From Martyr Narrative to Medical Discourse: Writing a Contemporary Mennonite Subject

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In the fall of 2014 I was having coffee with Caroline[1], a young woman in her mid-20s, at a café in downtown Winnipeg. As part of the fieldwork for a larger ethnographic project on Mennonites and modernity, I was interviewing numerous people in Manitoba and Ontario over the course of a year in 2013-2014. Like Caroline, they each professed Mennonite identity with an ancestry in Imperial Russia, later the Soviet Union, or "Russia" as she and other interviewees popularly designated it. These conversations allowed me a glimpse into their thoughts and experiences. During the times we would meet, Caroline was open and forthright about discussing the relationship between her self-described heritage and the mental health problems she was being treated for. She shared about her work with a therapist to help her "break" with her Mennonite "tendencies" toward internalized melancholy, silence, and shame about her body. These "ways of being," as she described them, were inherited, and led to the struggles with anxiety and depression she was experiencing. Leaving that session, however, Caroline

appraised the therapist's suggestion to "break" with that past in order to fashion a more positive self, offering instead a provocative query: "Maybe so what if I'm sad? Who benefits from making us seem happy?"

The idea of "Mennonites and mental health" as a topic of inquiry, though well established (and, perhaps, in some instances passé) in academia[2], continues to be a source of intense and constant discussion in some Mennonite circles. While work on a so-called 'Mennonite psychosis' by Ingrid Thiessen from the 1960s has not found its way into long standing discourse, work by Elizabeth Krahn on inter-generational transfer of trauma has posited a model that specially addresses these issues. Indeed, in my fieldwork, this topic became nearly inevitable in conversations, despite the wide-ranging origins of my subjects. I came to regard the seeming perseverance on mental health issues – most frequently iterated in these conversations as depression, anxiety, and/or post-traumatic stress disorder – as a particular mode of engaging with modernity. This employment of psychological and medical discourse in relationship to the Mennonite community requires a reckoning with the word "communal" one that includes the narratives of history, the formation of certain loci of power and authority, the struggles of living as a 'follower of Christ', and the identification of psychological categories as, in essence, explanatory models that might explain just why a person is ill. As Caroline's query indicates, this reckoning is often undertaken critically, with particular seriousness.

My larger ethnographic project came to focus particularly on those who self-identify as 'Russian' Mennonite migrants or descendants of migrants who fled the Soviet Union in the 1920s and 1940s and settled in Canada. For these Mennonites, life experience held the resonances of traumas from war and dislocation, sometimes overtly and other times more abstractly, depending on the distance from such experience. In my project, elderly Mennonites who lived through the migrations from the Soviet Union to Canada often truncated or elided the more horrific portions of their migratory stories, while their younger descendants, acknowledging the potentially harmful reverberations of such horror, frequently gave descriptions of their parents and grandparents in particularly affective way as silent, traumatized, victims, often through recourse to psychological descriptions.

The historical fact of martyrdom in the Mennonite experience, in particular the acts of suffering for religious reasons and witness to that faith during sixteenth century Anabaptism, has had tre-

mendous power as potentially salvific.[3] This discourse, however, pushes up against twentieth century narratives of migration and trauma that end not in martyrdom (for some) but in survival.[4] The psychic weight of this dissonance can be read as a means to psychosis in a present-day context in which a religious formulation of suffering has no place or authority. Thus the Mennonites I interviewed tended to cast their lived experiences in psychological terms rather than in religious discourse. In dealing with historical traumas, they privileged mental health diagnoses and treatments over Anabaptist theological concepts of discipline and martyrdom. The use of biomedical discourses, as well as biological perspectives on psychiatry, reframed theological and martyrological views of suffering, illness, and death, requiring new ways of configuring subjectivities, that is, creating a self-identity. They did so in a milieu similar to one Charles Taylor (2007) describes, one that involves "the creation of new forms of experience that ha[ve] never previously existed but which nonetheless come to seem like the obvious medium in which we live" (96).

These new configurations, these "new forms of experience," like mental health diagnoses or medical technologies, enable established understandings of Anabaptist theology and history to shift in order to incorporate new ideas of the self within modernity. These understandings have the potential to be both life-giving and injurious for individual Mennonites. The effects of this "traumatic" history, for instance, have been noted elsewhere: in the sociological literature on Mennonites,[5] for example, and, as Magdalene Redekop (1993) has argued, the proliferation of novelists from Russian Mennonite background results from a "creative tension" between a theology that valorizes suffering and death as witness, and the fact of survival and subsequent prosperity.

This "obvious medium" upon which new forms of experience are built, are contingent on a particular construction of modernity, one that is also a troublesome analytical object.[6] I use it here as I heard it most often described by Mennonites in my project: that is, "modernity" being conflated with "worldly". The dimensions of "worldliness" consist of those phenomena – ideas, places, words, things – that both entice and threaten Mennonites: the world can either create and strengthen community, or threaten it by its very mention or proximity. The myriad iterations of "worldliness" present in Anabaptist history affirms that Mennonites as Christians are not captured by modernity in uniform ways. My research interests lie in the Mennonite experience in the Soviet Union for this particular reason: the articulation with secular modernity of a

group of Anabaptists considered especially "modern,"[7] educated, and cosmopolitan. These Mennonites are rarely the subject of ethnographic inquiry, let alone social scientific consideration. They are, like the theologically mainline Protestant Christians Pamela Klassen writes about in her ethnography, regarded as being almost too "close" to consider as subjects.[8]

Attending to these "worldly" Mennonites, however, requires situating them within Christianity. Mennonites work and live with the paradoxes of Christianity's central doctrines: the struggles with incarnational living, that is, the division of spirit and flesh, and the promise of resurrection through Christ's death. As Fenella Cannell (2007) suggests, this encounter between the spirit and flesh in Christianity is often vexing: "Christian doctrine in fact always has this other aspect, in which the flesh is an essential part of redemption… This ambivalence exists not just in theory, but as part of the lived practice and experience of Christians" (7).

Mennonites, too, negotiate such practices: the needs and requirements of the flesh in a type of community articulated within a transcendent theology are spoken of, understood, and lived by Mennonite bodies in specific iterations. The policing of bodies and bodily desires in order to conform to membership in this community locates the body centrally in this discussion. This became apparent over the period of my fieldwork conversations because of the frequency in which the body was discussed in relation to how worldliness is policed/punished/reckoned as well as for its imbrication with the martyrologies of Anabaptists. In this context, death is positioned alongside a history of martyrdom that holds bodily sacrifice as central to Christian witness – celebrating death and suffering – and the subsequent salvation of the spirit. While salvation is spiritual, the witness of the Anabaptist martyrs necessitates the sacrifice of the material body; it is the conundrums of this body/spirit tension that can, at times, lead to the valorization of suffering.

Because the biological is concerned with the materiality of life, it is in the medical and psychological realms and worlds that the entanglements of martyrdom, survival, suffering, and flesh/spirit take hold. I utilize the idea of worlds deliberately here because of its discursive usefulness in capturing the scope of being, doing, and moving that human experience and meaning-making entails. More potently, is its association with the metaphorical genealogy of the Anabaptist trope "in the world but not of the world." While the lines of "worldliness" are surely very flexible and "the world" itself entails a multiplicity of meanings, this notion continues to hold

sway in Mennonite lives, particularly as such lines are usually "arbitrarily but meticulously drawn" in and around Mennonite bodies as Pamela Klassen (1994, 237) notes in her ethnography of two Mennonite women. Where bodies are involved, theological constructs of "sinful" and "fallen" worlds, of subjectivities, become contested places. Who, in this context, benefits from "us being happy"?

Psychology and medicine are both "worlds" with similar genealogies that offer, at times, useful constructs of the body and mind, along with the prospect of healing and health. It is into these realms/worlds of the biological body and mind that Mennonite lives have moved, and my interest lies in uncovering why this movement is taking place, and what is at stake in doing so. A number of my interviewees stood out for their urgency and candour, for their openness in discussing their experiences with health crises: my conversations with Maggie above all.

While Maggie and I grew up in the same Mennonite community, I only knew her Maggie as an acquaintance. Yet, after a brief conversation about my project, she expressed a keen interest in talking with me about her experiences with Mennonites. Maggie was not Mennonite, nor did she choose to be, for reasons she would explain. She did, however, "marry into" the Mennonite community, after meeting her partner during a voluntary service term. Though not formally educated, Maggie read and studied voraciously. Her attention was acutely focused on the contexts in which classism and colonialism create situations of power, resistance, and marginality.

Maggie's partner was from a large Mennonite farming family, whose father ran a large agri-business that had started off as a small family farm. His family was descended from immigrants who came to Canada in the 1920s, after fleeing repeated attacks by anarchist armies in Ukraine. Maggie and her partner have two children, and after working out of province for a number of years, the family returned to Manitoba. While Maggie's partner now works for the family business, Maggie has been unable to leverage her passion for education into meaningful work, and she struggles with her attempts at reconciling her current capitalist context with a deep desire to continue working in a more grassroots environment.

Maggie's oldest child has been diagnosed with depression and anxiety. The child, barely a teenager, has been undergoing psychotherapy, as medications frequently used with adults do not work consistently with adolescents. Maggie is clearly deeply anguished.

During our conversations the range of emotions passing over her face and through her speech ran the gamut of despair when speaking of the struggles of her partner and children, the triumph at the successes or "breakthroughs" of therapy, and, most prescient, a deep-seated rage borne out of the injustice of suffering.

Out of this rage came her most potent criticisms and derisions. She started one discussion with, "we don't go to church anymore. Why would we? Our children have no interest in it. No young people do, and the church will not be able to sustain itself and there won't be Mennonites anymore." While for a time we discussed the idea that Mennonites outside the church retained a vigorous life, Maggie continued by suggesting that "the church-going kind" of Mennonites were hypocrites: rich capitalists hell-bent on wealth, re-writing history to deny their culpability in the traumas of the Soviet Union.

Her partner struggles with a perceived "failure" of economic success caused by the return to his childhood home and being employed by his father. Maggie suspects he, too, is depressed. This depression, she surmised, is partly the result of the hypocrisy of Mennonites, the shame in knowing that their tremendous wealth in Ukraine and its concomitant classism, led to a subsequent reaction from Ukrainian anarchists that was self-inflicted and deserved. This shame, Maggie continued, was also silenced, brought to Canada, and then wilfully forgotten – only to surface in subsequent generations as a sort of psychic damage, or depression. Indeed, Maggie's most compelling vitriol was levelled at her partner's family, his father and brothers and uncles who were themselves enveloped (again) in the capitalist vision of wealth and prosperity, growing more conservative and business-minded through the fortunes of their ever expanding agri-business. Had they not learned anything from history, she wondered?

What Maggie articulates points to a central paradox within Anabaptism, shaped by a theology that positions humanity as subject to a divine authority that offers deliverance and salvation through martyrdom and suffering: on the one hand, Mennonite narratives produce a pacifist and persecuted identity, yet they themselves engage in implicitly psychologically and structurally violent practices within their own communities, toward the land that they have settled, and toward those "others" who also lay claim to it. (Redekop and Redekop 2001). Magdalene Redekop describes this pattern as an exogamous violence turned endogamous, and Di Brandt (2007) writes poetically of this phenomenon, where "…the violence of the persecutions got internalized in our psyches and we

began inflicting them on each other, the same violent subjugations of body and spirit the Inquisitors visited upon us (3)."

In Maggie's description, the linking of mental health terms (i.e., depression) with a re-visioning of the Mennonite narrative of "victim" of persecution in the Soviet Union, becomes a critical acknowledgement of the power and privilege that Mennonites had in Imperial Russia (much as in the case in Canada), and that their persecution was self-inflicted. She says, depression here is the result of supressed guilt and subsequent silencing of such culpability. The experience in the Soviet Union was not merely a "martyr" story, but one in which Mennonites were culpable in their own demise; the martyr and uncritical historical narratives, in which Mennonites were unwitting victims, omits the potential for guilt and shame that happens when lives and experiences and their memories are "not good enough," as Maggie described it.

Many conversations I had with the children and grandchildren of those immigrants – the holders of "prosthetic memories" – featured the language of Post-Traumatic Stress Disorder, anxiety, and shame, to describe affective states they themselves have, or held by those relatives who lived in Russia. I heard, for instance, many iterations of "I think they actually have PTSD," "they've probably passed on their anxiety to me," or "Mennonites have a very shame-based culture." In such a reckoning with the past, how the Russian experience is remembered as trauma and passed on as such, its subsequent affects and ways of bodily being, shifts from the physical to the psychological.

As anthropologists Didier Fassin and Richard Rechtman (2009) suggest, trauma as a subject of political, social, and therapeutic inquiry is certainly having a moment, particularly in its more contemporary and neoliberal rendering as a psychological – or more accurately, psychologized – state of damage. From my interviews, Mennonites who have historical connections to the Russian experience of war and dislocation have suffered trauma-induced psychological illnesses such as PTSD, and anxiety. Entering into these mental health discourses and their concomitant affects seemed to be a way for them to negotiate subjectivity – a way of negotiating the pathways between the historical narrative of trauma, the theologies of martyrdom and salvation and how they were remembered; and a world that provided the language to assess these uncomfortable states with a potential means to alleviate them. Further, while the psychological focuses on the concept of mind, the "traumas" my interviewees felt and read were enacted bodily – in ways of being and doing that became categorized as something unhealthy.

The martyrological impulse to suffer as Christ did, and as the early Anabaptists exemplified, was also a bodily suffering, and, to varying degrees, informed my interviewees with the way bodies in states of illness and dying, were understood in relation to medicine and healing.

In my own research project, the extent to which this history of martyrdom, and in particular of physical suffering, informed the understandings of as well as mental health in understandably varied ways. Such questions were accessed through discussion with health care providers practicing in communities not only with significant Mennonite populations with ancestry in Russia, but also Mennonites in these communities who live with severe illness. Of particular note is the reaction of surprise that I was met with when I asked questions relating to medical language, views of the body, and "Mennonite" narratives. I spoke at length with several oncology nurses who self-identified as Mennonite, yet did not see themselves encountering anything particularly "Mennonite" in the way they provided care, or in the responses of their patients living with cancer. There was, however, another strongly religious narrative that was evident, a sort of comforting fatalism that evoked God's will as not causative, but as agent of mortality.

In addition, this notion of fate, particularly in the context of illness, irrupted in the conversations I had with Mennonites who were either undergoing treatment for cancer, or whose cancer was in remission. How the notion of fate was made meaningful and cogent to these individuals was imbricated in both theological orientation and views of the body; while Mennonite theology can be understood and lived on a wide spectrum, from an evangelically influenced Christianity, to a strong focus on social justice and liberation theology, it is clear that medical narratives and medical knowledge were not necessarily incommensurable, but were entangled in complexities of disease causality, deference to certain epistemologies and subjectivities, and the meaning of suffering and bodily pain.

Some nurses, for instance, suggested that they found those patients "with faith" to be more accepting of their illness, that its trajectory and effects were "in God's hands." The nurses asserted that this orientation allowed the oncology patients to feel they were "not in it alone." Yet in discussing the relationship between medicine and religion, one of the chaplains who had worked in end-of-life care with Mennonites stated emphatically, "religion and medicine don't inform each other." As she explained further, for the non-religious, "bad things" (like illness) happens randomly, and

for the "old-fashioned," – those with faith – sickness is seen as God's will.

The entanglements of "fate" and medicine in the context of illness were also evinced in conversations I had with two women, one of whom was being treated for breast cancer, the other (at the time) in remission. Barbara, a very talkative woman in her late 70s being treated for cancer, had clearly formed conclusions regarding her religious beliefs and how her own experience with cancer shaped her life. Part of an evangelical Mennonite conference, this orientation figured in much of Barbara's discussion. She had particularly vitriolic opinions on what she termed "clothes Christians," those traditionalist Mennonites who felt adherence to Christian beliefs that classified certain types of bodily adornment as too "worldly," and thus dressed in consistent and unassuming clothing. Barbara stated with temerity that "those clothes aren't going to get you into heaven!," suggesting her own embrace of high fashion, décor, and monetary blessing (which many Mennonites would consider worldly) was not problematic for her own theology, as it often was for others. She did identify strongly as Mennonite, lamenting particularly the loss of hymn singing in favour of worship band-style music as part of a movement towards a general disregard for the elderly and their stylistic worship preferences in her home church, and therefore as losing something "Mennonite".

The Low German dialect, hymn singing, and Russian Mennonite foods comprised Barbara's list of Mennonite "cultural markers," but she stated that her theology was entirely "Christian," a descriptor that neatly separated Mennonite culture from Anabaptist religion. These theological orientations offered a comforting understanding for her of the concept of fear in relation to her illness. Her diagnosis of breast cancer, which had spread at the time of our meeting to numerous sites in her body, came with a sense of fear grounded in the experience of watching her aunt die of breast cancer at the age of 35 screaming in pain. Barbara did not want a similar trajectory of being afraid of unbearable pain, and ultimately, of dying. This fear, not the disease, she explained, was from Satan. The fear of dying could be alleviated because. "Perfect love casts out fear," she remarked with confidence and sincerity, and continued by suggesting that if one has the assurance of salvation through the blood of Jesus, grace – the undeserved, divine assistance – will cast out fear. This assurance will grant the believer access to heaven, and there will be no need to fear death.

As Barbara further explained, the course of her illness – the disease and its bodily manifestations – was entirely in God's hands.

Rather than the fatalism of those who shared this opinion but did "nothing about it," Barbara was clear that within this framework, one must act. Though God has willed the progression, course, and manner of the illness, God, in addition, has given medical researchers, doctors, nurses, and health professionals the minds to solve medical problems, and ultimately, to cure cancer: God gifted these professionals with the skills to cure (or attempt to cure), and the patient must therefore use these gifts as part of the Christian mandate. In Barbara's opinion, all therapies recommended by doctors or nurses must be attempted, and in proclaiming the knowledge of doctors as divinely given, Barbara became subject to the authority of these medical professionals.

Unlike Barbara's rendering, another woman I spoke with invoked the notion of fatalism, in a pragmatic sense. Sarah chose to attend church regularly again after years of absence. The urban church she attended promoted liberal Anabaptist theology and was oriented toward social justice issues, values she found relevant for her two school age children. As an adult, she said she "found it [the church] at its best," particularly in the support given to her and her family during her rigorous cancer treatment. In assessing the "reason" why she became ill with cancer, Sarah stated with a wry smile that she was "smart enough" to realize that getting cancer was quite random, that there was nothing she did or did not do as a causative factor.

Contrary to the chaplain's suggestion that it was mostly "the non-religious" who chose "randomness" as the explanation for disease causality, Sarah spoke of herself as a person of faith, specifically a Mennonite faith. However, she made the distinction between what was medical (her illness, and bodily decisions around that illness), and religious (the support of a faithful community that tended to the social and emotional aspects of being ill). Her concept of fatalism was not founded in the idea that her illness and its progression was "God's will", but one that located her bodily fate in the outcomes that arose from modern medicine, by following the doctors' instructions and directions for treatment, no matter how aggressive that treatment might be.

Sarah and Barbara's stories signal a deep respect for the authority of medical practitioners, while attempting to reconcile the religious ideas of fate and control with medical knowledge. The concept of the will of God sits entangled in these endeavours, and indexes a wider narrative of death and dying, and the attempt at control over the state of illness. The Anabaptist narrative of martyrdom and Christian witness makes clear the contemporary mean-

ing of this narrative, but complicating it in a new technologically minded medical context. How do narratives of pain and suffering, so vital to early Anabaptist theological constructions of virtue and salvation[9], come to inform the meanings that contemporary Mennonites, the living receptacles of this traumatic Anabaptist genealogy, accord to death?

For early Anabaptists, suffering took on a distinctly bodily valence, coupled with an otherworldly reward for the persecution that was seen as inevitable in truly witnessing to a Christian life[10]. The Mennonites I interviewed were, of course, not engaging with the bodily dangers of the early Anabaptist movement, and the way they viewed bodily suffering, illness, and death was entangled with complex modern-day constructions of bodies, theology, and medical technologies. As seen in the examples of Barbara, Sarah, and Maggie the utilization of medical and psychological discourses bring about a shift in the bounds of authority. They indicate that Mennonite bodies and minds can be subject to new cultural authorities, requiring a constant negotiation for what it means to "have" Mennonite bodies and minds in contemporary contexts/worlds. The disciplines of both medicine and psychology are of course, not neutral, but deeply cultural, and any object of inquiry separates them from their ingrained status within culture.[11]

The conversations I had with Maggie, Barbara and Sarah, became, in a sense, confessionals; not only as an act to alleviate the guilt associated with perceived sin or the failure to live according to God's will, but also as a broader understanding of how the Mennonite community has "failed" certain individuals. Confession, of course, is a phenomenon of Christianity more broadly, one which Michel Foucault (1976) links to the rise of the modern self with its interiority that enables the very production of psychoanalytic forms. Therapy becomes a mode of access to the interior, the "truth" of one's self; like confession, it creates the sacramental belief that something hidden can be revealed. The type of "Mennonite confession" in which Maggie, Barbara and Sarah engaged in, became psychologized, and the religious/theological discourse of martyrdom turned towards an individualized "modern self." In this cultural reframing, emotions become psychoses and now trauma requires therapy. The "hidden" truth, the interior, however, is more often a turning inward to the Mennonite community at large. It becomes a critique of the very narratives that have produced and sustained it, and the ironic endogamous violence it produces.

This modern self relies, then, on the work of psychologized concepts of the body, and medical models of the body to constitute it,

to create the body as a subject. The individualist tendency of the psychological and medical removes their objects of inquiry from contexts, histories, and affects. Psychological therapies for mental health problems focus on individual experience and pharmacology, while the meaning of trauma and suffering are removed from the theological; in this rendering, there is no dignity, no righteousness, no heavenly reward, in earthly pain and persecution. What role do the martyrologies, with the guilt and shame of previous generations, play in this healing? Can "healing" in Mennonite contexts afford to lose the communal, or does it even matter anymore?

Like guilt or shame, the psychologising of traumatic experience requires it to be a universal concept that disregards context or culture. This notion then lends agency, authority, and authenticity to the "traumatized," often problematically creating those who witness to trauma and give voice to it as victims. The ease with which victim becomes equated with martyr in such a framework has the potential for damage, and for Mennonites, for whom the script of the self-righteous martyr whose life, and more importantly, death, witnesses most faithfully to the life and suffering of Jesus Christ, is particularly potent.

Trauma, is certainly a current subject of inquiry, particularly in its more contemporary and neoliberal rendering as a psychological – or more accurately, psychologized – state of damage. A more recent conceptualization of trauma is firmly embedded in psychology, one linking collective "woundings" with individual trauma. Cathy Caruth (1996), for instance, suggests that it is trauma that provides the link between cultures, and that response to the suffering of the world is derived through an identification with our own traumatic pasts – our own wounds – rather than on the basis of another's experience. The cultural impact of the work of Sigmund Freud in the field of psychoanalysis has meant that the location of such trauma, either categorized as collective memory or individual traumas, is found within the individual psyche.

Fassin and Rechtman (2009) argue that situating trauma thusly, or suggesting a shared experience of trauma that somehow links cultures, is an overly psychoanalytic reading of trauma that is embedded within a tendency towards universalization, in so much that all experiences of human suffering, of wounding, are understood as "trauma", and most potently felt within the psyche. The response to trauma is therefore seemingly necessarily placed within the domain of the mind, presided over by experts in the field, such that psychological trauma appears to be the fundamental reality of violence. If "trauma" lends authenticity to the experience

of suffering, to what extent do the witnesses of such traumas - those who desire to speak and to be heard - take on the category of victimhood in order that they become "authentic"?[12] In Maggie's story, for instance, the undercurrent of guilt that is denied in favour of the historic narrative of victimhood, becomes something clinical – how the experience of Mennonites in Russia is remembered shifts to a psychological framework.

Also fraught with concern is how the individualist tendency of psychological and medical modes and epistemologies has the potential to diverge from the deeply communal orientation of Mennonites. Psychological therapies for mental health problems, for instance, focus on individual experience, which, in a Mennonite context can problematically evoke the rather violent practice of excommunication or shunning: a literal cutting off of someone deemed sinful in order that they may not cause others to sin. The trauma of the experience of excommunication is in the refiguring of their subjectivity – even removing it – forcing a concept of the self that is bereft of community upon them, and, in turn, the deep pain of separation. While Anabaptist groups are all grounded in a theology of pacifism, the practice of shunning or excommunication is implicitly, and intensely, violent (Redekop and Redekop 2001).

Further, psychological and medical therapies for health problems of the mind and body focus on individual experience and pharmacology. At the same time, psychologized renderings of trauma and suffering and biologically oriented understandings of disease, are also removed from the theological. There is no dignity, righteousness or heavenly reward in earthly pain and persecution. The traumas of the Anabaptists martyrs – or what poet Di Brandt (2007) calls "the Burning Times" and "the Drowning Times," - and the traumas sustained by Mennonites in Russia and their subsequent escape to Canada have embedded anxieties within the Mennonite imaginary and their individual experiences of reality.

The work that psychological and medical language does, positions Mennonites utilizing such discourses into negotiating a new subjectivity, allowing individuals the ability to move into new worlds. This offers a way of negotiating an understanding between the historical narrative of trauma, the theologies of martyrdom and salvation and how they are remembered, and a world that provides the language to assess these uncomfortable states and provides a potential means to alleviate the suffering. It also allows Mennonites to understand themselves as subjects and persons.

While a psychological and medical modernity requires a particular subject for its deployment, it is not an authority wholly given

deference to by Mennonites. Like the mutability and variability of a concept like "worldliness," not all Mennonites defer to the knowledge offered by medical and psychological practitioners. In other words, the capture of the modern is not uniform, nor is it, in the cases of many health care practitioners with whom I spoke, necessary "visible." What, then, to do with the martyrologies of Mennonite forebearers; the stories of trauma that get told by some, and remain internalized by others? Can Mennonites, as Grace Kehler (2011) asks, turn survival into celebration rather than deferring joy and "home" to an afterlife, while living in an unfinished history of persecution and suffering? And at the same time, who is it, exactly, who might benefit from "making us seem happy"?

The navigation of the changing discourses that shape contemporary Mennonite contexts requires the act of holding on and letting go, binding and loosening, to use an Anabaptist trope. What is lost and what is gained through this negotiation? How do shifting subjectivities, choosing new discourses of affect and attending to new orientations shape the way cultures of death and healing are created and traumas remembered? These are some of the questions that lie at the heart of the discussion concerning Mennonites, modernity, and the medical and psychological. Mennonites are well positioned to ask critical questions when encountering subjective "new experiences" and, as Anabaptists always have done, reassess what it is that constitutes the world.

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Notes

[1] All names of participants are pseudonyms upon their request. Interviews and conversations were undertaken as part of a larger ethnographic project that took place in Manitoba and Ontario over the course of a year in 2013-2014, though conversations with participants are ongoing. Interviews were informal, and part of the participant observation methodology of the project.

[2] See, for example, the 2011 *Journal of Mennonite Studies* volume on Mennonites, Melancholy, and mental health; the authors represent a variety of academic backgrounds and interpretations.

[3] This is particularly evident in Thieleman J. van Braght's *Martyrs Mirror of the Defenseless Christians* published in 1660. Accounting for the persecu-

tion of the early Christian church, and sixteenth-century Anabaptists, this text has been enormously influential in shaping Anabaptist identity.

[4] This tension between martyrdom and survival, suffering, complicity, and forgiveness were key theme in the 1997 Journal of Mennonite Studies symposium "Mennonites and the Soviet Inferno," and the subsequent issue of the Journal of Mennonites Studies.

[5] Calvin Redekop (1989) cites a rather obscure psychological study from the 1960s that identified a "Mennonite syndrome," defined as a higher proportion of mental health problems due, the researchers concluded, to an emphasis on productive work, rigidity, dogmatism, and repression of the "joy of living." There is an expression of an awareness of guilt, the threat of (church) authority coupled with an unease with non-Mennonite authority (government), and the apparent suppression of sex. Using this data, Redekop concludes that this syndrome finds fruition in a context where no credence is given to subjectivity, creating an internal melancholy managed through silence.

[6] In my larger project, I follow Pamela Klassen's (2010, xv) use of modernity in the dual sense of a political and historical project, and a particular era in which the liberal Protestants about whom she writes situate themselves, I use modernity as a similarly political and historical "plural concept." See also Keane (2007) for a discussion on Christianity and modernity.

[7] In the introduction to her 2007 volume *The Anthropology of Christianity*, Fenella Cannell writes that "fundamental to any understanding of Christianity's diversity today is the opposition between broadly Protestant and Catholic Christianities" (22). To this division I would add Anabaptism as neither Protestant nor Catholic. Yet Anabaptists articulated their particular theology and practices in opposition to both Protestants and Catholics during the sixteenth century Reformation. Mennonites today, as a result, seem to occupy a curious position as "other" in the field of anthropology of Christianity, a field which itself has a fraught relationship with the anthropology of religion. As Cannell continues, Christianity's proximity to the project of modernity has identified it as a "contributory" factor in the supposed "inevitability of secularization." Further, as Susan Harding's (1987) and Tanya Luhrmann's (2012) studies of American evangelical Christians have suggested, the anthropology of Christianity exposes "the problem of studying liberal anthropology's 'repugnant social other'" (Cannell 2007, 3).

[8] The discipline of anthropology and anthropological thinking have been shaped by the traditions of social critique practiced and understood by liberal Protestants. In the Weberian sense, the link between Protestant Christianity and the bringing into being of the very institutions of secular modernity has often been naturalized in academic writing. As Klassen writes, "The challenge of recognizing liberal Protestants as anthropological subjects, I suggest, is partly the result of overlapping spatial, intellectual, and political locations and commitments of liberal Protestants and English-speaking academia, including anthropology" (Klassen, 2010, xx). As Cannell (2007, 3) writes, "The prevailing orthodoxy for several decades has been a focus on the seeming inevitability of secularization and of the advance of global modernity, while Christianity has been identified as, above all, a kind of secondary or contributory aspect of such changes."

[9] This is evident in the writings of the early Anabaptists, who proposed that suffering is a true sign of Christianity and membership in the true church, and suffering for Christ's sake is the most direct means of salvation (see, for example, Walter Klaassen's *Anabaptism in Outline*). This was later reified in the publication of the *Martyr's Mirror* in 1660, an account of the persecution of the Christians of the early church and 16th century Anabaptists who were martyred for their faith.

[10] This is evident in the *Martyr's Mirror*, where writings and illustrations describe the bodily torture the Anabaptist martyrs endured. For a critical analysis of the Anabaptist conception of martyrdom, see Letkeman 2004.

[11] There is a significant literature on this topic in medical anthropology. See, for example, Biehl (2005); Lock and Nguyen (2010).

[12] Paul Antze and Michael Lambek (1996: xxiv) also argue, for instance, that "therapy is often seen as a triumph over the political," where collective guilt (for the Vietnam War, for example), is elided through a medicalization of the individual experience, and "a shift in moral focus from collective obligations to narratives of individual suffering."