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

Didier Fassin & Richard Rechtman (translated by Rachel Gomme).

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I recently gave a talk at our local school. My subject was shell shock in the First World War. I asked them to name the most famous soldier of that war. Some named Wilfred Owen or Siegfried Sassoon (none named, or even knew about the “old boys” of their school whose Victoria Crosses were honoured on a board in the hall in which I was speaking). But for them, the most influential soldier of that conflict was neither their own forgotten heroes, nor the war poets, but a person who never existed - Captain Edmond Blackadder. Their views of the First World War had been shaped not by historians, but Richard Curtis and Ben Elton. And so when we reached the topic of my talk, the prevailing view was that victims of shell shock usually ended up being shot for cowardice. I tried to argue that it was not so simple {Wessely , 2006 #7866} but “Oh What a Lovely War” and Captain Blackadder was more than a match for my attempt to reclaim the Great War for history.

Of course much has changed since 1918, even if there is little for us to be complacent about when it comes to the contemporary treatment of mental breakdown in soldiers or indeed any one else. But my audience were wrong in seeing this as a simple journey from ignorance to enlightenment, because as Didier Fassin and Richard Rechtman elegantly describe in their new book, the story is more complex, and more interesting. The authors, trained in both medicine and anthropology, argue that was has happened is nothing less than a fundamental change in what it means to be “traumatised”. Look in the index of any standard psychiatric textbook up to the 1970s and trauma means head injury. Now to call a person “traumatised” refers to their mental and not physical situation. Fassin and Rechtman point to the “huge difference in society’s attitudes to “trauma neurosis” in the late nineteenth century and “post traumatic stress disorder” in the late twentieth century” but unlike my school class, do not believe this is simply due to advances in psychiatric diagnostic skills, nor to a more enlightened or compassionate society.

Fassin and Rechtman are French, so inevitably sentences are longer, concepts more complex, and Derrida, Foucault and that old charlatan Lacan make their appearances, but Fassin and Rechtman are no intellectual impostors. However, like many French intellectuals they tend to overestimate the influence of psycho analysis – in this case on the development of concepts of shell shock and trauma in the aftermath of the First World War. True, Rivers looked after Siegfried Sassoon (albeit briefly) and Freud gave evidence for the defence in the trial of Viennese neurologist and Nobel laureate Wagner-Jauregg accused but acquitted of brutally treating war neurotics. But neither were as influential as historians of psycho analysis and/or Booker prize winners would have us believe. The Great War far from revolutionising attitudes to war neurosis, did almost the opposite, and reinforced existing doctrines and prejudices. A more typical example of the medical response to the conflict comes from the career of Sir John Collee. Before the outbreak of war, Sir John was a well known scourge of the new worker’s compensation acts. The titles of his books - 'Fraud and its Detection in Accident Insurance cases' (1913) and 'Malingering and Feigning Sickness' (1913) mean it is not difficult to guess his position. During the war he was appointed President of the special medical board appointed to examine soldiers suffering from so called functional nervous disorders, and after the war he became the medical director of the Minister of Pensions. The war had reinforced, rather than changed, his views, as reflected in the conclusions of the 1922 Shell Shock commission - war neurosis was a problem of character, to be solved by better selection, leadership, training, morale and discipline {Jones, 2003 #6851} {Shephard, 1999 #7556}.

So now let us fast forward to contemporary France. In 2004 Chirac appointed Nicole Guedj as the new “Minister for the Rights of Victims”. One of her first actions is to propose a new law establishing a ”presumption of good faith”, which would make illegal any expression of doubt about the authenticity of a victim’s testimony in the absence of strong contradictory evidence, a direct analogy of the presumption of innocence in criminal trial. Sir John Collee would have failed to understand, let alone endorse, her views, but they are symbolic of the profound change that has occurred in what it means to be traumatised, or to be a victim.

Having and showing compassion towards those who have suffered is one of the attractive aspects of human nature, but as Robert Hughes argued in “Culture of Complaint” {Hughes, 1993 #12641} elevating the status of the victim in our society, let alone our legal system is not without a cost. After disasters for example, victims now frequently make observations on their experience, and how we might improve future services for them and their families. So far so good, such observations can and do act as a mediator of change. But victims now frequently become involved in questions about how the disaster either could or should have been prevented in the past or future. Surviving a rail or air crash does not make one per se an expert on rail or air safety. But elevating and occasionally venerating victim status does not just lead to occasionally questionable changes in public policy, it may not always have desirable consequences for the victims themselves. The risk in assuming the role of the victim for a prolonged period is that a person is in danger of being defined, and defining themselves, not by what they are and have achieved, but solely by what was done to them.

Fassin and Rechtman devote considerable attention to a masterly accounts of the events that followed the destruction of the AZF chemical factory in Toulouse in September 2001, a disaster overshadowed by an even greater disaster in that same month, but still worthy of study. Within a few hours of the Toulouse explosion “226 doctors, 45 psychiatrists, 486 psychologists and 200 nurses” had responded to the appeal from the Mayor to come to the aid of the “traumatized population”. They did so, offering “support” in various shapes and sizes. At first this was appreciated, but soon those counselled were “disappointed when they found that they could not come back and talk to the same person”. One wonders where Toulouse’s GPs were during those days – things seemed to have moved on, and not necessarily for the better, from for example what happened in Lockerbie over a decade earlier. Then a smaller army of mental health professionals sat in the Town Hall but the sum total of their activities appears to have been counselling a single policeman who had fainted on grave registration duties. The shaken inhabitants of the town preferred to consult with either their GP or a psychiatrist, not because he was a psychiatrist, but because he also lived in Lockerbie and was well known to them. Meanwhile, in Toulouse pre existing professional rivalries soon surfaced, but worse was to follow. Soon the roles of the mental professionals were being challenged and appropriate by politicians, support groups and other actors. Even the local glaziers now claimed that they offered not just new windows but “psychological support” as well. Psychological trauma had been democratised and deprofessionalised. Furthermore, people reacted angrily when it became clear that the professionals were good at listening, but could do nothing about housing, compensation, the law and other practical concerns. Why bother with the psychologist when the glazier could do the same and mend your window?

So now psychiatrists, psychologists and counsellors have ironically found themselves victims of the new politics of trauma. Just when they had established themselves with the trappings of professional legitimacy (conferences, journals, accreditation, guidelines, standards, learned societies and the rest) they face competition and challenges to their expertise from the public themselves. Of course mental health professionals never seem far away from either challenge or crisis – which is why the work is so demanding, but also stimulating and never dull. Much the same is true about “Empire of Trauma”. Like psychiatry itself, it is not for the faint hearted, but worth it in the end.