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978-1-107-06954-1 - Genocide and Mass Violence: Memory, Symptom, and Recovery

Edited by Devon E. Hinton and Alexander L. Hinton

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Genocide and Mass Violence

What are the legacies of genocide and mass violence for individuals and the social worlds in which they live, and what are the local processes of recovery? *Genocide and Mass Violence* aims to examine, from a cross-cultural perspective, the effects of mass trauma on multiple levels of a group or society and the recovery processes and sources of resilience. How do particular individuals recall the trauma? How do ongoing reconciliation processes and collective representations of the trauma impact the group? How does the trauma persist in “symptoms”? How are the effects of trauma transmitted across generations in memories, rituals, symptoms, and interpersonal processes? What are local healing resources that aid recovery? To address these issues, this book brings into conversation psychological and medical anthropologists, psychiatrists, psychologists, and historians. The theoretical implications of the chapters are examined in detail using several analytic frameworks.

Devon E. Hinton, M.D, Ph.D., is an anthropologist and psychiatrist, and a Professor of Psychiatry at Harvard Medical School and Massachusetts General Hospital. His work has focused on culturally specific presentations of anxiety disorders, particularly trauma-related disorder, and culturally sensitive treatment of those disorders. He is the first author of more than 100 articles and chapters. He is the coeditor of four volumes, two with Byron Good: *Culture and Panic Disorder* and *Culture and PTSD*. He was a member of the DSM-5 cultural study group, as well as an adviser to the anxiety, OC, posttraumatic, and dissociative disorders work group of DSM-5 (American Psychiatric Association). He is the director of a trauma refugee clinic for Southeast Asian refugees in Lowell, Massachusetts.

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Foreword: What Does Trauma Do?

Arthur Kleinman

Read the chapters in this book and feel, carry, resist, fight the weight, the heavy yoke of tragedy. Mass violence has been part of the human experience for as long as recorded history and weighs us down to this day. In the American Civil War 750,000 soldiers on both sides lost their lives, and the subsequent decades were dominated by national preoccupation with suffering, loss, and grief (Faust, 2008). Colonialism introduced mass violence to all the continents, with slavery accounting for a huge toll of human misery and death. In the meat grinder of trench warfare during World War I, millions of British, French, and German soldiers were killed and millions more wounded. The Battle of the Somme alone cost the British 450,000 casualties, 50,000 on the first day. That war ended with European societies expressing revulsion against all forms of mass violence, and yet just twenty years later a Second World War killed more than 50 million men and women (most of whom were noncombatants) and displaced hundreds of million more. The war embedded the Holocaust, still the symbol of mass violence as an institutional product of evil. Historians claim that the former Soviet Union may have killed even more people than the Nazis. And this outline of mass violence is only a preliminary to the many and different more recent forms of mass killing described in the chapters that follow.

Whatever the human cost of such immense and continuing destruction it must be staggering. China's Great Leap Forward famine, which killed 30 million rural Chinese, was the unintended consequence of one of the most destructive social policies in human history, but no one knows its toll on families and networks in Chinese villages. The same can be said for the Cultural Revolution (Kleinman et al., 2011). And that is true of much of mass violence. We simply do not know what effect, especially over the long term, it has had on society, on interpersonal bonds, on local moral worlds, and on subjectivity.

So the questions asked of the different forms of twenty-first-century mass violence covered in this book have a lineage. What has changed is the replacement of moral, religious, and legal language with the discourses

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of psychiatry and the humanities and interpretive social sciences, and with those technical discourses on trauma have arrived the humanitarian interventions that define our age (Abramowitz, 2009; Benton, 2009).

Yet, nothing has stopped the bodies from piling up along with the complex of grieving, revenge, and remembering/forgetting that looms equally enormous in people's lives. So why not regard this record of mass killing and atrocity and the subsequent biological, psychological, and culturewide responses as human tragedy: one face of the human experience that, if anything, is as basic a feature of human conditions under the pressure of modernity as anything else. And just using the term "tragedy," with its reference to the classical world, suggests that mass violence is not just about modernity, either, but resonates down the halls of human history as far back as the earliest civilizations, so that we must think of society and subjectivity as forged out of the catastrophic consequences of violence over the millennia.

Once we see mass violence this way, even recognizing its increasing sedimentation among marginal and poor populations, we are forced to come to terms with its normality (Canguilhem, 2012). There may be pathology among perpetrators and victims, but the phenomenon of mass violence itself is stunning not because it is nonnormative and aberrant, but rather because it is commonplace. Ordinary people participate in atrocity and ordinary people die and are maimed (Browning 1992, 1998). And life goes on. And just so, ordinary people must bear the burden of pain, suffering, remorse, regret, and the powerful sensibility to respond (Kleinman, Das, & Lock, 1997). Because violence leads not only to trauma, but to humanitarian, legal, political, and health responses it is vulnerable to the terrible irony of social suffering: The institutions created to cope with violence and its aftermath are also responsible for contributing to its intensification and bad outcome. Unintended consequences of purposive action, the harmony of illusions, bureaucratic indifference, the iron cage of technical rationality applied to human affairs, biopower – all are theories applied to understand how this happens. But what is the consequence for human experience of these outcomes?

It is for this reason that I purposefully employ the term "tragedy." That term unites moral, religious, existential, and aesthetic practices. Trauma and trauma care are experiences that cross these domains and that need to be seen as simultaneously embodied, felt, and transformed, but first of all tragic. Tragedy does not have to imply passive acceptance and acquiescence. Nor does it mean that our view of human experience is overly romantic and heroic. Rather it evokes the sense that historical processes and political economic/societal transformations have the deepest influence on individual and collective life. That influence, though culturally distinctive, is still a shared condition of our humanity.

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The second reality is that these experiences call forth caregiving responses. Not just the health professions, but ordinary people respond to tragedy with care. Beyond individual experience, societal experience of trauma also calls forth social caregiving. Much more emphasis has been put on the causal pathways from mass violence to trauma than on the caregiving responses, be they practically and symbolically helpful or not. The Wenchuan earthquake in China and northern Japan's catastrophic complex of earthquake, tsunami, and nuclear material release drew forth governmental and NGO responses of caregiving, but also individual acts. Both trauma-related suffering and caregiving need to be seen as examples of local biology requiring a biosocial framework to interpret the illness experience and evaluate the outcome response adequately (Lock & Nguyen, 2011). Central here is to see caregiving as a thoroughly moral enterprise that resists the infiltration of market models into everyday life (Sandel, 2011). Trauma, then, may be categorized as an economic burden requiring economic interventions, or as a psychological burden requiring drugs and psychotherapy. But it also can be seen as a nexus linking the moral, the medical, and the political faces of suffering, humanitarian assistance, and technology. And that nexus cannot just be seen as controlling and disciplinary or in other negative terms. For it is also about interventions that help people and that improve social conditions.

Can such an omnibus term bear the weight of so much conceptual and empirical baggage? How is trauma best parsed into subtexts and microthemes? What is useful about the trauma idea for theory, research, and practical implementation projects? What are the limits of trauma as an organizing idea, especially as it is employed to make sense of mass violence? And what are the leading alternative candidates for this role?

All of which leads us to the question of scholarship and empirical research practice. "Trauma," whatever its limits, has fueled an entire field of academic life and professional development. It has built careers, established disciplinary practices, reoriented science and technology, and remade the global humanitarian assistance agenda. It has itself become part of the culture of the academy as much as of everyday global cultural common sense. So, we should ask, What is the upshot for academic pursuits in our time, be they anthropological or psychiatric, humanistic or public health, theoretical or applied? And that is what the chapters that follow offer. They present original and important work on trauma, to be sure. But they also show us where this field is at present and where it is headed; what the possibilities are; and what trauma is good for, academically to think with and practically to do things of use for those in need out in the world.

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