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Commentary

Back from the edge of existence: A critical anthropology of trauma

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How do local responses to trauma articulate with understandings of subjectivity, personhood, and meaning making? What therapeutic mechanisms seem to be at play? And how can the analytic lenses of anthropology help us understand—and maybe even facilitate—processes of recovery? In engaging these questions, the papers in this Special Issue lay the groundwork for what we might call a critical anthropology of trauma that bridges the divide between micro-level and macro-level analyses of radical ruptures from the everyday.

As several of the authors note, what we now call trauma is hardly a new topic for anthropologists, who have long paid special attention to events that push people to the very edges of their own existence, as well as the various ways they find their way back, often radically transformed (e.g., Crapanzano, 1985; Levi-Strauss, 1963; Obeyesekere, 1984; Rosaldo, 1989; Spiro, 1987; Turner 1967). Such edge-of-existence experiences hinge on what Scarry (1985) calls the unmaking and remaking of worlds. Pushed to the very precipice of physical and/or psychological annihilation, the bonds that tether a person to the everyday world become stretched, distorted, and even torn; sometimes irreparably so. Such a state of ontological alienation is profoundly distressing. To regain their footing, people often turn to culturally available practices, symbols, and structures to help reorient them to the world. Anthropologists have used exegeses of such processes as the foundation for theories of the work of culture (Obeyesekere, 1990).

By the mid-1990s, anthropological engagements with such edge-of-existence experiences had turned away from questions of psychological process and towards an examination of the social life of the *category* of such experiences; "trauma" as a cultural construct became marked as a distinct object of study (Young, 1995). Works in this vein are less concerned with underlying psychological mechanisms of trauma as with the social and cultural processes through which some experiences are recognized as "traumatic" and others are not, what this reveals about local understandings of moral responsibility, and the pathways by which recovery is imagined.

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In recent years, the lens has pulled back even further, as anthropologists examine how individuals, organizations, and international institutions appropriate and strategically deploy aspects of the category of "trauma" to achieve certain ends (Fassin & Rechtman, 2009; James, 2010; Robben & Suarez-Orozco, 2000). Innovative new scholarship in fields of cultural neurobiology, developmental neuroscience, and neuroanthropology (e.g., Collura & Lende, 2012; Kirmayer, Lemelson, & Brand, 2007) that attends to the material foundations of psychological trauma seems to hold little sway in mainstream American cultural anthropology, where "trauma" has been earnestly wrested from the realm of individual psychology and figured as a political and economic concern (e.g., Adams, van Hattum, & English, 2009).

Much has been gained in this scaling up of anthropological studies of trauma from deep unconscious processes to strategic appropriations of categories of experience. What often falls through the cracks, however, is a serious attending to the fact that, regardless of whatever social or cultural meanings might accrue, people genuinely suffer. Any anthropological consideration of trauma cannot—should not—lose sight of this fact. And people not only suffer; they endure, and sometimes even transcend. People find ways to go on living—not just by resolving deep psychological conflicts or by reorganizing their experience to meet existing categories, but through ongoing, iterative, continuous processes of meaning-making that emerge *in relationship with others*, across a variety of levels and contexts, and through time.

A traumatic event is traumatic precisely because it sheers us off from our expected connections with others, from our perceived social supports, from our basic sense of safety, however locally construed. Whether this happens in sexual abuse, war, death, torture, natural disasters, spirit attacks, soul loss, or any number of other things, the events considered radical severing of basic human connection brings us come face-to-face with the limits of our own existence. We glimpse the edge of our very being, and we feel our ontological aloneness. And if we think of "trauma" as a relational injury rather than a purely intrapsychic or structural one, we can see even more clearly that, however it is locally defined, is hardly over once the immediate danger has passed—it simply enters a new phase.

Through human relationships, a traumatized person retethers to the world. What is especially exciting about the papers in this Special Issue is that they offer ways of considering processes of retethering that acknowledge the multiple dimensions of relatedness across which it occurs and the unexpected forms it might take, even suggesting that behaviors and experiences commonly thought of as pathological in psychiatric terms might, in fact, be critical to the process of healing.

Talking about trauma

Two meanings of the term "trauma" tend to get conflated in contemporary usage, contributing to some of the conceptual and theoretical issues these papers aim to

address. In medical lingo, trauma is a physical insult to the body—a trauma to the head, for example. When we talk about psychological trauma, however, we generally mean not only the event itself, but the complex set of responses a person has *to* an event—she has flashbacks, he is unable to sleep, she becomes panicky and fearful, he startles at the sound of a car backfire. Whether about event or response, American discourses about trauma discursively construct it as having an identifiable beginning, middle, and end. Trauma is, as if were, carved out of the flow of everyday existence and is bracketed as a "thing" that is discernible against the backdrop of a person's life.

The reality, of course, is that trauma happens *within* the flow of a person's life—he or she did not simply come into being at the moment of the event. A soldier who lost a leg to an improvised explosive device (IED), for example, incurred a trauma to her body (in a medical sense) at the moment of the explosion. She may also have psychological trauma related to the event for the rest of her life. This psychological trauma is rooted in the actual explosion, certainly. But while that may have been the beginning and end of the specific event that caused injury to her body, it was merely the beginning of the effects of the explosion on her sense of herself, her relationships, and the world, all of which were changed in an instant and will continue to evolve over time. Whether or not she received timely and adequate medical care, the moment she realized she had lost a limb, facing family and friends, and coming to terms with her forever-altered body and mobility, in different ways at different phases in her life—all of these factors, in psychological terms, are part of what makes the injury not only traumatic, but traumatic *in particular ways*. They are rooted in social, cultural, and personal understandings about what is necessary for a healthy, full life, and also in the soldier's personal explanatory models of what happened to her and why, including belief (or not) in a higher power, her views on the moral value of the war, etcetera. Both the event itself and its psychological responses to it are "trauma," but they draw the boundaries around things quite differently.

When we conflate trauma-as-moment-of-injury and trauma-as-ongoing-lived-experience, we forever loop present-day experience back into the past, affixing it to the original insult or injury and severely constraining our interpretive and therapeutic horizons. As Joseph Gone notes in his paper in this issue, this generates powerful moral rhetorics that figure "the traumatized" as disabled, weakened, and wounded in ways that homogenize experiences rather than illuminate them, while also preventing people from shedding the label without forfeiting a core aspect of their identities. What is needed is a more productive way of discussing trauma that both acknowledges the dramatic and life-altering nature of experiences that push people to the very precipice of ontological alienation, and at the same time recognizes that processes of retethering are complex, variable, idiosyncratic, temporally extended, malleable, and may not always look like healing according to dominant models of recovery. In their fruitful engagements with local conceptions of and responses to trauma, these papers do just that and, as a result, advance

anthropological discussions of trauma in three key related domains: (a) cultural models of agency, (b) developmental arcs of trauma, and (c) theorizing therapeutic mechanisms.

Ambivalent agency

Prevailing psychological and psychiatric understandings of trauma are linear, fixed, and presuppose a very particular set of agentic relationships. Trauma is viewed as something that happens *to* an individual that fragments his or her experience into "pretrauma" and "posttrauma" life. What makes the traumatic event *traumatic* is thought to be the experience of a radical loss of agency, a sense of powerlessness, vulnerability and fear for one's very existence, in the face of a person or a force much greater than oneself—an abuser, a political regime, Mother Nature. It is in this moment of abject loss of agency to preserve one's own bodily integrity or psychological existence that trauma damages (van der Kolk, 2003).

What we find in real life, however, is that "agency" is rarely so black and white; trauma is not always so easy to parse as perpetrator–victim, doer–done to, bad guy–good guy. In many cases, an individual's relationship to trauma is far more complex, involving choices he or she made freely (walking down a certain road at night, or volunteering for a tour of duty, for example). Certainly, this does not in any way legitimate perpetration. But in American psychotherapy, this kind of ambivalent agency is not well accommodated. We work with survivors first and foremost to convince them that the trauma was not their fault, that they are not to blame, that the responsibility for what happened to them is located completely outside of themselves. In my experience as a clinician working with trauma survivors, this recasting of responsibility is often the hardest work of the therapy. People generally have a very difficult time accepting that they did nothing at all to provoke or elicit what happened to them, that their participation, such as it was, was entirely "innocent." They often strain against the notion that they were powerless and at the utter mercy of someone or something outside of themselves. Yet in American understandings of trauma and recovery, this is seen as a critical piece of the work. Survivors must accept that they were powerless so that we can then empower them through their recovery. This reclaiming of agency (which we had to persuade them they had lost) is thought to bring about healing (e.g., Bussey & Wise, 2007).

To be clear, I am not necessarily discounting this as a valid and helpful approach, at least in the American context with its attendant understandings of individualism and agency as constitutive of healthy subjectivity. But the papers in this Special Issue highlight how this hyper-focus on all-or-nothing agentic positions as fundamental to trauma constrains our understandings of traumatic experiences and the possible pathways to resolution when we look cross-culturally, and potentially even here at home.

Reis (2013), for example, describes how trauma becomes expressed not simply as an individual experience but as a community enterprise in the face of war,

famine, and disease in sub-Saharan Africa. Children—accused of witchcraft and spirit possession—become the symptom-bearers for complex social dynamics; but not merely as scapegoats. Many children actively participate in cultivating this role for themselves, even at the risk of their own lives. Nations (2013) describes the trauma of a different sort of violence, the emotional violence of loss. In the accounts of Brazilian mothers who had lost children, she hears how letting sickly children die and ascend to heaven became, for many of these women, the ultimate expression of love. De Jong's (2013) paper on the Kiyang-yang (KKY) cult in Guinea Bissau highlights the multiple ontological levels at which traumatic experiences create rupture—and along which healing must proceed. Collapsing these dimensions into a simple perpetrator–victim dichotomy centered on events fixed in the past ignores the ongoing relational processes through which such ruptures are acknowledged, addressed, sustained, and/or repaired. Similarly, Gone (2013) argues that the concept of historical trauma among American Indian populations conflates moral critiques of colonialism with people's experiences of events at the time, which were anything but homogenous. Without in any way discounting the horrific and destructive effects of the colonization of the American West, Gone demonstrates the dangers inherent in assuming consonance between a post hoc analysis of historical events and individuals' experiences of those events as they unfolded. In each of these cases, we find an explicit recognition of the complex relationship of the individual person to the traumatic event itself and to the community within which s/he is located, as well as local responses to trauma that specifically center on accommodating these multiple forms of agency.

The developmental arc of trauma

This brings us to the second point, what we might call *the developmental arc of trauma*. In contemporary usage, the language of "trauma" suggests a pretrauma life, the intrusion of a traumatic experience or event, and a posttrauma response. In this model, the trauma itself is bracketed as a discrete entity. Even if the trauma involves something that happened over a long period of time—childhood sexual abuse or the forced participation of child soldiers—we tend to talk about "the" trauma as an event or series of events fixed in time. What these papers suggest, however, is an alternative understanding of trauma as having its own developmental arc that extends well past the events themselves (Rousseau & Measham, 2007).

As anyone who has spent time with a traumatized person knows, the specific event or series of events deemed traumatic are hardly "over" once the events themselves cease. They are reexperienced again and again, and again, often with such vividness and sensory elaboration that it is difficult to distinguish between what is a memory and what is happening in the moment. The psychological and physiological responses to the events are reactivated with each replay, as the terror and pain and "unmaking of the world" (Scarry, 1985) happens again, and again, and again. People tremble, hunch their bodies, become unable to move, clench their

fists, hide their heads, and in various other ways somatically reexperience what happened to them (Ogden, Minton, & Pain, 2006; Rothschild, 2000). In this way, the traumatic events are not simply something in the past that the person is trying to "get over," but become part of one's lived daily experience in the here and now. It affects how people relate to others, interpret new experiences, and imagine horizons for their future.

While this repetition and retraumatizing might in some ways make things seem hopeless, it also holds potential for healing. With each iteration of the memories, and as the person is in different circumstances when they occur, new associations, sensations, emotions, and thoughts can accrue. Over time, the nature of the trauma-as-lived-experience can be changed. As different meanings are attached to the recollection of the past traumatic experiences, the moment of injury becomes, literally, a different event.

This is part of how we think psychotherapy works. Across a wide variety of psychotherapeutic approaches to working with trauma is a shared goal of reversing the tide; shifting the reexperiencing of the traumatic event from an unmaking of the world to a remaking of the world. This happens, these models suggest, through the introduction of empathic human connection when, at the time, there was none. For example, when a client tells me about an incident of childhood sexual abuse she has never shared with anyone else, I become a witness. Now someone else knows what happened besides her and her abuser. As I respond to what she tells me, as I offer alternative interpretations and ways of understanding what happened, as she reexperiences the trauma memories in the safety of my office with me right there next to her, those responses and this context become part of her frame for experiencing the memory. It becomes forever changed. Not "healed," but changed.

This opens up new possibilities for thinking about recovery from trauma. If trauma is a discrete event or set of events that happened in the past, predicated on a clear dichotomy of agency between doer and done-to, we are significantly constrained in how we understand recovery. We cannot go back in time. We cannot undo the event. It is over and done with. The best we can do is try to lessen the impact, reduce the intrusion of memories, calm the "what ifs" and the ruminations about "what could I have done differently?". If we broaden our understanding of what trauma is from the event itself to the event *plus* its ongoing psychic, emotional, embodied, interpersonal life, as these papers so clearly suggest, then we have a different story. One may no longer be in imminent danger, but we could say that one is still in the midst of the trauma. Far from being a descent into victimhood (Fassin & Rechtman, 2009), then, such a revisioning allows for a different ending.

We see the importance of this temporal expansion of trauma clearly in the papers presented here. The mothers in Nation's (2013) paper are hardly "done" with the trauma of child loss—they revisit and revision it each night. Through their use of work as a form of psychological coping, Hollan's (2013) psychotherapy patients organize their present-day lives around their early emotional traumas: avoiding them, enabling them, and healing from them. The children in Reis's paper actively engage local idioms of distress to express their ongoing suffering

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to their communities. Participants in the KKY cult of affliction described by De Jong (2013) continually work to resolve ongoing ruptures in community bonds of trust and safety. Gone's (2013) paper on historical trauma is particularly insightful on this issue. The American Indian (AI) community, and people within it, undoubtedly experienced many things that could be considered traumatogenic. But to locate those events squarely in the past—with colonialism—perpetuates the understanding that the current community is somehow unavoidably damaged, and risks foreclosing opportunities for constructive healing in the here and now. Coupled with a revisioning of agency within trauma as something more complex than doer–done-to, this developmental conceptualization of the arc of trauma opens up possibilities for working from *within* the trauma *as it is unfolding* rather than viewing interventions as resuscitation attempts on a long-dead patient.

Therapeutic responses to trauma

This leads to our third point, what constitutes "effective responses" to trauma. If we endorse the dominant American psychiatric model that trauma is an individual's (or community's) response to an externally impinging event that left them feeling powerless, vulnerable, and terrified, it makes sense to focus interventions on helping them regain a sense of mastery, agency, and control over themselves and their immediate safety. What these papers demonstrate, however, is that far more important than the internal cognitive and emotional work of how one relates to the *trauma* is the interpersonal and social work of how one relates to other *people*. In other words, they illustrate that trauma is not simply a response to a particular *event* but is more productively understood as a rupture in the social fabric that becomes manifest *in* the event—both as a context that produced the trauma and as the individual and social responses to the aftermath.

In each of these papers, we see how critical the rebuilding of social connection is to recovering from traumatic experiences. We might go so far as to say this *is* the work of recovery. What that reconnecting or retethering will look like is not only different in different cultural settings, but is different depending on the issues raised earlier: the person's complex orientation to the traumatic event(s), how meanings, affects, cognitions, and sensations have been organized around memories of the event over time, and the function of this trauma bundle in the person's present-day circumstances.

For example, the women in Nations' (2013) paper find solace in imagining their little babies growing whiter and whiter and ascending to Heaven. This enables them to make sense of their loss and, at the same time, to feel the imperative to not become mired in grief. Similarly, the children described by Reis (2013) who assume the burden of witchcraft can, through their own processes of purification, redeem their communities. Luhrmann's (2013) paper demonstrates how forming a human-like relationship with God that is experienced as accepting and loving allows women with psychosis to transitively connect with others in ways they find difficult to do otherwise. De Jong's (2013) discussion of the five ontological dimensions and

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three existential domains addressed in KKY practices is a beautiful illustration of the multiple levels at which human connectedness can be damaged and through which healing and resolution can be found.

In each of these cases, we see a deliberate reconnecting of social bonds that had been broken, a rebuilding of relationships and attachments in the wake of a rupture. This is quite a different sort of thing than appropriating cultural symbols to resolve deep psychological conflict, as previous generations of anthropologists have argued, or cultivating victimhood status to achieve social ends, a key focus in contemporary anthropological discussions of trauma. It is, instead, a more nuanced, complex, and emergent process by which, thread by thread, a person can gradually retether to the world through relationships with others.

Importantly, however, processes of retethering are not linear, nor is the tethering necessarily fixed once connections are reestablished. In fact, what we see in many of these cases is an ongoing dynamic of controlled (or at least contained) untethering and retethering, again, and again, and again, through processes such as dissociation, possession, dream work, religious experience, and psychosis. One interpretation of this could be that these people remain unstable and in crisis, that they are far from any semblance of recovery. Sood (2013), however, has argued that, far from indicating pathological symptomology, dissociation can itself be healing in certain circumstances. In her study of spirit possession among worshippers at a healing temple in India, Sood demonstrates that becoming possessed by the deity is effective not only because of symbolic meanings invoked, and not only because of the secondary gains involved, but because the repeated disconnection from and reconnection to the world through possession practices itself enables practitioners to negotiate the specific ways in which they are positioned within interpersonal relationships. The papers in this Special Issue similarly suggest that healing may rely not only on deep psychological insights (Spiro, 1987) or a progressive resolution of conflicts through the manipulation of cultural symbols (Obeyesekere, 1984), but in the very dynamic of unmaking and remaking one's world, progressively, over time, within the context of meaningful personal relationships.

Conclusions

Attempts at repair or reconciliation in the aftermath of trauma do not always work. Sometimes, social reconnection can mask or even enable ongoing struggles, as Hollan's (2013) paper demonstrates. Social systems and community bonds themselves can be oppressive, or exploitative, or be used to justify maltreatment. Interpersonal relationships can exploit rather than heal vulnerabilities. Healing for survivors of trauma, then, is not found in adherence to structures or reintegration into a community alone. Nor, importantly, is such realignment with social expectations evidence that healing has occurred. Rather, healing comes from redeveloping the capacity to connect and relate to others in ways that extend beyond the specifics of the trauma or their "damaged" identity.

Critical anthropological perspectives on trauma and healing, such as those advanced by the papers in this Special Issue, reinvigorate and extend classic anthropological concerns with meaning making, symbolic communication, and social organization, while at the same time actively contributing to contemporary discussions about the commodification of victimhood and political economic implications of disaster capitalism. By placing the importance of ongoing, in-real-time human relationships at the center of their analyses, these papers fill a gap in existing approaches, reminding us that connection with others is perhaps the most fundamental—and sometimes the most elusive—of human needs.

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