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The Empire of Trauma: An Inquiry into the Condition of Victimhood

Didier Fassin & Richard Rechtman (Translated by Rachel Gomme)

Princeton, New Jersey: Princeton University Press.

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Fassin and Rechtman's aims are not to explore individual experiences of victimhood or trauma. Instead their concern is with the social and political impact of the concept of 'trauma' as an increasingly used resource for making sense of a wide range of suffering. Addressing a multi-disciplinary audience, and initially taking a historical perspective, they explore 'how we have moved from a realm in which the symptoms of the wounded soldier or the injured worker were deemed of doubtful legitimacy to one in which their suffering, no longer contested, testifies to an experience that excites sympathy and merits compensation' (p.5). Shifting to a focus on recent humanitarian crises, the authors then present a considered and critical view of the various social, individual and political consequences of contemporary notions of trauma and the ways of responding to suffering that these bring about. However, although they see their work as 'denaturalizing trauma and repoliticizing victims' (p.xii) they reject a radical relativism, being clear that their analysis should be read alongside an understanding of the reality of the suffering that trauma represents.

Fassin and Rechtman's arguments are in part based on an ethnographic study within several key organisations involved in emergency psychological treatment, humanitarian psychiatry and support for refugees. Writing as both anthropologists and medics (one a physician and one a psychiatrist) and acknowledging that their perspective is very much that of participants in the fields they are analysing, they discuss the ways in which ideas about trauma have developed across a range of

contexts from the trenches of the first World War and the concentration camps of the Holocaust to the 1988 Armenian earthquake, the second Intifada in Palestine and the 2001 explosion at the AZF chemical factory in Toulouse. Having written the book originally for a French-speaking readership, the focus is mostly on French organisations and debates within French mental health services. However, these are usually related to the wider international context, in particular to the development of the concept of post-traumatic stress disorder in the US.

The first part of the book traces changes in approaches to trauma from the late 19th century to the present, and argues that a key concern has been less to understand the experience of trauma, than to establish how we should make sense of those who are traumatised. Fassin and Rechtman discuss in some detail the change in perspective from suspicion of the traumatised victim of ‘shell shock’ as cowardly, unpatriotic, selfish or malingering to empathy for the traumatised as weak or psychologically flawed, and then to a view of trauma as evidencing the humanity of the sufferer who has been exposed to circumstances in which we too might become traumatised. In discussing competing and often co-existing views of trauma, this section of the book also provides an insight into the ambivalence within French psychiatry about the growing dominance of US psychiatry via export of the Diagnostic and Statistical Manual of Mental Disorders.

In this first section, the authors establish one of their central arguments – that in order to understand how the concept of trauma has come to dominate discussion of suffering in relation to violence, we need to focus as much, if not more, on social and moral changes within society as on developments in medical and psychological thinking. They argue that preparedness to acknowledge and deem unacceptable the suffering of particular individuals and the groups of which they are part depends on

moral frameworks regarding obligations, expectations and rights. As such, a ‘dual genealogy’ to trauma is explored – both socio-cultural and medical. Links and tensions are examined between developments in French psychiatry and wider social and moral changes such as the increasing number of victims’ movements advocating reparation for war veterans or other survivors of violence, on the basis of their shared experience of trauma. The rest of the book then discusses various contexts in which the concept of trauma has been taken up to address particular moral and social concerns, and the individual and political consequences of contemporary constructions of the traumatised victim.

Sections two, three and four of the book discuss in turn the development of emergency psychological interventions with particular reference to the 2001 explosion in Toulouse, the development of humanitarian psychiatry and its use of concepts of trauma to ‘bear witness’ to suffering in conflict zones such as Gaza and the West Bank and, finally, the increasing recognition of trauma amongst organisations supporting refugees within France. Fassin and Rechtman’s careful analyses develop a number of interesting arguments, showing in particular how ‘victims’ may orientate differently in differing contexts to their positioning within medical narratives of trauma. For example, the discussion of the aftermath of the Toulouse explosion highlights the way in which, although the category of trauma became central to campaigns for social justice for victims, medical validation of trauma came to be seen by some as unnecessary and even as counter-productive. The authors suggest that by the time of the Toulouse explosion trauma had come to be taken for granted, having entered into lay discourse as both an individual and collective phenomenon, and as such psychiatry was seen by many as monopolising and medicalising suffering and community responses to this, especially as the

rationale for some emergency psychological interventions appeared unclear. A similar ambivalence is discussed in the following section of the book where Fassin and Rechtman argue that although trauma has become a useful reference point for bearing witness to suffering (a key function, they argue, of humanitarian organisations), it may be resisted because of the way in which it can limit the telling of individual stories. Using the second Intifada in Palestine as an example, they note that a focus on trauma can be problematic because victim status may be at odds with participants' own multi-layered identities and may miss crucial aspects of their experiences and the history of these. This, they note in the final section of the book focusing on refugees, is particularly an issue where individuals are not only required to produce a trauma narrative in order to be offered asylum, but to produce one in a form that can be validated by a clinician on behalf of a suspicious state.

Fassin and Rechtman also discuss debates among humanitarian agencies related to neutrality and the advisability or otherwise of talking about trauma rather than oppression or injustice, thereby depoliticising and individualising a situation such as that in Palestine and potentially treating both sides in a conflict equally. However, at the same time the authors acknowledge the potential of a focus on individual trauma to draw attention to the universality of human suffering, thereby making the humanity of the other more visible. They note, though, that this universality has not always been evident in practice, suggesting that a sense of otherness may have limited humanitarian mental health work within Africa.

There is far more of interest in this dense and detailed text than the arguments outlined above. In documenting the complex history of competing versions of trauma, the conflicting practices relating to these and the contradictory implications, Fassin and Rechtman resist the temptation to present a sanitised and coherent history

of ideas developing systematically over time. However, this does mean that parts of the book discuss in detail contradictory practices across current and previous French organisations, the significance of which may be less obvious to readers from outside of this context. The orientation towards French theorists and organisations, and the fact that the book is translated from the original French, may make it a slightly more challenging read at times. However, this is also where part of its interest lies in that, alongside its substantive area of concern, the book offers British readers an insight into neighbouring mental health services and applications of psychology to which we usually have limited access due to the language barrier.

This book is not aimed primarily at psychologists, but is no less useful to psychology because of that. Its particular contribution is that it reminds us to reflect on the social consequences of the psychological ‘truths’ about individual suffering that we pursue and examines what we do when we talk about and orient ourselves to trauma – what is made visible and what is obscured; who is included in this supposedly universal concept and who is not. It is fair to note that as a psychologist who has been socialised into certain ways of reporting research, I found the limited information on the strategy for data collection a little frustrating. I would also have appreciated some discussion of the links between Fassin and Rechtman’s analyses and the prior psychological and psychiatric literature on the relationship between conceptualisations of psychological problems, stigma and identity. However, these are minor points. The book makes an important contribution to the broader literature which reflects critically on contemporary psychiatric nosology and psychological theories about human suffering, showing how these are best understood not as developments towards absolute truths, but as culturally and historically specific accounts of distress that produce real effects.

