Introduction

History, Trauma, and Asia

Hans Pols and Mark S. Micale

In the early morning of 21 April 1935, the people of Taiwan experienced the deadliest earthquake in the island's recorded history. During World War II, hundreds of thousands of girls and women were forced into sexual slavery by the Japanese Imperial Army. In August 1945, a heretofore unknown and unimaginable weapon of mass destruction was detonated over the Japanese cities of Hiroshima and Nagasaki, instantly vaporizing a quarter million inhabitants, most of them civilians. In 1947, former British India underwent partition, splitting into two independent dominion states—a majority-Hindu India and majority-Muslim Pakistan—a process leading to the violent deaths of hundreds of thousands of people and the displacement of millions. On the Korean peninsula, between 1950 and 1953, and then again in Vietnam, during the 1960s until 1976, savage civil wars pitted pro-Communists in the north against anti-Communists in the south, along with their supporting superpowers, China, the Soviet Union, and the United States. In Indonesia, in 1965–66, between 500,000 and a million citizens—mostly Communists and their alleged sympathizers—were purged by right-wing militias supported by the armed forces of Suharto's authoritarian regime. Mao Tse Tung's Cultural Revolution began at the same time and went on for ten years. In a drive to resist liberalization and return China to pure Communism, Red Guard paramilitary groups roamed across the country, killing roughly 1.5 million people; countless others suffered imprisonment, persecution, and forced migration. And during the years 1975–79, Pol Pot's Khmer Rouge regime, motivated by a combination of ideological and ethnopolitical reasons, caused the deaths of approximately 1.7 million people by murder, overwork, and starvation.

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The military, political, and social aspects of these events have been studied extensively, and the death tolls have been tallied. This edited volume focuses on the ways people reacted to these horrific past events. It investigates how individuals and communities responded to such traumas; how caregivers, physicians, and spiritual and religious leaders interpreted these calamities; and how, in the aftermath, survivors attempted to restore a sense of psychological normality to their lives and world. The way trauma is experienced, expressed, understood, and reacted to in several countries in Asia is compared and contrasted to what is known about these phenomena in the Western world, particularly with the goal of discovering new insights and approaches relevant to the global study of historical trauma.[1]

The Background to Trauma Studies in Asia

Across Asia, natural disasters—including earthquakes, volcanic eruptions, floods, prolonged droughts, tropical storms, and tsunamis—as well as horrific episodes of warfare, state-sanctioned violence and killing, terrorism, ethnic conflict, genocide, and mass displacement by forced migration have occurred with tragic frequency. These traumatizing events have inevitably left deep physical and mental scars. Large parts of Asia are lower- and middle-income countries; the limited resources available to react to such disasters often prolongs and exacerbates suffering. Like populations exposed to intensely adverse events elsewhere in the world, Koreans, Chinese, Japanese, Taiwanese, Vietnamese, Cambodians, Indonesians, Kashmiris, and Burmese have responded by rebuilding their communities and by developing individual and collective repertoires to overcome trauma, regain a sense of equilibrium, and foster resilience. Drawing on various healing traditions, traditional healers, local caregivers, physicians, and several others have provided ways to address individual suffering and rebuild communities. At times, some of them provided medical, psychological, and psychiatric interpretations of the aftereffects of trauma. These interpretations often blend age-old local practices, religious and spiritual ideas, and psychiatric theories from various medical traditions of the Western world.

Over the past two decades, international humanitarian agencies working in Asia have employed Western psychiatric conceptions of traumatic suffering, in particular the influential concept of Posttraumatic Stress Disorder (PTSD), to diagnose and treat affected individuals. Yet these Western conceptions and therapeutic initiatives are not always congruent with local approaches dealing with disaster, disruption, and trauma. The twelve historical and anthropological case studies in this volume analyze responses to extremely violent and destructive events, disasters, and acts of violence that occurred in a range of Asian settings from the mid-1930s to the present. They examine how individuals and

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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. In addition, some chapters explore how medicine, psychiatry, and psychology played a role in interpreting and managing such acutely stressful experiences and how these approaches interact with local understandings of suffering and trauma, and local cultural repertoires to overcome them.

In the past two generations, Western psychiatry, and particularly Anglo-American diagnostic terminology, has been spreading globally. Perhaps no diagnosis is currently applied more widely in non-Western settings than PTSD. International humanitarian organizations seeking to alleviate the debilitating psychological aftereffects of natural disasters, interstate and intrastate conflicts, and political and ethnic repression, attempt to bring the best of modern mental medicine to populations across Asia.[2] The moral motivations of these organizations are wholly admirable, but their ministrations, recent research indicates, are not without problems. The way Westerners experience trauma is not necessarily the same as it is experienced elsewhere; interpretations of trauma and its effects on individual well-being vary across cultures as well.

A heightened concern with psychological trauma among physicians, social scientists, humanities scholars, and many others originated in North America during the years following the Vietnam War. In 1980, Post-Traumatic Stress Disorder was formally introduced in the third edition of the *Diagnostic and Statistical Manual of Mental Disorders* (*DSM-III*).[3] A novel feature of PTSD as compared to earlier stress- and trauma-based diagnoses was the potentially delayed onset of symptoms. Over the past four decades, in North America, and to a lesser extent in the rest of the West, PTSD has become increasingly prominent both as a medical diagnosis and as a popular concept to explain behavior. As Nancy Andreasen, a psychiatrist who was a member of the task force that formulated the criteria for PTSD for the *DSM-III* noted: "The concept of PTSD took off like a rocket, and in ways that had not initially been anticipated."[4]

In the Western world, the number of individuals diagnosed with PTSD has risen steadily. The numbers of self-diagnosed has risen even more. Increases in the use of PTSD can partially be explained by "bracket creep": individuals exposed to increasingly less serious adverse events are currently diagnosed.[5] These include people who have overheard crude jokes in the workplace, watched the collapse of the Twin Towers in New York City on television on 11 September 2001 (or any time thereafter), or have given birth to healthy babies.[6] PTSD diagnoses are also increasingly used in legal contexts, as seemingly objective indicators of mental anguish inflicted upon victims by the negligence of third parties or to exculpate perpetrators of criminal acts.[7] According to some commentators, people in Western countries today are exposed to a panoply of personalized, collectivized, and mediatized forms of psychic trauma on an almost daily basis.[8] As Andreasen

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commented elsewhere: "It is rare to find a psychiatric diagnosis that anyone likes to have, but PTSD seems to be one of them."[9]

In a parallel development, the idea of post-traumatic mental distress has broken its original disciplinary boundaries in psychological medicine and has spread widely into many other fields of knowledge, including theology, history, anthropology, sociology, Holocaust studies, film studies, and literary criticism as well as popular culture. Especially in North America, trauma has become an important cultural metaphor—it is part and parcel of the way we experience, describe, explain, and manage our own distress and that of others. In a recent history of PTSD, medical sociologist Allan V. Horwitz claims that PTSD has become ubiquitous and that North America has embraced a culture of trauma.[10] Yet the severe intergenerational traumas experienced by the descendants of African slaves and indigenous people, to cite only two prominent but ignored groups, have hardly been addressed thus far.

Asian mental health professionals and lay counselors have adjusted medical and psychotherapeutic approaches to suit local approaches, thereby implicitly or, at times, explicitly critiquing Western psychiatry.[11] Systematic critique of the globalization of PTSD has thus far been fairly circumscribed within Western psychiatric medicine itself; instead, the strongest criticisms have been formulated by anthropologists and sociologists, operating from a wide range of national backgrounds. They have noted that diagnostic categories conceived by and contained in Western psychiatric textbooks capture specifically Western behavioral and mental conditions, despite their aspirations to universality. Psychological trauma, they insist, is culturally and historically situated and cannot be extracted from its complex social, cultural, and political contexts.[12] Others have argued that providing counseling and other forms of psychological assistance merely constitute an affordable way of providing support when substantial aid to rebuild communities is required.[13]

Experiences of trauma vary substantially across place and time.[14] The way individuals and communities experience traumatic events, how anguish is expressed through mental or somatic symptoms, and how emotional pain is interpreted in local frameworks of meaning depend on a variety of political, social, and cultural factors.[15] Similarly, both personal and communal rituals and strategies for coping with and overcoming trauma vary across the world and are not necessarily compatible with individualized, Western-style treatment modalities. The perception of social support—related most often to the degree of family integration and community functioning—appears to be essential in the recovery of traumatized individuals everywhere.[16] Recent research on psychological resilience bears out the same phenomena.[17] Despite the findings by medical anthropologists and others, many Western-trained mental health workers continue to adhere to individualistic perspectives on trauma and its treatment, including one-on-one psychotherapies, even though they at times acknowledge that

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communities collectively working through adverse experiences are often more successful in alleviating stress and restoring people to their former functioning lives. Developing collective rituals and coping repertoires that draw on familiar cultural practices and religious beliefs appear to be especially common and effective in the non-Western contexts studied below.[18]

These realities lead us to one of the major arguments underpinning *Traumatic Pasts in Asia*: Western concepts of psychological trauma provide a powerful lens of analysis through which to study modern Asian history. The various Asian conceptions of, and rituals and repertoires of working through trauma, in their turn, can broaden and enrich contemporary Western conceptions. However, in extending "historical trauma studies" to Cambodia, China, Indonesia, Japan, Kashmir, Korea, Indonesia, Taiwan, and Vietnam, it is imperative to take Asian experiences of trauma "on their own terms" and not just conceptualize them as instantiations of dominant Western models of traumatic suffering. Time and again, the authors in this volume demonstrate how independent, indigenous perspectives and practices—which may be national, regional, or even local in origin—provided efficacious methods of healing and consolation for survivors. Put differently, in the stories they tell, the observations they make, and the insights they achieve, trauma scholars of Asia (as well as Africa, Latin America, and elsewhere) must be equal partners with their European and North American counterparts. This volume seeks to work toward the construction of a model of psychological trauma that is truly globalized—globalized, not just factually and geographically, but also conceptually and interpretatively.

Back in 2001, Mark Micale and Paul Lerner co-edited a seminal collection of studies entitled *Traumatic Pasts: History, Psychiatry, and Trauma in the Modern Age, 1870–1930.*[19] That volume contained essays on various war-induced disorders and others related to industrial accidents in Europe and North America during the late nineteenth and early twentieth centuries.[20] More recently, Micale has speculated on the possibility of writing a global history of trauma.[21] Hans Pols has extensively researched American military psychiatry during World War II as well as colonial psychiatry in the Dutch East Indies.[22] In his studies, he established contacts with Indonesian mental health professionals and became interested in past and present mental health care in Indonesia, including the reception of Western-based approaches to trauma.

Working independently, Micale and Pols observed the appearance of a new generation of young scholars—often born in Asia but educated in graduate schools in Australia, Canada, Britain, or the United States—who sought to apply approaches from historical trauma studies to various sites of suffering in Asia. The bi-cultural identity of many of these researchers is shedding light and yielding insights on historical phenomena that would otherwise have been missed or somehow inaccessible. Since around 2000, scholars working in the two fields of

comparative literature and film studies have to great effect been interrogating trauma in the Asian imaginary, highlighting how it is represented in literature, movies, and other creative art forms.[23] Scholars in other domains, however, have yet to explore the trauma theme to the same extent. As a result, the editors joined forces and decided to organize two workshops, where these previously dispersed early career scholars were able to meet and share their ideas, findings, and works in progress. *Traumatic Pasts in Asia: History, Trauma, and Psychiatry from the 1930s to the Present* is the result.

Twelve Case Studies

As settings of psychological trauma, both World Wars in Europe—especially the trenches of the Western Front during World War I and the Nazi extermination camps of World War II—have unquestionably received the most historical attention. The core patient population in the original diagnostic formulation of PTSD consisted of veterans of the Vietnam War who displayed symptoms of depression and anxiety while suffering from intrusive war-related memories and flashbacks after their return home. But whereas the locus of the original trauma for these ex-servicemen was Southeast Asia, the patient-soldiers and the diagnosing physicians were all Americans, and all patients were treated in US institutional facilities, especially veterans' hospitals.

Several features differentiate traumatic experiences in Asian history from the better-known accounts of psychic trauma in Europe and North America. For instance, natural disasters of various sorts appear much more frequently in Asia. Because of their location along the "Pacific Rim of Fire," with its constant collision of continental and oceanic tectonic plates, Asia-Pacific nations are more prone to earthquakes, volcanic eruptions, and tsunamis than any other region. The geology of the Himalayan region is similarly unstable. Furthermore, many affected nations have dense coastal populations and weak material infrastructures to manage these catastrophes.[24] In chapter 1, Harry Yi-Jui Wu observes that no systematic clinical research on the psychological sequelae to natural disasters had been conducted anywhere in the world before World War II. That situation changed in the early 1940s, Wu demonstrates, when Japanese physicians published the results of the very first research project in psychiatric epidemiology on the long-term aftereffects of an earthquake that occurred five years previously in colonial Taiwan.

Despite the relatively well-developed state of psychiatric medicine in Japan, Japanese physicians had never studied earthquake victims in their own country. Against the backdrop of imperial Japanese nationalism, Japanese psychiatrists in the 1930s were convinced that pathological emotional reactions were more widespread among the Taiwanese people, partly because of their supposedly inferior

constitution and partly because of the enervating tropical climate of the island. In fact, only after the devastating Kobe earthquake in 1995 did Japanese medical interest in the nature, symptoms, and treatment of PTSD-like reactions following natural disasters in Asia take off.[25] It has subsequently stimulated attention to the mental health aspects of natural disasters across Asia.[26] Over the past fifteen years, a large number of mental health professionals across Asia have conducted studies of the deadly 2004 Boxing Day tsunami.[27] Since the 11 March 2011 Tōhoku earthquake off Japan's northeastern coast—a devastating triple disaster consisting of an earthquake, a tsunami, and an industrial meltdown—Japan has become a world leader in mental health responses to natural disasters. Wu argues that natural disasters should henceforth be integrated into global historical trauma studies and that trauma as an analytical category has much to offer the field of environmental history.[28]

Several chapters in this volume examine military psychiatry and the potentially traumatic experience of combat—a topic that has received extensive attention in the historical literature in the Western world. The nature of early military psychiatry in Asian countries, it turns out, is closely linked to their colonial histories, to their prevailing political orientations, and to where the nation's physicians and psychiatrists received their medical training.[29] In chapter 2, Eri Nakamura writes that, until the 1940s, Japanese medicine was primarily based on German medical traditions, which were predominantly somatic. In the 1870s, the Japanese government invited German physicians to establish a medical school in Tokyo, and until the middle of the 1930s, many Japanese medical students traveled to Germany for advanced medical training.[30]

Nakamura analyzes the theoretical orientation and therapeutic approaches of Japanese army physicians in diagnosing and treating war neuroses in the Japanese Imperial Army during the Pacific War. She concludes that these corresponded to German (and, to a lesser extent, French) ideas and practices from World War I onward. According to European psychiatrists at that time, hysteria and nervous breakdown were primarily female maladies encountered in civilian, domestic settings. German war doctors officially denied the presence of mental breakdown among their nation's fighting forces and ascribed its occasional and undeniable appearance to constitutional weakness.[31] In 1940s Japan, Nakamura detects a similar militaristic ethos, which, combined with a strong belief in Japanese racial superiority, contributed to widespread ideas on tough emotionless manliness.[32] Japanese physicians and psychiatrists explained nervous breakdowns in soldiers by physical injuries, prior illness, or constitutional deficiencies. The same defensive and gendered attitude toward war neurosis, Nakamura speculates, helps explain the silence about traumatized veterans in postwar Japanese society. Just as in Germany between the two World Wars, the public spectacle of psychologically incapacitated soldiers became a living reminder of the dishonorable national defeat and therefore needed to be avoided or even censured.[33]

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Four chapters in this volume deal with Japan, and it is worthwhile to read them comparatively. In Ran Zwigenberg's essay, the source of psychological shock is not traditional warfare or a natural disaster but, instead, the world's first (and to date only) atomic bomb blasts. Targeting civilian populations, these took place over the cities of Hiroshima and Nagasaki in August 1945. In the years and decades following these detonations, Zwigenberg notes, Japanese psychiatrists failed to study the psychological responses of survivors. There are well-known bone-chilling accounts, including firsthand reports, of the atomic explosions as well as extensive follow-up studies of radiation sickness among survivors. In conspicuous contrast, the emotional and psychiatric impact of these events has never constituted a valid subject of study. The mental health needs of survivors were consequently never addressed, at least not until the end of the twentieth century.

Zwigenberg provides several overlapping explanations as to why post-traumatic suffering was not considered a welcome, or even legitimate, topic of study in postwar Japan. Foremost among these factors were the role of psychiatric theories that still dominated Japanese psychiatry post-1945; the general shame and ostracism faced by survivors of the nuclear attacks; and American censorship, especially during the seven postwar years when the Allies occupied the country.[34] Zwigenberg's chapter raises the questions of when, why, in what contexts, and with reference to which populations medicalized explanations of human suffering and trauma are acceptable.[35] He also aims to explain why something failed to take place and the forces that can inhibit particular lines of observation, research, and analysis. The absence of any research on the mental suffering of the survivors of the nuclear bombs is all the more striking today when the subject seems to scream out for attention.

The origins and early history of military psychiatry in Korea have thus far hardly received any historical attention. In chapter 4, Jennifer Yum-Park corrects this omission.[36] According to her account, Korean military psychiatry followed an entirely different path than its Japanese counterpart. During the fifty years when the country was a Japanese colony (1895–1945), Japanese medical traditions were imported into Korea, but when the Asia-Pacific War (1941–1945) broke out, psychiatry was still in its infancy. At that time, psychiatry in Korea ministered only to cases of severe and persistent forms of mental illness and had no experience in treating war-related psychiatric syndromes. This changed dramatically, Yum-Park explains, when just a few months into the war, a group of psychiatrists from the United States arrived in Seoul. These American physicians, led by the well-known military neuropsychiatrist Albert Glass, provided crash courses into the entire subfield of military psychiatry and psychology for a generation of young Korean physicians, who proved unhesitatingly receptive to their teachings. They did so partially because of their political-military alliance, as the US armed forces were their allies in their fight against hostile Communist forces.

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In addition, these US army psychiatrists had developed considerable expertise in the clinical management of mental breakdown in battle during World War II, which had ended just five year earlier.[37]

Yum-Park documents the introduction of new concepts of unconscious mentation, psychological repression, and somatic conversion into Korean case-history records as well as neo-Freudian approaches in psychiatric theorizing. Some young, ambitious Korean practitioners traveled to the United States for further training, akin to the earlier generations of Japanese physicians who had journeyed to Germany. The influence of American neo-Freudianism, Yum-Park finds, lingered into the 1960s and 1970s, when newly- founded hospitals, journals, lecture series, and even an institute of child psychology were directly modeled on US precedents.[38] Nevertheless, the implantation of Western psychiatric ideas into Cold War Korea was not just an uncritical adoption of foreign ideas and practices. Reflecting on the wartime situation in his country decades earlier, one retired army psychiatrist recollected in an interview with Yum-Park that, in light of the exigencies of the moment, he and his colleagues in the early 1950s made a conscious decision to diagnose "Yankee style trauma" in their patients.[39]

As mentioned above, PTSD as a diagnostic construct was first formulated by US psychiatrists aiming to capture the psychological condition of US veterans who had returned from the war in Vietnam.[40] In chapter 5, Narquis Barak analyzes the strikingly different medical and psychiatric conceptions of war trauma formulated by physicians on the North Vietnamese side of that conflict, which has thus far received hardly any historical attention. The result is ironic: in North Vietnam, models and treatments of war-traumatized civilians and soldiers were completely different from those found in US-style PTSD medicine. In Vietnamese medicine today, a psychological understanding of war trauma remains rare, and, at least according to its leading psychiatrists, PTSD is virtually absent. Caregivers in North Vietnamese clinics after the war even had separate names for the symptoms manifested by their patients based on the type of US ordnance or chemicals that had struck patients. Barak's chapter illustrates a disturbing but undeniable process: the erasure from the historical record of traumas—even the trauma of millions of people—for contemporary ideological purposes.[41]

Many Asian physicians followed a variety of different European medical traditions. In the case of Indochina, physicians during colonial times had been trained in French medical traditions. Barak relates that during the war years in Vietnam, this was supplemented by Soviet medical perspectives. Both traditions emphasized somatic over psychological causation, and Soviet psychiatry emphasized social determinants of mental illness over individual emotional and intra-psychic ones. Barak notices that this medley of European influences, all of which were the products of colonial and ideological contexts outside Vietnam, blended with a set of local factors in shaping Vietnamese views of trauma. These indigenous sources, she finds, include specifically Vietnamese approaches to mental health

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and illness; the teachings of Buddhism, Taoism, and other Eastern religious beliefs, especially regarding endurance and resilience in the face of hardship; and the deeply communitarian organization of Vietnamese society.[42]

Barak's chapter highlights another recurrent theme in these Asian-based studies, too: in narratives of trauma that derive from European and US history, science and religion are typically presented antagonistically. Answers to questions of what constitutes mental suffering, how to label it, and where and how to console or cure sufferers differ fundamentally if individuals and their families have secular medical-materialist worldviews or religion-based understandings of life and death, sickness, and suffering. In Barak's study, though, Vietnamese people had little trouble combining religious and other spiritualist practices with medical ideas. For them, Buddhist notions of mindfulness and practices of meditation in overcoming suffering, for instance, chimed with Western psychotherapeutics, in particular those that originated in France and the Soviet Union.[43]

In many Asian countries, Western psychiatric influences have been mostly absent. There are many areas where, in Vikram Patel's words, "there is no psychiatrist," and, concomitantly, where Western psychiatric ways of understanding trauma have hardly influenced public and medical ideas.[44] In much the same way that communities around the world have specific "idioms of distress," some societies have developed remarkably effective rituals for working through trauma, both individually and communally. As anthropologist Catherine Smith has analyzed, groups of women in Aceh, Indonesia, have developed their own means of processing the traumas associated with the 2004 Boxing Day tsunami and the effects of civil war there.[45] Healing rituals, spiritual practices, religious beliefs, and cultural habits have assisted victims and survivors to overcome the shock of such events, rebuild communities, and maintain resilience against violence and torture. Several chapters in this volume analyze the various ways individuals and communities deal with traumatic experience without assistance from mental health professionals and without referring to medical-psychological vocabularies.[46]

Vannessa Hearman's chapter illustrates the relatively mundane sources of psychological assistance sometimes in operation. Following the killings of some half million members and sympathizers of the Indonesian Communist Party, carried out by army units and local militant groups in 1965, many leftists were murdered, imprisoned, or exiled to prison camps, such as the one on remote Buru island.[47] In response, early in the 1970s Amnesty International and the Religious Society of Friends (Quakers) began an extensive campaign of letter writing between members of these two organizations in the Global North and political prisoners. In its 1977 report on Indonesia, Amnesty International estimated that between 55,000 and 100,000 political prisoners were being detained in that country, most of them without trial. These two organizations also hoped to monitor prison conditions, assess the health of prisoners, and report on the

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incidence of torture in Indonesia. In chapter 6, Hearman investigates the importance of these epistolary exchanges for the mental and emotional well-being of political prisoners.

Most letter writers and recipients in her study were women. Hearman focuses in particular on a remarkable primary source: the rich private archive of Patricia Cleveland-Peck, an English Quaker writer of children's stories and humanitarian activist, who for a decade corresponded with a particularly marginalized group of Indonesian women political detainees as well as prisoners in Asia, Latin America, and Africa. By maintaining this correspondence, prisoners experienced a continuation of exchange and contact with the outside world while their persecution and imprisonment excluded them from everyday social life. Hearman sensitively analyzes the exchange of life stories between these writers from different countries, languages, political cultures, and educational levels. During their long years of hardship, she shows, Cleveland-Peck gave these women an empathic audience; their handwritten correspondence—maintained for years and across great geographical distances—became a writing cure. Here, cross-cultural East-West exchanges involved stories and friendships rather than doctors, drugs, and diagnoses.

Chapter 9, by Dyah Pitaloka and Mohan J. Dutta, examines the same generation in Indonesian history, but in the present time. In addition to being imprisoned, tens of thousands of Indonesian women during the anti-Communist pogroms were assaulted, widowed, orphaned, raped, or left to survive as best they could. To this day, victims are ignored and have limited access to trauma therapy or advocacy, or any kind of support.[48] Pitaloka and Dutta study an extraordinary group of women survivors who have established a choir to perform songs of hope and resilience as a means of coming to terms with their past ordeal.[49] Its name—Dialita Choir—is an acronym for *Di Atas Lima Puluh Tahun* (Above fifty years of age) because the choir is made up entirely of women who themselves, or whose parents, relatives, and friends, were captured, tortured, or exiled during the 1965–66 repression.

In recent years, the group has been performing throughout the country. Its members dress colorfully in traditional Javanese women's outfits. With their performances, they reach young Indonesians who know little about this dark chapter in their country's history. Through the shared expressive medium of song, the Dialita Choir demonstrates how musical narration can be used to make sense of and alleviate distress through public performances. Their very presence on stage challenges the marginalization by successive Indonesian governments of those who survived the 1965–66 violence. By singing and being heard, the women are reclaiming a voice denied them by the stigmatization of the past. Some of the songs they choose challenge the army's repression of ideas associated with former President Sukarno's rule because they are about Afro-Asian solidarity and internationalism. In this way, Indonesia's painful, repressed past is addressed, and new

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generations of Indonesians are invited to participate in dialogues of hope and strength, and in the act of witnessing.[50]

In so far as historical trauma studies have been gendered, they have paid greater attention to adult men—especially to male combatants either behind the lines or back at home. The related theme of a "crisis in masculinity" in the face of paralyzing physical danger is routinely invoked in this scholarship. Correspondingly, in narratives centered on Europe, women figure mostly as either the occasional collateral victims of male combat or in traditional normative roles as grief-stricken wives, mothers, and sisters.

The chapters by Hearman and Pitaloka and Dutta instead put the historical experiences of women in the center. But, in addition to enduring traumatic events, Hearman's political prisoners and Pitaloka/Dutta's choir members have collaboratively developed sources of shared resilience and recovery. They perform "the work of trauma" for themselves, for other affected women, and for their nation. To a greater extent than previous historical research on trauma, the studies in this volume focus on female choice and agency.[51]

The essay by Pitaloka and Dutta also brings out one of the most important themes running through this volume: the central role of the social and the communal. Their inspiring stories are not about individual women in isolation. It is all about community: they perform as a choir to audiences and try to enlighten the community as a whole in order to bridge the gap between generations, and they express the experience of not only social suffering, but also resilience, survival, and hope. The construction of long-term traumatic memory, too, is a social process.[52]

In the chapters of this volume, the cultural connection between psychic trauma and modern medicine shifts. That relation is most tenuous in chapter 7, Caroline Bennett's powerful study of haunting and burial practices in post-Khmer Rouge Cambodia. One of the worst massacres of the twentieth century was during the Khmer Rouge regime from 1975–79. Dictator Pol Pot's Communist regime caused the deaths of an estimated 1.7 million people (nearly a quarter of the nation's population) as well as the destruction of many state institutions, the aftermath of which continues to affect the country in many ways still today. The damage extended to the treatment of the dead: corpses littered the notorious "killing fields" of Cambodia; the bodily remains of those who were killed are mostly unidentified, and the mass graves of victims remain mostly unexcavated.

Bennett's study explores how Cambodians have sought to reestablish relationships between themselves and those who died during the genocidal violence.[53] Her ethnographic research on mass grave sites across Cambodia reveals that experiences such as haunting (the felt presence of ghosts and other supernatural entities) and encounters with the dead represent ongoing relationships between the living and the dead, relationships that are central to maintaining individual well-being, communal security, and material prosperity. In the cosmology

of many Cambodians, the dead are a social presence whose relationship with their living loved ones must be cultivated through specific funerary rituals, shrine building, and caring for their spirits through annual ceremonies. By leaving masses of bodies exposed and unburied, the Khmer Rouge regime dislocated dead individuals from their bodies, communities, and the home landscapes where under normal circumstances they would have received this care.[54]

Bennett's chapter makes clear that the Anglo-American conception of trauma is not compatible with the way most Cambodians understand or narrate pain and suffering. Experiences that within Western clinical settings would be interpreted as markers of trauma (such as dreaming of the dead or having recurrent nightmares of past atrocities) are locally understood within socio-religious frameworks in which the living and the dead continue to share an existence and interact and support each other's daily lives.[55] Bennett contrasts these interactions with the formal memorialization practices of the Cambodian state that focus on documentation and museum display in the cities.[56] Those practices do not share a Western psychological focus either. In conclusion, Bennett argues that it would be a mistake to interpret the concern of many Cambodians in reestablishing harmonious connections with their deceased relatives as a culturally specific expression of psychological trauma.

China remains a fertile field of inquiry because of the many deeply traumatic events that occurred throughout its modern history. As part of Mao Tse Tung's Cultural Revolution, millions of people in their late teens went through state-mandated processes of "rustication" during the decade of 1966–76, which entailed the forced resettlement of people from China's urban centers to the countryside where they were assigned for years to perform agricultural-related activities to realize ideological purification.[57] In chapter 8, Hua Wu is the first scholar to investigate the long-lasting psychological impact of this rustication experience. In 2017, she accompanied and interviewed a group of Chinese men and women, now elderly, who revisited a remote farm in mid-southern China that had been the site of their coerced ideological retraining over forty years earlier. Returning to the physical location of their powerful youthful experiences at a much later period in their lives evoked an uncanny range of responses ranging from breakdown, to introspection, to emotional numbing. Some who took these tours experienced involuntary rushes of sensations and memories. Wu also perceived that visitors' first reactions tended to be private and personal, but that they increasingly used the visitation to reestablish old social ties, share memories, and work through past adversities together. Some returned multiple times in a kind of ongoing effort to master their past.[58] In her analysis, subjective sensory experiences of space and place play key roles in conjuring up, confronting, and eventually transcending trauma.[59]

Wu's story also illustrates the changing, at times erratic, relations between politics and psychiatry in modern China. Under Mao, the psychological sciences

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were banned as Western ideologies of bourgeois individualism, just as they had been in Stalinist Russia. However, in the immediate post-Mao years (the late 1970s to the early 1980s), the Chinese government actually permitted some people to write and publish about their personal suffering. The literary-autobiographical genre known as *shanghen wenxue* (scar literature) gave writers and readers a way of mourning what they had lost or missed during the Cultural Revolution. By the early 1980s, the government again clamped down on such publications, which were implicitly critical of the Communist state.[60] Since the 1990s, post-socialist China has witnessed a remarkable growth in psychiatric organizations, publications, and services, including the proliferation of psychological counseling.[61] As a native ethnographer, Wu was allowed to pursue her project, and some other Chinese scholars have been granted access to patient interviews, hospital records, and archival sources. According to Vanessa Pupavac and Jie Yang, the Chinese Communist party today deploys these flourishing psychiatric activities to foster social stability, economic productivity, and political order.[62] Nevertheless, the archives of China's Ministry of Foreign Affairs, a fundamental repository for general national history, has opened and closed four times since 2004, each time with different rules about admittance and access to materials.[63] "Therapeutic governance" in contemporary China is an intriguing phenomenon with little counterpart in the United States or Europe—including in formerly Communist Central and Eastern Europe.[64]

Historians, anthropologists, and others have noted that Western conceptions of trauma are increasingly applied to non-Western populations despite incongruences between these conceptions and the way acutely adverse events are experienced and expressed locally. As Didier Fassin and Richard Rechtman have highlighted in *The Empire of Trauma: An Inquiry into the Condition of Victimhood* (2009), humanitarian organizations reacting to wars, natural catastrophes, and the plight of refugees often utilize the PTSD diagnosis as a seemingly objective indication of psychological damage, thereby establishing to international audiences the extent to which certain groups have been the object of oppression, violence, and, at times, genocide.[65] In other words, in an effort to represent traumatic suffering as objectively real, and for it to achieve international currency and moral legitimacy, humanitarian groups seek to locate and document the prevalence of PTSD in affected populations. In doing so, they make their suffering visible to an international audience, even if the concepts and therapeutic interventions are discordant with longstanding local cultural conventions.

The possibilities and the limitations of these practices are illustrated in compelling detail in Seinenu Thein-Lemelson's chapter on discourses of trauma in Myanmar (formerly called Burma) during the early twenty-first century. In her analysis of the brutal repression by Myanmar's military regime, she relates how advocates of reform, many of them journalists, artists, and university students, were able to deal with years of incarceration in the country's extensive penal

system, including at times torture and solitary confinement. They did so by enacting a complex cultural system of rites, rituals, and moral beliefs based on the concept of sacrifice (*anitnah*). *Anitnah*, Thein-Lemelson explains, engendered a deep sense of awe from the broader public, which subsequently elevated former political prisoners into national heroes for withstanding hardship, including physical pain, and donating years of their life to a larger, communal purpose. The concept has a respected spiritual and religious lineage, rooted in Theravada Buddhism, and was integral to Burma's political resistance during the colonial era and the struggle for independence. After their release, the community of former political prisoners engaged in elaborate rituals and processes of communal meaning-making that honored their collective sacrifice and narrated the history of their own suffering as having been endured for the betterment of the people and the nation state.

Thein-Lemelson proposes that adherence to *anitnah* among the people of Myanmar should be characterized as "a local idiom of resilience." As part of her research, she conducted ethnography and person-centered interviews with several hundreds of previously imprisoned pro-democracy figures, often following them through their daily political and social activities. She observed that a community organization consisting of female political prisoners incorporated the language of PTSD into its workshops but that, upon closer examination, this appropriation was rather superficial; Western concepts were often embedded in local ideas emphasizing the importance of sacrifice. According to Thein-Lemelson, the dynamic intermixing of the local and the global in repertoires of traumatic coping—or, broadly conceived, medical versus non-medical conceptualizations of suffering, trauma, and resilience—is clearly on display in Myanmar today.

In chapter 11, Saiba Varma demonstrates the importance of local perspectives on the nature of historical trauma. Since the end of the British colonial occupation of greater India in 1947, the agriculturally fertile Kashmir Valley, located southwest of the Himalaya Mountains, has been a territory contested by India, Pakistan, and China. Today, it is one of the most heavily militarized civilian areas in the world. Varma analyzes the Kashmiri concept of *kamzorī*, which roughly equates to chronic fatigue and pain, as a condition that physically and symbolically expresses the ongoing anguish of people living in India-occupied Kashmir. For Kashmiris, this condition consists of physical weakness induced by social, political, and economic oppression in daily lives.[66] Western-trained physicians and members of non-profit non-government organizations (NGOs) working in Kashmir continue to acknowledge that the PTSD construct does not adequately describe the ways residents manifest their distress, but they continue using it. Yet clinical data on the prevalence of PTSD among the inhabitants of Kashmir, Varma notes, has proven politically useful as an internationally recognized indictment of the cruelty of long-term Indian occupation.

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Varma's study is a good illustration of another signal difference between Euro-American and Asian trauma. American Vietnam War veterans were suffering from the chronic after-effects of traumatic events that had taken place several years earlier on the other side of the globe—a place that bore little, if any, resemblance to their current living environment. Holocaust survivors were, and are, in a similar position. In dramatic contrast, many individuals in Asia today remain in situations that continue to traumatize them; they therefore are not yet *post* their trauma. The harsh political oppression in occupied Kashmir, India's only Muslim-majority state, not only continues unabated but has ratcheted up since August 2019, when Prime Minister Narendra Modi's hardline Hindu nationalist party abrogated the region's autonomy by revoking Article 370 of the Indian Constitution. Analogously, survivors of the 1965 persecutions in Indonesia had to live on the margins of society, where they suffered stigma and exclusion. In addition, government officials and perpetrators remained in positions of power and influence for decades after the killings took place. In other words, because there is little temporal or spatial distance between these individuals and their past traumatic suffering, there exists no psychological "safe space" to process their painful experiences. In certain historically oppressed settings, the stability and security on which contemplation and catharsis are preconditioned simply do not exist.[67]

To make matters worse, the events that traumatized are often officially denied, and culpability is not acknowledged.[68] As Sigmund Freud formulated in *Beyond the Pleasure Principle* (1920), the human psyche experiences trauma *as if* it is in the present, even though it has taken place in the past, sometimes the remote past.[69] When the conditions of the original trauma persist, and the possibility of their recurrence is constant, past and present become indistinguishable. The possibility of working through trauma generally depends on broader social and political factors.[70] If trauma remains unacknowledged in the public sphere, and if the violent events that led to trauma are officially denied, individuals can only work through their past trauma in small communities of like-minded people.[71] For example, the Law of Historical Memory in Spain and the accommodation of Pinochet in Chile led to a split of society into at least two camps in regard to the Franco and Pinochet regimes. After both regimes ended, problematic and ambiguous transitions took place that made ascertaining what happened in the near past essentially contested.

Although access to archives remains relatively straightforward in current-day Japan, the psychological legacies of Japan's wartime history remain fiercely contested. In chapter 12, Maki Kimura considers the many heritage sites and peace parks across Japan today. These sites of memory and mourning are mainly dedicated to Japanese victims of the war, such as those of the nuclear attacks on Hiroshima and Nagasaki, or of allied air raids and assaults (including the firebombing

of Tokyo and the battle of Okinawa), or to those who died in service to Japan. Yet, as Kimura notes wryly, the Japanese government has not adequately acknowledged Japanese imperial aggression against its Asian neighbors during the Asia-Pacific War and the preceding China-Japan War. This includes non-recognition of the Nanking Massacre of 1937–38, the locus classicus of a long-ignored atrocity in twentieth-century Asian history.[72] A succession of postwar Japanese governments has clearly preferred to remember and memorialize wartime episodes in which the nation was the victim rather than the victimizer. Nationalist parliamentarians and government officials are more concerned with constructing meta-narratives centered around heroic service and tragic defeat.

Before and during the Asia-Pacific War, tens if not hundreds of thousands of teenage and adult women across Japanese-occupied Asia became the victim of sexual slavery. The largest number of victimized women were from Korea, China, Taiwan, and the Philippines.[73] In the book's final chapter, Kimura describes how the growing activism surrounding these World War II "comfort women" has in recent years found expression in the making of memorials and their strategic placement in symbolically resonant public locations. These sculptures do not merely commemorate past events; their construction, Kimura emphasizes, is also part of a determined campaign to gain full and formal recognition of this past violence against and exploitation of women in Japan's national history.[74]

In 2011, a sculpture of a girl-victim was placed close to the Japanese embassy in Seoul, South Korea, which for years had been the site of weekly protests. The Japanese state persists in downplaying, at times even in denying, the existence of networks of sexual exploitation and violence, rather than entertaining the possibility of apologies, health care, and financial compensation for surviving victims, and including the subject in the high school curriculum to prevent its reoccurrence.[75]

The heinous practice of sexual enslavement by the Japanese military ended with Japan's capitulation in 1945. Apart from a handful of women who came forward with their stories in the 1970s and 1980s, most women remained silent until the 1990s. Debate in the public arena, which emerged then, has been further energized by the involvement of transnational feminism and global human rights activism. In other words, the politics of war memory and memorialization have intensified rather than diminished with the passage of time.[76] The way the past is commemorated is a deeply political process.[77]

According to Kimura, the campaign for official acknowledgement has transformed into something much more than a single issue in Japan's contemporary culture wars. "Comfort women" memorials, whose emotional and aesthetic strategies the author analyzes, have recently been erected in such far-flung locations as Seoul, Busan (South Korea), Nanjing, Shanghai, Sydney, Wiesent (Germany), Palisades Park (New Jersey), and Glendale (California).[78] Kimura's chapter raises

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the intriguing question of how, in our day and age, terrible events that have occurred generations ago in specific places and times become universal moral exemplars of an entire category of traumatic violence, in this case, the victimization of women in war.[79]

Concluding Reflections

Historical accounts of trauma and the medical reactions to explain and alleviate its destructive psychological effects have thus far mostly focused on Europe (especially the UK, Germany, and France) and North America. Central to these studies have been, on the one hand, war-related mental disorders and those caused by industrial accidents, and, on the other, the Holocaust. Warfare and mental breakdown as a historical subject has also appeared in scholarship on Asia, the Pacific War being the most obvious example. Other types of warfare have been fought in Asia as well, which were motivated by the political dynamics of the Cold War, including wars in Korea and Vietnam, which escalated intensively after the world's superpowers became involved. Several Asian countries have also witnessed the brutal repression of civilian populations under internal dictatorships or one-party states, such as the Communist regimes in China, North Korea, and Cambodia; the military dictatorship in Myanmar; and Suharto's New Order regime in Indonesia. Today, governments in several Asian countries ignore or minimize their country's painful pasts rather than publicly acknowledge and address them. The historical traumas of Franco's Spain, Portugal's Estado Novo regime, the Greek *junta*, and several regimes in formerly Communist Eastern European countries have similar situations, but these have received little attention from scholars. Fortunately, current humanities research on trauma is expanding its geographical horizons.[80]

Many Asian nations have also experienced a colonialized past, which is common with African, South American, and Caribbean countries too. Asia witnessed the long-term military occupation of Korea, Taiwan, and Manchuria by the Japanese Imperial army, but also the oppressive hand of the British, French, Portuguese, and Dutch empires for generations. Furthermore, during the Cold War the influence of the post-World War II empires of the United States, Soviet Union, and China were keenly felt.[81] At the same time, intra-Asian violence has played a considerable role: Japan occupied Taiwan, Korea, and China; and the Indian government still occupies Kashmir. The United States holds a profoundly ambivalent role in this volume—alternately as savior, facilitator, perpetrator, and, at times, victim.[82] It is striking that European and North American scholars have hardly explored the traumatic effects of their historical presence in their former colonies. Frantz Fanon was the first to see specific forms of psychopathology as a critique of colonialism.[83] Because of the (until recently) almost exclusive

focus on Western experiences, Peter Leese and Jason Crouthamel have asked "to what extent is 'trauma' a colonizing concept?"[84] And the well-known Holocaust scholar Michael Rothberg has provocatively declared that "trauma is not just for white Westerners."[85]

Even though warfare and trauma is a shared theme in historical research about Europe, North America, and Asia, several types of warfare and military repression in Asia have been distinctive. Current conflicts in Asia, the Middle East, and Africa have led to large refugee and involuntary migrant populations, which often reside in refugee camps for years without clear prospects for permanent relocation.[86] Other factors prominent in this volume have to date also received insufficient attention in earlier historical trauma studies. The effect of natural cataclysms that have plagued and continue to plague Asia is one of these.[87] According to United Nations figures, Asia accounts for 57 percent of the global death toll from natural disasters, principally from earthquakes, storms, and floods.

Another factor is the presence of physical disease—particularly febrile illnesses related to the tropical climate—and endemic malnutrition, which have symptoms that are easily mistaken for those of mental disorders. In this volume, trauma is less about the distressing experiences that army soldiers had in battle zones far from home and more about civilian men, women, and children who are struggling under the devastating impact of systemic violence or natural disasters. One conclusion seems clear: the history of trauma across the Asian continent does not merely duplicate, with a somewhat different chronology, geography, and emphasis, the scenarios found in European- and American-focused scholarship. Common themes present in trauma research on Asia can potentially enrich the study and understanding of trauma in general and in all locations.

What sets discussions about trauma in Asia (and Africa and Latin America?) apart is the dynamic interplay between dominant (Western) psychiatric views on PTSD and various local idioms of distress. Beginning around 2000, spirited interdisciplinary conversations commenced about the globalization of Western psychiatry and its possible drawbacks and dangers. Critics have asked to what degree the theories, diagnoses, and therapeutic interventions of contemporary Anglo-American psychiatry can be exported and applied to individuals living "elsewhere" in the world.[88] More important, in our opinion, are the ways in which mental health professionals and others working in Asia receive these views, what adaptations they think are necessary, and their record of clinical effectiveness. Although we are convinced of the utility of trauma as a broad category of psychological (as well as legal and moral) analysis, the chapters in this volume highlight the necessity of taking various local social, cultural, and political elements into account. Byron J. Good and Devon Hinton have argued that it is more appropriate to speak of "post-traumatic syndromes" with porous cultural boundaries that can incorporate other points of view and reactions.[89]

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On another point, the chapters below document a familiar spectrum of emotional reactions following sudden severe trauma, including grief, panic, delirium, acute confusion, and, at times, psychotic agitation. Clinical manifestations of these states are not necessarily consonant across cultures, however.[90] Asian "idioms of distress" may manifest more readily via somatic and physiological symptoms than through the expression of subdued or depressed emotional states as in the psychologized West.[91] In a related thought, it may be possible with these studies to "provincialize Europe" by observing the cultural effects that the lack of a long Freudian heritage exerts on the history of trauma theory and praxis.[92]

Also illustrated in this collection is the key role played by public opinion, governments, and political ideology in determining which traumas are to be acknowledged. A wide diversity of governments is present in Asia today, including one-party Communist states, military juntas, dictatorships based on personality cults, constitutional monarchies, parliamentary republics, and governments in exile. All governments tend to embrace a preferred vision of their national past, granting priority to certain events, heroes, and villains; such self-serving histories often indicate the types and episodes of past suffering to be recognized and memorialized and, conversely, those to be denied and "de-remembered." Conservative nationalist governments often seek to sponsor patriotic histories and are reluctant to elaborate on grave human rights violations.[93] Repressive and authoritarian governments worldwide censor or forbid the study of past atrocities, although some of them may encourage it for a desired political function.

Even in open liberal-democratic societies—as recent anti-racist, anti-immigrant, and anti-colonial sentiments indicate—there is no longer a consensus about whose past suffering matters and whose does not. Internationally supervised tribunals and reconciliation commissions to investigate past wrongdoing that have brought some perpetrators to justice and offered reconciliation and rehabilitation to victims have taken place in South Africa, Yugoslavia, and Rwanda; lamentably, these initiatives have been less common in Asia, with the exception of Cambodia and East Timor, where the tribunals to date have had limited results.

Finally, in chronological terms the preponderance of past historically based research has thus far dwelled on psychological traumas before the 1950s. Most of the research presented in this volume, however, concerns more recent events, and sometimes much more recent. As a result, anthropologists outnumber historians among the contributors, and interviews and participant-observation are commonly employed, which allows investigators to give voice to living research participants.[94] The further integration of historical and anthropological research on trauma appears to us highly promising. Likewise, the research conducted by scholars up to this point needs to incorporate a much broader range of traumatic experiences such as those canvassed in this volume. A European-centered historical template cannot simply be transposed onto other regions in the world,

especially when these regions possess deep, rich, and independent histories. The twelve original studies in this book, we believe, establish powerfully that psychological trauma is "a useful category of analysis" in writing Asian history and that critical trauma studies should become a standard part of the analytical armamentarium of scholars in Asian studies.[95]

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Notes

1. We are aware that words like "trauma" and "traumatic" are not part of the various languages that are spoken in Asia, although in several of them the word has been incorporated recently. In this introduction, we refer to "trauma" as a shorthand for horrific, catastrophic, and disastrous events, including natural disasters and violent events by human beings, that have led to the loss of life on a relatively large scale or that include threats to the lives and well-being of individuals, their families, communities, and societies. The after-effects of such events often include unexplained medical disorders or a variety of adverse emotional reactions that interfere with health, well-being, and the ability to work. For reflections on trauma in Asia, see Surin, "Conceptualizing Trauma."

2. This phenomenon has been analyzed and critiqued by Fassin and Rechtman, *Empire of Trauma*. See also Fassin, *Humanitarian Reason*, and Fassin and Pandolfi, *Contemporary States of Emergency*.
3. American Psychiatric Association, *DSM-III*.
4. Andreasen, "Acute and Delayed Posttraumatic Stress Disorders," 1322. For a similar argument, see also Andreasen, "Posttraumatic Stress Disorder: History and Critique."
5. The term "bracket creep" was introduced by Richard McNally in "Progress and Controversy."
6. McNally, "Expanding Empire," 9. See also Horwitz, "PTSD Ubiquitous."
7. Miller, *PTSD Forensic Psychology*; Mullany and Handford, *Tort Liability Psychiatric Damage*; Handford, Mullany, and Mitchell, *Tort Liability Psychiatric Damage*.
8. Riebeling, "Wounds of the Past," Introduction.
9. Andreasen, "Posttraumatic Stress Disorder: False Dichotomies," 964.
10. Horwitz, *PTSD: A Short History*.
11. See, for example, the adjustments counsellors made as analyzed by Varma, "Where There Are Only Doctors." See also Somasundaram, "Collective Trauma Northern Sri Lanka," 5. In the perspective of some people in Asia, a concern with trauma should include the dead. See Caroline Bennett, in this volume, and Kwon, "Can the Dead Suffer Trauma?"
12. Breslau, "Cultures of Trauma." For critical perspectives on this phenomenon, see Watters, *Crazy Like Us*; Mills, *Decolonizing Global Mental Health*; Summerfield, "How Scientifically Valid?"; Summerfield, "Afterword"; and Pupavac, "Psychosocial Interventions."
13. Summerfield, "Childhood, War, Refugeedom"; Summerfield, "How Scientifically Valid?"; and Pupavac, "Psychosocial Interventions."
14. Marsella et al., *Ethnocultural Aspects*; Kirmayer, Lemelson, and Cummings, *Re-Visioning Psychiatry*; Hinton and Good, *Culture and PTSD*.
15. Marsella, "Ethnocultural Aspects"; Stamm and Friedman, "Cultural Diversity"; Argenti-Pillen, "Discourse Trauma."
16. See, for example, the chapters in Hinton and Good, *Culture and PTSD*; and Kirmayer, Lemelson, and Barad, *Understanding Trauma*.
17. Snijders et al., "Resilience."
18. Yehuda and McFarlane, "Conflict Current Knowledge." See also Kirmayer et al., *Understanding Trauma*. See also the chapters in Shalev, Yehuda, and McFarlane, *International Handbook*.
19. See Micale and Lerner, *Traumatic Pasts*. The historical research on Western precursors of PTSD is voluminous. See Lerner, *Hysterical Men*; Leese, *Shell Shock*; Young, *Harmony Illusions*; and Pols, "Tunisian Campaign." Many studies have focused on trauma and war; for overviews, see Jones and Wessely, *Shell Shock to PTSD* and Shephard, *War of Nerves*.
20. Micale and Lerner, *Traumatic Pasts*. See also Micale, "Charcot."
21. Micale, "Toward Global History Trauma"; Micale, "Beyond the Western Front."
22. Pols, "War Neurosis, Adjustment Problems, Ill Nation"; Pols, "Tunisian Campaign"; Pols, "Nature Native Mind"; Pols, "The Psychiatrist as Administrator"; and Edington and Pols, "Building Southeast Asian Psychiatric Expertise."
23. See, for example, Hillenbrand, "Trauma Politics of Identity"; Lin, *Representing Atrocity in Taiwan*; and Berry, *A History of Pain*; Ma, *The Last Isle*; and Choi, *Healing Historical Trauma*.
24. Beginning in 2011, a group of scholars, including historians, started to collect research and teaching/learning materials related to disasters in Asia. The website "Teach311" has become one of the most important databases related to disasters and catastrophes in the region. Recently, it has joined forces with the COVID-19 Collective. See: https://www.teach311.org/. From the website: "Teach311 + COVID-19 is a collective of educators,

researchers, artists, students and survivors spanning disciplinary and linguistic boundaries who study and teach about disasters. Our collaborative process encourages empathic inquiry into the past, and shares those stories for the future."

25. This outcome was the combination of the presence of a team of American researchers and internal developments in Japanese psychiatry. A first report was published as Mollica et al., *Invisible Human Crisis*. See also Kokai et al., "Natural Disaster Mental Health" and Breslau, "Globalizing Disaster Trauma." Japan had started to prepare for earthquakes after the Great Kantō Earthquake in 1923, which killed over 100,000 people. See Borland, *Earthquake Children* and Chan, "Bonds and Companionship."
26. See Yang, *Great Exodus from China*, which examines hundreds of thousands of refugees expelled across the Taiwan Strait following the Chinese Communist Revolution in 1949. See also Wu and Cheng, "A History of Mental Healthcare in Taiwan"; and Wu, "Charted Epidemic of Trauma."
27. This literature is by now extensive. See, for example, Kar, Krishnaraaj, and Rameshraj, "Long-Term Mental Health Outcomes"; Good, Good, and Grayman, "PTSD 'Good Enough'?"
28. On the concept of "psychological first aid," see Kim, "Great East Japan Earthquake." See also the Introduction by Micale and Lerner to the Japanese translation of *Traumatic Pasts*. For an analysis of the US response to a national disaster, see Eyerman, *Is This America?*
29. Changes in political power have generally led to adherence to different medical traditions. Political changes can lead to changes in the basic orientation in physicians, often associated with the languages they are taught to speak. This can severely disrupt medical traditions. In Laos, French, Soviet, and American approaches have alternated; in Vietnam, a French medical tradition was replaced by a Soviet one. See Sweet, "Women's Health in Laos"; and Aso, "Learning to Heal the People."
30. Kim, *Doctors of Empire*.
31. Lerner, *Hysterical Men*; Roudebush, "Battle of Nerves."
32. Uchida, "Revival of Military Masculinity." See also Nakamura, "Aftermath of War Trauma"; Nakamura, "'Invisible' War Trauma in Japan." Nakamura lists a number of Japanese-language studies of civilian war trauma following the land battle at Okinawa in footnote 32 of her article.
33. See also Hashimoto, *The Long Defeat*. Contrast these attitudes with those found in a recent publication: McCurry, "Japan Makes Progress."
34. See, for example, Sundram et al., "Psychosocial Responses to Disaster."
35. Similar questions have been raised in a comparative study of pension determinations in Europe after World War II. See Withuis and Mooij, *The Politics of War Trauma*.
36. Yum, "In Sickness and in Health." See also Jones and Palmer, "Army Psychiatry Korean War."
37. See, for example, Pols, "Tunisian Campaign"; see also Min and In-sok, "Mental Health in Korea." See also Menninger and Nemiah, *American Psychiatry after WWII* and Pols, "Waking up to Shell Shock."
38. For US versions of psychoanalysis, see Plant, "William Menninger American Psychoanalysis"; Hale, *Rise Crisis Psychoanalysis US*.
39. Kim, *Memory, Reconciliation, Reunions* studies the emotional trauma of long-term family separations across the North-South divide since the Korean War. Minkyu Sung of the Ulsan National Institute of Science and Technology is researching a book titled *Against the Trauma Claim: A Critique of Re-Humanizing North Korean Defectors in Times of Reconciliation.*
40. Indicative is Kolk, *The Body Keeps the Score*, an intelligent, wide-ranging account by a leading international authority on trauma medicine that opens with a chapter titled

"Lessons from Vietnam Veterans" yet never considers the people of Vietnam themselves, millions of whom perished in the war.

41. For moral and theoretical reflections on this question, see Butler, *Frames of War*, and Modlinger and Sonntag, *Other People's Pain*.
42. For other work on Vietnam, see Tran, "The Anxiety of Well-Being," Kim (Kim Thu Le), *Cultural Expressions of Trauma*, and Nguyen, "Vietnamese Refugee Women." For a comprehensive account of "madness" in Indochina, see Edington, *Beyond the Asylum*.
43. Barak's is also the first chapter in the collection to highlight the disciplinary identity of the studies in *Traumatic Pasts in Asia*. A generation ago, the contributors to the first *Traumatic Pasts* were all historians of modern Europe. Since the global dissemination of North American psychological and psychiatric theories is relatively recent, however, historical analysis in the present project needs to be combined with contemporary on-site anthropological research. In the ensuing chapters, anthropological data gathering methods—including on-site observation, in-depth interviewing, and cultural immersion—supplement, and at times supplant, traditional historical perspectives.
44. Patel, *Where There Is No Psychiatrist*.
45. Smith, *Resilience Localisation of Trauma*.
46. Kohrt and Hruschka, "Nepali Concepts of Psychological Trauma" finds significant variations in idioms of distress even within one "small" country.
47. Lemelson, "40 Years of Silence: An Indonesian Tragedy," a documentary film featuring four survivors and their families from Bali and Java.
48. Schreiner, "Lubang Buaya."
49. Atreyee Sen has described singing as a coping strategy in an Indian prison. See Sen, "Torture and Laughter." For music making as consolatory practice in a European setting, see Rogers, *Resonant Recoveries*.
50. Pitaloka, "Singing the Hope."
51. Joanna Bourke has highlighted the ways women suffer violence during war and conflict. See Bourke, *Rape: Sex, Violence, History*, among several other writings.
52. A point also well-established in regard to Arab culture in Nikro and Hegasy, *Social Life of Memory*, Introduction.
53. See also Bennett, "Living with the Dead."
54. On the representation of dead bodies in the landscape as part of the national imaginary, see Ly, "Broken Body." For comparisons with how other societies mourn, exhume, and re-bury corpses following mass violence, see Robben, *Companion Anthropology Death*.
55. See also Guillou, "Structuration rituelle."
56. For the parallel government-supported program in Cambodia that draws on PTSD medicine, see Schaack, Reicherter, and Chhang, *Cambodia's Hidden Scars*.
57. Rene, *China's Sent-Down Generation*.
58. For complementary studies, see Gao, "Paradoxes of Solidarity"; and Markert, "The Chinese Cultural Revolution," which is based on psychoanalytically informed interviews with survivors and their children. For the impact of the Cultural Revolution on the arts, see Wang, *Illuminations from the Past*.
59. For "the spatial turn" in trauma studies, see Coddington and Micieli-Voutsinas, "On Trauma, Geography, and Mobility."
60. Zhigang, "Scar Literature."
61. Moffic, "Psychiatry China"; Huang, "Emergence Psycho-Boom."
62. Pupavac, "Therapeutic Governance"; Yang, *Mental Health in China*.
63. For example, the archives of the Chinese Ministry of Foreign Affairs closed again, only to re-open one year later. See Minami "China's Foreign Ministry Archive."
64. Marks and Savelli, *Psychiatry Communist Europe.*

65. Fassin and Rechtman, *Empire of Trauma*; and Fassin and Pandolfi, *Contemporary States of Emergency*.
66. Akin to Frantz Fanon on psychopathologies of colonialism in North Africa. See Fanon, *Toward the African Revolution*. See also Varma, *The Occupied Clinic*, especially chapter 3.
67. McEwen and Schmeck, *The Hostage Brain*, documents the permanent neuroendocrinological damage done to the human brain from high levels of chronic stress among historically marginalized people.
68. McFarlane, "On the Social Denial of Trauma"; Herman, "A Forgotten History."
69. Freud, *Beyond the Pleasure Principle*.
70. Herman, "A Forgotten History."
71. For an analysis of the situation in Indonesia refer to Hearman, "Under Duress."
72. Chang, *Rape of Nanking*; Alexander with Rui Gao, "Mass Murder and Trauma."
73. Yoshimi, *Comfort Women*. For the larger story of sexual exploitation in Asia through the first half of the twentieth century, see Tanaka, *Japan's Comfort Women*.
74. On this role of monuments, see Winter, *Sites of Memory, Sites of Mourning*.
75. Kimura, *Unfolding the 'Comfort Women' Debates*. See also Nishino, Kim, and Onozawa, *Denying the Comfort Women*. Two documentary films on the subject, both directed by the Canadian filmmaker Tiffany Hsiung, are *Within Every Woman* (2012) and *The Apology* (2016).
76. Chirot, "World World II Memories."
77. For a comparative perspective, consult Macaluso, *Monument Culture*, especially section 3.
78. Mackie and Crozier-De Rosa, "Remembering the Grandmothers."
79. In chapter 4 of *The Cultural Politics of Emotion*, author Sara Ahmed discusses how pain is used to demand action or shape identities in the political sphere today.
80. See, for example, Casper and Wertheimer, *Critical Trauma Studies*; Kivimäki and Leese, *Trauma, Experience and Narrative*; Leese, Köhne, and Crouthamel, *Languages of Trauma*.
81. See, for example, Westad, *The Global Cold War*; Westad, *The Cold War*.
82. The bombing of Hiroshima and Nagasaki killed between 150,000 and 220,000 people on the day of the bombing; thousands more died later because of radiation exposure. In Vietnam, there were over 1 million Vietnamese (military and civilian) casualties and close to 50,000 American (military) ones. During the Korean war, more than 5 million people died.
83. Fanon, *The Wretched of the Earth*; Fanon, *Black Skin, White Masks*. For a contemporary reworking of the Fanonian critique, see Lazali, *Colonial Trauma*.
84. Leese and Crouthamel, *Traumatic Memories Second World War*, 15.
85. Rothberg, "Beyond Tancred and Clorinda," xi–xviii; Rothberg, "Decolonizing Trauma Studies: A Response."
86. Duncan Pedersen has urged broadening our conception of warfare and focusing our attention in particular on refugees and involuntary migrants. See Pedersen, "Rethinking Trauma Global Challenge."
87. Gordan, "Disaster, Ruin, and Permanent Catastrophe." For a European historical angle on the theme, see Rousso, *The Latest Catastrophe*.
88. Peter, "Experience of 'Mental Trauma'"; Summerfield, "A Critique of Seven Assumptions"; Summerfield, "Invention of Post-Traumatic Stress Disorder." For a response, see de Jong, "Deconstructing Critiques."
89. On interdisciplinarity and the study of trauma, see Kirmayer, Lemelson, and Barad, *Understanding Trauma*.
90. In a classic research project, Harvard psychiatrist Arthur Kleinman argued that somatization—that is, the expression of mental distress through physical conversion symp-

toms—was much more common in certain East Asian populations. See Kleinman and Good, *Culture and Depression*. For updates on the author's thinking on the matter, see Kleinman and Kleinman, "Remembering the Cultural Revolution"; and Lee and Kleinman, "Somatoform Disorders Changing?"

91. For this issue in another Asian country, see Kitanaka, "Reading Emotions in the Body"; Kitanaka, *Depression in Japan*.
92. Chakrabarty, *Provincializing Europe*. For a defense of the traditional psychoanalytic model of trauma in a globalized context, see Davoine and Gaudilliere, *History beyond Trauma*.
93. For Indonesia, this process has been analyzed by Kate McGregor in her *History in Uniform*.
94. A similar observation has been made by Christina Zarowsky on the basis of her research in Ethiopia. See Zarowsky, "Trauma Stories."
95. See, for example, Casper and Wertheimer, *Critical Trauma Studies*. For book-length studies of Asian countries not covered in the book, see Jain and Sarin, *Psychological Impact Partition*; Mookerjea-Leonard, *Literature, Gender, and the Trauma of Partition*; Singh, Iyer, and Gairola, *Revisiting India's Partition*, which examines "partition trauma" in India, Pakistan, and Bangladesh; Winichakul, *Moments of Silence*; and Baral, *Nepal*.

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