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BEYOND EUROCENTRISM

Trauma theory in the global age

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Trauma theory is an area of cultural investigation that emerged in the early 1990s as a product of the so-called ethical turn affecting the humanities. It promised to infuse the study of literary and cultural texts with new relevance. Amid accusations that literary scholarship, particularly in its deconstructive, poststructuralist, or textualist guise, had become indifferent or oblivious to 'what goes on in the real world' (the world outside the text: history, politics, ethics), trauma theory confidently announced itself as an essential apparatus for understanding 'the real world' and even as a potential means for changing it for the better.

This epistemological and ethical programme is clearly laid out in the highly influential work of Cathy Caruth, one of the founding figures of trauma theory (along with Shoshana Felman, Dori Laub, Geoffrey Hartman, and Dominick LaCapra). In *Unclaimed Experience: Trauma, Narrative, and History* (1996), Caruth argues that a textualist approach—one which insists that all reference is indirect—need not lead us away from history and into 'political and ethical paralysis' (10). Quite the contrary, she claims, it can afford us unique access to history: 'Through the notion of trauma ... we can understand that a rethinking of reference is aimed not at eliminating history but at resituating it in our understanding, that is, at precisely permitting *history* to arise where *immediate understanding* may not' (11). Caruth conceives history as being inherently traumatic, and trauma as an overwhelming experience that resists integration and expression. According to Caruth, conjoining a psychoanalytic view of trauma with a deconstructive vigilance regarding the indeterminacies of representation in the analysis of texts that bear witness to traumatic histories can grant us a paradoxical mode of access to extreme events and experiences that defy understanding and representation. In this account, textual 'undecidability' or 'unreadability' comes to reflect the inaccessibility of trauma.

Moreover, this reading practice comes invested with ethical significance. Caruth claims that the 'new mode of reading and of listening' (9) that trauma demands can

help break the isolation imposed on both individuals and cultures by traumatic experience: 'history, like trauma, is never simply one's own, … history is precisely the way we are implicated in each other's traumas' (24). In a catastrophic age such as ours, Caruth writes elsewhere, 'trauma itself may provide the very link between cultures' (Caruth 1995: 11). With trauma forming a bridge between disparate historical experiences, so the argument goes, listening to the trauma of another can contribute to cross-cultural solidarity and to the creation of new forms of community.

Remarkably, however, the founding texts of the field (including Caruth's own work) largely fail to live up to this promise of cross-cultural ethical engagement. They fail on at least three counts: they marginalize or ignore traumatic experiences of non-Western or minority cultures; they tend to take for granted the universal validity of definitions of trauma and recovery that have developed out of the history of Western modernity; and they often favour or even prescribe a modernist aesthetic of fragmentation and aporia as uniquely suited to the task of bearing witness to trauma. As a result of all of this, rather than promoting cross-cultural solidarity, trauma theory risks assisting in the perpetuation of the very beliefs, practices, and structures that maintain existing injustices and inequalities.

The urgency of overcoming trauma theory's Eurocentric biases has been underlined by Jane Kilby, who states that while the future of trauma theory is to a large extent unpredictable, 'for certain the question of globalization will dominate' (181). In arguing the need for trauma theory to be globalized more thoroughly and more responsibly, this chapter aims to help make this prognosis a reality. In what follows, I will first try to back up the criticisms that I have just levelled and propose possible solutions. I will address each of the three aforementioned points in turn: first, the marginalization of non-Western and minority traumas, then the supposed universal validity of Western definitions of trauma, and next the problem of normative trauma aesthetics.[1] Finally, I will analyse a literary text—Aminatta Forna's novel *The Memory of Love* (2010)—against this theoretical background.

The trauma of empire

Most attention within trauma theory has been devoted to events that took place in Europe or the United States, most prominently the Holocaust and, more recently, 9/11. The impetus for much of the current theorization about trauma and witnessing was provided by the Nazi genocide of the European Jews. As is apparent from the work of Caruth, Felman and Laub, Hartman, and LaCapra, trauma theory as a field of cultural scholarship developed out of an engagement with Holocaust testimony, literature, and history. However, if trauma theory is to redeem its promise of cross-cultural ethical engagement, the sufferings of those belonging to non-Western or minority cultures must be given due recognition.

In an article on the limitations and exclusions of trauma theory, Susannah Radstone observes that 'it is the sufferings of those, categorized in the West as "other", that tend *not* to be addressed via trauma theory—which becomes in this regard, a theory that supports politicized constructions of those with whom

identifications via traumatic sufferings can be forged and those from whom such identifications are withheld' (25). Judith Butler spells out the far-reaching consequences of such constructions in her book *Frames of War: When Is Life Grievable?* (2009), where she argues that the differential distribution of grievability across populations is 'at once a material and a perceptual issue': 'those whose lives are not "regarded" as potentially grievable, and hence valuable, are made to bear the burden of starvation, underemployment, legal disenfranchisement, and differential exposure to violence and death' (25). A one-sided focus on traumas suffered by members of Western cultural traditions could thus have pernicious effects at odds with trauma theory's self-proclaimed ethical mission.

This is not to say, though, that any and all attempts by trauma theory to reach out to the non-Western other are necessarily a step forward. After all, such efforts can turn out to reflect a Eurocentric bias just as well. This is true, for example, of the few descriptions of cross-cultural encounters that we are offered in Caruth's work: her reading of the story of Tancred and Clorinda, her analysis of Freud's *Moses and Monotheism*, and her interpretation of the film *Hiroshima mon amour*. These three cases are central to her formulation of trauma theory, yet they all strike me as highly problematic instances of witnessing across cultural boundaries.

I will limit myself here to a brief discussion of Caruth's treatment of *Hiroshima mon amour*, a film by Alain Resnais and Marguerite Duras, which tells the story of a love affair between a Japanese architect and a French actress who is visiting Hiroshima to make a film about peace. The affair triggers a chain of memories, as the woman relates the traumatic experiences she suffered at the end of the Second World War in the French city of Nevers. The young German soldier she had fallen in love with was shot and killed on the last day of fighting, just before they were to leave the city together. She was subsequently subjected to public disgrace, followed by a period of imprisonment and near-madness in her parents' home. Having recovered, she left home permanently, arriving in Paris on the day the war ended, after the bombing of Hiroshima and Nagasaki. It is her presence in Hiroshima, another site of wartime trauma, and the facilitating role of the Japanese man, who lost his family in the bombing, that enables the woman to recount her story for the first time. According to Caruth, the film demonstrates her thesis that trauma can act as a bridge between cultures: it allegedly opens up 'a new mode of seeing and of listening' to the spectators, 'a seeing and a listening *from the site of trauma*,' which it offers as 'the very possibility, in a catastrophic era, of a link between cultures' (Caruth 1996: 56).

This interpretation seems to me to gloss over the lop-sided quality of the cross-cultural dialogue established in *Hiroshima mon amour*. After all, we only ever get to hear the French woman's story; the traumatic history of Hiroshima in general, or of the Japanese man in particular, remains largely untold. Hiroshima is reduced to a stage on which the drama of a European woman's struggle to come to terms with her personal trauma can be played out; the Japanese man is of interest primarily as a catalyst and facilitator of this process. Caruth notes in passing that the film 'does not tell the story of Hiroshima in 1945 but rather uses the rebuilt Hiroshima as the setting for the telling of another story, the French woman's story of Nevers'

(Caruth 1996: 27), but the asymmetry of the exchange and the appropriation and instrumentalization of Japanese suffering in the service of articulating a European trauma do not stop her from holding up the interaction between the French woman and the Japanese man as an exemplary model of cross-cultural witnessing. Her analysis of *Hiroshima mon amour* thus illustrates how difficult it is for trauma theory to recognize the experience of the racial or cultural other.[2]

Similar arguments can be made in relation to Caruth's interpretations of the story of Tancred and Clorinda and *Moses and Monotheism* (Craps 14–17). The conclusion I think we can draw is that, rather than being evidence of a postcolonial sensibility, Caruth's descriptions of cross-cultural encounters actually reinforce Eurocentrism. Breaking with Eurocentrism requires a commitment, then, not only to broadening the usual focus of trauma theory, but also to acknowledging the traumas of non-Western or minority populations for their own sake. In the next section, I will argue that these traumas must, moreover, be acknowledged on their own terms. This, it seems to me, is another area where trauma theory has tended to fall short.

The empire of trauma

Today the concept of trauma is widely used to describe responses to extreme events across space and time, as well as to guide their treatment. However, as Allan Young reminds us in *The Harmony of Illusions: Inventing Post-Traumatic Stress Disorder* (1995), it is actually a Western artefact, 'invented' in the late nineteenth century. Its origins can be located in a variety of medical and psychological discourses dealing with European and American experiences of industrialization, gender relations, and modern warfare (Micale and Lerner; Saunders; Saunders and Aghaie). This historical and geographical situatedness means that there is nothing self-evident about the notion that Western definitions of trauma can be unproblematically exported to other contexts.

It can even be argued that the uncritical cross-cultural application of psychological concepts developed in the West amounts to a form of cultural imperialism. This claim has been made most forcefully by Derek Summerfield, a psychiatrist who sharply criticizes humanitarian interventions to provide psychological assistance in international conflict situations. 'Psychiatric universalism', he writes, 'risks being imperialistic, reminding us of the colonial era when what was presented to indigenous peoples was that there were different types of knowledge, and theirs was second-rate' (Summerfield 2004: 238). In the assumption that Western-style trauma programmes are necessary to avoid a postwar crop of psychiatric disorders, which is used as a basis for interventions in the lives of war-torn populations around the world, Summerfield hears 'a modern echo of the age of Empire, when Christian missionaries set sail to cool the savagery of primitive peoples and gather their souls, which would otherwise be "lost"' (Summerfield 1999: 1457).

These and similar accusations are reiterated by Ethan Watters in his book *Crazy like Us: The Globalization of the American Psyche* (2010). Watters critiques what he calls 'the grand project of Americanizing the world's understanding of the human

mind' (1). Over the past three decades, he writes, Americans have exported their ideas about mental health and illness around the world without regard for cultural differences, imposing their definitions and treatments as the international standards: 'Indigenous forms of mental illness and healing are being bulldozed by disease categories and treatments made in the USA' (3). One of the four case studies Watters examines is post-traumatic stress disorder or PTSD (the others are anorexia, schizophrenia, and depression). He reports on the Western trauma counsellors who arrived in Sri Lanka following the 2004 tsunami and who, in their rush to help the victims, inadvertently trampled local expressions of grief, suffering, and healing, thereby actually causing the community more distress. Both Summerfield and Watters reject the widely held belief that PTSD constitutes a timeless, acultural, psychobiological phenomenon, arguing instead that the PTSD construct reflects a Eurocentric, monocultural orientation.

Much criticism has in fact been levelled at the dominant formulation of PTSD, in the American Psychiatric Association's authoritative diagnostic manual (DSM), for its perceived failures of inclusiveness. Particularly contentious is the definition of what constitutes a traumatic stressor. This is typically thought of as a sudden, unexpected, catastrophic event—indeed, since the beginning of its discussion, trauma has been associated with an image of a single devastating blow or an acute stab that breaks the protective shield of the psyche. Many feminist and multicultural clinicians and researchers have argued that this criterion is too narrow because it makes some important sources of trauma invisible and unknowable. In particular, it tends to ignore 'the normative, quotidian aspects of trauma in the lives of many oppressed and disempowered persons, leading psychotherapists to an inability to grasp how a particular presentation of client distress is in fact posttraumatic' (Brown 18). The narrow range of possible traumas in people's lives implied by the traumatic stressor criterion in its current formulation needs to be expanded, it is argued, as there are many other experiences than those involving 'actual or threatened death or serious injury, or a threat to the physical integrity of self or others' (American Psychiatric Association 467) that can result in post-traumatic symptoms.

Concrete suggestions that have been offered for extending current definitions of trauma include Type II traumas (Terr), complex PTSD or 'disorders of extreme stress not otherwise specified' (Herman), safe-world violations (Janoff-Bulman), insidious trauma (Root), oppression-based trauma (Spanierman and Poteat), postcolonial syndrome (Duran et al.), postcolonial traumatic stress disorder (Turia), and post-traumatic slavery syndrome (Poussaint and Alexander). These attempts to go beyond or diversify the DSM definition of trauma can assist in understanding the impact of everyday racism, sexism, homophobia, classism, ableism, and other forms of structural oppression. Even though post-traumatic symptoms may be exhibited, the chronic psychic suffering caused by such experiences does not qualify for the PTSD diagnosis if, as is most often the case, an overt threat or act of violence is absent.

Dominant conceptions of trauma have also been criticized for considering trauma as an individual phenomenon and distracting attention from the wider

social situation, which can be particularly problematic in a cross-cultural context (Summerfield 1999: 1453–55; Wessells 269–71). After all, in collectivist societies individualistic approaches may be at odds with the local culture. Moreover, by narrowly focusing on the level of the individual psyche, one tends to leave unquestioned the conditions that enabled the traumatic abuse, such as racism, economic domination, or political oppression. Problems that are essentially political or economic are medicalized, and the people affected by them are pathologized as victims without agency, sufferers from an illness that can be cured through psychological counselling. The failure to situate these problems in their larger historical context can thus lead to psychological recovery being privileged over the transformation of a wounding political, social, or economic system. Insofar as it negates the need for taking collective action towards systemic change, the hegemonic trauma discourse can be seen to serve as a political palliative to the socially disempowered.[3]

The concerns about the PTSD construct expressed by psychologists and other mental health professionals, and the alternative paradigms which they have proposed, have received very little attention from within the field of cultural trauma research. The impact of different cultural traditions on the way trauma is experienced and on the process of healing is hardly acknowledged. Moreover, trauma theory continues to adhere to the traditional event-based model of trauma, according to which trauma results from a single, extraordinary, catastrophic event. It follows that the traumatic impact of racism and other forms of ongoing oppression cannot be adequately addressed within the conceptual frameworks which trauma theory provides.

Beyond Trauma Aesthetics[4]

I have argued that trauma theory needs to become more inclusive and culturally sensitive by acknowledging the sufferings of non-Western and minority groups more fully, for their own sake, and on their own terms. I will now address the textual inscription of such experiences and suggest that certain received ideas and assumptions about how literature bears witness to trauma may need to be revised. More specifically, I will challenge the notion that traumatic experiences can only be adequately represented through the use of experimental, modernist textual strategies. This notion, which can be traced back to Theodor Adorno's notorious pronouncements about poetry after Auschwitz, has become all but axiomatic within trauma theory. Trauma theorists often justify their focus on anti-narrative, fragmented, modernist forms by pointing to similarities with the psychic experience of trauma. An experience that exceeds the possibility of narrative knowledge, so the logic goes, will best be represented by a failure of narrative. Hence, what is called for is the disruption of conventional modes of representation, such as can be found in modernist art.

However, this assumption could lead to the establishment of a narrow trauma canon consisting of non-linear, modernist texts by mostly Western writers, modernism being a European cultural tradition. To quote the introduction to Jill

Bennett and Rosanne Kennedy's collection *World Memory: Personal Trajectories in Global Time* (2003), 'there is a danger that the field is becoming limited to a selection of texts that represent a relatively narrow range of traumatic events, histories and cultural forms, rather than engaging the global scope of traumatic events and the myriad forms that bear witness to them' (10). In *The Trauma Question* (2008), Roger Luckhurst similarly laments trauma theory's sole focus on anti-narrative texts and points out that the crisis of representation caused by trauma generates narrative *possibility* just as much as narrative *impossibility*. Beyond the narrow canon of high-brow, avant-garde texts, he reminds us, 'a wide diversity of high, middle and low cultural forms have provided a repertoire of compelling ways to articulate that apparently paradoxical thing, the trauma narrative' (83). In his book, Luckhurst explores this broad range of testimonial forms, studying popular trauma memoirs and novels—by Stephen King, for example—alongside canonical trauma texts.

I do not reject modernist modes of representation as inherently Eurocentric, nor do I advocate realism or indigenous literary forms as a postcolonial panacea. However, I do think it is important to check the rush to dismiss whatever deviates from the prescribed aesthetic as regressive or irrelevant. Rather than positing a necessary relation between aesthetic form and political or ethical effectiveness, trauma theory should take account of the specific social and historical contexts in which trauma narratives are produced and received, and be open and attentive to the diverse strategies of representation and resistance which these contexts invite or necessitate.

Aminatta Forna's *The Memory of Love*

What I have tried to do so far is to expose some of the limitations and blind spots which I think trauma theory will need to confront if it is to deliver on its promise of cross-cultural ethical engagement and stay relevant in the globalized world of the twenty-first century.[5] In the final part of this chapter, I will illustrate this argument with a case study of a literary text which seems to me to call for a more inclusive, materialist, and politicized form of trauma theory. Published in 2010 to great critical acclaim, *The Memory of Love* is the third book by the award-winning writer Aminatta Forna, who is the daughter of a Scottish mother and a Sierra Leonean father. Except for her latest novel, *The Hired Man* (2013), all of her work to date has explored the causes and consequences of war in Sierra Leone. *The Memory of Love* is set in the country's capital, Freetown, in 2001, in the aftermath of a gruesome civil war that lasted eleven years and left more than 50,000 people dead and an estimated 2.5 million people displaced. Instead of focusing on the war itself, the novel examines how those who survived the war cope with the physical and psychological scars of those years, as well as devoting considerable attention to exploring forms of complicity and collaboration that enabled the authoritarian regime of the 1970s, which paved the way for the rebel uprising in 1991, to come to and stay in power.

The Memory of Love tells the story of three men who come into contact with each other at a Freetown hospital. One of these is Elias Cole, an elderly history professor at the city's university who is dying of lung disease and who has led a life

of compromise and complicity with authority. He relates his past to Adrian Lockheart, a British psychologist specializing in post-traumatic stress disorder who is volunteering with the city's stretched mental health services. Among those affected by this condition is Kai Mansaray, a young local orthopaedic surgeon whom Adrian befriends and who is haunted by terrible memories of the war. The lives of the three protagonists are linked—somewhat too neatly, many critics feel—by the love of a single woman, known as Nenebah or Mamakay. Unbeknownst to Adrian when he begins a relationship with her, Mamakay is his patient Elias's daughter and his friend Kai's former lover.

Of particular interest for my purposes is the role played by the British psychologist, who functions as a conduit through which we learn the stories of the Sierra Leonean characters. In fact, this character already appeared in the final story in Forna's debut novel *Ancestor Stones* (2006), where he served the same function, listening to a Sierra Leonean woman recounting her experience of the invasion of Freetown. Like the primarily Western readership of *The Memory of Love*, for whom he acts as a point of identification, Adrian is an outsider who does not fully understand the situation in which he finds himself and who moves from bewilderment to insight in the course of the narrative. He brings familiar Western ideas to the problems of the local population that he has been parachuted in to help solve. However, this strategy proves unsuccessful. The novel makes it quite clear that Adrian's approach is inadequate to the situation he is confronted with. True to his name, Lockheart, there is something remote and detached about Adrian when he first arrives in Freetown—an attitude shared by most international aid workers, as the novel repeatedly points out. Feeling uncomfortable and out of place, he initially fails to connect with his patients: 'Adrian's empathy sounded slight, unconvincing in his own ears' (Forna 2010: 21). These patients are for the most part traumatized survivors of the war, it is suggested: they suffer from physical pains that began '[s]ometime after the trouble,' so they tell him, yet 'the doctors could find nothing wrong' with them—which is why they referred them to Adrian (21). After describing to him what they have endured, at his insistence, all of his patients request medicines from him. When he does not oblige, explaining that he is 'not that sort of doctor' (21), they thank him and leave, and '[n]one of them ever return[s]' (22). As a result of the general scepticism surrounding therapy, and his ineffectiveness in administering it, he soon finds himself underemployed. When his patients have 'stopped coming,' 'more or less entirely,' and his medical colleagues have presumably 'stopped bothering to make referrals,' he reflects: 'He came here to help and he is not helping. *He is not helping*' (64).

The novel's critique of the application of Western therapeutic models in the Sierra Leonean context crystallizes in a dialogue between Adrian and Attila, one of the few local psychiatrists to remain in the country. As head of the city's mental hospital, Attila has allowed Adrian to also treat some patients there but has always kept his distance from him.[6] However, when Attila at one point takes Adrian to see a cramped, stinking shantytown built on a sewage dump on the outskirts of Freetown, the following conversation—which begins with Attila speaking—unfolds between them:

> 'A few years back a medical team came here. They were here to survey the population. ... Do you know what they concluded? ... They were here for six weeks. They sent me a copy of the paper. The conclusion they reached was that ninety-nine per cent of the population was suffering from post-traumatic stress disorder.' He laughs cheerlessly. 'Post-traumatic stress disorder! What do you think of that?'
>
> Adrian, who is entirely unsure of what is expected of him, answers, 'The figure seems high but strikes me as entirely possible. From everything I've heard.'
>
> 'When I ask you what you expect to achieve for these men, you say you want to return them to normality. So then I must ask you, whose normality? Yours? Mine? So they can put on a suit and sit in an air-conditioned office? You think that will ever happen?'
>
> 'No,' says Adrian, feeling under attack. 'But therapy can help them to cope with their experiences of war.'
>
> 'This is their reality. And who is going to come and give the people who live *here* therapy to cope with this?' asks Attila and waves a hand at the view. 'You call it a disorder, my friend. We call it *life*.' He shifts the car into first gear and begins to move forward. 'And do you know what these visitors recommended at the end of their report? Another one hundred and fifty thousand dollars to engage in even more research.' He utters the same bitter chuckle. 'What do you need to know that you cannot tell just by looking, eh? But you know, these hotels are really quite expensive. Western rates. Television. Minibars.' He looks across at Adrian. 'Anyway,' he continues, 'you carry on with your work. Just remember what it is you are returning them to.'
>
> *(319–20)*

Several criticisms and accusations that resonate throughout the novel come together in this excerpt. Attila's key objection is that the assumption underlying Western notions of trauma recovery that the patient is to be returned to a state of normality through psychotherapy ignores the reality of life in Sierra Leone, one of the poorest countries in the world. Living conditions there are still extremely hard now that the war has ended. For most Sierra Leoneans, the 'normal' experience is one of oppression, deprivation, and upheaval; freedom, affluence, and stability—the Western standard of normality—are actually the exception rather than the rule. 'You call it a disorder ... We call it *life*': what for privileged Westerners is only a momentary deviation from the normal course of their safe, valued, and protected lives is a constant reality for most Sierra Leoneans, who lead poor, vulnerable, and unprotected lives. What we have here, then, is an instantiation of the critique of the event-based model of trauma and the associated methods of treatment, which risk obscuring the chronic suffering and structural violence experienced by the Sierra Leonean population and, indeed, by much of the world. An exclusive focus on psychotherapy is a misguided response to the psychic suffering of the Sierra Leonean population, it is suggested, in that the normality to which people will be

returned after therapy is one of enduring pain, whose root causes—which are socio-economic and political in nature—remain hidden and go unaddressed.

When Attila has left, Adrian admits to himself the rightness of the Sierra Leonean psychiatrist's views: 'The man is right, of course. People here don't need therapy so much as hope. But the hope has to be real—Attila's warning to Adrian' (320). Adrian has never had to give much if any thought to these kinds of questions while training and working as a psychologist in Britain, where the traumas he studied and treated neatly conformed to the event-based model. The novel points out that Adrian's interest in trauma started with the phenomenon of shell-shock, which he read about as a twelve-year-old boy (64). It also mentions a paper he wrote during his studies in the wake of an oil rig disaster off the coast of Aberdeen that killed 160 people and whose survivors 'struggled to return to their lives' (65). The paper, which was published and won him some acclaim, 'argu[ed] for a more proactive response from mental health professionals after major disasters' (65). This kind of response, intended to help survivors pick up the thread of their pre-disaster lives, loses its self-evidence in the Sierra Leonean context of unrelenting, generalized trauma.

In fact, Adrian now begins to develop a greater appreciation for local coping mechanisms such as the adoption of a fatalistic outlook on life. While Westerners he has met 'despise' such a response to trauma (320), Adrian comes to see it as entirely sensible in the absence of hope for any real change in people's living conditions. He reflects that 'perhaps it is the way people have found to survive' (320). This is just one of several moments in the text affirming the value of local coping strategies and methods, which tend to be summarily dismissed or looked down upon by Western aid workers. For example, while being shown around the mental hospital, Adrian learns that there are relatively few female patients, as families generally try to keep the women at home and 'seek treatment through local healers or religious leaders' (87). In response to his question, 'Do they help? The local methods?' he is told by Ileana, a colleague from Eastern Europe who has been working there for some time and who acts as his guide, 'It's just care in the community under another name' (87). Later on, she informs him that Attila has 'a lot of respect' for 'traditional healers,' who are 'really quite interesting': 'Some of the antipsychotic drugs we use they were on to hundreds of years ago' (276). When Adrian expresses his ignorance about this, Ileana, who does not seem to be surprised, adds: 'We call them witch doctors' (276). Thus, respect for local healing practices, which are presented as worthy counterparts to Western treatment methods, is instilled in Adrian and, by extension, the reader.

The supposed universal validity of Western traditions and experiences is further challenged by pointed remarks throughout the novel highlighting their situatedness or denouncing their imperialist pretensions. For example, Ileana, sounding like Allan Young, reminds Adrian that 'it was us Europeans who invented the talking cure. And most of the maladies it's designed to treat' (169), and Kai, annoyed at Adrian's assumption that Kai can easily understand his decision to leave home simply for the sake of something new, thinks to himself that '[t]his is the way Europeans talk, as if everybody shared their experiences' (182).

The novel suggests that local coping mechanisms may even trump popular Western ideas about trauma treatment by showing how silence plays a beneficial role in keeping trauma at bay. Silence is repeatedly put forward as a valid way of surviving the suffering inflicted by the war. This is how Mamakay points out its social prevalence to Adrian: 'Have you never noticed? How nobody ever talks about anything? What happened here. The war. Before the war. It's like a secret' (321). Trained to get patients to verbalize their trauma, to speak about their suffering, the British psychologist is troubled by these silences. He firmly believes in the benefits of directly confronting a traumatic experience and turning it into a story, which supposedly brings closure. At one point he wonders at how Kai and Mamakay 'both resolutely occupied only the present' and 'kept doors closed' (391). The fact that they both have 'places from which all others were excluded,' and about which they choose to remain silent, makes him distinctly uncomfortable: 'Even now the fear coiling around his heart is that in those closed-off places is something the two of them share from their past, some arc of emotion, incomplete, requiring an ending' (391). As Zoe Norridge points out, what he fails to understand is that 'there is no ending for those emotions ... even in peace the survivors live with the remains of the war' (196). Norridge reads Kai and Mamakay's silence as a viable and legitimate survival strategy, 'another manner of bounding pain—instead of seeking narrative closure, barriers are erected by not allowing the stories to circulate actively (even if they do unconsciously or implicitly) within the social space' (196). Adrian does in fact come to realize that his patients' 'reluctance to talk about anything that had happened to them' during the war is not simply to be 'put … down to trauma,' as he initially thought, but that it is also part of 'a way of being that existed here' (321). Rather than merely a symptom of trauma, to be dispelled without a second thought, silence is also a coping mechanism, a conscious choice deserving of respect.

The novel's scepticism about the breaking of silence as an automatic or intrinsic good is also apparent from the fact that the only one of Adrian's patients to actively seek out his help (23) and to spontaneously unburden himself is Elias: 'Here in the land of the mute, Elias Cole has elected to talk' (327). After all, the reason why Elias wants to talk to Adrian, as it turns out, is to be able to construct a convenient narrative, concealing and excusing his past complicity with a repressive regime which had shielded him from harm and allowed him to thrive while men of greater integrity suffered persecution by the authorities. Thus, what initially looks like a bona fide instance of the Freudian talking cure reveals itself to be a parody of it, which drives home the point that supposed confessionals can serve morally dubious causes.[7]

However, the case which best shows the inappropriateness of Western attitudes towards silence in the face of massive suffering is that of a woman named Agnes, one of the patients Adrian treats at the mental hospital and in whom he takes a special interest. Hers is one of the most harrowing experiences of wartime suffering described in the novel. She witnessed her husband's beheading by rebel soldiers, lost two daughters, and returned home from a refugee camp after the war only to find that her only surviving daughter had unwittingly married her husband's

murderer. Living under the same roof with her daughter and son-in-law, Agnes has to keep silent and pretend the horrors of the past never happened to make cohabiting with the perpetrator at all possible. However, she periodically loses her senses and wanders away from home, roaming from town to town in an unconscious effort to distance herself from the intolerable situation in which she finds herself. These bouts of temporary amnesia are the only respite she has from the brutal reality of her everyday life. Adrian becomes intent on breaking Agnes's self-imposed silences, convinced as he is that uncovering the event that he suspects caused her condition—which he diagnoses as a fugue[8]—will help relieve her suffering and bring healing. Agnes understandably refuses to play along, and Adrian will never hear her unbearable story—at least not from her mouth: eventually it is Kai who pieces it together from testimonies whispered by the other villagers and sends it to Adrian in a letter two years after the latter has left Sierra Leone to go back to England. For Kai, the most notable aspect of Agnes's story is 'the unbearable aftermath, the knowledge, and nothing to be done but to endure it. ... for Agnes there is no possibility of sanctuary' (325–26). As Norridge points out, the reader becomes aware that 'the story of Agnes hangs unresolved' by the novel's end, which makes him or her realize that 'narrating an impossible and enduring situation does not necessarily lead to resolution' (187).

Adrian's obsession with Agnes stems not only from a genuine desire to help her, but also from a desire to advance his career. Trying to convince a reluctant Agnes to return to treatment, he tells her daughter, 'I can help her' (204). However, another (unstated) reason why he would like to continue working with her is that she can help him achieve professional success: 'To prove the existence of fugue in a population would be a professional coup. But if he could also demonstrate a clear link to post-traumatic stress disorder? Well, that could make his name' (168). In fact, Adrian is repeatedly told by locals that his volunteering stint in Sierra Leone is probably more of an egotistical undertaking than an attempt to actually help the country's suffering people. Despite his friendship with Adrian, Kai views Adrian's mission with a suspicion bordering on contempt, comparing him to other Westerners who arrive in Sierra Leone to help but fail to stay for long—'tourists', he calls them (30). Kai questions the motivations of all Westerners who come to report on the war or to clean up in its aftermath, making no exception for Adrian: 'They came to get their newspaper stories, to save black babies, to spread the word, to make money, to fuck black bodies. They all had their own reasons. Modern-day knights, each after his or her trophy, their very own Holy Grail. Adrian's Grail was Agnes' (219). Kai's critique of the self-serving nature of Western involvement in Sierra Leone is echoed by Attila in the excerpt quoted above, where he mocks the medical team that had published a paper about the ubiquity of PTSD in Sierra Leone after briefly visiting the country. He scoffs at them for recommending extra funding for further research at the end of their report, research that he dismisses as redundant, paid for with money that would largely be spent on expensive hotel accommodation rather than on anything that would actually benefit the local population.[9]

It is worth noting, though, that, despite his sharp criticisms of Western aid practices, Attila ends the exchange with Adrian by advising the British psychologist to 'carry on with [his] work,' albeit in full awareness of his patients' living conditions (320). Just like the criticisms levelled by Attila that we have looked at, this piece of advice—of which Adrian notes that '[i]t is as close as [Attila] has ever come to praise' (320)—reflects a sentiment found throughout the novel. Indeed, for all its misgivings, *The Memory of Love* does not dismiss Western therapeutic models out of hand. Though Adrian makes a false start in Sierra Leone, he does eventually achieve some success in treating local patients using the expertise he acquired while studying and practising in England. He manages to get a group of male patients at the mental hospital 'to remember and write down or draw ... their experiences' after gaining their trust, '[a] small triumph' which makes him feel that he is 'making progress' (360), and gradually earns the respect of the hospital staff. Moreover, Adrian's diagnosis of Agnes's condition proves largely correct, and he eventually helps Kai deal with his personal war trauma, which is rendering him incapable of working, by getting him to talk about the core events. Indeed, that the therapy administered to Kai is successful is clearly suggested in the closing section of the novel, when, two years later, he is said to be driving across a bridge where one of his colleagues died and he himself was nearly shot, and which he had scrupulously avoided ever since that day.

It is such elements that lead Norridge to conclude that *The Memory of Love* is, 'in some ways, an elegy to the persistent appeal of Western-style narrative therapy' (175): 'The overarching message of Forna's novel appears to be that the past must be told if it is not to dominate our existence in the present' (184). It seems to me, though, that Norridge slightly overstates her case here: I would argue that the novel is marked by an unresolved ambivalence about the applicability and viability of Western treatment methods in post-Civil War Sierra Leone, and that the many reservations expressed throughout the narrative are not invalidated by a few apparent success stories. While there may indeed be a measure of closure for some characters, *The Memory of Love* also awakens its readers to the chronic, ongoing suffering endured in silence by whole swathes of the population, with which Western psychology is ill-equipped to deal. The novel makes audible these silences and fosters attunement to this quiet suffering, which, it is suggested, our Western trauma paradigm risks obscuring. It does so, moreover, without resorting to the kind of avant-garde experimentation or modernist pyrotechnics beloved of many canonical trauma writers and, perhaps especially, trauma theorists. In fact, Forna's intricately plotted novel is a fine example of literary realism, which does not derive its haunting power from the conversion of unspeakable suffering into broken, traumatized speech, but rather from its acknowledgement of the existence of vast silent spaces of unknown, ongoing suffering in the face of which narrative therapy—to the extent that it is on offer—is an inadequate response. Thus, *The Memory of Love* can be seen to pose a challenge to trauma theory to remove its Eurocentric blinkers—a challenge that, as I have argued, the field would be well advised to embrace.

Notes

1 This part of the chapter reprises the theoretical argument developed at greater length and in more detail in the first three chapters of my book *Postcolonial Witnessing: Trauma Out of Bounds* (2013).

2 To her credit, though, Caruth includes an essay by Georges Bataille in *Trauma: Explorations in Memory* (1995) titled 'Concerning the Accounts Given by the Residents of Hiroshima', which focuses precisely on the story that remains untold in *Hiroshima mon amour*.

3 These criticisms of the individualizing, psychologizing, pathologizing, and depoliticizing tendencies of the dominant trauma model were anticipated by Frantz Fanon in his pioneering work on the psychopathology of racism and colonialism: see his *Black Skin, White Masks* (1967 [1952]) and the last chapter of *The Wretched of the Earth* (1963 [1961]). On Fanon as a trauma theorist, see Craps 28–31; Kaplan; Kennedy 90–92; Saunders 13–15; and Saunders and Aghaie 18–19.

4 The title of this section is adapted from a book by Rita Felski called *Beyond Feminist Aesthetics: Feminist Literature and Social Change* (1989), which is almost twenty-five years old now but whose argument—about the need to leave behind attempts to construct a normative aesthetic for feminist literature—remains pertinent and can help us understand what is problematic about trauma aesthetics.

5 To some extent, of course, this is already happening. Though in the early stages of its development trauma theory focused predominantly on the Holocaust, in recent years the field has begun to diversify. It now also includes a still relatively small but significant amount of work addressing other kinds of traumatic experiences, such as those associated with not only 9/11 but also slavery, colonialism, apartheid, Partition, and the Stolen Generations. Moreover, there is a growing number of publications that adopt a cross-cultural comparative perspective. See, for example, Michael Rothberg's *Multidirectional Memory: Remembering the Holocaust in the Age of Decolonization* (2009), Max Silverman's *Palimpsestic Memory: The Holocaust and Colonialism in French and Francophone Fiction and Film* (2013), Sophie Croisy's *Other Cultures of Trauma: Meta-Metropolitan Narratives and Identities* (2007), Victoria Burrows's *Whiteness and Trauma: The Mother-Daughter Knot in the Fiction of Jean Rhys, Jamaica Kincaid and Toni Morrison* (2004), Sam Durrant's *Postcolonial Narrative and the Work of Mourning* (2004), and several collections, such as *World Memory: Personal Trajectories in Global Time* (Bennett and Kennedy, eds. 2003), *Trauma Texts* (Whitlock and Douglas, eds. 2009), *The Splintered Glass: Facets of Trauma in the Post-Colony and Beyond* (Herrero and Baelo-Allué, eds. 2011), and special issues of *Comparative Studies of South Asia, Africa and the Middle East* (Saunders and Aghaie, eds. 2005), *Studies in the Novel* (Craps and Buelens, eds. 2008), *Continuum: Journal of Media and Cultural Studies* (Traverso and Broderick, eds. 2010), *Yale French Studies* (Rothberg et al., eds. 2010); and *Criticism: A Quarterly for Literature and the Arts* (Craps and Rothberg, eds. 2011).

6 The brief interaction between Attila and Adrian when they first meet makes it clear that, as Attila sees it, he—and, by extension, his patients—need not be grateful for Adrian's offer of help; he is actually doing Adrian a favour by giving him permission to see patients at the mental hospital. Attila is quoted as saying: 'In whatever way we can help you, you're most welcome' (82). As we will see, this response is typical of the novel's general distrust of the motives behind Western aid initiatives, which, it is intimated, are primarily self-serving rather than altruistic.

7 Elias is hardly alone in manipulating the facts to make himself look better. As Mamakay explains to Adrian, history is being rewritten all over post-war Sierra Leone: 'People are blotting out what happened, fiddling with the truth, creating their own version of events to fill in the blanks. A version of the truth which puts them in a good light, that wipes out whatever they did or failed to do and makes certain none of them will be blamed' (351).

8 The novel gives the following definition of this condition, from *A History of Mental Illness*, an apparently fictional reference book owned by Adrian: 'Fugue. Characterised by sudden, unexpected travel away from home. Irresistible wandering, often coupled

with subsequent amnesia. A rarely diagnosed dissociative condition in which the mind creates an alternative state. This state may be considered a place of safety, a refuge' (325).

9 Forna has made no secret of the fact that she shares the distrust of Western aid efforts expressed by several of the novel's characters, echoing their scepticism in interview after interview. To give but one example, in an interview with the Sri Lankan *Sunday Times* newspaper in which she talks about this issue at some length, she is quoted as saying: 'I think aid is a complete misnomer actually. I've watched a billion pounds of aid being poured into Sierra Leone at one point. I saw that it was completely doomed to failure and a lot of people saw that. There's been a lot of anger in the community about how aid is used …' (quoted in Tegal). She voices her suspicion that the purpose of aid is mostly to buy control and influence; criticizes Western countries for refusing to open up their trade, which they would do if they had any real interest in helping; accuses Western aid projects of being poorly planned and unsustainable; and indicts non-governmental organizations for spending far more on overhead and (largely expatriate) staff costs than on providing aid: 'actually it's an industry that is feeding the west' (quoted in Tegal). Disillusioned with existing aid initiatives, Forna has set up various development programmes herself in her family village of Rogbonko, in central Sierra Leone. As she writes on her website, the Rogbonko Project, which focuses on education, health care, sanitation, and agriculture, has at its heart 'the belief that Africans already possess the knowledge, will and systems to transform their living conditions. Every project undertaken in Rogbonko is initiated, administered and entirely run by the village. We have found this works, because we think Africa has all the experts it needs—they're the people who live there' (Forna 'The Rogbonko Project').

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