alternative approach to totalizing approaches” that perpetuate “the notion of PTSD as a normal stress response to

traumatic events” (194). Bennett dissects the Cambodian ritualistic offerings for the dead in the re-ordering of sociality.

To wrap up, the book represents insightful cases that expose the diversity of how people react to horrific past events across Asia’s modern history. The careful contextualization included in each chapter confronts the inherent bias of the historical trauma studies of well-documented traumatic experiences in the Western world. Untangling intricate social and cultural mechanisms people deploy in times of turbulence and rapture challenge the discursive hegemony of trauma as a self-evident moral imperative. Nevertheless, a significant cluster of studies have relied on trauma as an entry point to discerning extraordinary violence, its long-lasting psychological residue, and identifying potential silences.

¹Mills, China. *Decolonizing Global Mental Health : The Psychiatrization of the Majority World*. London ; Routledge, Taylor & Francis Group, 2014.

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In 2019, she ethnographically examined the everyday lives of sub-Saharan refugees and migrants in tracking their experiences in accessing healthcare in Rabat, Morocco, as part of her MA degree. Applying anthropological inquiry provided grounded and nuanced understandings of complexities and ambivalences stemming from the implementation of global health policies that promote refugees’ healthcare access, through studying specific locale situated within particular national context and historicity.



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