

Encountering Historical Trauma in Two Forms of Narrative Knowledge: African American
Women's Witnessing of Sexual Violence and Its Psychotherapeutic Response

D.T. McCormick

This project aims to develop a theoretical and methodological framework for an interview-based study of transdisciplinary narratives in psychotherapeutic treatment for African American women who have survived and/or witnessed gender-based violence, domestic violence, and/or sexual violence. I draw on several different strands of feminist theory in order to do this—including Black feminism, Indigenous feminism, and feminist science and technology studies. I also work towards bringing to bear in the rhetoric of psychiatry and psychology certain notions of trauma and ontological violence developed by feminists of color. My goal for the material I'm presenting today, then, is to contribute to the rhetorical analysis of medical and healthcare practices—but also to highlight the precarious position of many people with regard to these practices. In this particular case—treatment for trauma and post-traumatic stress disorder related to surviving or witnessing sexual violence—that means African American women.

Specifically: my goal right now is to lay the groundwork for a narrative analysis of interviews with African American women in counselling or psychotherapy and with the psychotherapists working with them—ultimately, an interview protocol based in feminist interview methods, as well as qualitative coding schemas based in intersectional methods. This project would best be served (I think) by a team of researchers that would include at least one other person (besides myself), at least one African American woman, and at least one licensed counsellor or psychotherapist. In other words: this needs to be an intersectional and interdisciplinary project, and what I have right now can only be a piece of it.

What's my relationship to this material? I'm white. I am not a survivor of sexual violence—though too many of my friends, family, and colleagues are. My relationship to psychotherapy is mostly colored by my identity as a trans*nonbinary person. In my own experience, and as I've developed a critical awareness of queer and trans* politics, I've found that the psychotherapeutic apparatus plays an ambiguous role in the lives of sexual minorities and gender dissidents—we need this apparatus to access certain forms of legal and medical affirmation of our bodies, but the same apparatus may pathologize us and mark us for targeted exclusion. But at the very least, the discipline of psychiatry requires the enactment of a particular psychological narrative—lifelong dysphoria, a coming to awareness, an articulate sense of a new identification, and a clear idea of which direction the “transition” will take you. Actually, it seems the best practices regarding the diagnosis of “gender identity disorder” have evolved, in recent years, in a positive direction. Hence why I've directed my attention to other problems. As I began to understand my own relationship to the disciplinary narratives of psychiatry and psychology, I wanted to understand better who was most vulnerable in this regard. So I began to think about the relationships between identity and trauma.

This is something women of color have been thinking about for a long time. I started my inquiry by looking into the way that African American women have articulated their own identities, in relation to the ongoing history of those identities in the Western hemisphere. As many have noted since the beginnings of Black feminist scholarship and activism, the particular position of women in the economy of trans-Atlantic slavery has had continuing effects on Black women's bodies and psyches. And with the development of intersectional theories by Black feminists in the late 80s and early 90s, we have an account of the way that bodies identified as both “Black” and “Woman” encounter specific forms of institutional violence that can't be

accounted for with critiques of racism and sexism discretely. So if we are trying to understand, on its, face the relationship between identity and trauma, we already have a model in this tradition of Black feminist scholarship.

But what if we are trying to understand trauma in a more collective and historical sense? Intersectional theory tends to gravitate towards analysis of specific effects on specific bodies, which gives it a much needed level of accuracy in describing these specific experiences, but it doesn't sum up the issue of trauma at the scale that we need to be able to account for. So I think we need to also draw on Indigenous feminist work in trauma and identity. Trauma theory itself, in order to explain trauma's ongoingness, and its sometimes inaccessibility to consciousness, has mostly drawn on the example of the Holocaust—but this is not the only instance of large scale collective trauma that we should take into account. Indigenous feminists such as Maria Yellow Horse Brave Heart have worked with a notion of historical trauma that attempts to account for specific effects on the level of individuals by connecting them to the historical genocide and continuing disenfranchisement of Indigenous peoples, particularly in the United States and Canada. Dian Million has recently taken up this term in order to critique the neoliberal human rights narratives often attached to discourses and narratives of trauma. Their work gives us a theoretical frame for articulating the relationship between community narratives and trauma.

Very recent work in African American studies has begun to draw some connections here. In particular, Christina Sharpe's work on "the wake" provides us with an account of how the traumatic history of colonial and state violence against Black bodies and lives has reverberated across space and time. What we learn here, I want to suggest, is that trauma cannot be localized to one body, one type of body, or one moment experienced by one body. Contrary to the tendency of Euroamerican psychiatry and medicine to understand illness and madness as located

within particular bodies or types of bodies, trauma must be understood as routed through time and space biopolitically—that is, towards or away from particular bodies.

In the discipline of psychotherapy itself, clinicians and scholars are beginning to pay more attention to the effects of race as an identity and as a history of trauma—and in some respects it has begun to recognize its own role in this history. But there is still much work to be done here. One area that rhetoricians can build on here is the role that narrative has played in theorizations of psychotherapy generally and trauma specifically. I want to make sure we do this carefully, however—so the rest of my presentation will provide some methodological considerations of what form this could take.

Scholars in the medical humanities and sociological studies of health and medicine have frequently remarked on the importance of understanding how cultural and ideological narratives shape what counts as illness or cure. And in the rhetorical study of psychiatry and psychotherapy in particular, Bradley Lewis has pointed out that all forms of psychotherapy rely on a common set of “therapeutic narratives” that allow clinicians to orient clients towards recognizable (to the clinicians) psychotherapeutic outcomes. There is a growing body of work on treatment for trauma that relies on this sort of analysis of survivor testimony—which is not wrong or valueless in itself, but it poses questions to us as rhetoricians. How do we regard the relationship between the survivor’s narrated experience of trauma and the psychotherapist’s disciplinary narrative, which constrains yet also allows for the testimony?

My methodological suggestion here is that we understand the trauma narrative as a boundary object, in the sense theorized by feminist science studies scholar Susan Leigh Star. Because these narratives—as testimony and as diagnostic material—serve different purposes for the client and the psychotherapist, we should regard them as passage points for the knowledges

enacted by these different worlds—that of the client and the psychotherapist. And, within the psychotherapeutic apparatus, these narratives, as passage points, can themselves circulate. We can then attempt to track how the circulation of particular forms of the trauma narrative *cum* therapeutic narrative manifests as either or both an instance of marginalization and/or an instance of learning and disciplinary adjustment.

In her work on patient-centered narratives in the history of psychiatry and psychotherapy, Carol Berkenkotter has laid significant groundwork here. She has analyzed the psychotherapist's initial assessment notes as a genre and as an instance of recontextualization—that is, Berkenkotter has already looked at how experiential testimony becomes diagnostic evidence. She has also pointed out the potential conflicts between the disciplinary purposes of patient-centered narratives and the actual need for emotional and psychological support. But we should consider more specifically here what it means to think trauma as a boundary object—since trauma, as we've seen cannot be located in one body or moment. In her work on multi/inter/trans-disciplinarity, Katie King has asserted the networked and emergent qualities of knowledges and knowledge worlds. I suggest we can productively take up her notion of “pastpresents”—used to describe the continually enacted nature of our sense of pastness, as well as the inherent historical conditioning of our sense of presentness—as well as her notion of “flexible knowledges”—which builds on Star's notion of “boundary objects” but asserts these as lived and enacted across contexts. Importantly, we should keep in mind that King's ideas are meant to get us to think about how bodies and worlds come to *matter*, in both senses of the word. Questions then: Can we follow trauma more closely if we understand its pastpresents as networked through multiple/flexible knowledge worlds? If we follow trauma this way, can we see its effects on ecologies and collectivities of bodies and lives any more clearly?