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All in the Mind? The Pathologization of Trauma in Timor-Leste

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Abstract: Given the failure of many peace-building operations to ensure a sustainable peace, it is perhaps not surprising that the prospect of retaliatory violence in post-conflict societies is frequently identified as a security and development concern. Drawing on a critique of the so-called ‘therapeutic security paradigm’, this paper critically examines discourses of traumatization in Timor-Leste. At one level, it is noted that the bio-psychological model of ‘trauma’ can be incongruous with East Timorese notions of health, widely understood as being socially embedded and relational, rather than biological and individual. On another, the paper argues that there is no one-to-one correlation between experiencing events that might be classified as ‘traumatic’ and going on to suffer a pathological traumatization. Individual and community resilience should not be underestimated, and the rationale for international supervision of ‘traumatized’ societies should be questioned. Therapeutic interventions, such as the East Timorese Commission for Truth and Reconciliation, may be a pragmatic option given the lack of international support for pursuing criminal justice or financial reparations. However, remedies aimed at the psyche that come at the expense of the material may pose a greater threat to sustainable and secure community than does pathological traumatization, particularly at this time of acute social change.

Keywords: Peace-building, trauma, Timor-Leste, health, psychology, conflict, embodiment.

1. Introduction

Drawing on a critique of the ‘therapeutic security paradigm’, I want to problematize the ‘predominant’ discourses of trauma in post-conflict Timor-Leste. I argue that certain concerns expressed by proponents of these discourses can be taken as evidence of a lack of understanding between peace-building interveners and East Timorese recipients. The argument that I present sits within critical accounts of peace-building as a form of global liberal governance that aims to transform rather than negotiate with post-conflict societies. I first question how trauma is discussed in the mainstream approaches. On this basis, I then examine the securitization of trauma thesis as a discourse that alleges that the East Timorese will inevitably develop pathological responses to war and violence. I argue that the focus within the mainstream accounts on the internal and psychological dimensions of the East-Timorese’ experience draws attention away from the material and political dimensions of suffering or causes of conflict. In support of the suggestion that there is insignificant negotiation with local cultures in peace-building missions, I note that the modern bio-

psychological model of ‘trauma’ can be incongruous with customary East Timorese notions of health. In conclusion, I contend that rather than pathologize, mainstream peace-building practice needs to take local ways of being seriously. At the same time, I argue that the East Timorese will be better served by focusing on the material and political, not merely the individual and psychological, as ultimately these dimensions are more likely to determine the sustainability of security and peace than will unresolved trauma.

2. Peace-building and pathologized trauma

That people in Timor-Leste are sometimes portrayed as traumatized is unsurprising given the extent of the violence and oppression that occurred as part of the twenty-four year Indonesian occupation and the annihilation that accompanied their exodus in 1999. Estimates suggest that up to a fifth of the country’s population died during the occupation, through murder, starvation or disease (CAVR 2004). The killings, rape and sexual abuse, physical and psychological torture, arbitrary detention and massacres are well documented (in addition to CAVR 2004, see, for example, Chapter 5 ‘Torture in Timor-Leste’ in Stanley 2009), as is the persistent insecurity caused by forced displacement and the disruption of customary practices (McWilliam and Traube 2011, p. 12). The post-independence security and praised success of the UN peace-building missions was shattered by a socio-political Crisis in 2006, when fractures within the military led to the collapse of the state security apparatus, widespread inter-communal violence, and mass internal displacement. Lothe and Peake (2010, p. S434) state that with the Crisis, the population came to display more typical characteristics of a post-conflict society than it had done previously, with a reported breakdown in social trust and evident hostility between groups (also Richmond and Franks 2008, p. 194).

Given this past, it is not uncommon for political science and media commentators to refer to the East Timorese as suffering the problematic effects of ‘trauma’, at the level of individuals (Niner 2008) or as a society as a whole (Ofstad 2012, p. 7). Political analysts have referred to survivors of the violent past as ‘psychologically scar[ed]’ (Kingsbury 2012, p. 17), potentially suffering post-traumatic stress disorder and inclined to antisocial behaviour, while psychological studies have speculated that the traumatization in Timor-Leste is a risk factor for ‘explosive violence’ (Silove *et al.* 2009). In these accounts, trauma is often discursively linked to the possibility of future conflict and insecurity, for example the World Bank, among others, reported that previous experiences of trauma were a factor contributing to the 2006 Crisis (World Bank 2009, p. 11). The threat of people’s desire to execute violent revenge serves to legitimize claims that the East Timorese need to ‘work through’ the trauma of decades of war (Simonsen 2006, p. 578) and in particular the violence of 1999 (Shoemith 2003, p. 233).

Before going on to explore the political implications of such a framing, it is worth pointing out that even mainstream Western psychology would acknowledge that there is no one-to-one correlation between experiencing events that might be classified as traumatic and going on to suffer some form of pathological traumatization. Responses are varied, as are coping strategies and recovery processes. Indeed, research in Timor-Leste’s capital Dili showed that while in 2000 some 34 per cent of the surveyed population fit the clinical diagnostic criteria for Post-Traumatic Stress Disorder (PTSD), the Timorese Department of Mental Health reports that a comparable study in 2004 showed that less than one per cent of the population fit the same criteria, ‘a figure that does not differ from countries not exposed to war or mass violence’ (Ministry of Health 2010, p. 39). Hence, even if one puts aside any

challenges to the validity or cultural specificity of modern Western diagnoses of mental illness—a theme that I will explore later—at some level there appears to be a strong local capacity for recovery and resilience, which is sidelined when pathological traumatization is discussed as if it is an inevitability.

The linking of peace and security to the projection of the East Timorese as traumatized by their experiences of war is aligned with what Vanessa Pupavac (2004, also see Hughes and Pupavac 2005, Humphrey 2008, Moon 2009) describes as the ‘therapeutic security paradigm’, which posits that trauma is both a consequence of, and risk factor for, the perpetration of violence. Within such an understanding, war is seen as necessarily causing psychological trauma, which if left unresolved poses a threat not only to individual wellbeing but also to long-term peace, security and development. The therapeutic model reduces a person’s motives to the level of pathological psychology and individual retaliation, in a simplified equation: was traumatized, equals, will traumatize (Pupavac 2004, p. 163).

Like Pupavac, in problematizing the discourse of trauma I do not wish to diminish the impact of violence, or the suffering associated with emotional ill-being. However, in this paper I do want to draw into question how the legacy of trauma on the current functioning of East Timorese society is discussed. In some accounts, trauma and suffering appear as the defining feature of life, for instance when political journalist Mark Aarons (2007) describes the East Timorese as ‘people who have known only repression, conflict and despair’. Such hyperbole strips away alternative dimensions to people’s lives, rendering their experiences one dimensional, framed solely by their trauma.

Furthermore, I agree with Pupavac’s contention that the therapeutic security paradigm pathologizes emotions of unhappiness, anger and frustration, which might better be seen as legitimate and understandable responses to given circumstances. For instance, in the wake of the destruction of 1999, psycho-trauma interventions led by international experts were reportedly received with little enthusiasm by many East Timorese, who ‘expressed their need for water buffalos and tractors, not for workshops’ (Loch and Prueller 2011, p. 325). While affect and emotion are important considerations, the focus on the individual and psychological can detract attention from the material, political and structural. Self-management is encouraged via the therapeutic language of participation, empowerment, healing and self-esteem (Pupavac 2004, p. 156), while structural constraints are sidelined.

At the national level, truth and reconciliation commissions, such as the CAVR in Timor-Leste, are said to establish a therapeutic relationship between society and the post-conflict state, which establishes its legitimacy via acknowledgement and care for people’s suffering (Humphrey 2005 and 2009), and use of psychological tropes of healing (Robins 2012, p. 96). At the same time, the Pathologization of supposedly ‘traumatized’ populations can imply a dichotomy between the damaged or incapable post-conflict society and the functional and rational outsider or elite. Hence as Michael Humphrey cautions, within the therapeutic security model ‘Peace becomes the achievement of experts rather than the achievement of negotiations and agreements by a political community’ (Humphrey 2009, p. 66). This is aligned with broader critiques of international peace-building as being a form of global liberal governance, aimed at transforming post-conflict societies to a modern liberal ideal (see for instance Duffield 2001 and 2007, Richmond 2004 and 2011). Convinced of its own superiority, the dominant model of post-conflict reconstruction and rehabilitation is likely to see alternative strategies as barriers to building peace, and so negate rather than include them (Mac Ginty 2008 and 2010).

Critical evaluations of the peace-and-state-building interventions in Timor-Leste tend to concur that in the aftermath of the 1999 violence the nation was viewed as a 'blank slate' (Brown 2009, p. 149, Chopra 2002, p. 981, Lemay-Hebert 2011). On the one hand, this was a reasonable assessment of the fledgling nation's infrastructure, capacity to function as a modern state and ability restore delivery of basic needs and services to its people. However, Lemay-Hebert (2011, p. 193) suggests that such a perspective obscured understanding of what did exist, leading to an 'empty shell' approach that legitimized the international intervention as fulfilling the role of a functional and remedial rescuer. That the East Timorese resistance held political aims and that indigenous social structures stood strong despite the occupation and preceding Portuguese colonization were seen by the early United Nations intervention as of little relevance to the state-and-security-building project (Boege *et al.* 2009, pp. 607–8, Chopra 2002, p. 981).

Certainly, recent years have seen the winding back and withdrawal of a number of key actors in the peace-building intervention, but to suggest that the supervisory nature of international interventions is no longer a relevant consideration in Timor-Leste ignores the normative institutional frameworks that have been put in place. As Hughes and Pupavac (2005, p. 883) note of the scaling back of similar international peace-building interventions in Cambodia and the former Yugoslav states, 'while responsibility for politics is place back on the shoulders of local people, this is a disciplined politics, regulated by international norms'.

Of course, the subservience of recipient populations to peace-building interventions is not guaranteed, and local agency and resistance is one potential factor that Mark Duffield (2001, 2007) states contributes to their failure. There is a growing consensus that the failure is also attributable to the cultural disconnect between modern liberal interventions and the complex recipient populations, leading to calls for a 'post-liberal' or 'hybrid' form of peace, whereby interveners recognize and negotiate with local traditions, culture and ontology (Boege *et al.* 2009, Brown and Gusmao 2009, Mac Ginty 2008, Mac Ginty 2010, Richmond 2011, Richmond and Franks 2008, Tadjbakhsh 2011). The final section of my paper makes a small contribution to this literature, drawing in part from anthropological accounts to illustrate points of difference from the modern concepts of psychology utilized in the dominant discourse of traumatization and local customary-traditional East Timorese understandings.

3. Customary health and trauma

Critics from within the discipline of psychology, such as Derek Summerfield (1999; also Almedon and Summerfield 2004) problematize the Pathologization of suffering and use of the Western bio-psychomedical model of trauma as if it were universal across all settings. Certainly, in Timor-Leste, mental health practitioners (eg. Silove *et al.* 2008, Silove *et al.* 2009, Silove *et al.* 2006, Zwi and Silove 2002), the National Mental Health Strategy (Ministry of Health 2010, p. 29), and non-government organizations operating mental health programs (personal communication, Caritas Program Director, July 2011) have indicated that many locals fail to share the concepts of mental health that they are attempting to promote. I would suggest that the difference goes beyond what Robins (2012, p. 95) labels a 'lack of access to psychological or medical discourses' and is more a matter of distinct ways of being in the world, or points of contradiction between dominant ontological formations (James 2006).

In the exploration, I draw from Paul James' sociological framework of 'constitutive abstraction' (2006), a schema through which we can describe increasingly more abstract forms of social integration moving from the ontological categories of customary or tribal, to traditional, modern, and postmodern. A merit of the constitutive abstraction approach is that it allows understanding of how the 'process of *abstraction* is constitutive of social relations and social being rather than just an activity in that occurs in people's heads' (James 2006, p. 320). Hence it is a useful framework for exploring the simultaneously material and social/discursive nature of the body, as it proposes that embodiment is 'both the context and the outcome of patterns of social practice and meaning' (James 2006, p. 180). This assists the present exploration of trauma and social difference, for as anthropologists suggest, embodiment is a useful paradigm for analyzing the 'intersubjective experiences of illness and healing' (Collier *et al.* 2000, p. 22) across cultural and ontological differences.

My argument here is that customary forms of embodiment are dominant—though not exclusive—in Timor-Leste, and this can sometimes sit in contradiction with modern forms of embodiment that inform the notion of psychological traumatization. I should acknowledge here that in using the terms of 'customary' and 'modern' an inevitable reification and simplification occurs, hardening what in reality is often lived as fluid, complex, and taken for granted. As Harris and Robb (2012, p. 671) note, 'Ontological ideas about the body are never singular; people never have only one exclusive way of understanding the body'. In today's globalized world of interconnected communities, and given the post-colonial reality of Timor-Leste, there will always be a degree of layering, 'folding in' (Bubandt 2012), hybridization (Boege *et al.* 2009, Brown and Gusmao 2009), intersection (Grenfell 2012a) or 'mutability' (Stead 2012) of different ways of being that a discussion this brief will find hard to capture.

Studies of health in Timor-Leste do suggest that people are open to the use of modern medicine; however in many instances modern medicine will be seen as only able to fix the symptoms and not causes of illness, which are instead viewed in customary terms (Grenfell *et al.* 2009, pp. 64–9; McWilliam 2008, p. 236). Hence it is useful to draw out some of the distinctions between modern and customary forms of embodiment and understandings of health. In modern social formations, where communities can be integrated in more temporally and spatially abstracted forms (eg. the nation-state, rather than the customary tribe or kinship group), the forms of embodiment are likewise more abstract. The body is abstracted out through the natural and social sciences, which James (2006, p. 189) states treat 'it as extendable and manageable by technological means and social techniques'. Health is predominantly understood as an individual and biological state, with universally observable diagnostic categories and treatments. Modern bodies, both individually and in terms of a 'social body' of people, are manageable by the self and others (Bubandt 2012, p. 7). Bodies are 'open to practices of rationalization, objectification, commodification and political cultural management' (James 2006, p. 181). It is this sense of embodiment that carries through the biopolitical critiques of global liberal governance and therapeutic pacification (Duffield 2007, Pupavac 2010).

In contrast, for the customary there is a lesser abstraction of the social from the natural; nature and culture are treated as analogous, with disruptions to the social and cosmological balance reflected in disruptions to the wellbeing of bodies (James 2006, p. 190). Unlike modernity and its constant drive for management and progressive improvement, in the customary cosmological balance and harmony are of great importance for health and wellbeing (Collier *et al.* 2000). As Andrew McWilliam (2008, p. 231) describes of East

Timorese *Fataluku* communities, rather than there being a universal taxonomy for the technical treatment and understanding of the body and illness:

‘ ... disease or accidents affecting physical bodies are typically related to disruptions or transgressions against the ‘body’ social and the complex web of mutual indebtedness and obligation that contributes so much to social dynamics.’

This particularity of illness or ill-being is evident in customary explanations of behaviours or symptoms that from a modern perspective might be labeled psychological disorders. Anthropological and psychological accounts from Timor-Leste suggest that symptoms of ‘madness’ (often termed *bulak* in the local Tetun) can arise from a failure to carry out ritual duties, to ancestors or for the use of *lulik* (sacred) objects, or alternatively can result from encounters with spirits, witchcraft, or spiritual possession (Robins 2010, p. 63; Silove *et al.* 2008, p. 1207; Stead 2012, pp. 242–3).

While customary forms of social integration and embodiment may be less abstract than modern, this is not to say that a form of abstraction does not occur. As Victoria Stead (2012) explains in her account of the Cacavei community in Timor-Leste, despite the predominance of immediately embodied face-to-face social integration, customary social relations and obligations extend beyond embodied others to disembodied ancestors, given a sense of materiality through their ritual embeddedness in the land through burial (also Bovensiepen 2009, p. 334). This is important for the present discussion, as the failure to bury and carry out rituals for deceased ancestors can result in the transgressor becoming ‘bulak’, developing other illness, or even dying (Grenfell 2012b, p. 95; Robins 2010; Stead 2012, p. 237). While both the modern and customary to some extent share the idea that suffering can arise from ‘ambiguous loss’ (Robins 2010, p. 46), such as the unknown fate of those who went missing (most likely killed) during the Indonesian occupation, the understandings of that suffering and how the social and physical body responds can differ immensely. A public truth seeking process like the CAVR can in a modern sense work to build a national community of abstract individuals (Grenfell 2009), and through the ‘trope of truth as healing’ (Robins 2012, p. 84) supposedly heals and pacifies populations. However the truth that many East Timorese demand about the fate of their relatives under the Indonesian occupation is of a personal and practical nature; the health and bodily integrity of the living depends on their being able to lay the bodies and spirits of the deceased to rest.

4. Concluding comments

In calling for understanding of customary ways of being, I want to stress that caution must be taken not to romanticize customary forms and the notions of health therein. Customary social orders can be conservative, authority is hierarchical, and violence can permeate the everyday (Boege 2006, p. 16). Prior to, and under Indonesian occupation, specialized mental health services were non-existent in Timor-Leste, with incarceration or physical restraint at home used as substitutes for treatment (Ministry of Health 2010, p. 13). It is debatable how much improvement there has been in the post-independence period. The reported long-term physical restraint of the mentally ill (Zwi and Silove 2002, p. 46), social ostracism of those deemed ‘bulak’, and ‘restorative’ physical beatings inflicted upon those demonstrating what are interpreted as signs of spirit possession contradict international human rights standards.

In this sense, introducing new concepts of health and psychology and encouraging negotiation of customary understandings might be desirable. However, rather than pathologize the non-modern other, any engagement needs to be alert to the way in which processes of modernization can themselves exacerbate negative elements of customary social relations. Similar international cases suggest that rather than customary forms being wiped out by processes of modernization, instead they are reinterpreted as modern elements are folded in. In Chiapas Mexico, native categories of mental illness (Collier *et al.* 2000) were reinterpreted with neoliberal disruptions to economic, social and political relations. In North Maluku, Indonesia, Bubandt (2012) reports that post-conflict psychosocial trauma programs and global media representations of ghosts resulted in the development of local mythologies of a traumatized vampire inflicting retaliatory violence on members of the community. Accounts from South Africa (Comaroff and Comaroff 1990, Niehaus 2012), Tanzania (Green and Mesaki 2005) and Papua New Guinea (Gibbs 2012) describe how practices of witchcraft and sorcery, themselves linked to concepts of the body and health, are to some extent experiencing a resurgence, potentially in more violent forms. In each case, it is noted that this is not simply a continuation of tribal or customary forms, but rather are in part a response to the contradictions, increased inequality, and uncertainty brought by forces of modernization, and in particular by globalized neoliberal capitalism.

Hence as Grenfell and James (2009) caution, it is necessary to be alert to ways that discussions of re-tribalization or retreats to ‘savagery from below’ come at the expense of understanding interactions with the sometimes savage forces of globalization from above. The rapid pace at which capitalist competitiveness and consumption, global mass media and individualistic social norms are spreading through Timor-Leste potentially disrupt the sustainability of local life-worlds, creating new conflicts and the amplification of perceived and lived difference between groups. Unfortunately, these factors tend to receive less attention in mainstream peace-building practice than do the internal psychological qualities of post-conflict individuals and societies. Whether traumatized, poorly marketised or democratized, insufficiently capacitated, or overly tribalized, the blame for the failures of peace-building, development, or modernization seem to lie with the local population rather than the methods and aims of intervention.

To conclude then, I would like to suggest that the East Timorese will be better served if interveners can take local ways of being seriously, resisting Pathologization or romanticization. This means taking seriously customary culture, but also local demands for change of a material—not merely psychological—nature. The Pathologization of trauma detracts attention from the material, political and structural dimensions of conflict and suffering, including how processes of modernization and the extension of capitalist relations can increase inequalities and uncertainties. Ultimately, these latter factors are far more probable threats to sustainable security and peace than the threat posed by psychologically traumatized individuals.

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