2. Trauma Theory: An Overview

2.1 The Implications of a Theory of Trauma

Roger Luckhurst’s “Mixing memory and desire: psychoanalysis, psychology and Trauma Theory”, describes trauma as “something that enters the psyche that is so unprecedented or overwhelming that it cannot be processed or assimilated by usual mental processes. We have, as it were nowhere to put it, and so it falls out of our conscious memory, yet is still present in our mind like an intruder or a ghost.” (499). The Freudian idea of trauma uses the military metaphor of infiltration. He suggested that trauma was an experience whose magnitude penetrated the “stimulus barrier” cultivated by the ego to negotiate reality. (Leys 2000) Cathy Caruth holds that “In its most general definition, trauma describes an overwhelming experience of sudden or catastrophic events in which the response to the event occurs in the often delayed, uncontrolled repetitive appearance of hallucinations and other uncontrolled phenomenon (Caruth, Unclaimed, 11).

The compromising of the mental processes is the key factor in determining the traumatic experience. It entails a rent in the fabric of normalcy which cuts out the normal avenues of grief and mourning, simply because it defies understanding. Trauma is characterised by psychological excess which either represses the memory of the event or superimposes it over the individual’s present, manifesting in unpredictable moments. Not only is the individual stranded in a freshly alien universe, she also has to move on in a world that has not gone through the same paradigm shift. She has to ‘carry on’; a telling phrase since she not only carries the burden of her knowledge but is also required to fall in with the accepted norms of society and propagate the same while suffering from intense alienation and
dissociation. As Karyn. L. Freedman writes in her essay “The Epistemological Significance of Psychic Trauma”:

In the wake of a traumatic event a victim’s emotional state is volatile, to be sure, as she undergoes intense personal suffering. But this is only one side of the aftermath of psychic trauma—the shattered self. The other side is the shattered world view the consequence of trauma on the survivor’s belief about the world… after a traumatic event a survivor experiences a kind of cognitive dissonance as she is faced with a whole new set of beliefs that have cropped up, often very suddenly, which are inconsistent with previously held beliefs. (105)

The redundancy of the existing systems of thought makes the formation of a theory, and the required institutional discourse to encourage its study, a necessity. The phenomenological bent of human consciousness makes the creation of a systematic body of thought for understanding the presence and process of the unimaginable a cognitive necessity. The mind wishes to form a clear thread of reasoning to gain clarity in the midst of chaos. It is in such a situation that trauma theory finds its niche.

The notion of repression, the cornerstone to interpretive psychology, involves the subject burying the original event in favour of denial. In the case of psychological trauma, the repressed experience rattles its chains within the recesses of the unconscious, manifesting in the form of repetitive patterns and neurosis. The element of repetition is one of the key symptoms of psychological trauma, characterised by intense flashbacks, irrational emotional surfeits or emotional numbing and the inability to locate the source or triggering stimuli that began the loop. The individual find herself caught in an involuntary pattern of psychological repetition, distressed by an event in her past which she cannot locate. Her memory neither allows her the solace of recollection, nor does it allow her lethean peace.
The ambiguity of exhumed memories casts trauma narratives in a shadow of suspicion. They are made more dubious by the fact that these manifestations occur after an interval of time. Trauma is a displaced anomaly that refuses the clean connections of logic. It is a memory that has no articulation and thus cannot have an accurate stream of events to define its reason. Psychological pitfalls such as false memory syndrome and hypnotic suggestibility render a subjective testimony dubious especially in light of the official penchant for objective analysis. In the context of a large scale collective trauma, such as a natural disaster or war trauma, the presence of archival verification gives the narrative generated from such an experience a measure of validity in terms of causality and logical progression of events. In the case of an instance of personal trauma, such as abuse or exploitation, the veracity of the unearthed memories becomes questionable. After all, we have only the individual’s word.

The human propensity to disbelieve is only equalled by our innate skill at denial. Civilised man is more than willing to deny the disturbing and disrupting, since acknowledging the possibility of such horrors implies that for all his civilised polish, man remains fallible and ultimately flawed. This tendency is reflected in the immense intellectual and practical struggles that were necessary for the presence of a traumatic psychological malady to be acknowledged and legitimised. The First World War tarnished age old metanarratives of nationalism, honour in battle and the general faith in righteous war, but the Second World War took this a step further by also shattering the myth of civilisation. Reason which was man’s shield against his base nature ceased to be a buffer and instead became party to atrocity. The Second World War threw into relief the fact that it is a civilised mind that can formulate the most efficient exterminations and most absolute forms of atrocity. It is the impulse to purify and civilise that lead to what is largely considered the representative genocide of the 20th century and the defining moment of world trauma: the Jewish Holocaust.
It was a calculated method of purgation of undesirable element and deviant tendencies, designed for the ‘purification’ of the society. The knowledge that this cruelty was meted out by a nation steeped in philosophy, reason and civilisation was as damning as it was revelatory, more so since this realisation was coupled with the crushing knowledge that the rest of the civilised world allowed such atrocity without timely intervention. Regardless of both reason and humanity decreeing otherwise, the world stood by and permitted civilised barbarity. This studied neglect in the face of a planned and reasoned atrocity, brought home the awareness of civilisation’s impotency in the face of efficient intelligent evil; a blow from which humanity never quite recovered.

This of course did not stop the machines of war; neither did it curtail genocide and oppression, the Vietnam War, the Soviet Gulags and the Khmer Rouge being but a few examples of the trope. However, it did have an indirect and ironically positive outcome; it forced the recognition of a mental malady that could no longer be ignored. Interest in trauma burgeoned after the Second World War, but gained traction following the Vietnam War and the excessive number of shell-shock and Post Traumatic Stress Disorder (PTSD) patients that the war created. One of the immediate repercussions of these changing climes was the creation of an emotional vacuum which was unable to assimilate and accommodate these new experiences. We were living beyond our psychological means (Langer7-9) and could no longer relegate the rampant symptoms of psychological imbalance to the shrouded boudoirs of feminine hysteria. The earliest instances of shell-shock and PTSD were from the First World War, but were written off as a result of cowardice and mental inadequacy or a flaw of character. The Second World War gave rise to what would later be called the Camp Syndrome. PTSD and its sister malady Dissociative Identity Disorder and Shell-Shock, were recognised only after the Vietnam War. And then the violence came into our homes with increased awareness of sexual abuse and domestic violence and the lasting effect it has on the
human psyche. These redefinitions of the scale and scope of violence brought with it the ignoble necessity for a new name to describe the effect of atrocity and consequently a new means of categorising the unimaginable, leading us to the idea of trauma.

The fifth edition of the American Psychiatric Association's (APA) Diagnostic and Statistical Manual of Psychiatric Disorders (DSM) categorises Post Traumatic Stress Disorder—the most common manifestation of psychological trauma—as stressor based disorder creating responses of paranoia, helplessness and generating pathological symptoms of hypersensitivity, intrusions and flashbacks, emotional dissociation (DSM V). The causative stressors include the experience of violence "outside the purview of human experience" and its witnessing, as well as the witnessing of death or extreme destruction. In essence, a text of trauma is that which represents a breakdown of the collective idea of what is possible and consequently permissible in the realm of human action.

To recalibrate the unthinkable automatically means that the previously impossible has now come to pass; that existing parameters for analysis and reason are obsolete in the light of new developments. In a certain sense, the advent of the traumatic has made it imperative to reanalyse not only the parameters of the incomprehensible but also of that fluctuating entity called humanity. The emergence of a specific field of study and a body of literature that may be called 'traumatic' does not indicate the creation of genre. Rather, it is symptomatic of the large scale psychosis of the Age; a psychosis that found a secular name: 'trauma'.

The crucial milestones in the development of trauma theory have a direct influence on the way it is presented to and recognised by the public forum and on its literary understanding and representation. It is only since the 20th century that trauma has achieved the dubious recognition of institutional labelling. And, like any reaction to violence, the interest in trauma waxes and wanes with the urgency of the motivation. Most of the radical
transformations in the saga of trauma theory have risen from social revolutions and political movements. For example, the feminist movement has a definite stake in the promotion of trauma studies in the context of abuse. The Holocaust made imperative the rehabilitation of not just the survivors but also of their later generations. The surge of pro-peace activities have had a direct influence on the research on Vietnam wars vets and later the events of 9/11 and the consequent war on terror brought about further research and interest in the idea of trauma. The intellectual preoccupations of Trauma Studies reflect this contemporariness of trauma—its focus shifts depending upon the impulse that triggers its reappearance in intellectual history and though the interest in it might wane, trauma itself is never absent from intellectual history.

2.2 A Brief History of Trauma Theory

While the Holocaust and later the Vietnam War can be considered the most catalysing factors in the development of Trauma Theory, they are neither the most influential nor the most significant milestones in the transformation of the rudimentary idea of trauma into its present day avatar. The word 'trauma' finds its etymological roots in the Greek word for wound. This connection to the physiological endures in the story of the development of trauma studies which, was first believed to be a physical malady. The movement from a physio-biological study of trauma to a psychological frame with influences is a result of the concerted efforts for socio-political forces as well as multi-disciplinary approaches. Judith Herman writes in the opening section of her treatise *Trauma and Recovery*:

> Three times over the past century, a particular form of psychological trauma has surfaced into public consciousness... The first to emerge was hysteria, the archetypal psychological disorder of women... The second was shell shock or combat neurosis.
Its study began in England and the United States after the First World War and reached its peak after the Vietnam War... The last and most recent trauma to come into public awareness is sexual and domestic violence... Our contemporary understanding of trauma is built upon a synthesis of these three separate lines of investigation. (9)

The approach towards treating traumatic neuroses has a direct influence on the understanding of the traumatised existence. The earliest formulation implied a weakness of body manifesting in mental and physical incapacitation. This idea followed its logical progression, drawing attention to the sources of the malady as much as the symptoms. The source itself had multiple calibrations. While it was first understood as a decisive external event, further study recast it as an inner displacement. Both these approaches were further revamped when the World Wars brought with them new forms of calamity, making treatment and mainstream trauma theory more than a domestic disturbance. And in a strange return to origins, the most enduring understanding of trauma is the fruit of studies on survivors of domestic abuse.

The clear influence of political and social activism as a means of discussing trauma ensured that this mental anomaly was now seen. It was recognised as a malady, rather than written off as weakness, and this visibility was a revolutionary step which allowed for the study and understanding of the phenomenon in its own right. As Joan W. Scott writes in her essay “The Evidence of Experience”, “Making the movement visible challenges prevailing notions, and opens new possibilities for everyone” (775).

The study of trauma from a literary perspective is parallel to the development of psychoanalysis. However the development of Trauma Theory is essentially a fruit of practical psychotherapy. This practical aspect augments the issues of truth and credibility that arise
from narratives of trauma. The permutations of the methods used for the treatment of trauma and the accompanying changes to the predominant understanding of trauma, are crucial to the tracing the development of trauma theory and its influence on the literary imagination as well as its implications towards the interpretive act. (Leys)

2.2.1 The Early Years (1800-1880)

It is a telling fact that trauma came to be studied as a psychological malady only in the later twentieth century, though its genesis is in the 1800s. The earliest discussion of trauma as an isolated phenomenon occurs in the 1860s through the works of John Erichsen who studied the effects of fear on people involved in railway accidents, attributing the distress to a spinal injury, and later by German neurologist Paul Oppenheim who ascribed the term ‘traumatic neuroses’ to what he believed was a distinct disease that caused “undetectable organic changes to the brain.” (Leys 3). The traumatic syndrome continued to be viewed as a physiological problem for the greater part of the late 1800s. It acquired a more psychological understanding only with the rise of psychoanalysis and more specifically through studies of hysteria particularly through the work of Jean Martin Charcot, Pierre Janet, Sigmund Freud and Sandor Ferenczi. Their observations contributed to creating crucial connections between the mental incapacitation central to the trauma experience and an outside event thus drawing attention to the presence of an internal expression of an external wound. ¹

Ironically, the beginnings of serious studies into hysteria began with the same misconceived perspective of the causes of traumatic neuroses. Jean Martin Charcot, who spearheaded study and research into hysteria, was a neurologist and adopted a physician’s approach to female hysteria, the psychopathological predecessor of what is now known as psychological trauma. It is perhaps this background in neurobiology that spurred his deduction that an individual must possess a genetic impulse to be hypnotised and
consequently to be hysterical. For Charcot, the ability to be hypnotised was a symptom of hysteria; therefore leading to the misunderstanding that the propensity to be hypnotised was directly proportional to being a neurotic hysteric. Regardless of this error, Charcot’s studies contributed to the modern understanding of the psyche and trauma. Lewis Aron and Karen Starr describe this in their book, *A Psychotherapy for the People: Towards Progressive Psychoanalysis* (2013),

He regarded traumatic shock as causal, but understood it as a strain on the nervous system, believing that trauma could only cause the disturbance because of the patient’s hereditary predisposition. Although his theory was a somewhat confused mixture of psychology and neurology, Charcot legitimized the serious study of hysteria by defining it as an inherited neurological disease not as madness (psychiatry) or malingering (criminal). (188)

Charcot was the first to hint at a link between hysterical afflictions and past events and experiences. He deduced that hysteria was a distinct psychological illness, different from the erstwhile definition of madness, since the symptoms could be induced in an artificial environment through a simulation of disturbing events. It was almost like an allergic reaction of the psyche. He believed that the hysterical reactions of his subjects stemmed from physical experiences that shattered the balance of their minds. His studies regarding the influence of a traumatic memory on present hysterical affliction, and his use of hypnosis to plumb these hidden memories, were not only the true beginnings of trauma studies as we know it today, but also the start of the most abiding contention regarding the treatment of trauma: the question of suggestion and re-enactment.

Charcot believed that hysterical symptoms may be alleviated if the hidden memory were dredged out into consciousness. This is a crucial turn of thought, since Charcot not only located a possible conduit between a past event and present traumatic neurosis, but he is also
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one of the first to recognise the possibility of multiple states and layers of the mind. More importantly, though Charcot himself propagated a contradictory stand, his theory disclosed the possibility that traumatic neuroses may be generated through external factors.

Charcot believed that the retrieval of the event lost in the unconscious would require the subject to be in a liminal zone between consciousness and unconsciousness. To this end, he employed prevailing practices of treatment such as the use of electric shocks, magnetic stimulation and hydrotherapy to stimulate the psyche into dismantling its defences and disgorging the memory. But his main method of treatment was the use of clinical hypnosis.

Hypnosis was employed to put the patient into a state of trance such that their subconscious memories and maladies may be brought into the open. In the process of exhuming this buried memory, the patient was encouraged to simulate and re-experience the event; to re-present it in the reality of their present. The method was deemed supremely effective in achieving an abreactive cure, i.e. an emotional catharsis and consequently an alleviation of hysterical symptoms by expunging the causative experience. The introduction of hypnosis into the field of legitimate clinical practice is crucial for charting the development of the modern conceptualisation of trauma because it actively employed multiple states of mind to be effective and thereby hinted at future studies into the possibilities of Dissociative Identity Disorder and even the Jungian idea of the unconscious. The presence of hidden layers and stages in the unconscious opened up avenues in the psychological research that laid the foundations for the development of psychoanalysis, which has a huge role in the development and conceptualisation of the modern understanding of trauma.

Charcot’s use of hypnosis came under fire for three reasons. Firstly, of course the fact that Charcot’s prognosis of the hereditary propensity to hypnosis was a misdiagnosis.
Secondly, Charcot's experiments with hypnosis did not provide a safety net concerning the element of suggestion. Charcot's methods required the stimulation of the body in collusion with the mind so as to achieve an emotional outburst which alleviated the individual's discomfort. However, he failed to see and contend with the possibility that the context of the patient may have as much to do with the reactions as the experiments themselves. The use of hypnosis to lower the defences of the conscious mind automatically implied a certain intrusion of the conscious doctor's will into the receptive psyche of the unconscious hypnotised. Besides the creation of a subject object-object paradigm, this directly affects the verity of the testimony gleaned while the subject was in a 'trance' since the reaction may be a response to the suggestions of the doctor rather than true recollections. The subject is made to arrive at a certain conclusion following the mental clues provided by the psychiatrist, implying that the psychiatrist may be an instrument in fabricating a convenient fantasy. The authenticity of the uncovered experience becomes subject to doubt. Thirdly and most distressingly, the subjects return to consciousness was also accompanied by a loss of the retrieved memory. The subject professes a subconscious trance and is therefore unaware of her actions during the trance. She must depend upon the doctor and assisting physician to relay her own experience, thereby further alienating herself from her experience. Ruth Leys writes,

The amnesia held to be typical of psychical shock was explained as a kind of post-hypnotic forgetting that risked being irreversible since, according to the hypothesis, the traumatic scene was never present to the hypnotised subject and hence was constitutively unavailable for subsequent representation and recall. (9)

Hippolyte Bernheim, Polish neurologist and leading thinker of the Nancy School of hypnosis, launched a scathing critique of Charcot's work deeming the entirety of clinically studied hysteria and hypnosis inauthentic and a result of constant suggestion. According to
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Bernheim, the environment of Salpetriere Hospital, where Charcot conducted his experiments and studies, provided a surreal stage which encouraged the idea of hysteria and hypnosis such that it stopped being a malady and more a source of attention encouraging subjects into outright fabrication and simulation. Aron and Starr write,

>Suspicion was raised that Charcot’s patients were colluding with him to heighten the dramatic effect of the presentation. Patients were often used to transcribe Charcot’s notes, and so knew exactly what Charcot expected… Patients knew exactly the sequence of hysterical fit that was expected of them. (195)

Charcot’s handling of hysteria entailed the re-enactment of the traumatic event, a situation that already allows for ample possibilities of dramatic fabrications. And even if the response was not false, the unconscious simulations are greatly coloured by the waking influences that surrounded the individual. As a result, the tendency to hysteria and hypnosis may just be the fruit of constant exposure and inculcation into the cult of the hysterical. These allegations gained further credibility with the addition of other disillusioned voices, notably Joseph Babinski who was one Charcot’s students. Babinski favoured the belief that the hysteria and the hypnotic trances recorded within the walls of the hospital were largely the result of mass suggestion and could be cured through persuasion, an idea that supported Bernheim’s contention that suggestion by itself could be an effective mode of therapy. Here again, there is a central contradiction of terms since, Charcot was not attempting to ‘cure’ hysteria, as it were. Rather, he was attempting to codify its nature, to understand the signs and create a nosology of the hysterical condition. His research into hysteria and mental illness was in the capacity of a “taxonomist” (Herman 11)

The hypnosis debate has an indirect significance to the idea of the traumatic because it introduces the idea of a subject and the will. The mimetic understanding of hypnosis entailed
the subject’s identification with the source of the trauma; it is clearly the result of an external internal dichotomy. Therefore in the process of hypnosis is an external impulse which suspends the subject’s will as she slips into unconsciousness. The antimimetic stance, on the other hand, sees the process of the trance as a willed act. The subject is aware that she must suspend her consciousness when she enters the trance, thereby contradictorily being aware of her lack of awareness. Consequently the self that is retrieved from the session is not the immersed self but rather the dissociated self. This contention between immersion and partial consciousness in hypnosis is the central feature of the mimetic-antimimetic dialectic of trauma theory. The abreaction resulting from a completely unconscious subject brings into play the idea of mimetic identification and erasure of self. The antimimetic stance approaches hypnosis and the hypnotic trance as a conscious act where the individual is aware of her state and therefore is not, strictly speaking, unconscious. Consequently, the nature of the hypnotic reaction is problematized a liminal space of cognisance and the information derived thereof a new dimension to the idea of true testimony.

One of the crucial consequences of the clash between the Nancy-Salpetriere schools, is that the thesis of a hereditary inclination towards hysteria became subject to doubt and paved the way for a new perspective on trauma neurosis; one that laid more emphasis on the workings and layers of the psyche rather than the physique. Both Charcot and Bernheim accepted the fact that hysteria was definitely not related to the womb, as it was earlier believed. Similarly, they were also agreed on the fact the central casualty of trauma was the individual’s mental facilities. The mind’s ability to repress and its tendency to be fallible to suggestion led to the inference that the human mind was a layered entity that can refuse access to the individual regardless of what will and social duty necessitate. As a result, for the first time in the history of research into mental pathology, the study of the psyche as separate object with layers and complexities, separate from the patient’s moral and social proclivities
began. And it is at this juncture that traumatic neurosis stops being a feminine pathology and graduates to a problem of the psyche.

2.2.2 The Rise of Psychoanalysis: Trauma Theory after 1880

Pierre Janet, another prized disciple of Charcot, who expressed uncertainty regarding the affectivity of hypnotism as a cure for hysteria, took stock of both Charcot and Bernheim’s methods to create a new strategy to tackle traumatic neuroses. Janet was able to redirect the flow of research on hysteria to pay attention to two crucial nuggets of revolutionary information: firstly that hysteria was a psychological malady triggered by specific events in the patient’s past, secondly that it took the form of deferred neurotic reactions that abated following the affective exhuming of the lost memory. Janet realised that the emotional catharsis gleaned from the ‘vocalisations’ of the patient was the key element in easing their suffering and controlling their malady. He was able to draw connections between dissociation and psychological trauma and thus framed a theory that called on the understanding of trauma through an emotional lens. Janet began to study the means by which this exhumation may be effectively and affectively carried out. His research into personality disorders that may stem from psychological trauma led him to the prototype of what would later be called the ‘talking cure’. 6

Joseph Breuer and Sigmund Freud, contemporaries of Janet, picked up on his cathartic study of hysteria with special emphasis on past events. Herman writes,

Both Janet and Freud recognised that the somatic symptoms of hysteria represented disguised representations of intensely distressing events which had been banished from memory...
By the mid-1890s these investigators had also discovered that hysterical symptoms could be alleviated when the traumatic memories, as well as the intense feelings that accompanied them, were recovered and put into words. This method of treatment became the basis of modern therapy. Janet called the technique "psychological analysis", and Freud later called it "psycho-analysis" (12).

In 1890s, Freud made the path-breaking connection between childhood sexual abuse and later adult hysteria, breaking away from the dominant notion that hysteria, consequently trauma, was physiological or genetic. In his 1896 paper "The Aetiology of Hysteria," Freud delineated the controversial Seduction Theory which he declaimed in 1897. The theory made connections between childhood sexual abuse and hysteria. According to Freud, hysterical symptoms require a suitably destabilising stimulus for their violent manifestation and he located sexual abuse as the most damaging stressor. He located hysteria as a situational malady caused by past events and their effect on an individual's matured psyche. In proposing this new mode of thought, Freud made the momentous connection between trauma and the interpretive powers of the mind. For Freud, the traumatic did not lie in an external event, but rather it exists as a relation between two events—an event in the distant past and a newer event that lends an interpretation and a new consequence to the past experience which then achieves a traumatic meaning. Once the event gains this loaded stature, it begins to haunt the individual in the form of disguised or blatant repetitions of certain actions and symptoms.

The event returns distorted not only by the natural vagaries of memory, but also by the fact that the realisation of the implications of the event are further influenced by the machinations of the individual psyche, coloured by the emotional chaos brought on by hysterical confusion. This is embodied in Freud's theories of psychosexual development regarding the 'latency stage'. According to him, it is during this liminal stage between
ignorance and awareness that a person matures to achieve an all-round development of the psyche and their individual sexual identity. In the case of childhood abuse, latency implies the dormancy of a repressed event embedded in the psyche, which manifests itself in the future in the form of hysterical neuroses at a later mature age. The importance of this axiom lies in the stress laid on the postponed reaction as a fruit of awareness and, more importantly, on the element of repetition. The cementing of the connection between past experiences and their deferred resurrection in the form of pathological repetitions in a psychological karmic circle is was one of the important additions to the existing conceptualisation of psychological trauma. Freud believed that, the repetitive, almost involuntary, re-enactment of certain actions—what he called the repetition compulsion—is the clearest symptom of a repressed event and resulting in trauma⁸. The individual has little or no control over its intrusion into her normal life. Judith Herman writes,

Adults as well as children often feel impelled to re-create the moment of terror, either in literal or disguised form. Sometimes people re-enact the traumatic moment with a fantasy of changing the outcome of the dangerous encounter. . . . Sometimes re-enactments are consciously chosen.

. . . More commonly, traumatized people find themselves re-enacting some aspect of the trauma scene in disguised form, without realising what they are doing. (39-40)

This is unconscious/subconscious repetition is further complicated by the gap in comprehension that is intrinsic to the trauma experience. The event overpowers the normal human adaptations to danger—and sometimes these adaptations become directed towards the self, refusing the logical assimilation into the individual’s internal schema simply because of this overwhelming quality. Ruth Leys writes in *Trauma: A Genealogy*,

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⁸ Repetition compulsion is a term used by Sigmund Freud to describe the tendency of an individual to repeat acts or situations that are associated with trauma or conflict.
Trauma was defined as a situation of dissociation or "absence" from the self in which the victim unconsciously imitated, or identified with, the aggressor or the traumatic scene in a condition that was likened to a state of heightened suggestibility or hypnotic trance. Trauma was thus understood as an experience of hypnotic imitation or identification—what I call mimesis—an experience that, because it appeared to shatter the victims cognitive-perceptual capacities, made the traumatic scene unavailable for a certain kind of recollection.

In short, from the beginning trauma was understood as an experience that submerged the victim in the traumatic scene so profoundly that it precluded the kind of specular distance necessary for what had happened. (8-9)

Therefore, the cognitive framework supporting normal behaviour is rendered obsolete, and knowledge problematic. The individual is unable to function in society simply because the memory repeats itself, haunting them at unexpected junctures, interrupting their daily lives. PTSD patients suffer from flashbacks and emotional extremes that marginalise them and make them doubly alienated: first from their past and now from their present. Sandra L. Bloom discusses this in her paper "Trauma Theory Abbreviated". According to Bloom a "flashback" is the 'reliving' of an experience minus the actual cause. It is

a sudden intrusive re-experiencing of a fragment of one of those traumatic, unverbalized memories.

... Even thinking of flashbacks as memories is inaccurate and misleading. When someone experiences a flashback, they do not remember the experience, they relive it. (6)

In the case of childhood sexual abuse, this informational lacuna is rendered even more difficult because the realisation of this gap is the moment of trauma. As a child, the individual
is often unaware of the implications of the abuse inflicted upon them. And when the knowledge does arrive, they are powerless over their past and unable to remedy it and furthermore are burdened by the guilt of their impotency. At the same time they cannot forget the event because it is such central aspect of their life story. It is in this context that Freud's concept of 'screen memories' becomes relevant. George Blair describes this condition in his paper titled “Screen Memories”. He writes,

> A screen memory is an enigmatic memory whose fascination seems out of proportion with its ostensible content. It's psychic power contrast with its trivial seeming content. The term was introduced by Sigmund Freud in an early paper (1899) He described a screen memory as one that stands in for either a prior or a subsequent disturbing memory. It disguises the original shocking memory, while the persisting vividness of the screen memory (and thus does Freud argue) indicates the importance of keeping the experience alive in the psyche. (1)

The screen memory upsets the equanimity of the individual without providing a substantial reason; the memory itself seems too innocent. The true cause cannot be accessed without circumventing the repressive defences of the screen memory. In the literary context, this makes the narration of traumatic experience doubly difficult simply because the author must circumvent the memory to arrive at the truth of the event and then translate the obvious disturbing moment of epiphany into text. In a certain sense, the event, while being a triggering factor, is also not the actual cause of the neurosis. Cathy Caruth writes in *Trauma: Explorations of Memory* (1995),

> the pathology cannot be defined either by the event itself— which may or may not be catastrophic, and may not traumatisate everyone equally—nor can it be defined in terms of a distortion of the event. . . . The pathology consists, rather, solely in the structure
of its experience or reception: the event is not assimilated or experienced fully at that time, but only belatedly, in its repeated possession of the one who experiences it. (4)

Freud’s inadequacy to Trauma Theory arose not only from his capitulation and withdrawal of the Seduction Theory in 1896, but also because he attempted to tailor the traumatic condition to the stipulations of his theories of sexuality, libido and wish-fulfilment, most visibly problematic in the case of theorising shell-shock and PTSD. Hence, while Freud attempted to redirect the psychological interpretive turn towards the analysis of the psycho-sexual characteristics of the human experience and prescribed re-enactment as a pleasure-seeking activity of wish-fulfilment, most theorists subscribe to the notion that the repetitive impulse and the compulsive re-enacting is a means of reclaiming the event, to master and control it. Janet ascribed to this theory, maintaining that re-enactment allowed the patient to overcome the feelings of helplessness and powerlessness central to the trauma experience and to gain a measure of control over the event and thereby reinstate the self as sovereign. Sandor Ferenczi, one of Freud’s most loyal students, retained Freud’s original thesis of the sexual origins of psychic trauma and began to focus more on the emotional catharsis brought about through the abreactive cure. While Freud began backtracking into the more generalised idea of the libido as an all-encompassing causative, Ferenczi accepted the veracity of his patients’ testimony and began to stress the necessity to assist in the purgation of the traumatic emotions.

Unlike Freud, Jung adopted an archetypal view of the influence of trauma on the psyche by theorising the psyche is split into different forms to tackle the incursion of the external into the individual’s internal schema. The traumatic event or the traumatic knowledge cannot be integrated into existing structures of consciousness because its excessive nature causes an in imbalance in the system, resulting in nervous breakdown. He maintained that through the course of existence, the individual’s psyche creates subdivisions
within itself, each equipped to handle a particular form of crisis, thereby enabling the
individual to function comfortably. He proposed that the traumatic event led to the
disbanding of existing demarcations in personality throwing the individual’s inner world into
chaos. This formulation of a subdivided inner world and its imbalance due to excessive
demands on one aspect of the structure laid foundations for the theorising of Dissociative
Identity Disorder and solidified the idea that neuroses may be externally determined. It is
interesting to note that Jung⁸, who was very interested in the phenomenon of abreaction
during his early years, actually called abreaction ‘trauma theory’. Jung’s thought provided the
background necessary to locate psychopathologies like PTSD and Borderline Personality
Disorder. The traumatic event renders the existing balance of inner structures redundant and
inadequate resulting in an over compensation or withdrawal of certain parts of the personality
and the creation of a new mental infrastructure. The possibility of this new structure
overwhelming the ego— an extreme imbalance of the mind in favour of certain singled units
rather than a symmetrical whole— is what leads to traumatic neuroses. He called attention to
the dissociative properties of the traumatic event, with its ability to estrange certain aspects of
the self from the world and render the individual unable to respond to the world around them,
much less the dominant idea of the “normal”.

This gains additional credence in the light of the World Wars which gave a new
dimension and direction to research on trauma. Able soldiers began to return incapacitated by
what came to be known as ‘shell-shock’ and has now diversified to include Post-Traumatic
Stress Disorder and Dissociative Identity Disorder⁹. In its early appearances, the soldiers
were treated as malingerers and given harsh treatments including but not limited to public
humiliation, incarceration and physical violence to ‘toughen them up’ and make them ready
for service again. However the persistence of symptoms on such a large scale, especially
when able arms were in short supply, made it imperative to find means of treating the
syndrome. Traumatic neuroses could no longer be relegated to the side-lines as a private living room malady, cloistered in the realm of a feminine ailment.

2.2.3 The World War Years and Afterwards

The basic requisite of a readjustment and the negotiation between the innocuous normal and the unbelievable real became all the more important in the light of the burgeoning numbers of shellshock victims and the emergence of marked cases of Dissociative Identity Disorder and Post-Traumatic Stress Disorder in soldiers. The earliest approach to these maladies was to treat the soldier like a pariah or worse still, a coward and to subject her to extreme punishment. It was only when the burgeoning swell of shellshock victims and dwindling numbers of able fighters could no longer be ignored that officials attempted serious therapy and research.

Freud, still a looming figure in the field of psychological therapy, offered the presence of the Death Instinct to explain the repetitive and self-destructive patterns of life enacted by returned shellshock victims. He equated traumatic neuroses with this repetition compulsion. He theorised that the pattern of deferred repetition of traumatic actions pointed to the presence of a psychological force that worked against the wish-fulfilling impulses of the libidinous subconscious. According to Freud, it is Thanatos that spurs the re-enactment of traumatic events and the return of traumatic memories through flashbacks and nightmares. Thanatos, or the Death-Instinct, tries to re-predict that which has already come to pass, thereby keeping the individual suspended in a state of hyperaroused paranoia and neurotic anxiety. In the introduction to *Trauma: Explorations in Memory*, Caruth describes the anomaly of Freud’s formulation in these terms:

The returning traumatic dream startles Freud because it cannot be understood in terms of any wish or unconscious meaning, but is, purely and inexplicably, the literal return
of the event against the will of the one it inhabits. Indeed, modern analysts as well have remarked upon the surprising literality and non-symbolic nature of traumatic dreams and flashbacks, which resist cure to the extent that they remain, precisely, literal. It is this literality and its insistent return which thus constitutes trauma and points towards its enigmatic core: the delay or incompletion of knowing, or even in seeing, an overwhelming occurrence that then remains, in its insistent return, absolutely true to the event. (5)

In essence, Freud's theory of Dream analysis could not be applied in context of the traumatic recurrence simply because it was a flat symbol that declined interpretation except in the light of the traumatic event. The focus began to shift towards unravelling the mysteries of the event-response and understanding it in its literality in the context of shellshock. William Sargant and Abram Kardiner can be considered key figures in the study and treatment on combat neuroses. Their methods focussed on an abreactive cure which involved the re-enactment of the event under the influence of mediating medication like sodium amyatal, and, more crucially for the literary practice, with the narrating of the same so that the event may be integrated into the individual's mangled psyche. While both advocated a cathartic abreactive approach Sargant did not place too much emphasis on the verity of the event replayed. Ruth Leys writes,

Sargant claimed that if the reliving of an actual incident did not bring relief, invented situations could be successfully employed to cure the patient... In short, Sargant claimed that the abreaction of false memories might be more effective that the abreaction of real memories in achieving therapeutic success. (203)

This becomes a crucial factor in the understanding of trauma and of deep import for the literary practice since it connects directly with the idea of cathartic fiction. Unlike Sargant,
Kardiner stressed that abreactive catharsis was only a part of the larger scheme of therapy. He believed that any lasting cure for traumatic neuroses could only happen through a reacquainting of the individual with the altered state of her ego and assisting the negotiation between the outer world and her inner restructuring. Leys writes, For Kardiner reeducation was the basic goal of therapy; he argued that even the recovery from amnesia ought to be subordinated to the aim of achieving a fundamental alteration in the patient's conscious adaptation to the outer world. (194)

The element of re-enactment is an important facet to the trauma cure because it harnesses the natural affinity to repetition that is inherent in the traumatic condition and uses it as a means of clarifying. The analyses or even the representation of the possible cause augurs well for the reorganisation of the psychological systems of the patient as well as for articulating their condition, thereby improving the chances for positive assistance. However, the abreactive cure by itself was inadequate to the task of fully engaging the next and most decisive turn in trauma studies.

Trauma studies entered the American academia in the 1980s and found academic and discursive solidity in the 1990s. With the Vietnam War, and the deferred reaction to that great trauma of the twentieth century, The Holocaust, the traumatic condition and the treatment of the same gained a dimension beyond the necessities of immediate circumstance. The massive political and social activism instigated by the veterans of the Vietnam War necessitated the instatement of Post-Traumatic Stress Disorder as an actual mental ailment rather than a minor symptom under the umbrella term of 'shell-shock'. Trauma Studies received renewed interest following the addition of PTSD into the hallowed annals of the American Psychiatric Association (APA) accredited DSM. The addition of PTSD and later Dissociative Identity Disorder meant that psychology and society finally admitted that a psychological malady may
be purely contextually created with no implications on the individual’s moral or psychological character, and that origin of trauma need not be in impressionable childhood but jaded adulthood. Anne Whitehead writes in the introduction of her book *Trauma Fiction* (2004),

In formally recognising this condition as a new diagnostic category, the American Psychiatric Association acknowledged for the first time that a psychiatric disorder may be wholly environmentally determined and that a traumatic event occurring in adulthood could have lasting psychological consequences. (4)

This categorisation effectively dismantled the lingering tendency to judge the patient as being morally feeble or the Janetian idea of hereditary mental weakness. Furthermore, it provided a new theorising of the trauma condition besides the Freudian idea of a childhood trauma manifesting in the adult future. This, of course, did not separate the idea of memory from trauma. Rather, it complicated the idea of recollection and representation; the patient was unable to create a live narrative of their experience even though the event was in the relatively recent past as opposed to faraway childhood.

The Vietnam War also brought to light unexpected and previously unconsidered mental pathologies of infliction and indirect exposure. Perpetrator’s guilt became a condition as prevalent as it’s binary opposite Survivor’s guilt, one of the crucial psychological scars of the Holocaust. Similarly, the passage of time brought to light psychological maladies that found their deferred manifestation in the form of the concentration camp syndrome and the transferred malady of post-memory trauma. The traumatic cure was expected to recondition the traumatised individual into the mainstream normal and away from their naturalised deviancy, their habituated paranoia and persecution complex.
At this juncture it is necessary to introduce the Lacanian understanding of trauma. While Freud understood trauma as a breaching of the ego’s defences by an unexpected and overwhelming stimulus, Lacan conceptualised trauma as an encounter with the ‘Real’. The real that is beyond the mediation of symbols and that exceeds the bounds of referentiality becomes the breaking point of the psyche which had thus far inured itself to relatable jolts and disturbances. The modern understanding of psychological trauma draws from this idea of trauma combining it with Freudian analysis. It holds that the moment of trauma occurs in the moment of realisation, or rather at the dismantling of knowledge, where the mind comes into contact with a deep psychological shock that its adaptations are powerless to contain. It was the ultimate accident. The accident quotient underscores the unexpected and non-negotiable nature of the experience, pointing to that which “remains unknown in our very actions and our language.” (Caruth, 4). The notion of incomprehensibility is central to the understanding of trauma and its treatment. Sandra L. Bloom writes in her paper “Trauma Theory Abbreviated”:

At the time of the trauma they [the subject] had become trapped in “speechless terror” and their capacity for speech and memory become separated. As a result, they have developed what has become known as “amnesia” of the traumatic event – the memory is there, but there are no words attached to it so it cannot be either talked about or even thought about. Instead, the memory presents itself as some form of non-verbal behaviour and sometimes as a behavioural re-enactment of a previous event. (6)

In a strange way, the traumatic event is like the phantom limb of the mind which aches with an elusive, uneasable pain; ‘elusive’, since the true cause of the trauma is often inaccessible, coded as it is in untranslatable sensory images which deny the negotiation of language. Consequently, the traumatised subject is unable to either articulate or locate the cause of her distress. Trauma theory must make room for that which is not solidly defined in
narrative memory and fact, at the same time it must endeavour to uphold a certain benchmark of credibility.

The preoccupations of psychoanalysis find themselves intrinsically entwined around the question of truth and knowledge. The early experiments conducted by Charcot and Janet attempted to glean true events and hidden motives from hypnotised subjects in hopes of purging them of their hysterical maladies. They were required to simulate the scenario and create a reaction so as to release themselves from its repressed grip. The immediate implications of this method is that the patients were encouraged to exorcise the ghost of the faded image by creating a situation, in essence by lying to themselves; a practical exercise of the ‘willing suspension of disbelief’ that art demands of its audience. This controlled creation of emotion is called abreaction.

Abreaction is the reliving of a moment so as to simulate authentic feeling and achieve a purgation of those emotions; the therapeutic version of literary catharsis. The abreactive cure attempted to engage with this emotional dissociation by levering the individual into a simulated re-enactment of the event such that she may gain control over her emotions. However, the cure faced several criticisms particularly because of its reliance on hypnosis to induce the trance-like situation that facilitated the re-creation of the emotions. The presence of a go-between psychiatrist who may be influencing the ‘truth’ that the mind creates, cast aspersions on the credibility and integrity of such a method. Jung himself discarded this avenue of therapy dissatisfied with the truthfulness of the treatment. In fact, he was disillusioned with the credibility of the patients themselves, claiming to find several of their traumatic recollections fictitious. It is important to note that the unintelligibility of the recollection and, in fact, the shadowy delineations of the event itself that had infuriated Jung become central to the understanding of present-day theories of trauma.
The cognitive approach to the repetition compulsion, as propagated by theorists like Mardi Horowitz, connects the phenomenon with the scarred psyche’s attempt at integrating the aberrant event to a new structure of consciousness. (Arden and Linford) Trauma entails a shattering of the established schema of the self. The repetition compulsion may be an attempt to make sense of the traumatic moment and to assimilate it into individual’s mental schema. Another theorisation of the repetitive impulse is that it is an attempt at gaining a measure of control over the emotional turmoil of the trauma through the abreactive re-enactment of the moment. It is not only a bid to exercise restraint over rioting emotions triggered by mnemonic stimuli; it is also an attempt to retrieve the ability to feel, to break out of the dissociative pattern that the traumatic event may create.

The period between the 60s-80s also saw a growing recognition of domestic abuse as a social problem and more importantly a cause of indirect social trauma. The deviancy and violence transmitted by the trauma of abuse trickled out into the social setting creating a web of repeated assault and endangering social stability. This perspective can be greatly attributed to the rise of strong feminist movements which urged the merging of the public and private spheres of female oppression creating a more exposure for the social affliction. The movement deconstructed existing boundaries of experience and encouraged organised intervention; consequently the prevalent practices of violence in the private sphere and its resulting psychosis received a less judgemental and more clinical appreciation.

In fact, it is through this movement that the treatment of the traumatic condition managed to decisively dissolve the civilian-soldier divide in terms of method. Judith Herman codified one of the earliest working manuals for the treatment and understanding of clinical trauma where she combined the approaches used to treat soldiers and camp survivors and integrated it into the treatment of victims of abuse. In *Trauma and Recovery*, she consciously overlaps methods of treating different kinds of trauma thereby drawing attention to the
ultimate similarity in the experience and the necessity for a basic guiding principle to understand it, while acknowledging a crucial difference in terms of scale and the duration of the causative stressor and the individual’s exposure to the same. Herman recognises that trauma can also be a result of sustained and repeated abuse, rather than a singular rupturing event. She felt that PTSD’s diagnostic calibration in 1992 was unequal to the task of covering the effects of traumatic abuse. To compensate for this lack she proposed the concept of “complex post-traumatic stress disorder.” She writes,

Survivors of prolonged abuse develop characteristic personality changes, including deformations of relatedness and identity; in addition they are particularly vulnerable to repeated harm, both self-inflicted and at the hands of others. The current [1992] formulation of post-traumatic stress disorder fails to capture either the protean symptomatic manifestations of prolonged, repeated trauma or the profound deformations of personality that occur in captivity.

The syndrome that follows upon prolonged repeated trauma needs its own name. I propose to call it “complex post-traumatic stress disorder.” (119)

There is a strange contradiction in the emotional manifestation of traumatic pathology that Herman calls the “dialectic of trauma” (47). The person feels unexplainable emotional explosions; at the same time, for a large part they may feel completely disconnected on the emotional field: simultaneous hyperarousal and dissociation. On the one hand, there is a constant sense of insecurity and extreme emotional turbulence triggered by the body’s survival instincts, on the other there is emotional deadening through protective muffling of the psyche. The individual walks through life stretched taught and thin by the exertions of these opposing currents in their system. The compulsive neuroses that coerce her into repetitive re-enactments add to her distress; reality is violated and existence is rendered
inconsequential. Whether through hypersensitivity or emotional avoidance, the individual is rendered unable to gel with the rest of the ‘normal’ world.

In response to the fractured sense of self and dissociation that plague the patient, Herman emphasises the need for reintegration and restructuring of the traumatic experience into the altered world-view of the individual, thereby creating a new system of meaning for the subject’s battered psyche and rehabilitating the victim. The sharing of similar experiences and the creation of a community based on these largely marginalised experiences was one of the key means of achieving this reintegration. The erstwhile isolated individual was encouraged to interact with others thereby releasing her from her emotional isolation and bringing in the possibilities of social reintegration.

For rehabilitation, the creation of a new emotional infrastructure becomes as important as the solidification of an integrated cognitive set up. The situation is considerably complicated by the fact that the traumatic memory refuses lingual negotiation, coded as it is in the form of synaptic sensory images. Therefore, the subject finds herself trying to wrest control from an event that she cannot really remember and any memory is suspect. The modern understanding of trauma and the traumatic event combines the Freudian idea of latency with the deconstructive idea of reference creating a conundrum of experience and consequently representation. The traumatic event is not experienced in its occurrence but in its recollection, wherein the event is endowed with possibilities of a new meaning. At the same time the event is dissociated from the inner schema of the subject escaping the referential recall that characterises legitimate memory and recollection. As a result the representation of the traumatic experience is in absentia, it is that which is not referred to.

It is precisely because of this representational aporia that the Yale school of Trauma chose a philosophical, deconstructive approach towards the conceptualisation of trauma.
Leaning greatly on the ideas of Paul de Man and his theorising of the aporetic nature of language, the Yale school conceptualised trauma as the representative symptom of postmodern existence. It is a site of multiple paradoxes where the boundaries between, personal and private, internal and external, even the generally strong lines between disciplines warp. In fact, it is in the thought of the Yale scholars that literature finds a substantial role in the understanding and negotiating of trauma as a human condition as the next section will illustrate.

2.3 Trauma Theory and Literary Practice

The previous section brings to light certain key contentions that have been central to the development of Trauma Theory as we know it: First, the idea of mimesis; especially in the context of hypnosis and identification. Second, the nature and veracity of emotional identification and purgation and the reformulations of authenticity that such an issue entails. Third, the idea of abreactive solace which can help rehabilitate the victim and create a new scheme of meaning. As discussed the creation of a narration of the experience was one of the key aims of therapy and its creation usually entails sifting through fantasy and fact. Negotiating a trauma narrative while simultaneously avoiding the pitfalls of transference and maintaining the high levels of empathy are necessary to critically appreciate a trauma text. The idea of critical appreciation automatically brings in notions of perception and the generation of meaning, leading up to the idea of interpretation.

The meandering course of the multiple tributaries of trauma have a definite impact on the literary imagination and on the depth and direction of interpretation; a fact made abundantly clear the use of the latter while treating hysteria. The psychoanalytic approach to trauma and traumatic repetition saw it as a condition which required the negotiating
intervention of the analyst to posit meaning into an otherwise senseless flow of images and
stimuli and consequently reintegrate the traumatised individual into society. The fact that
Freud’s seminal work referred to itself as an ‘interpretation’, is indicative of this feature. The
possibility of allegorical analysis coupled with the established uncertainty of the traumatised
cognisance, bereft as it is of erstwhile functional psychic foundations, turns psychic trauma
into a text of sorts which needs to be interpreted.

The Yale scholars honed in on this aspect in their study of trauma and its implications.
The Yale school of Trauma theorists combined the Freudian approach of memory analyses
focussing on the transformation of the outer world in the internal scheme of fantasies and
drives, with a Neurobiological/ Neurolinguistic turn that stressed on the cognitive
assimilation of a given experience. To this they added the theoretical precepts of
deconstruction, historical representation and referentiality so as to create a perspective that
attempted to treat trauma as problem of knowledge and knowability. Consequently, for the
Yale scholars Trauma becomes the experience that can never truly be known. Caruth writes
in Unclaimed Experience: Trauma, Narrative and History (1996)

the notion of trauma has confronted us not only with a simple pathology but also with
a fundamental enigma concerning the psyche’s relation to reality… Traumatic
experience, beyond the psychological dimension of suffering it involves, suggests a
certain paradox: that the most direct seeing of a violent event may occur as an
absolute inability to know it; that immediacy, paradoxically, may take the form of
belatedness. (91-92)

This description can be considered an allegory for the workings of language and text:
The complex idea is encoded in arbitrary signification whose transmission and understanding
entails a time lag born out of the act of interpretation and assimilation before the receiver can
even partially understand the essence of the text. To the Yale School and consequent work in
the humanities that revolved around trauma, Trauma Theory became a new mode of
approaching deconstruction. Rather than trying to determine a trace, it lets go of the ideal
such that meaning is truly untethered and interpretation is rendered permanently fluid, a
concept centred on Paul de Man’s idea of language and reading—or, “misreading”, as it
were. Martin McQuillan writes, “If, as de Man argues..., there is no authoritative centre in a
text, no fixed meaning, then there is no single point more important than any other and there
can be no proper starting point for reading.” (14) – A fate similar to the suspended animation
that characterises the traumatised psyche.

De Man maintained that there was no such thing as pristine meaning and that every
reading is a misreading. For De Man, the idea of reading is very different from the rote
practice of textual interpretation. He understood reading as an excavation of the text wherein
the meaning created from the reading is directly affected by the previous ‘misreading’ of the
text such that not only is any interpretation is directly affected by a previous misreading but
is also automatically fated to be deemed a misreading in the future. The idea of a central,
absolute meaning is dropped in favour of a decentred universe of perceived meaning. And
this is directly related to the nature of language itself. McQuillan writes, “For De Man the
task of reading is not at all straightforward... It is not just that critics misinterpret texts but
that the very nature of language makes reading impossible.” (17)

The idea of a non-referenced signified creates a metanarrative of incomprehensibility
which evolves from the idea of a lack of comparison or relational spectrum. It posited that
language had exhausted its representational resources for examining a human experience and
therefore the traumatic was automatically the unsayable. It was treated as the event that was a
non-event; its magnitude, in terms of comprehension, overreached the bounds of
epistemological and ontological world views that were sustained by the linguistic system. As
Anne Whithead writes in *Trauma Fiction*, "Trauma emerges as that which, at the very moment of its reception, registers as a non-experience, causing conventional epistemologies to falter." (5) In other words, for the Yale Scholars, trauma presented the collapse of understanding. In terms of representation, Trauma is characterised by the lack of trace or reference. By virtue of being unassimilated it refuses the negotiation of an empirical text thereby necessitating an indirect definition via absence. Susannah Radstone writes in her article "Trauma Theory: Contexts, Politics, Ethics" with reference to the ideas of Dori Laub and Shoshana Felman in *Testimony: The Crises of Witnessing* (1992) alongside Caruth's *Trauma: Explorations in Memory* and *Unclaimed Experience: Trauma Narrative and History*,

In the place of theories that emphasise the conventional mediated, illusory, deferred or imaginary status of the relation between representation and 'actuality' or 'event,' trauma theory suggests that the relationship between representation and 'actuality' might be reconceived as one constituted by the absence of traces. For Dori Laub, this absence of traces gives rise to his formulation of the aetiology of trauma as 'an event without a witness' (TC 75-92)—an absence of witnessing that derives, argues Caruth, from the assimilable or unknowable nature of the traumatic event (TEM,4;UE1-7) In trauma theory this absence of traces testifies to a representation's relation to (a traumatic) event/actuality (12)

This idea of silent speech in terms of reference opens a new line of questioning that recasts the representational aspect of literature and catalyses the rethinking of prevalent interpretive practices in literary theory. As a result the idea of the traumatic necessitates a round-about means of access not unlike the Kierkegaardian notion of circumnavigation, wherein the boundaries and definitions of an unknown entity may be discerned by tracing the borders of the known. This circuitous route was further complicated by trauma's intrinsic
connection with the idea of history, witnessing and testimony. The earliest texts of what is understood as trauma literatures were witness accounts of a crisis. Later of course, it also included works of fiction and observed accounts, but this connection with the archival brought in the element of mnemonic recall and its accompanying complications into the field of trauma studies.

The development of a theory of trauma brought about not only a revolution in terms of the study of signification but also created fresh interest in the field of memory and its relevance to the literary act. The therapeutic institution of Trauma Studies focussed renegotiating the memory of the event embedded in the patient’s psyche so as to rehabilitate the individual either by facilitating it’s forgetting or by attempting to reclaim it at least partially. The literary aspect of Trauma Studies recognised the creation of a trauma text as mnemonic act, but one whose fruit is not necessarily an empirically air-tight narrative but rather an abstract entity that involved the interfacing of a contingent representation and a constant interpretation. The advent of Trauma Studies summons a new wave of reading and writing which renegotiates the roles of reader, writer, text and symbol to the effect that there is a concerted effort to constantly redefine and rework a lost meaning.

The treatment of trauma has always been a back and forth between the urgent and the inaccessible, a fate that seems to share several characteristics of its development as well. The traumatised person finds herself in the cruel crossroads between “the problematically abstract” and “the problematically concrete”, to borrow a phrase from Elaine Scarry’s *Resisting Representation* (1994), haunted by the shadow of a lost memory that hangs over her shoulder and living through distressing reality of mental angst. Ruth Leys says, there is a constant tension between “... the therapeutic requirement to remember the trauma, central to the insight-based approach of much cathartic and abreactive treatment during the war, and the contrary requirement to forget or erase the past...” (14) For the individual to gain some
measure of control over her life, she must move away from the moment, forget it. Yet, if she has to find a measure of control over the event, she must recover it and assimilate it, remember it.

A mimetic understanding of trauma also suggests the imitative qualities of an individual under the attack of trauma. Aristotle maintained that human beings are different from the rest of the animal kingdom owing to their superior mimetic abilities: we survived simply because we pick up and recreate a useful action to suit our needs. Taking this idea a step further, we have the power to discern and re-enact; re-creating an event such that we may define it; and by defining it, control it. Definition implies recognition, and recognition points towards knowledge. The representative act of recreating an event from one’s own perspective and the re-enactment of this event through text or otherwise, puts the individual back in the centre of their universe. Unfortunately, this new universe may be strange and completely unrecognisable for the rest of the ‘normal’ populace.

It is at this junction of meaning making that trauma theory and literature cross paths. The involuntary re-enactment of an event that refuses to let go, yet refuses comprehension finds literal translation in the form of text and art where the artistic ideal cannot find a tangible translation and language itself operates on the basis of deferring signs. The referential nature of language is a parallel to the deferred and opaque nature of the traumatic memory and the constantly fluctuating lines of meaning and interpretation. It refers and defers, rendering itself subject to multiple reading thus creating room for multiple truths, a situation requisite for the delicate handling of the fragile and fractured recollection of the trauma narrative.

Literature has a stake in this since it is actively involved in shaping collective human consciousness. It is actively engaged in translating the unknown into known parameters or in
attempting to negotiate the divide between the known and the represented. The interpretation of trauma in a text allows for it to be integrated into new meaning systems thereby allowing for a marginal understanding of the unknown in your head. As Cathy Caruth writes in the introduction to her book *Unclaimed Experience*,

literature, like psychoanalysis, is interested in the complex relation between knowing and not knowing. And it is at this specific point at which knowing and unknowing intersect that the language of literature and the psychoanalytic theory of traumatic experience precisely meet. (3)

Representing trauma in the present is a loaded act since it is a deliberate tryst with the terrible. History tells us we have a propensity for violence and a short memory for consequences. As Lawrence L. Langer says, “Under the public glare of history, we are being forced to face the fact that human life is no longer so precious and that ‘sacred’ is no longer a term we can use accurately in connection with the human image.” (49) This loss of grace makes the traumatic experience that much more harrowing simply because we have no rope to hold ourselves in place, our modern cynicism equips us with efficiency and cognitive excellence but denies us the comfort of clarity in the face of chaos.

If the representation of trauma is fraught with issues of understanding, the interpretation and assimilation of such a piece is even more problematic. Trauma challenges the empathy of the reader and the eye of the critic. In many ways, the trauma text is very similar to the difficult traumatised patient in practical therapy (Judith Herman 138-147); If yo concede too much to the empathetic pull of the text, it mocks you with a reflection of your own cynical logic. If you choose an objective, goal-based approach while reading, then the lack of emotional upheaval questions the reader’s humanity. After all, that is what it comes down to— humanity.
Trauma Studies effected an ethical turn to the tides of literary studies such that there was a reintroduction of the idea of literary purpose not in the original Platonic-Aristotelian sense, but in a more immediate pragmatic mode which focussed on the notion of responsibility as propounded by Emmanuel Levinas and Jurgen Habermas. Levinas theorises the other as that which makes one real and creates one’s subjective self. Our responsibility includes not only ourselves but extends to include the actions of others as well. The other becomes our unknown meaning and in turn effects the formation of our subjective identity. Habermas connected the process of self-formulation to the pragmatic effects of linguistic mediation. He argued that socio-cultural, moral and ethical norms, as well as the ideas that define a sense of individual self are passed on through the medium of language and linguistic interaction. The cumulative effect of human interaction, bolstered by recognition by the other, assists the creation of an individual self. In short, the self is created in relation to the other and to the world around it. As a result the Habermasian notion of responsibility comes from the recognition of the other as another autonomous subject and the transmission of knowledge of the other through language. While these are over-simplified glosses of two very complex ideas, this slice of their philosophies show how both theories emphasise the role of the Other in the creation of an individual identity, which in turn feeds in directly with the ethical preoccupations of Trauma Theory.

The effect of these formulations on trauma theory added dimension to its narrow definition as a deconstructive study of the notion of catastrophe and psychological rupture by bringing in the element of intervention and complicity. Trauma theory realigned itself to become an intellectual negotiation with rather than of the traumatic phenomena, directly engaging with the idea of theory’s ethical responsibility to rehabilitate and provide a modicum of meaning to the experience of othering and the othering experience.
This may also be attributed to the 'trauma' of Trauma Studies itself, namely Paul de Man's fall from grace. In 1987, four years after his death it was discovered that in his youth De Man had contributed collaborationist articles to a newspaper controlled by Nazi powers in Belgium, 1941 and 1942 where he used anti-Semitic tropes. As it would follow, his work was reassessed against this knowledge and did not emerge favourably. While the deconstructive ethos held that there was no fixed centre of meaning and reference was constantly deferred, De Man's 'tainted' past gave a new implication to the nature of his work. Roger Luckhurst writes,

Just like the belated recognition of a traumatic event in the past, de Man's whole career was retrospectively rewritten as determined by this secret. Those associated with deconstruction at Yale were also forced to reassess de Man's career even as they defended his work from the simplistic reduction that it was 'collaborationist'. (504)

This traumatisation of the Yale scholars' critical foundations resulted in a recasting of the philosophical and critical approach towards the idea of that which cannot be traced to that which is traumatised. This created parameters for the critical study of the phenomenon of trauma which precluded its ambiguity without removing its necessity for tangible response. As Luckhurst writes,

It would certainly be reductive to suggest that the turn to the subject of trauma by the Yale critics was solely a response to the de Man affair. Rather, what trauma theory did was reground the Yale School project with a more explicit sense of ethical responsibility and a new interest in restating the ties of representation to the referential world, however paradoxical that might prove to be. (504)

Our age is not interested in grandeur; it is interested in fact and intellect. Lines fascinate us and emotion confuses us. In such a climate we are attempting to understand the
intensely emotional ineffable. Language becomes the means to achieving a measure of understanding of that which defies reason, such that the unreal real may be grasped to some degree, no matter how inadequate. We attempt to convert the experience into narrative and thereby gain a measure of control over not only the event but also our response to the same and thereby generate a sense of logic or, to use an obsolete word, justice. It becomes a means to resuscitate the self and its substance. The proposed thesis studies the representation of trauma in literature by examining the collaborations between structures of consciousness, the structural make-up of the psyche and the interpretation of these internalised events in the context of social discourse and narrativisation so as to theorise the traumatic in the literary scheme of things.

Notes

1. Although punctuated by horrific atrocities like the World Wars, the bombing of Hiroshima and Nagasaki and the terrible violence of multiple revolutions and massacres, Post-Traumatic Stress Disorder (PTSD) found its way into the annals of the American Psychiatric Associations *Diagnostic and Statistical Manual of Mental Disorders* (DSM) only by its third edition in 1980. The DSM III-R delineated PTSD as characterized by debilitating acute and unnatural stress for more than a period of one month, punctuated with intrusive recollections or flashbacks, dissociation, avoidance and hyper-arousal resulting from having witnessed or undergone a violent traumatic event.

2. It is interesting to note that, regardless of this connection being made, trauma continued to be discussed in anatomical and physiological terms. The abreactive cure is compared to lancing a boil and Freud uses the metaphor of tuberculosis to describe the origins of hysteria (Aberbach 65). This connection to the body is emphasized by
present theories on trauma’s neurobiological nature and its physical manifestation in terms of synaptic disconnection.

3. “Charcot believed that hypnosis could only occur in those with a constitutionally hysterical disposition. If someone could be hypnotised, that proved they were hysterical.” (Aron and Starr, 189)

4. Before this, the common treatment for extreme hysterical reaction was a hysterectomy (Ringel and Brandell 2011) a further elucidation of the enduring belief that the traumatic was physiological rather than psychological and, more importantly, of the giant leap of thought that was imperative in order to look for the cause elsewhere.

5. While hypnosis, or mesmerism, was already in use in clinical practice, it was largely discounted as being a quack’s method. However, Charcot employed hypnotism in the context of hysterical neuroses and was able to glean results, thereby legitimising an erstwhile medical subculture.

6. This term was coined by the celebrated patient ‘Anna O’ aka Bertha Pappenheim who was Janet’s patient and later went on to become an active feminist and to publish her case study in collaboration with Freud. D.M Thomas uses her as the inspiration for the creation on of his ‘Anna G’ aka Lisa Erdman, the protagonist of the celebrated novel *The White Hotel* (1981).

7. The theory held disturbing implications on middle-class morals since the majority of the subjects he studied were from this particular stratum of society and hinted at widespread moral and sexual corruption among the touted genteel. Trauma theorists like Judith Herman (1992) and Kali Tal (1995) hold Freud guilty and unforgiven of this hypocrisy. Yet it is undeniable that he contributed to the revolutionizing of Trauma Studies simply by introducing a clear psychological connection and moving away from the misrepresentation of trauma and hysteria as a physiological illness.
Ruth Leys makes a case for the ultimate usefulness of his contributions by pointing out that he contributed to the progress of Trauma Studies by bringing this connection between the internal and the external to light. She further goes on to prove that he never truly ascribed to a theory of direct cause and effect as central to the traumatic phenomenon. For Freud, it was a launch pad for his interpretative theoretic study of the psyche, providing a base for his future musings, especially his theorizing of the Death Instinct.

8. In fact, according to the Diagnostic and Statistical Manual of Mental Disorders, third edition (American Psychiatric Association, 1980), repetitive, intrusive patterns of behavior and dreams, along with dissociation or emotional numbing and hypersensitivity are some of the definitive features of Post-Traumatic Stress Disorder.

9. Jung himself suffered traumatic symptoms in his youth following a severe head injury. It was only in his adolescence that he was able to regain a more normal state of mind.

10. Previously called Multiple Personality Syndrome.