

living as though it were already here. Assemblages of anarchists act on their shared understanding of what counts, what needs to be kept, and what should be grouped together to create meaning.

Through her prodigious correspondence and devotion to the care and expansion of the Labadie Collection, Inglis acted as a central node activating hinge moments in networks of anarchists. She recruited dozens of others. Bertha Johnson, a Pennsylvania farmer, and her husband, Emery Andrews, inherited a collection of 1,200 books and other radical materials. They created a library in their kitchen pantry, adorned “with a steel engraving of Thomas Paine” as their “presiding genius or patron saint” (Johnson to Inglis 1933, 2) and, for 20 years, they sorted, clipped, and mailed materials to Ann Arbor. Bertha’s sister, Pearl Johnson Tucker, received a huge amount of material from her partner Benjamin Tucker, editor of the Boston journal *Liberty*, some of which went to the Labadie Collection (Tucker to Inglis 1945). Translator Joanna Clevans organized donations for the collection; she and her partner, printer and editor, Mark Mratchny, kept a drawer in their study called “Agnes’s drawer,” where they accumulated material destined for Ann Arbor (Clevans to Inglis 1936). Joanna and Mark assisted Minnie Fabijanovic in donating three large boxes from the personal library of her husband Stefan, also a printer and editor (Inglis to Fabijanovic 1940). Mary Gallagher contributed extensive materials from her work with the IWW, including the heavy red-satin ribbon inscribed “In Memoriam” that bundled the flowers at IWW activist Joe Hill’s funeral (Inglis to Carey 1936). Beatrice Fetz, daughter of the New York anarchists, George and Emma Schumm, sent her late father’s collection to Agnes (Inglis to Fabijanovic 1942). Anna Schwartz, a teacher at the anarchist school at Stelton Colony in New Jersey, helped Agnes secure materials; Agnes reciprocated with donations to the school (Schwartz to Inglis 1951). Movement heroine Emma Goldman sometimes rounded up material for the Labadie, and she visited there during her 90-day lecture tour in 1934 (Goldman to Inglis 1939).

And on and on and on. French writer René Furst wrote that “an active past is a past mobilized by and for a present activity....Our interest lies in what is implicit in our position, and in our lines of cohesion” (in Enckell 1999, 12). Anarchists both encounter and create the past, finding as well as making what Furst called “the coherence which we will have brought to our current ideas” (in Enckell 1999, 12). Inglis and her network self-consciously summoned that coherence with a regard that can only be called love. Addressing the voices in the archive, Agnes wrote that visitors “will peruse these old records of voices and they will repeat your words and speak your names....And your thoughts and your acts—past tho they are—are not lost in it. And this, the record, will ever be beloved” (Inglis 1932).

CONFLICTS OF INTEREST

The author declares that there are no ethical issues or conflicts of interest in this research. ■

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ALL OF THE FOLLOWING LETTERS ARE IN THE JOSEPH A. LABADIE COLLECTION, SPECIAL COLLECTIONS RESEARCH CENTER, UNIVERSITY OF MICHIGAN LIBRARY, AGNES INGLIS PAPERS:

- Clevans, Johanna, to Agnes Inglis. June 9, 1936. Box 4.
- Goldman, Emma, to Agnes Inglis. October 13, 1939. Box 8.
- Inglis, Agnes, to Fred Beal. August 26, 1938. Box 2.
- Inglis, Agnes, to George Carey. May 3, 1936. Box 4.
- Inglis, Agnes, to Minnie Fabijanovic. October 17, 1940. Box 7.
- Inglis, Agnes, to Minnie Fabijanovic. March 8, 1942. Box 7.
- Johnson, Bertha, to Agnes Inglis. March 16, 1933. Box 11.
- Schwartz, Anna, to Agnes Inglis. August 24, 1951. Box 17.
- Tucker, Pearl Johnson, to Agnes Inglis. May 9, 1945. Box 19.

THE ARCHIVES OF COLONIAL TRAUMA: POLITICS AND PSYCHIATRY IN NORTH AFRICA

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What does it mean to analyze “the history of colonial trauma” and what type of archival “evidence” establishes this narrative? Many progressives have embraced the more capacious language of trauma to encapsulate a wider range of harms than that captured by “assault” or “violence.” Scholars have used different concepts to discuss the genealogical complexities and blockages of specifically colonial trauma, from figurations of counter-modernity (Chakrabarty 2007; Scott 2004), to colonial aphasia (Stoler 2016), to empires of trauma (Fassin 2009). As anthropologist Tanya Luhrman (2010) noted, trauma is the great psychiatric narrative of the past century. The concept of trauma has been used to bring together victims of events as diverse as earthquakes, genocide, civil war, colonialism, and mass shootings—all with reference to the same diagnostic category. The discovery of trauma as a narrative can be told in two different ways. One account might emphasize the suffering and need for recognition and treatment of those who alternately are figured as “patients” or “victims.” The relation between event and injury in this narrative is taken to be real and capable of being established so as to attest to injury. This narrative might emphasize recurrence and repetition (Caruth 2016), the dilemmas of witnessing (Felman and Laub 1991), or the clinical “best practices” for transcultural psychiatry (Bhattacharya, Cross, and Bhugra 2010); it also might reflect historically on disciplinary institutions and their limits (Keller 2007). The plot of such a trauma narrative unfolds through efforts to document it, classify it, and offer consolation—a plot in which

forward action is impeded by the paucity of evidence or the blindspots of clinicians (Brooks 1992; Goldstein 2001).

The second way to narrate trauma is through a shift in power relations, and one that results in new political orderings and moral accountings. Here, the emphasis falls less on the accuracy of that relation between event and injury or even the epistemological soundness of the diagnostics that evaluate it. Instead, it focuses on the mechanisms that bring medical expertise into contact with governmental management of populations (Rose 1990). For example, how do psychiatrists, physicians, and coroners intersect with legal institutions, state actors, and international institutions? Which experts, with authority grounded in what types of knowledge, come into contact with political institutions? This narrative emphasizes political vision and order rather than scientific frameworks.

These two narratives function more as ideal “types” rather than offering pure, categorical distinctions. Calling attention to these ideal types, however, helps us to gain clarity on the stakes of telling a “history of trauma.” It also alerts us to the inherent *tension* between these two narratives. First, they rely on the same diagnostic category of trauma, yet they embed this category in very different types of history—one a therapeutic history of repair and reintegration, the other a genealogy of intersecting power relations and moralities—each of which is oriented to very different political ends. For example, the aetiology of disease or injury looks different to physicians (who emphasize the biology of injury and how to restore health) or even to sociologists of medicine (whose accounts leave unquestioned the invention of “trauma” as a diagnostic) than it would to psychoanalysts (who interpret injury in terms of conflictual interpersonal relationships) or to critical scholars of international politics (who question the lingering colonialism of efforts to prevent injury through the Responsibility to Protect doctrine). More prosaically, the establishment of the diagnostic category post-traumatic stress disorder (PTSD) in the 1970s narrowed the scope of trauma. The designation of PTSD made it possible to acknowledge the fact of traumatic *effects* and to treat victims without having to identify perpetrators, chain of command, or otherwise establish moral or political culpability for the shattered psyches of Vietnam veterans (Fassin 2009).

Second, these two histories approach the work of diagnosis differently. Therapeutic histories seek clarity and specificity around the medical event of an injury, whereas narrative histories call attention to the interpretive opacity surrounding that event. One is a scientific mode that seeks intelligibility; the other is a literary mode that explores the density and opacity of human experience. At stake are two different trainings in how to consider evidence of psychic harm and how to “read” it. Stated differently, the archives connected to psychic injury offer evidence—but evidence of *what*?

In the wake of Foucault’s research (2009 [1961]), it has become more common in political theory to emphasize the second rather than the first narrative. It also has become common to reconstitute the shift in moral and political representation of injury by considering a range of sources—for example, to contrast the perspective “from below” to that of the broader political institutions. Such a history from below vivifies those people who otherwise are rendered as objects of analysis—as patients—and thus situates the “knowing subject” more squarely in her context. Rather than a philosophic context defined by relations between subjects and

objects, this context is a political one composed of relationships *between* people, with different claims to authority and vulnerability—claims that must be articulated and defended publicly to have any possible purchase. Nevertheless, accounts that focus on events from below face their own limitations: that designation does not have any ostensible moral or political unity; therefore, questions of political agency or moral response often lack clear purpose or gain purpose retrospectively from the storyteller. To support their narratives then, the storytellers also must constitute their archive. That is, they must establish a frame of reference through which to make sense not of fragmented or incomplete documents (i.e., the usual way of understanding “archival silences”) but rather of fragmented *perspectives* onto a shared social or political reality. The constitution of the archive thus adds a second layering of interpretation and power relations to the initial clinical scene. That is, the storyteller determines the parameters of the archive and mediates competing claims to political and interpretive authority.

What happens, however, when these two narratives cannot be held so neatly apart? This messiness puts more pressure on the storytellers to intervene and invoke their own authority, gained in a different culture and context, so as to tell the tale. Such is the dilemma faced by political theorists in searching to constitute the archive of so-called colonial trauma. Colonial trauma often has no obvious single “cause.” The standard Western accounts of trauma identify a distinct event, shock, or injury in someone’s personal history that causes a psychosomatic response. The cumulative, lived experience of colonial trauma, however, is not always readily tied to a single event or injury (Boulanger 2007). Furthermore, it indexes political rather than personal history; therefore, the causality of event-to-injury is less clearcut and variations in the effects on those involved are more difficult to explain. Making the trauma legible entails speaking through diagnostic categories for treatment attached to colonial medicine yet generated by the experience of colonial subjects.

Third, such traumas often are transmitted generationally through the “blank space” of silence. This blanking works in multiple ways. Most obvious, it marks a refusal to see and acknowledge. Idiomatically, it is violence: to “blank someone out” is to kill them, to make the metaphorical into something physical, and to construe the injury not as psychological refusal but instead as a physical pain to be carried by someone else. Over time, however, these blank spaces are “blank” for being something not quite empty and not quite erased. As they are dragged through time and across generations, they mark the penumbra of an event itself occluded. The blank spaces contain the raw affect disconnected from a narrative or an experience—an affect that is incomprehensible to those who only knew what came After and not what happened Before. One might think of these spaces as akin to a scrap torn out of an enframed picture, one that held a previous generation captive.

The problem, then, with the archives of psychic and colonial trauma lies not with the incomplete nature of records or archives. Instead, the record or trace of an event *is* silence, a silence that is the after-effect of something that happened at another time, to another person, and that now is being acted out in the present and framed by a very different interpretive context (Lazali 2021). For example, the trauma might be connected to a forced removal from one neighborhood to another and to the reverberations of dislocation, insecurity, anger, and resentment that are enacted and

cathected unwittingly onto other contexts. What does it mean to have your personhood shaped by a parent's experience that for you lacks clear substantive content or even articulation? What happened? Who should be held responsible for the effects on your sense of self? The archives of colonial trauma thus exemplify the dilemma of whether the archive should be understood as epistemological terms connecting event to injury—the first narrative—or in historical terms that track shifting relations of power and morality—the second narrative. It also is the dilemma of determining in which representational system the interpretation of this trauma should be rooted.

The strains between these two competing accounts become more visible in the specific context of colonial medicine in French North Africa. The first narrative would emphasize the need to tell the account of a psychiatric trauma, its unfolding and development, and the failed efforts at its repression. It would need to link event to injury and then develop adequate diagnostics. Two problems quickly emerge: first, up until the early 1950s, French psychology was largely deductive and sought to establish itself on a par with the natural sciences. Pressed by avid clinical psychiatrists in North Africa and by Marxist revolutionaries looking east to the Soviet Union, the discipline of psychology began rethinking the definition of its own object of analysis: mind and trauma (Robcis 2021). Clinical work was not part of doctoral training in psychology; the connections between theory and clinical practice were oblique at best. Over a protracted set of disciplinary wars, clinical practices gradually and grudgingly came to affect psychological theory. However, it did so through the publications of colonial practitioners in North Africa who seized an opportunity for professional success (Keller 2007). Bluntly stated, early 1950s European psychological models of the mind were revised, perversely, through the importation of clinical techniques developed in North Africa and then re-exported back to Africa after a theoretical refresh. What does it mean to witness and diagnose in such a context? Do case histories document the medical events of North African patients or the research questions of colonial doctors—and then into which epistemology are they imported as evidence? Even more unexpectedly, such epistemological wars were fought explicitly in the context not only of the emergence of positivism and behavioralism in the social sciences but also in light of the Soviet project of the New Man and his revolutionary liberation (Le Guillant 1954). Beyond settling epistemological foundations, this first type of history is important for directing attention and resources to marginalized people by raising these events above the usual dross of human affairs and holding others accountable.

The second narrative, with its emphasis on shifts in systems of representation, queries how we understand the “history” in the

from their typical roles and hierarchies, it is much more difficult to engage such disruptions in a specifically colonial context. Many practitioners were trained in France and encouraged to align themselves with French medicine (Keller 2007). Others hailed from different French colonial settings (e.g., the Antilles and Madagascar) and were colonial subjects in the eyes of the French and outsiders in the eyes of the North Africans. In all cases, clinical psychiatric practice in North Africa received widespread scientific attention in France, and it was used to reorient psychology as a discipline and theoretical framework within the French academy. This second narrative acknowledges the historical variation in French, British, and German colonial practices and their different contributions to models of self and political order. Most notable, the French attention to cultural variation led them away from the scientific racism of the Germans (Steinmetz 2017).

Thus, hierarchies that organize psychiatrists and patients cannot be mapped neatly onto dichotomies of colonizer/colonized, medicine/shamanism, or even science/custom. These hierarchical entanglements provide a clue to the complexity of history in this second narrative. Without a static confrontation of historical perspectives of those “from above” or those “from below,” it becomes easier to recognize that these histories are profoundly entangled in and transformative of one another. No stable Algerian colonial perspective, for example, can be recovered from the case histories in *Wretched of the Earth* because (1) colonial subjects had no singular perspective that is their own (given the range of linguistic, religious, racial, and ethnic affiliations in the region); and (2) their experiences and ability to reflect on them have been altered irremediably by more than a century of French rule (Fanon 2004). With no singular perspective, it becomes more difficult to insert an event into an already-existing history; therefore, its effect, scope, and meaning become more difficult to identify. Enacted over generations, colonial trauma loosens the connection between event and injury. Thus, distinctions necessary for judgments of moral or political culpability—for example, those between perpetrator and victim or between personal and impersonal domination—become more difficult to establish. Yet, orientation toward moral principle is absolutely essential for any reckoning with a colonial past and its reverberating afterlives.

I offer these reflections to offer up two thought challenges. The first challenge is to query first “trauma” and then “history” in the phrase “history of trauma” so as to argue that there is something evasive about this rendering of vulnerability. Trauma is alternately too narrowly framed and too capacious to be useful as a conceptual category. The two accounts force a choice between an emphasis on culpability and liability (which are ethically and politically important but backward-looking) and interpretive dislocations (which muddy the question of how to move forward).

Although we have come to recognize that archives should not operate under the sign of inclusion—giving voice to the voiceless—we have not yet figured out how to use them in the service of world-making in periods of radical change.

“history of trauma.” Perhaps the archive indexes power more than knowledge. Yet, the colonial context further complicates whose history this is and to what it attests. If the general move to a history from below sought to disrupt and displace doctors and patients

Perhaps, and second, the paradox revealed to us by the archive is that it is unclear if we need a way into it or a way out of it. The question revealed by the colonial archive is really a question about how to rethink the relationship between political order and

history. To get our bearings in the wake of insurgence, do we need a “way in,” so as to construct a moral and political interiority where liberation is the liberation of the responsible subject, and the unflinching assumption of a type of responsible citizenship amid a divided community? Or do we need a “way out” of this liberation narrative in which the terms of liberation and their narrative ordering or structuring have themselves not been questioned? In the face of the insufficiencies of both narratives to balance questions of moral responsibility with transformative political action, perhaps we need an altogether different type of waystation in order to think through the reconfiguration of that order that gives “inside” and “outside” meaning (Luxon 2021). Each of these possibilities demands that the colonial archive be connected deliberately and thoughtfully to a social institution that is querying the relationship of freedom and history by cultivating new social relations and new imaginaries. Here, I want to push hard on what it is that we political theorists turn to archives to accomplish. Although we have come to recognize that archives should *not* operate under the sign of inclusion—giving voice to the voiceless—we have not yet figured out how to use them in the service of world-making in periods of radical change. After all, world-making is not a process of simply groping toward a collective self-understanding of an inchoate project where the archivist can discern that process after the fact, so to speak. It also is a question of retrospectively a certain past viewed as binding and a certain future viewed as shared to create new modes of sociality, obligation, and representation. Taking up the challenge requires a more rigorous confrontation with how we engage in artefaction. That is, how do we re-create contexts in the midst of their transformation and to whom do we hold ourselves accountable for this figurative work?

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ARCHIVAL SILENCE: HOW DO WE WRITE THE HISTORY OF THE SUBALTERN WHO CANNOT SPEAK?

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One of the most profound paradoxes of archival research is how we investigate histories that do *not* appear in the archives. This is a problem particularly when we attempt to trace the lives, thoughts, and practices of some of the most marginalized people in society: those who are excluded from view, pushed to the margins, or made to disappear completely. Such silences are not accidental. Rather, they are potent evidence of subordination *and* often causal means for enacting such subordination. Silences constitute a systemic problem of archival evidence, testimony, voice, and information about the lives of those people who are most marginalized and subordinated in society. As a result, some of the most potent injustices of our time become invisible in the archives. They fall into an epistemic black hole and often work their effects through the same means.

Spivak (1988) posed this question with signature clarity and rigor, asking whether the subaltern can speak. The answer to such a question is complex, both for Spivak and those influenced by her. We are inquiring not only about literal speech but also a whole host of phenomena that foreclose the social presence of subordinated people. Asking whether the subaltern can speak is ultimately an epistemic question, one that challenges the very construction of the subject and its participation in modern societies.

It would be too simplistic to say that this is merely a matter of exclusion. We might well be talking about people who are *included* in the archive but whose contributions, voices, and even presence pass with no notice. Here, the subaltern might “speak” yet remain unheard, unseen, unnoticed, ignored, misunderstood, uncomprehended, or delegitimized. Therefore, exclusion is only one dimension of archival silence. Equally important are the pathways of silent inclusion, obscuring, rendering invisible, and delegitimizing the subaltern.