3. Trauma and Social Discourse

Because experience is there— it invents institutions to accommodate itself

Joan Scott, Evidence of Experience (778)

3.1. The Traumatic and the Non-traumatic

In the introduction to her book *Narratology Introduction to the Theory of Narrative* (1999), Mieke Bal describes theory as “a systematic set of generalised statements about a particular segment of reality” (3). The presence of a body of work under the heading of ‘trauma theory’ implies two truths. Firstly, the appalling fact that trauma has become so commonplace that theories— or “generalised statements”, as it were— may be formulated on it. Secondly, that a theory requires the examination of a delineated segment, implying a demarcation of experience. The creation of a demarcation automatically excludes other events thereby creating a properly defined corpus. However, while dealing with an issue as personal and subjective as trauma, such an aim is fraught with pragmatic issues.

By virtue of the definitions discussed so far, we may assume that the traumatic is an event that defies extant codes of living internalised by the subject and which manifest itself at a later period in the form of intrusive repetitions. However, this description can seem too narrow, given that the traumatic differs with each individual’s psychological make-up and the tenor of their inner vibrations and external environment. The nature of the trauma undergone can shift the warp and weft of the individual’s response and for this reason it is necessary to examine the parameters that define the dominant idea of the traumatic and the means in which it’s assimilation and processing differs with its scale and scope.

As mentioned earlier, a rudimentary sketch of the characteristic features of trauma would call it an experience that defies the cognitive limits of an individual, shattering extant
paradigms of meanings with the tendency to reappear in the individual's life in the form of repetitive, intrusive patterns of behaviour. To use a Freudian metaphor, trauma is the unexpected breach of our inner defences, and that it impedes the 'natural' course of daily life thereafter. This description also implies that trauma is fundamentally relative since the threshold for displacement varies with the social conditioning of the individual. In fact, by such a definition, any literature that involves an emotional conflict or reversal of fortunes may be understood as traumatic. To return to Mieke Bal's introduction, any attempt to delineate a bounded corpus for a subject as subjective as 'trauma' is fraught with pitfalls. She writes,

One of the first problems in advancing such a theory is the formulation of characteristics with which we can delimit the corpus. Although everyone has a general idea of what narrative texts are, it is certainly not always easy to decide whether or not a given text should be considered a narrative. (3)

Substitute 'narrative' with 'trauma' and we have one of the basic issues of trauma studies and trauma theory in general. To try to limit the bounds of the corpus that may be studied under literatures of trauma is a problematic exercise, because denying the 'traumatic' element in a certain text may be tantamount to dismissing the suffering enclosed in the text. At the same time, it is absurd to believe that every tract of suffering is automatically traumatic. Furthermore, a text of trauma is most definitely a narrative given that it deals with not just a plot— and sometimes, the plot itself is too fluid to be deemed as such— but with a re-enactment of an experience.

The previous chapter studied the development of trauma theory keeping in mind the literary scheme of representation. This chapter will examine the notions of event and experience. In connection to this, the chapter will study the divisions between the personal-
psychological approach and the collective-social approach towards the definitions of the traumatic and the challenges these positions pose to process of narrativisation and mnemonic retrieval.

To this end, certain clarifications of the parameters of the traumatic help define an amorphous body to this very subjective idea. Trauma is not directly proportionate to tragedy. A traumatic event is tragic, but not all tragic events are traumatic. The crucial factor here is the idea of 'grief'. In a tragedy, the element of 'grief' falls within the bounds of emotional management. The mind, through years of contextual conditioning, develops structures of consciousness to handle emotional upheavals and instances of extreme anguish without buckling. Trauma is that which crosses this threshold necessitating a large scale mental and emotional recalibration. On the subject of emotions, trauma's distinction from the tragic circles back to the idea of grief. The tragic invokes grief that arises from a sense of meaning or value. Where grief can be made sense of and is imbued with a sense of value and compassion, the traumatic is bereft of value in terms of meaning and acts as a betrayal of existing value systems (Fierke 476). This idea finds a resonance in the distinction between the tragic and the traumatic. While 'grief' is the cornerstone of the tragic universe, in the case of trauma, there is an appalled sense of outrage, a petrification of feeling. In fact in the context of the traumatic, the presence of emotion itself becomes a contentious proposition. The most common symptom of trauma is emotional dissociation or constriction, which implies an inability to feel or respond to emotional stimulus. Trauma, unlike tragic suffering, does not involve grief per se, but entails a rending and dissociation from existing paradigms of loss and mourning. You cannot mourn what you cannot comprehend. The almost sublime nature of the traumatic makes it a strangely challenging and empowering task for the literary act simply because all bets are off—no benchmark governs your expression. Furthermore, the traumatic, as mentioned earlier involves an essential dissociation that effectively shuts down
not just the means for mourning but also the desire to mourn itself. To use a Freudian analogy, the emotional and mental numbing caused by the traumatic dismantles the basic wish-fulfilling impulse, the need to expunge the violent agitation. Eros is negated and Thanatos takes over, thereby placing the subject in a repetitive loop of incomplete experience and alienated emotion. The tragic invokes grief but the traumatic does not allow it\(^4\), thereby necessitating therapy to enable the individual to achieve a modicum of catharsis and consequent equilibrium.

Similarly, suffering may be tragic, but it need not be traumatic. The circumstance can normalise what in other conditions may be considered torturous and even barbaric infliction of suffering, as in the case of ritualistic self-mutilation and in cultural and religious practices. For the same reason, not all pain is traumatic. As in the case of tragedy and grief, the human body in the course of its existence gets inured to certain degrees of pain and can make allowances for the manageable and the accepted levels of pain\(^5\). The predictable pain, no matter how terrible, need not traumatised. The degree of a pain needs to break the bounds of expected experience to become traumatic. Torture is traumatic since it is exclusively aimed at breaking this conditioned threshold\(^5\).

Thus, we conclude that the ‘traumatic’ is deeply contextual, necessarily involving a rupture in the individual’s normal circumstance. It is not simply a synonym for disaster but a reaction to it and to the world afterwards. The displacement of the individual and its deferred manifestation is the central aspect of the trauma syndrome, a feature that finds its material translation in the form of trauma narratives.

The treatment of the trauma narrative necessarily differs from common practice because the modes of signification as well as the notions of reality are irrevocably destabilised in a traumatic universe. Being a fruit of the interaction, or lack thereof, between
the world and the victim, the response of trauma involves several multiplicities of reality and meaning. The classic mimetic understanding of reality fails to be a reliable mode of functioning since the individual cannot relate to the natural signifiers of their suddenly unnatural world. Classical ideas of truth and the depiction of an authentic reality go through different permutations in the context of trauma since the writer must relate horrific and even unbelievable events such that the reader may not only relate but also unflinchingly believe.

Our civilised psyches have been conditioned to justify violence and death as necessary compromises to either a greater good or an elusive ideal of transcendence. It is only in recent times that it has been brought home to us that death, whatever the cause, is ultimately meaningless and consequently the infliction of violence in the name of a civilising justice is still violence. The necessity and relevance of modified narrative practices essentially circle back to the idea of the event and the differences embedded in a traumatic event as opposed to the narration of a ‘normal’ experience. The recognition of trauma as a legitimate condition, with victims who ascribed to a different kind of ailment from the general psycho-somatic anomalies of the time, entailed a new framework for the kind of experiences that come under the purview of the term. This was complicated by the fact the several alleged trauma victims were, in fact, malingerers⁶, and even the legitimate patients were rarely able to fully articulate their experiences into straightforward narrative. Shifting to the macro scope of collective experience, this issue becomes further complicated by cultural and ideological structures which influence not only knowledge if at all, but also the recognition of what a traumatic experience is. To explore this situation, it is first necessary to isolate the term “experience”.

The general understanding of the word implies an event with empirical veracity and temporal authenticity that can be verified by more than one party⁷. The Post-Structural dismantling of the empirical train of thought led to a recalibration of the parameters of
“experience”, receding from the solid bases of sensory and extending itself to a more context
based term that denoted a percolated knowledge of an event that took into consideration
elements such as class, creed, country and period. Further ruminations on the idea, developed
a definition for “experience” that implied a subjective and psychological input besides these
elements to create a nuanced historiography.

The material definition of ‘experience’ will locate it in the lived sense of being. It is
the tangible manifestation of a mode of existence which may be expressed in discernable
language. ‘Experience’ lies in the liminal space between the tangible real of sensory
perceptions and the inner real of perceived meaning. The relevance of an experience is
incomplete with the discounting of either element, a paradox that Caruth examines in her
study of De Man’s theory of language and reference in Unclaimed Experience (73-90).
Experience occupies the non-dual zone where the conceptual meets the empirical implying a
not just the sensory perception but also of the theoretical, philosophical understanding of the
event. The reproduction of experience necessitates the understanding of reality or the
semiotic resonances of the experience and the ability to express the same.

The real, always a contentious term in the literary universe becomes doubly important
while dealing with an idea as inflammable as trauma. The Platonic idea of real placed it far
above the banal mundanities of living and located the real in the transcendental reaches of the
heavens. For Plato, the human experience as a tangible object was never truly real because
the trivialities of sensory existence were mere impediments to achieving the transcendental
reality of unity with truth. Platonic idealism maintained that all things have an underlying
reality, an elevated ‘ideal form’ that gave them their nature. Their physical appearance is only
a reflection of this intrinsic essence. Aristotle, on the other hand, acknowledged the
relevance of everyday materiality. He believed that the ‘substance’ of an object gave it a
distinct identity. He posited that the repetition and re-enactment of the experiences in the
guise of manufactured reality served as a means of communicating truth and the nature of reality. In essence, it was directly related to the transmission and generation of knowledge as a means of achieving an elevated immanent telos.

The essentialist discourses delineating the thingness of a thing were grounded in the notion of an essence looking at reality as a conceptual construct. The intellectual negotiation of conceptualisation inevitably implies the presence of an interpretive lens and the notion of transmitted knowledge created through the formulation and articulation of essences. The understanding of an experience in terms of mental assimilation automatically questions the notion of the event and its relevance in the social equation of discourse formation. An unclouded essentialist view of experience becomes problematic in the context of trauma simply because it is the confluence of a physical and a mental event. It necessitates a renegotiation of the terms that define credible experience.

3.2 Constructing the Traumatic Experience

One of the key tensions in the definition of trauma and the traumatic condition is the notion of the event. The source of the blow becomes problematic: the event by itself is irrelevant without the psychological response. Yet a psychological response in itself becomes too specific in order to be constituted as a syndrome. While the one approach defined the nature of the trauma based on the source in an external event, the other formulation of the traumatic condition stressed the internal realisation of the external event as the true moment of rupture. This theoretical difference of approach is also compounded by the fact that the definition of trauma is deeply and ultimately subjective.
Trauma Theory constantly vacillates between discussing trauma as an etiologically powered phenomenon and as a crisis of understanding. The superficial definition of trauma fails to examine the damage done to the individual’s personal knowledge and her understanding, furthermore— from a literary perspective— it does not engage with the negotiation of experience and narration that is an integral part of mnemonic structures. Besides this, the understanding of trauma as a purely external act negates the role of the individual and the context from the equation. However, rudimentary as this definition might be, it does touch upon certain key characteristics of the phenomenon of trauma; it points to trauma’s connection to injury and it calls to attention the element of accident. The relevance of the event becomes the key mode of differentiation between each episode in the history of Trauma Theory.

3.2.1 Trauma as Response versus Trauma as Culture

In the psychological sense, the traumatic event lies in the emotional response of the individual affected necessitating a negotiation and interpretation of the inner dynamics between the mind and the world. A bland definition of trauma would simply call it the extreme response of an individual psyche to an unexpected and unprecedented psychological blow. This description does not consider the ‘cause’ of the trauma in its complexity. It fails to capture the blow to individual selfhood that is the crux of the psychological understanding of trauma.

This finds connections with the theories of identity and sovereign self espoused by the Enlightenment movement which placed individual will at the centre of the meaning-making process and consequently crucial to maintaining the social order. The Enlightenment propagated a philosophy of empirical knowledge, they held that everything in the world can be known and in knowledge expressed. They espoused an intellectual assimilation of
experience: they understood the world, as opposed to viscerally experiencing it. The onus lay upon rationalising experience so as to accommodate it in epistemological systems of knowledge and creating a pattern of reason, thereby instating human intelligence as the effective interface between world and self. In essence it stressed upon a reason based self-determination that created a notion of an ordered world of systems. This kind of thought is immediately challenged in the age of Trauma, where the supposed order finds a non-negotiable anomaly within itself. The traumatic is the glitch in the system that escapes the extant rational code. Its epicentre is located within the psyche and the structures of meaning that power it, effectively jeopardising the Enlightenment metanarrative of autonomous action and the sovereignty of individual will. The traumatic is characterised by helplessness and the erasure of individual liberty in the face of an overwhelming accident. It is something that is not supposed to happen. As a result it remains incomprehensible to a certain extent and is consequently quarantined as the Other. James Berger writes in his paper “Cognitive Impairment, Care, and ‘Defenses of Narrative’ in an Age of Neuroscience”,

The “center” is an ideological not an epistemological place, and the structure that follows from it derives from contingencies of social power. As Burke would put it, the center is the “god-term,” the term bearing the power to determine; or, in Lacan’s terminology, the center is the “quilting point” (point de capiton) where the inherently unstable, incomplete symbolic order is woven into seeming, ideologically motivated, wholeness. And the “real,” the unsymbolizable, traumatizing, and inevitable failure of the symbolic order and its ideologies, generates ever anew those paradoxes “that cannot be mediated” (9)

To understand the destabilising nature of trauma one must also remember the factors involved in the creation of the inner mechanisms of the individual. The socio-cultural contexts along with the structures of the state play an important part in determining the nature
of the traumatic. For example, assault may be commonplace for someone living on the streets but can be traumatic for someone brought up with strong notions of security. Similarly, the relocation of an individual to a new environment removed from her conditioned context may have disorienting repercussions to her psychological make-up. The functional contextualism that governs the delineation of trauma and the traumatic makes the attempt to define an exercise in futility. However, as a starting point for the rudimentary corralling of these teeming experiences, the traumatic finds its beginnings in the idea of the “inhuman” and the “abnormal”. Since the traumatic attacks the prevalent inner structures, it follows that it presents the mind with a scenario that does not fit in the purview of accepted behaviour and normal circumstance. The accepted norms and structures of knowledge and justified belief are rendered obsolete by the traumatic event. As a result a new methodology of reading is made imperative to understanding and assimilating the traumatic into the world scene. In a certain sense, to institutionalise it and render it normalised.

The idea of normalcy is inextricably tied up with the idea of civilisation. It is for this reason that the idea of the human is different from the bland evolutionary rung of ‘homo sapien’. To exist as a human, with all its accompanying baggage of implied responsibility, compulsorily requires the expression of this being. And it is only with the validation of humanity that any suffering finds a platform of expression. The pain of the human being is ‘real’ opposed to the imagined or empathised pain of other language-less species. We posit our pain into their experiences thus enabling empathy, but it is our pain that powers this mirror reaction. The pain that universalises, also divides. Pain becomes the measure for not only the unfavourable, but also the dangerous, the unnatural. That which causes pain is in opposition to the harmony of the natural, or rather that which is natural to the structures of consciousness supported by a certain time and context. This leads to a definition of that
which may be real or unreal. This is because the ‘real’ is to a great extent synonymous with the ‘natural’ and natural behaviour to civilised decorum.

The construct of the “human” entails a certain code of civilised conduct that has been prescribed and repeated over the ages to become unchallenged doctrine. In such a context, the traumatic becomes synonymous with the abnormal and the unnatural. Monika Fludernik in her book *Towards a ‘Natural’ Narratology* (1996),

The ‘unnatural’ can be conceived of in terms of the abnormal, but it is also conceptualised in terms of the cultural, the artificial, the civilised, the fictional, the contrived or—most generally—the human. Although some of these opposites should clearly be understood as negative foils (the artificial and the fictional being prime examples), the blanket term ‘civilised’ or ‘human’, on the contrary, easily support an inversion of the evaluative pole: the ‘natural’ may be regarded as the ‘uncultured’ and the barbaric as a kind of substratum of civilisation. (4)

The irony remains that the truly unnatural entity is the self-modelled human, so far removed from Nature. The ‘Noble Savage’ was noble because he was savage, not herded into conflict ridden masses incapable of sustained harmony.

The notion of an external event leaving an internal scar was the catalysing thesis of trauma studies. But what one forgets is that the creation of a scar also entails several external factors besides the obvious wound. Sociologist and author Jeffrey C. Alexander swerves away from the subjective psychological theorisation of trauma to more event based cultural construct. In *Trauma: A Social Theory* (2012) he classifies trauma into two categories: lay trauma and cultural trauma (7-12). He maintains that he psychological and the ‘Enlightenment’ approach to trauma naturalises it, in the sense that it turns the traumatic response into a logical reaction of sorts, relegating it into behavioural analysis on an
individual basis. He writes,

What is wrong with this lay trauma theory is that it is "naturalistic", either in the naively moral sense or the naively psychological sense. Lay trauma fails to see that there is an interpretative grid through which all “facts” about trauma are mediated, emotionally, cognitively and morally. This grid has a supra-individual, cultural status; it is symbolically structured and sociologically created. (35)

The traumatic, while being highly individual, is also strongly influenced by the perception of an event as traumatic and the factors that feed into the creation of the label. It is simultaneously individually and collectively determined. This interplay of individual and community definition make the traumatic occupy a contradictory position of simultaneously denying referential understanding and being endowed with multiple meanings.

The traumatic is the break in normalcy; it is the objectionable deviation. Its discourse is mediated through a mandatory social lens since, as we have established, it a social phenomenon which gains moral implications because the traumatic event is a failure in the system. Its recognition entails acknowledgement of fallibility in the framework and the system must needs to either justify the glitch or penalise the cause. This knee-jerk reaction manifests as either an isolating and alienating impulse or a tendency to vilify. As a result, it is either quarantined as an untouchable syndrome which is given arms-length aid or treated as an anti-social stain which must be controlled and kept away from the mainstream. By effectively localising the traumatic, the social discourse creates an aura of singularity or the illusion of the exception thus generating a rhetoric of righteousness and consequently absolving itself of responsibility. The movements that spurred the rise of trauma studies turned this gambit on its head by generating massive narrative accounts to corroborate the impact of the traumatic on the social frame such that it could no longer be ignored.
On the subject of scale, the quantitative magnitude of an event being chronicled has a deep influence on the kind of representational task at hand. E. Ann Kaplan proposes a scale-based understanding of the trauma experience. She suggests that the historical event or the political event which effects the public sphere be considered large-scale or historical trauma, whereas the experience of individual traumas that effect the private sphere can be understood as what she calls ‘family’ or ‘quiet’ trauma. She also notes the necessity for acknowledging long-term trauma of suffering, such as that experienced by natives of colonized countries and victims of discrimination and economic oppression (Kaplan, 1-2). The scale of the trauma directly influences the magnitude of the act of memory required and the flow of signifiers that may render the experience universally relatable. Similarly, position of the individual in relation to the causative ‘event’ triggering a traumatic response becomes a determining factor in defining the scale of the trauma and the reaction to the same. This is especially pertinent with reference to vicarious traumatisation and emotional transference via observation. She writes in the introduction of her book *Trauma Culture: The Politics of Terror and Loss in Media and Literature* (2005) in context of the 9/11 attacks,

> It is necessary to distinguish the different positions and contexts of the encounters with trauma. At one extreme there is direct trauma victim while at the other end we find a person geographically far away, having no personal connection to the victim. In between there are a series of positions: for example, there’s the relative of trauma victims or the position of the workers coming in after a catastrophe, those who encounter trauma through accounts they hear, or clinicians who may be vicariously traumatised now that increasing counselling is given to people who survive catastrophes. People encounter trauma by being a bystander, by living near to where a catastrophe happened, or by hearing about it from a friend. (2)
The implication of this statement, besides the obvious scheme of human relationality and referentiality, is that the event itself is equally—and sometimes less—relevant to the traumatisation than the inner perceptions and reactions of the receiver. The scale of the event, the duration and the magnitude of the trauma also plays a role in defining the nature of the traumatic event not only in terms of experience but also in the way it is conceptualised in the socio-cultural context.

A large scale trauma that involves collective memory has different markers of credibility from an episode of personal trauma. The widespread knowledge of the event makes it easier for the text to reach a larger audience and therefore has the ability to influence a larger number of people simply because of its duration and magnitude. And for the same reason, the testimonial presented will be judged in comparison to the standing discourse of the event. This element of ideology and discourse are crucial to understanding the nuances of a text of historical trauma. The historical event has a distinct identity of its own that has been theorised on a blatantly political and ideological level; as a result, the text created will always seem to either feed into or refute a certain dominant discourse. As Zizek points out, the element of ideology is all pervasive and its unavoidable presence in the trauma text underscores its crafted nature.

The element of discourse is intertwined with a testimonial of a large scale trauma simply because the act of witnessing is a loaded one. The author takes on the identity of an ambassador of the event. Her account becomes a synecdoche of the collective, regarding itself as a slice of the whole and allying itself to the task of collective memory formation. This scale of memory creation is very susceptible to ideological manipulation since it refers to an easily recognisable historical milestone and, more importantly, because it is makes no bones about the presence of a possible agenda.
Alain Badiou's formulation of the notion of the 'event', as described in his book *Being and Event* (2005) posits a certain truth claim upon the idea of the event. He defines an event in these terms, "A truth is solely constituted by rupturing with the order that supports it, never as an effect of that order. I have named this type of rupture which opens up 'the event'." (6) This notion of the event is very relevant in the context of trauma in two ways. In an affirmative approach the event is that which brings in change in the positive sense such that life is continued and there is a linear forward movement. On a darker note, it may be an incident which ruptures and recasts to such an extent that life ceases to flow and instead is stuck in a loop. The event may be the point of rupture but the trauma manifests in this temporal seizure. The break from the prevalent idea of normal is equally or sometimes more fatal; the reality of the experience becomes an unreality in the sense that it ruptures the social contract of the commonality of routine and places the individual in a difficult position in defining personal experience accurately. Trauma becomes the non-dual space between the dualities of feeling and knowing, where the feeling is the knowing as much as the knowing feeds the feeling.

The superficial definition of trauma fails to examine the damage suffered to the individual's personal knowledge and her understanding, furthermore—from a literary perspective—it does not engage with the negotiation of experience and narration that is an integral part of mnemonic structures. Besides this, the understanding of trauma as a purely external act negates the role of the individual and the context from the equation. However, rudimentary as this definition might be, it does touch upon certain key characteristics of the phenomenon of trauma; it points to trauma's connection to injury and it calls to attention the element of accident.

The reason why the traumatic is a destabilising force is because the individual, who until that point believes in certain tautologies, finds them toppled by this unforeseen
development. She is not equipped on any level to handle the threat of the event— it catches her unprepared for this specific eventuality. The unexpectedness of the event coupled with kinetic development places the individual in a paradox of movement and internal stillness— the event takes place to and around her, but her cognition moves through wax. This makes the traumatic event something of Schroedinger’s Cat experience, where the individual experiences the event while not fully experiencing it. Yet, it is this paradox, this incompleteness that makes forgetting difficult. Caruth writes,

The experience of trauma, the fact of latency, would thus seem to consist, not in the forgetting of reality that can hence never be fully known, but in the inherent latency of the event itself...If return is displaced by trauma, then this is significant insofar as its leaving—the space of unconsciousness— is paradoxically, precisely what preserves the event in its literality (17-18)

3.2.2 The Traumatic Experience:

The DSM IV classification of Post-Traumatic Stress Disorder, characterises it as symptoms following exposure to an extreme traumatic stressor involving direct personal experience of an event that involves actual or threatened death or serious injury, or other threat to one's physical integrity; or witnessing an event that involves death, injury, or a threat to another person; or learning about unexpected or violent death, serious harm, or threat of death or injury experienced by a family member or other close associate (Criterion A1). The person's response to the event must involve intense fear, helplessness, or horror (or in children, the response must involve disorganized or agitated behaviour) (Criterion A2). The characteristic symptoms
resulting from the exposure to the extreme trauma include persistent re-experiencing of the traumatic event (Criterion B), persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness (Criterion C), and persistent symptoms of increased arousal (Criterion D)...

Traumatic events that are experienced directly include, but are not limited to, military combat, violent personal assault (sexual assault, physical attack, robbery, mugging), being kidnapped, taken hostage, terrorist attack, torture, incarceration as a prisoner of war or in a concentration camp, natural or human-made disasters, severe automobile accidents, or being diagnosed with a life-threatening illness. For children, sexually traumatic events may include developmentally inappropriate sexual experiences without the threatened violence or assault. Witnessed events include, but are not limited to, observing the serious injury or unnatural death of another person due to violent assault, accident, war, or disaster or unexpectedly witnessing a dead body or body parts. Events experienced by others that are learned about include, but are not limited to violent personal assault, serious accident, or serious injury experienced by a family member or a close friend; learning about the sudden unexpected death of a family member or a close friend; or learning that one's child has a life-threatening disease. The disorder may be especially severe or long lasting when the stressor is of human design (e.g. torture, rape). The likelihood of developing the disorder may increase as the intensity of and physical proximity to the stressor increase. (463-464)

Redundant as it may seem at this point, the appearance of a comprehensive definition after the theoretical explorations of the previous section serves as contrast between the pragmatic demands of diagnostic nosology, the very real concern of understanding the
concept of trauma, and the differences between the theoretical and therapeutic approach. This very specific definition makes the action or event based categorisation of the traumatic unexpectedly simple. This formulation shows a great focus on capturing the contextual elements of the traumatic event as much as the details of the symptoms to recognise the ailment and more importantly in the multiplicity of modes in which an individual can be traumatised. This attention to the modes of traumatisation reflects upon not just the modes of violence that are prevalent in this age but also the means of transmission of ideas and information as well the possibility of a socially induced traumatisation. Vicarious traumatisation and traumatisation through alienation are classic features of modern society. The case of the rape victim or the position of the terminally ill patient is an example of social trauma. The extensive description also points the broader scope of the traumatic experience.

While the earliest formulation of PTSD as per the DSM III-R calibrated trauma as an experience beyond the purview of ordinary human events; where the person experiences, witnesses and has to contend with an event or events that involve a threat to the physical or mental integrity of oneself or others giving rise to emotions of fear, helplessness and horror, the latest edition, DSM V, drops the clause “beyond ordinary human experience.” This is an important revision since it foregrounds the fact that the traumatic is not as incidental or rare as one would like to believe. For some, it might even be the normal state of existence, as in the case of suffering traumas resulting from discrimination, economic exploitation and sub-human living conditions or even constant abuse and captivity trauma.

In the ethical context, the traumatic can be understood as an abuse of the conditioned expectations and the violation of the accepted standards of ‘human’ rights. The Cartesian Self is disempowered by a traumatic moment because it is made aware of its insignificance and ultimate helplessness. The Will is dismantled and the psyche staggers from this blow to its sovereignty. As a result the individual’s future is rendered forever unsure and her memory
forever haunted. This is made worse by the fact that her intelligence may be able to accept the logical progression of events, but the outrage to her will overwhelms her. This dismantling of the self's defences between the private and the public image is most evident in the case of the trauma of illness.

As mentioned earlier, illness or suffering by itself need not be traumatic. However, the experience can become charged with traumatic dissociation and issues of integration based on not only the nature of the affliction, but also on the projection and reception of the idea of the illness. The traumatic nature of illness lies in its ability to reduce the self to flesh and bone. The sovereignty of the self is undermined by the physicality of affliction and the individual is replaced by a patient number; much like the erasure of identity that took place in the camps. In succumbing to a terrible illness, the individual's body revolts against her, betraying her confidence in her self-reliance and indirectly in her will to self. This idea returns to the concept of violence as harm to self, the element of threat and infiltration hovers around the patient whose body has become colonised by pathogen or it is in the control of other individuals who seem to have appropriated it and decide its actions and abilities. It is the most basic loss of freedom coupled with a loss of identity, knowledge and language. You are reduced to your illness, of which your caregivers have more knowledge than you or vice versa; you depend upon medical practitioners to tell you your own state which they may alter in the process of treatment, and your opinion is incomplete and often assumed unreliable because of your patient status. Language is lost not only in the metaphorical but also in the literal sense, since the common person rarely has access to the technical knowledge necessary to truly comprehend her state, the options given to her and statements made to her by the physicians.

In the case of terminal illness, the mediation of medicine holds the threat of death over you, such that your decision is only a means of extending or shortening your doomed
existence leaving options and the will irrelevant. Similarly in the case of a slow deterioration of control as in the case of Multiple Sclerosis in the physical arena and Dementia and Alzheimer's Syndrome on the cognitive level, the patient is painfully aware of the slow and determined degradation of her capacities and has visceral knowledge and record of the deterioration of each of her faculties. In the latter case, the individual stops being a person even in the cognitive sense there is no memory to supply knowledge. This suspension of the individual's selfhood finds the most dramatic example in the case of the comatose patient. The sentient mind continues to function but the body has been taken away completely. The patient lacks the means to express herself and her wishes are presumed by those around her. She is rendered to a thing rather than a person.

This dehumanising effect of terminal illness or coma has invites social reflection as well. The patient who carries the blight of death receives a quasi-human status that simultaneously receives sympathy and censure and invites containment by the state and institution. The Foucaultian observation regarding the exclusion of lepers from mainstream society is germane to this observation. Foucault writes in *Discipline and Punish: The Birth of the Prison* (1995),

If the leper gave rise to rituals of exclusion, which to a certain extent provided the model for and general form of the great Confinement, then the plague gave rise to disciplinary projects. Rather than the massive, binary division between one set of people and another, it called for multiple separations, individualizing distributions, an organization in depth of surveillance and control, an intensification and a ramification of power. The leper was caught up in a practice of rejection, of exile-enclosure; he was left to his doom in a mass among which it was useless to differentiate; those sick of the plague were caught up in a meticulous tactical partitioning in which individual differentiations were the constricting effects of a power that multiplied, articulated
and subdivided itself; the great confinement on the one hand; the correct training on the other. The leper and his separation; the plague and its segmentations. (198)

Leprosy the original disfiguring disease and plague the representative epidemic of the western civilisation have become the markers for that which is irregular and to be excommunicated by the disciplined State. The leper’s identity as a person is subsumed under the oozing sores of her leprosy and the plague stricken is a symbol of disease-breeding, disorderly squalor that spreads unsavoury illness into the controlled environment of the State dominated civil society. This attitude finds its extension in the modern scenario where the patients suffering from serious illnesses are not physically excluded but face effective social isolation and negation of identity. The disease is an enemy within the flock that has found a host and thus the host is now included in the formula of pest control. The traumatic in turn is a plague-like syndrome with segregations within the umbrella stigma of undesirability.

Susan Sontag’s interpretive piece, *AIDS and its Metaphors* (1988), is an apt example of the traumatic nature of suffering illness and how the superstitions and practices surrounding an ailment can render what can be a terrible but not traumatic experience, definitely traumatic. In a wide-ranged critique of the process of discourse formation that surrounds a particular pathology and its reification in collective consciousness.

She begins with a discussion of how the inappropriate and misguided the use of military metaphors in the conceptualisation of maladies works as a tool for creating a stigma of isolation, secrecy and fear around an ailment, a theme that recurs throughout the text. She writes,

Where it was once the physician that engaged in *bellum contra morbum*, the war against disease, now it’s the whole society...
The metaphor implements the way particularly dangerous diseases are envisaged as the alien “other”, as enemies are in modern war; the move from the demonization of the illness to the attribution of fault to the patient is an inevitable one, no matter if patients are thought of as victims. Victims suggest innocence. And innocence, by the inexorable virtue that governs all relational terms, suggests guilt. (10-11)

Susan Sontag discusses the negating aspect of sickness and the psychological responses incited by this experience. Written at a time when cancer was still a young, virulent disease that left survival rates in single digit percentages and when the AIDS spectre had just been raised into public knowledge, *AIDS and its Metaphors* discusses the conceptualisation of the sick body as a medium of angst and alienation, a vessel that transforms the physical stain of the pathogen into a permanent taint to the self. It examines the stigmatisation of certain ailments and those suffering from it, and the creation of a set of metaphorical meanings out of this isolating exercise.

Unlike a classic narrative inspired by illness, Sontag’s piece attempts to remove excessive meaning and signification and metaphorical distancing. “Metaphors and myths”, she claims, “…kill” (14). She attempts to reground the blown-up image of the deadly disease so that it stops being a looming spectre and reverts to being an illness. She attempts to de-mystify the idea of disease, particularly AIDS, so as to espouse a more honest understanding of the condition rather than placing it under a mantle of apocalypse. She examines the curious notions of the nature of different maladies the strange contradictions inherent in their actual fatality and their amplified social image.

Through her critique of the superstitions surrounding certain mythologised diseases such as cancer, tuberculosis, plague, Sontag examines the obscuring fictions of illness and human suffering woven around medical conditions and failures. The locus of the
prosopopoeic identification of illness is the body. The nosology of modern medicine describes the body as a warzone, where infiltrating microbes attempt to conquer and colonise the body-system, a metaphor that is the primary focus of Sontag’s ire. The illness must be ‘fought’ so as to reclaim and preserve the body’s sovereign state. This conceptualisation of the body as a state implies the element of order and the unnatural nature of the ‘invasion’. The body is one’s personal kingdom, the ward of our personal will. It is for this reason that a violation of the body both in terms of physical violence and the invasion of the pathogen are often construed as overriding the integrity of the Self.

The Cartesian divide of mind and body merges in this scenario with the body becoming a reflection of the Self. The impinged purity of the body and the disenfranchising of individual’s control over it becomes a shaft in the soul that refuses redressal. Even in the case of a comparatively milder illness, the knowledge of our human fragility and inevitable mortality are engraved into our defensive immunity against this knowledge: the memory of the illness effectively diffuses the confidence in our ability to not only control our bodies but also the impresses upon our unwilling minds that it is only providence and some boon of circumstance that ensured our escape. This utter helplessness in the face of an invisible threat, and a microscopic microbial threat at that, severely diminishes any claims to infallibility or even defence. Sontag writes, “Etymologically, patient means sufferer. It is not suffering as such that is most deeply feared but suffering that degrades.”(37)

Sontag proposes a broad range of comparison between what she considers some key illnesses that have most effectively captured the human imagination’s fear of death and the blighted life. Cancer, the running comparison for AIDS, is the immediate predecessor of the latter’s present position of blight beyond compare. A casual perusal of Sontag’s piece brings to light the similar but subtly different social treatment dealt towards the idea of cancer and AIDS. They both share a history of being a hidden malaise which becomes visible only after
it is too late, sometimes not even then. Similarly, both attacked the basic unit of the living system, the cell. This attack to the fundamentals finds a parallel to the theorisation of the traumatic which dismantles the will and perception in the awesomeness of the experience.

The other crucially dissimilar similarity is in the element of secrecy that colours the context of both these diseases. Sontag writes, “Like other diseases that arouse shame, AIDS is often a secret but not from the patient. A cancer diagnosis was frequently concealed from the patient by their families; an AIDS diagnosis is at least as often concealed from their families by patients.” (36) The element of shame changes the tenor of the patient’s reception from pity or sympathy to morally charged judgements regarding the individual. By overloading the condition with moral implications the social system automatically represses and subjugates the syndrome, turning it into an antisocial element, essentially non-negotiable. In the case of AIDS, the negative overtones cast by the moral eye render the condition a fruit of perversity automatically connected to deviancy and crime.

Syphilis the nearest cousin to AIDS in terms of transmission and the hidden nature of its latent symptoms is the next disease in the spectrum. Syphilis, as Sontag characterises it, carries the miasma of disgrace as well as fantasy. Domesticated into a common urban ailment and carrying the dubious claim to fame of having felled several thinkers and artists— a pattern which possibility led to the belief that the brain lesions caused by syphilis, with their culmination in dementia, also acted as source for inspiration and vivid images— syphilis becomes a symbol of lust and lack of self-control along with a hint of avant-garde libertinism. It is a moral ailment as much as a physiological one, a trait that it transmits to AIDS in a magnified form transforming it from a malady to a metanarrative of moral illness. Sontag writes,

AIDS is judged to be more than just weakness. It is indulgence, delinquency—addictions to chemicals that are illegal and to sex regarded as deviant.
...An infectious disease whose principle means of transmission is sexual necessarily puts at greater risk those who are more sexually active— and is easy to view as a punishment for that activity. True of syphilis, this is even truer of AIDS, since not just promiscuity but a specific sexual "practice" regarded as unnatural is named as more endangering. (25-26)

It is startling and disturbing to see the similarities between the stigmatisation of AIDS and the social judgement heaped upon the victim of abuse. They too are often subject to moral judgements based on the nature of the violence endured and their complicity in the act. And if the individual is sexually active in a liberal environment, the judgement is often worse. The condemnation of the rape victim on the basis of socially transmitted ideas of promiscuity and decorum is a shade of the stigma surrounding the STD patient, whose ailment may not be as fatal as other more dignified ailments like heart disease or even tuberculosis. Rabies and cholera were more feared than their much more fatal and debilitating counterparts like polio or the romanticised tuberculosis, whose debilitating erosion of the body was misunderstood as an ailment of those with a poetic and sensitive disposition, a romantic ailment with positive overtones. She makes the very incisive statement that the actual nature of the pathology is subsumed in the physical terror inspired by its aspect or by its glamorised presentation in the community consciousness.

Cancer and AIDS however, fall under a more sinister shadow. These are maladies that entail a long fight with the disease whose cure is doubtful and in the case of AIDS a guaranteed failure, as of now. The futility implied in the suffering of these diseases adds to the darkness of their perception. Sontag writes, "For several generations now, the generic idea of death has been a death from cancer, and a cancer death is experienced as generic defeat. Now the general rebuke to life and hope is AIDS." (24) Cancer is the revolt of the body. It is not caused by any pathogen per se, but from an overabundance of cell production,
it is a disease of surfeit. AIDS is a silent microbial invasion, most often contracted in the
most intimate of acts, which enters the cell and multiplies, thereby corrupting the cell system
until it self destructs. It is a self-sustained attack which overruns the human body erasing
cellular matter and replacing it with more viruses. It is a disease of erasure. The AIDS virus
destroys the fundamental unit of the living system but its implications do not end there. It is a
defilement of not only the body but is also a threat to the idea of human survival because it
renders the act of procreation a dangerous pursuit. By threatening the propagation of the
species AIDS actively places itself as a threat to survival, a trait that lends itself to an
apocalyptic interpretation. Furthermore, the condition of AIDS is a hidden threat in that the
symptoms and the condition may never manifest, yet the threat remains. This reflects in the
response towards the disease as well. She writes in the context of AIDS and its treatment,

What makes the viral assault so terrifying is that contamination, and therefore
vulnerability, is permanent. Even if someone infected were never to develop any
symptoms—that is, the infection remained or could by medical intervention be
rendered inactive—the viral enemy would be forever within. (20)

You are from the moment of contracting the disease, forever an AIDS patient. It becomes the
point of reference from which both your past and your present are viewed. The literal
internalisation of this idea is the rupturing event that defines the trauma of the afflicted. This
attitude is uncannily similar to that of the traumatic condition in the sense that even if though
the event passes and the individual may go through the motions of normal life, she lives with
the paranoid knowledge of what happened and the threat of the unexpected reappearance of
the memory of the event in its fullness. As Judith Herman writes, “The traumatic event thus
destroys the belief that one can be oneself in relation to others.” (53) The level of inner
displacement and suffering entailed in a traumatic scenario is unimaginable. Or rather, it is
not so much unimaginable as supremely insufferable. As Lawrence. L. Langer says in The
"Age of Atrocity," "What we confront is the intolerable, a condition of existence that so diminishes our own idea of humanity that we prefer to assign it to an alien realm" (5).

The illness itself comes to signify several meanings which have no bearing on pathology and more on the social understanding of the ailment. In short, the body becomes a metaphor, simultaneous alienating as well as submerging the individual in the experience of her illness. The disease turns the person into a patient and the patient into a non-self. This is a trait very similar to psychological symptoms manifested in victims of captivity. Judith Herman writes,

In the most severe cases, the victim retains the dehumanized identity of a captive who has been reduced to the level of elemental survival: the robot, animal, or vegetable. The psychiatrist William Niederland, in studies of survivors of the Nazi Holocaust, observed that alterations of personal identity were a constant feature of ‘survivor syndrome.’ While the majority of his patients complained, ‘I am now a different person,’ the most severely harmed stated simply, ‘I am not a person.’ (94)

The comparison with captivity can be carried forward into the metaphor of illness because the will is subjugated by external forces beyond its control that directly affect its domain. The body fails the individual by succumbing to illness and slipping out of the control of the individual’s personal will. The world fails the individual by isolating her for the illness and, more importantly, by never letting her forget her status as a patient. She is a prisoner to her ailment. Suffering is greatly defined by the fact that it is singularly appalling and dehumanising— Appalling, because it is not a natural state of being, dehumanising, because it reduces the cognitive human to the diminished stature of just a body in suffering, and singular in the fact that it cannot be ignored.
The use of AIDS as the representative ailment to categorise a catastrophic illness is a loaded choice because a cure remains elusive, giving it a status as the ultimate threat at large. Modern medicine has managed to half-tame the disease. Though cancer lacks a cure, it can be beaten down into submission and it is localised within the patient with no danger of contamination by association. In the case of AIDS, however, not only does it have no cure but it is also shrouded in a veil of uncertainty. Though infected, the disease need not develop into AIDS, it may remain a latent threat throughout the individual's life span or it can flare up into a "full-blown" pathology, to borrow a phrase from Sontag. As a result the infected individual may exist in a constant state of what Victor Frankl calls "hyper-reflection", resulting in a possibly traumatic neuroses. Even an accurate and set of symptoms characterising the illness or a suitable mode of treatment for each individual type of manifestation is difficult to come by because of the miasma of mortality and social and moral judgements heaped upon the malady. She writes,

With AIDS, the shame is linked to an imputation of guilt; and the scandal is not at all obscure... It is not a mysterious affliction that seems to strike at random. Indeed to get AIDS is precisely to be revealed, majority of the cases so far, as a member of a certain "risk group", a community of pariahs. The illness flushes out an identity that might have remained hidden from neighbours, jobmates, family, friends. It also confirms an identity and, among the risk group in the United States most severely affected in the beginning, homosexual men, has been a creator of community as well as experience that isolates the ill and exposes them to harassment and persecution (24-25)

Once again the isolating forces influencing social perception are triggered so that he different remains different and that the traumatic is not integrated into the mainstream and treated as a pariah pattern. AIDS is the traumatic event of modern medicine. It is the void that brings back all the fears of an ignominious mortality that were believed to have been
relegated to the Old Testament and history texts. It is a mode of death that brooks no
mediation by virtue of the restrictions and constrictions created by social context and it is the
death that remains undomesticated. Where violence is written off as collateral damage and
natural disaster delegated to natural aberrations, AIDS becomes a non-dual entity that spans
both human activity and Nature to be the typified ailment of the time, the true threat to
mankind. While this reading would definitely have angered Sontag, it serves to point out the
assumption of an insurmountable catastrophe inherent in the condition of AIDS.

The fact is, of all the metaphorical meanings that may be attributed to the syndrome
of AIDS, the most strident one is its correlation to the idea of death. To be afflicted with
AIDS embosses mortality into your skin, a shameful mortality at that. While at one time
cancer was the choice carrier for this dark meaning, the AIDS metaphor acts as a more direct
symbol in comparatively more domesticated and dignified degeneration of cancer. To begin
with, its unknowability, both in terms of difficulties in detection as well as the fact it is a new
disease and is essentially still being discovered, secondly the very nature of its pathology
which attacks the immunity system thereby effective leaving you naked to any disease.
Cancer, though a dangerous disease, was not caused by a microbe. Its stigma was one of
hereditary tendencies and the presence of health-destroying habits. AIDS on the other hand
was a viral disease, which is actively transmittable. The running metaphor of death breeding
death further stigmatises the AIDS patient. Most importantly, it is the disease that modernity
was not expecting. It is the point where modernity failed. The comforting confidence in the
efficiency of scientific knowledge and medical advancement was shot through with the
advent this new epidemic of the modern age, perhaps the first with such a wide and virulent
scope since the plague, to which AIDS is constantly compared. It was the medical catastrophe
that science was not prepared for, and it was a condition that waxes and wanes and the cure
remains elusive. Sontag writes,
AIDS marks a turning point in current attitudes towards illness and medicine, as well as toward sexuality and toward catastrophe. Medicine had been viewed as an age old military campaign now nearing its final phase, leading to victory. The emergence of a new epidemic disease, when for several decades it had been confidently assumed that such calamities belonged to the past, has inevitably changed the status of medicine. The advent of AIDS made it clear that the infectious diseases are far from conquered and the roster far from closed. (72)

This blow to the institution of medicine translates into a taint on the reputation of science and logic. As a result, the AIDS condition, as with cancer, becomes an instance of the failure of intelligence and consequently in human reason.

Sontag uses the metaphor of virology in relation to computers to clarify this stand. The virus is an all pervasive, transforming entity that changes with its entry into our system and corrupts our cell structure. Sontag examines the appropriation of the pathogen into the field of information via the computer. The corruption of information through the computer virus has a direct parallel to the corruption of the human system by the pathogen. They sneak into the system and remain hidden until the entire body is corrupted by its influence and existing information is erased from the memory.

This threat to knowledge systems is perhaps a greater threat to the human race than even the threat to life. If there are no records or information of human knowledge and progress, there is no record of the worth of our race. The idea of worth is inextricably tied to the idea of consciousness, and the idea of consciousness, in turn, is tied to the idea of cognisance and the consequently the idea of sense. The AIDS metaphor is a displaced signifier of the possibility of the end of sense and therefore the end of human intelligence and humanity. Similarly, cancer is a confounding illness that kills through life, thereby toppling
the natural order of medicine. AIDS is tied to implications of immorality and promiscuity. Cancer is characterised as a sickness of a lifestyle, triggered by unhealthy habits like smoking or caused by living in pathogenic environments. In both cases there is an indirect attack to the social system. The diseases throw into relief the still incomplete sphere of human knowledge makes them a further indication of man’s fallibility, not just in terms of health and mortality but also as vulnerability in the defences of progress and development. They become a living impediment to the ideal of order and excellence—diseases of society—and consequently they become a dangerous threat not just in pathological but also social terms that needs to be contained.

The element of threat brings with it the metaphor of the military which attempts to secure the premises of the orderly human sphere. Sontag reviles the militarisation of the medical idiom which turns the patient and the illness into the enemy and the alien respectively, depriving either of the dignity of honest investigation. The war metaphor is a call for urgency which brooks no limits and is not examined for its long-term consequences. It invokes a full-fledged action in the present that demands every effort at containment. In short, it creates an image of the ultimate threat, an analogy that diseases like AIDS and cancer lend themselves to with unfortunate ease. As a result, the illness and consequently the patient become a crystallisation of the threat. Sontag writes,

Epidemics of particularly dreaded illnesses always provoke an outcry against leniency or tolerance—now identified as laxity, weakness, disorder, corruption: unhealthiness. Demands are made to subject people to ‘tests’, isolate the ill and those suspected of being ill or of transmitting illness, and to erect barriers against the real or imaginary contamination of foreigners. (80)
The loaded use of the word ‘foreigner’ is a telling allusion to the alienating effects of the military metaphor as well as an elucidation of the socio-political attitude that is taken towards the illness. AIDS is always borne in by the foreigner and the marginal (Sontag 80-83). It is an attack from without, an infiltration of clean, ordered society by unsavoury elements and deviant practices that need to be isolated and quarantined. This exclusion of the suffering patient is a physical reflection of the exclusion of the traumatic event from the scheme of normal human existence as something that is rampant but not common or a part of the ‘normal’ schema of human activity; an entity that simultaneously occupies the zone of real and unreal; it is a fact of life, at the same time it is not.

The apocalyptic and quasi-military of the social and medical rhetoric employed in the discussion and negotiation the AIDS pandemic/epidemic is reiterated by the fact that it is not, what Sontag calls, “soft death”, a phrase she borrows from Thomas Browne. The glamorised status of certain ailments makes them amenable to their use in a more sentimental characterisation, as opposed to the stark narratives of the nosology of cancer and AIDS and it is a degrading starkness. Sontag writes in the context of Thomas Browne’s glamorising tuberculosis as a “soft death”,

A fiction about soft and easy deaths— in fact, dying of tuberculosis was often hard and extremely painful— this part of the mythology of most diseases that are not considered shameful or demeaning.

In contrast to the soft death imputed to tuberculosis, AIDS, like cancer, leads to a hard death. The metaphorised illnesses that haunt the collective imagination are all hard deaths, or envisaged as such. Being deadly is not in itself enough to produce terror. It is not even necessary, as in the puzzling case of leprosy, perhaps the most stigmatised of all diseases, although rarely fatal and extremely difficult to transmit. Cancer is
more feared than heart disease, although someone who has had a coronary is more likely to die of heart disease in the next few years than someone who has cancer is likely to die of cancer. A heart attack is an event but it does not give someone a new identity, turning the patient into one of 'them'. It is not transforming, except in the sense of a transformation into something better: inspired by fear, the cardiac patient acquires good habits of exercise and diet, starts to lead a more prudent, healthier life. And it is often thought to produce, if only because it can be instantaneous, an easy death. (38)

The concept of a 'good death' or a soft death as opposed to a death that is stripped of dignity and humanity is the true threat of the fatal illness. Death is inevitable and unpredictable, yet we will in the illusion that if we conduct our lives in a certain way we can avoid a certain kind. We hope for an appropriate death Lawrence L. Langer dwells upon this idea in his book *the Age of Atrocity*. He writes, referring to Edwin Schneidman10, “Thanatologist Edwin Schneidman defines appropriate death as one ‘which a person might choose for himself, had he an option.’”(6) The presence of unnatural death and equally unnatural life, sustained by machines and external man-made forces, has created a redefinition of death itself. Death has categories to be one can be clinically dead, or brain dead. The terror of the new forms of fatal illness is that not only do they destroy sanctity and humanity of life, but they also destroy the sanctity of human death. Langer writes using the military metaphor,

Thinking about death has infiltrated our lives, if not our thinking about life. Our task... is to develop an 'inner imagery' sufficient to give significance to our experience. Men have always tried to do so... but never before has their external reality so cruelly contradicted traditional internal sanctuaries against death. In addition they have to contend with current controversies over the clinical redefinition
of death itself... The debates over what constitutes an appropriate death for terminally ill patients introduce and external image of man as helpless victim depending on machines and (in some instances) judicial review of his survival—thrusting even further into the background Schneidman's notion of the relationship between human choice and appropriate death. The clinical approach to the question of death and dying, so popular in recent literature, offers little in its attitude (12-13).

It is the idea of prolonged and disfiguring death that adds to the terror of being sick. Having contracted the disease, the patient is rendered its captive. The malaise rules her will, either she is submerged in the knowledge that she is undeniably stricken by the illness or she lives in fear of its full-fledged arrival. Its presence casts a shadow over her past, present and future becomes an ongoing negotiation with death. Her history is recast as blighted because it led to her diseased present and the future is marred by the knowledge that her death will be through this particularly distasteful way. Essentially, time ceases to be. Judith Herman writes on captivity trauma,

Alterations in time sense begins with an obliteration of the future but ends with the obliteration of the past... The past, like the future, becomes too painful to bear, for memory, like hope, brings back the yearning for all that has been lost. Thus, prisoners are reduced to living in an endless present. (89)

The "endless present" of the trauma of illness is the internalisation of the malady, along with its exaggerated metaphors and social stigma, as the central experience of existence. It rends the patient’s extant knowledge of self and the world around, transforming it into an irrevocably broken image. This is aggravated by the tactics of isolation and labelling facilitated by the presence of mythical superstitions surrounding the illness. The uncanny resemblance shared by the patient and the trauma condition is symptomatic of the
interpretive practices unconsciously prevalent in our times. The negatively transformative nature of trauma and its ability to become the constant in the individual’s life has much to share with the obscuring stigma surrounding the traumatised and traumatic events. It is the illness in the system that would have been ignored had it not been such an obvious malady.

At the same time the unsavoury truths that its presence proves makes its isolation and exclusion an automatic social reaction to preserve order. It becomes enclosed in a socially created asylum that it does not truly fit into. It is in response to this trait that the field of Trauma Studies took form.

The obvious similarities between the traumatic and the AIDS conditions bring home the important fact that both the disease and trauma are linked with the renegotiation of human mortality, not in isolation from the social structures that consciously/unconsciously intervene in its mediation. Particularly important to the understanding of these socially framed structures of meaning, is the presence of a moral aspect which may be considered an extension of the notion of responsibility expressed earlier.

Sontag’s carefully demystified study of the multiple levels of understanding that the suffering brought on by illness, contradictory to its purpose, can be seen as a metaphor for the dynamics between external and inner traumatisation and a reflection of the socio-cultural baggage that surround the traumatised individual. Sontag attempts to integrate the reality of AIDS and illness into the reality of the everyday not with the aim of normalising it per se but to deconstruct and dismantle the aura of apocalyptic catastrophe that surrounds it. Her study underscores the fact that an illness, especially a dangerous and rampant illness, cannot be studied in isolation, excluded from the ebb and tide of community response and myth creation. At the same time it is also not feasible to examine its effect or status without due attention to the empirical reality of its everyday experience. Sontag wishes to regard a disease “...as just a disease— a very serious one but just a disease. Not a curse, not a punishment, not
an embarrassment. Without ‘meaning’. And not necessarily a death sentence” (14). It must necessarily be studied as a ‘real’ human condition as opposed to a mythologised monster.

While *AIDS and its Metaphors* might seem at odds with the general tenor of this study which aims at examining the representational and symbolic modes of signifying trauma, what Sontag’s gives us is a penetrating vision for the need for lucidity with empathy. Her ire is not directed at the metaphor per se, but on the misappropriation of the metaphor to further exclusivist tendencies of denial and vilification. Sontag espouses a candid analysis of a situation which, in her opinion, is being appropriated as an apocalyptic symbol so as to provide an antagonist to the great drama of human survival. A Freudian reading of this view can typify this as a tendency towards the Death Instinct which works in opposition to our Eros thereby mobilising the forces of the subconscious into action. But it is precisely this typified, archetypal metaphor that Sontag spurns. There is a necessity for a reaction, but an appropriate one. Sontag’s critique of the metaphorisation of medicine and medical condition into blown-out spectre is a traumatisation of the disease, turning it into an experience that is simultaneously inaccessible and too real to ignore. It is this aspect that turns what, for the sake of convenience, we call ‘natural suffering’ into ‘traumatic suffering’, the individual is locked in a static battle between reason, knowledge and experience, none of which are in cooperation with the outraged will.

Contrary to Sontag’s alleged aim, *AIDS and its Metaphors* does become a mode of firing the imagination, simply because her text serves as the perfect analogy for the social modes of traumatisation and the effect of the traumatic event on the individual psyche. The AIDS metaphor serves as a signifier for the displaced status of the traumatised individual and the kind of social discourse that feeds into the categorisation of the victim of trauma. This creation of an isolating rhetoric becomes a marker of the running contentions on the interpretation and renegotiation of trauma. The fact is, trauma is human and as such a socially
triggered psychological scar which translates itself into narrative, the realisation of which can only happen in context of a reconsidered discourse and a restructured mode of discourse and understanding. The traumatic is not the apocalypse per se, it is what follows.

The presence of a mediating discourse is also assisted by the proliferation of narratives and texts supporting or decrying a certain stance. It transforms a perspective so that it becomes the dominant understanding of the idea, interpreting a situation so as to support extant systems of meaning and reifying an ideal. Sontag astutely remarks, "Part of making an event real is just saying it, over and over." (76) The repeated recounting of a particular rhetoric calls for the interpretation of the interpretation itself, it is self-reflexive in the most obvious way. By involving the element of interpretation into the notion of discourse we automatically invoke the element of narrative which requires the recasting of the event into certain mould.

The social resonances activated by the AIDS metaphor shares uncanny similarity with the trauma condition making the text an allegorical explication of the trauma experience. This metaphorical appropriation also serves to prove the paradox of narration. Metaphorising the illness or condition may alienate the individual from her body, the society from the condition, but this same metaphorisation provides a socially assumable discourse to accommodate the narrative based on the experience. It provides a semiotic base that might help the task of transmission of the unspeakable into narrative in language. This transformation becomes inevitable in translating the literality of the illness into a digestible reality in text. The reification of the abstract illness into textual reality involves an interaction between the psychological and the factual so as to create a sensitive but realist understanding of the condition. The study of the psychological turmoil without due consideration given to the external event cannot yield satisfactory consensus because it demands a contradictory approach combining solipsism and empirical discourse analysis. The liminal nature of the
traumatic finds a reflection in the approach to its conceptualisation and the means in which it is transmitted as a cultural phenomenon, a fact made abundantly clear by the preceding example. The presence of supporting disciplines—for example, the rhetoric of medicine or the bulwark of history—help propagate world-views which hold the possibility of transforming an event or experience into a charged moment that call for recognition; positive or negative.

*Sontag’s* *AIDS and its Metaphors* elucidates the alienating effect of the metaphorisation of an illness in social and political discourse. It throws light upon the means of isolating an experience so as to control it and thus absolve the existing social order of responsibility towards the event. The metaphors of containment and control propagated around the traumatic event and its victims share an uncanny resemblance to the treatment of AIDS and patients suffering from the condition. The discourse of difference that is generated around the condition alienates without allowing a clear study and understanding of the situation, thereby further obscuring the already hazy picture. By removing the experience from the purview of human experience, it is turned into the Other and consequently something to be shunned, shamed or deemed incomprehensible—neither of these tacks are healthy approaches to the critical study and representation of a phenomenon. Trauma theory can be considered a reaction towards this type of isolating impulse, an antithesis to the idea that the occurrence of trauma is an isolated incident removed from the sphere of human experience.

### 3.3 The Generalising Impulse and its Dangers

The impulse to denial which forms the heart of the alienating approach towards the other may also take an indirect route. While trauma theory is discussed as a discourse of
difference and is constantly invoked as a spectral event that haunts cognition without a tangible body, this same indiscernibility can work against its understanding. The idea that trauma cannot be grasped in its entirety can work as a means of denying its critical study. It is precisely for this reason that the study of the traumatic syndrome ebbs and flows in urgency; it is much more convenient to ignore rather than examine, except when the need is exceptionally urgent. While isolation and alienation are the knee-jerk reaction of society towards a social and experiential anomaly, especially when the glitch involves a degree of culpability and responsibility, the opposite reaction is equally if not more negating. It is presented as that which is unaccounted for, and is left remain under that label without the mediation of inquiry. In the case of trauma, the obscuring element of discourses of difference is doubly problematic since the condition already entails a certain level of mnemonic and cognitive indiscernibility which renders meaning and clarity a veritable Godot of sorts.

This is a critical issue in the case of large-scale trauma. In *Worlds of Hurt* Kali Tal describes three key means of cultural appropriation and normalisation (7); namely, mythologisation, medicalization and disappearance. She writes,

Mythologization works by reducing a traumatic event to a set of standardized narratives (twice- and thrice-told tales that come to represent "the story" of the trauma) turning it from a frightening and uncontrollable event into a contained and predictable narrative. Medicalization focuses our gaze upon the victims of trauma, positing that they suffer from an "illness" that can be "cured" within existing or slightly modified structures of institutionalized medicine and psychiatry. Disappearance—a refusal to admit to the existence of a particular kind of trauma—is usually accomplished by undermining the credibility of the victim. (7)
Mythologisation involves the presentation of a certain traumatic scenario as an unquestionable ideal that demands either reverence or neglected acceptance. It becomes an archetype of sorts to the general idea and refuses critique through its valorisation or by being rendered a rote act, something that just is. In the case of the former type, the existence of a thriving discourse and established bodies to protect its interests are a key feature of events of this kind. For example, The Holocaust is often presented as the Ur-trauma of modernity, even though several similarly gruesome or worse events have followed. It stands as a meta-narrative for the limits of human atrocity and suffering and any critique of the body usually entails great caution.

The mythologisation of a traumatic account limits discussions on the experience to a certain extent. On one hand it has discursive support and the consequent recognition which allows it a level of articulation and a sphere of influence beyond that of lesser known accounts that are still trying to achieve acknowledgement. On the other, the presence of a large body of information on a certain aspect of a traumatic experience makes it difficult for a different take on the subject to be judged fairly and, more importantly, runs the risk of overruling other modes of suffering in service of itself. It creates a codified method which can be not only restrictive but also reductive since it may reduce the piece of narrative into generic structure.

Ironically, one of the prime modes of negating sans alienation is to create an accommodating institution or canon. The barb of the traumatic can be disarmed by rendering it an example for a trope rather than a singular event. The very idea of the traumatic involves a shock or a disturbance in a universal calm. It hopes to be the nail that refuses to be hammered down onto the board of human existence. However, its potency is effectively diminished if it is reduced to just one more nail in a bed of nails. The recurrence of traumatic narratives and the recording of the events as legitimate tracts of witnessing, accord the idea of
the traumatic with legitimacy denied earlier. The flipside of this discursive manoeuvre is the creation of a body of thought that legitimises the events such that its original implications are greatly dismantled or rendered inaccessible as in the case of some disturbing trends in modern Trauma Studies. The creation of non-negotiable discourses cut off genuine discussion, thereby alienating the already surreal horror of trauma from collective consciousness, or worse, isolating it into dusty archives of exclusive academia.

The creation of a theory of trauma and, more importantly, the development of a canon of trauma with emphatic points of recognition or the lack thereof achieves the contradictory aim of legitimising and foregrounding the idea of trauma but also, to a certain extent, the normalising of the traumatic or the valorising of the event such that any critical discussion of the event becomes almost blasphemous. The apparent difficulties of referentiality and the absence of a representational protocol cordons off the traumatic from the creation of a literary negotiation removed from the idea of the traumatic sublime or a non-empathic critical analysis.

Furthermore, the rather embarrassing possibility of a formulaic mode of the trauma text creation dampens the fervent urgency of the text’s call to empathy. As Kali Tal writes, Traumatic events are written and rewritten until they become codified and narrative form gradually replaces content as the focus of attention. For example, the Holocaust has become a metonym, not for the actual series of events that took place in Germany and the occupied territories before and during World War II, but for the set of symbols that reflect the formal codification of that experience. There is a recognizable set of literary and filmic conventions that comprise the "Holocaust" text. These conventions are so well-defined that they may be reproduced in endless recombination to provide us with a steady stream of additions to the genre (7).
To drive home the point, the traumatic ceases to be an issue and is transformed into an industry. The use of the production metaphor is especially germane to the literary movement because, to put it crudely, the trauma text sells. As Nancy Miller and Jason Tougaw write in the introduction to the book Extremities: Trauma, Testimony and Community (2002),

[I] n a culture of trauma, accounts of extreme situations sell books. Narratives of illness, sexual abuse, torture or the death of loved ones have come to rival the classic heroic adventure as a test of limits that offer the reader the suspicious thrill of borrowed emotion. (2)

Consequently, the efficacy of the trauma narrative in recreating a fraught moment is irredeemably tainted by implication of capitalist sensationalism and a curious combination of triumphalism and voyeuristic schadenfreude. In effect the analysis and the serious study of a text of trauma becomes a dubious exercise or an exercise in futility.

The next mode of cultural coping, ‘Medicalisation’, views trauma as an illness that needs a ‘cure’. The implication is that the traumatic response is broken down into symptoms that need to be erased. It is rationalised and secularised so as to be treated as a scientific occurrence, rather than a singular experience or vilified into an ailment which carries implications of contagion and infection.

Another manifestation of medicalization is a reductive discourse which transforms the terrible into the pedestrian. This approach studies the trauma experience as an ‘ordinary’ phenomenon that does not have a bearing upon the formulation of codes of behaviour. One mode of trivialising the traumatic is to play in with the idea of stereotypes. For example, the ‘these things happen’ approach to everyday sexual harassment takes for granted that a person in a certain situation is willingly soliciting the risk of manhandling, and that the phenomenon must be ignored in dignity for life to go on undisturbed. This approach is modified slightly in
the construct of rape where the predominant perspective is “she had it coming”, where the victim is construed as a collaborator in her fate. Similarly, the idea that certain places and communities are ‘naturally’ violent and that the reports of suffering and violence from these corners are not only expected but also unchangeable is another mode of naturalisation. This social discourse aims at transforming the nature of the misdemeanour into an inevitable unchangeable fact of life.

The factual mode of trivialisation also utilises logic to further its ends. Another mode of naturalisation breaks down the traumatic experience to rationalities and facts in an attempt to normalise the event in factual narrative. Narratives of natural disaster routinely use this trope as a means of rallying the community and recouping losses. The foregrounding of the scientific nature of calamity reduces it to a textbook definition which appeals to the logical thereby transforming the situation into one that needs to be endured rather than a singular condition with a deeper resonance. Ted Steinberg discusses this in his book *Acts of God: The Unnatural History of the Natural Disasters in America* (2000). He writes,

> the emergence of natural disasters as popular culture in the late nineteenth century coincided with a new code of calamity etiquette... The advice doled by city leaders and local newspapers couldn’t be clearer: Natural disasters simply happened, and wallowing in the spectacle of life turned upside down or prostrating oneself before God only prolonged the agony. Instead, these situations demanded a calm, disciplined response aimed at putting things back in order. (4)

This approach attempts to downplay the event so as to curtail the emotional response and control the impact of the traumatic event. However, turning the traumatic into a factual narrative may not be as innocently pragmatic as it may sound. Steinberg asserts that the excessive culpability of Nature was a studied stance that attempted to shield the economic
and social choices of the governing bodies. He goes on to say that the domesticated and secularised approach of viewing the disaster “merely” as an act of nature was a ploy used by the dominant business classes to encourage people to get back to work and to save the prevailing economic system from buckling under the strain of the calamity (Steinberg xx-xxiii). This appropriation of a disaster to further an agenda of power has long been a social practice. Foucault writes in the first volume of *The History of Sexuality* (1978), “power is everywhere.” (90). Invoking Foucault again, power is rarely in service of truth but of silence. He writes,

> power reduces one to silence; truth does not belong to the order of power, but shares an original affinity with freedom: traditional themes in philosophy, which a “political history of truth” would have to overturn by showing that truth is not by nature free—nor error servile—but that its production is thoroughly imbued with relations of power.

The confession is an example of this. (60)

This silencing nature of power finds its manifestation in the third approach towards a traumatic event, disappearance. The history of human behaviour shows a willingness to ignore or deny that which is different or an anomaly to established society. This instinctual denial becomes malignant in the face of a trauma scenario since it calls to question all the existing practices of society laying bare the lacunae. For this reason, it is the general prerogative of reigning bodies to control the flow of information and knowledge so that the sole control for the definitions of reason, reality and truth remain with those wielding power. Not only does this maintain the semblance of order that society endorses, it also absolves one of the responsibility of making reparations and being accountable. As a result, every attempt will be made to negate the traumatised victim and make the problem ‘disappear’. Judith Herman writes,
The study of psychological trauma must constantly contend with this tendency to discredit the victim or render her invisible. Throughout the history of the field, dispute has raged over whether patients with post-traumatic conditions are entitled to care and respect or deserving of contempt, whether they are genuinely suffering or malingering, whether their histories are true or false and, if false, whether imagined or maliciously fabricated. In spite of a vast literature documenting the phenomena of psychological trauma, debate still centres on the basic question of whether these phenomena are credible and real. (8)

The defensive response of societal systems usually entails either the containment or the denial of the event such that it may be forgotten and life may return to normalcy. It is this return to normalcy that the trauma text fights. It works to reintroduce the idea that any transgression, no matter how prevalent and seemly non-negotiable is still a crime and that every crime must necessarily have its comeuppance. The writer of a trauma narrative is employed in the act of decentring the reader’s universe such that the incommunicable suffering may be articulated and deniability denied. This is especially so because the traumatic memory spurns forgetfulness in the psychological as well as the social sense while remaining inaccessible to ordinary imagination.

The reception of a trauma text and its recognition is heavily dependent on the type of transformation that the experience undergoes in the process of narration. The discourse of trauma, weighed down by the notions of its unknowability and the implicit understanding that it is what should not have been, is further charged with the inevitable partisanship that characterises the trauma text. The trauma narrative discusses the perpetration and experience of violence and has an accusatory thrust in terms of motive, if one should chose to classify a text in those terms. The trauma text actively indicts a causative force, circumstantial, human or otherwise. As a result there is an inevitable role reversal where the erstwhile ‘victim’ takes
on the role of the oppressor and occupies the centre in the subject-object playground. In the best of circumstances, this is an empowering act that endows the disarmed victim with a modicum of agency and will and ensures that the previously silenced perspective has a venue for expression. The flipside involves the overwhelming of multiple voices by a single favoured voice. This tips the scale unfairly thereby further marginalising the already peripheral narrative. This results in inordinate attention given to certain instances of trauma as opposed to other deserving candidates eligible for similar attention. Similarly, it creates discourse of prejudice that necessarily negates certain experiences in favour of a dominant discourse, thus circling back to our original issue. In her book *Regarding the Pain of Others*, Sontag writes,

> The memorable sites of suffering documented by admired photographers in the 1950, 1960s and early 1970s were mostly in Asia and Africa—Werner Bischof’s photographs of famine victims in India, Don McCullin’s pictures of victims of lethal pollution of a Japanese fishing village. The Indian and African famines were not just “natural” disasters; they were preventable they were crimes of great magnitude. And what happened in Minamata was obviously a crime: Chisso Corporation knew it was dumping mercury laden waste into the bay… But war is the largest crime, and since the mid-1960s, most of the best known photographers covering wars have thought their role was to cover war’s “real” face. (37)

The face of reality unfortunately has more sores than that of war. The fact is that social traumas caused by economic and social catastrophes are not treated or vilified in the same vein as the crime of war. A highly ironic perspective, since these events usually have a very solid ground for identifying the accused as opposed to war where the causes, and sometimes even the perpetrators, are never truly coherent. Yet, these crimes are quarantined into the
cluttered closet of accepted evil along with the age old rhetoric of inevitable violence where they continue to proliferate, their existence eating steadily into what remains of our ideals.

While it is probably impossible to try and capture every experience through its narrative, it is essential that we try and, more importantly, are aware of the discursive influences which may be impeding our task. The movement from discourse to narrative is a definite step in expression and, more importantly, recognition. Through the narration of the experience, the tract automatically places itself in conformity or against a dominant discourse thereby creating a critical movement in social formations. It is this factor that makes the trauma text a prime vehicle for the transmission of socio-political movements and is as such a mode of resistance as well as propaganda. This tendency is especially significant while examining texts stemming from large scale trauma which foregrounds itself in the context of either historical or geographical/natural disasters where the factors usually involve or prosecute a dominant propaganda.

3.4 From Discourse to Narrative

The creation of a discourse is inevitable for the recognition of a condition as a legitimate experience simply because it produces a cyclorama for the projection of new innovations and opens up the possibility of dialogue either in contention with or augmenting the study of the phenomenon. The study of trauma as a legitimate social phenomenon and a condition created and propagated through social and historical forces is greatly aided by the presence of supporting narratives that vouch for its presence and present multiple testimonies in favour of its undeniability. The knowledge of the traumatic event and the propagation of this narrative make it difficult for the erasing powers of society to work their vanishing act. The more knowledge is sustained, the more solid the idea and the response becomes. Judith Herman writes,
The knowledge of horrible events periodically intrudes into public awareness but is rarely retained for long. Denial, repression, and dissociation operate on a social as well as individual level... like traumatised people we have been cut off from the knowledge of our past. Like traumatised people, we need to understand the past in order to reclaim the present and the future. Therefore an understanding of psychological trauma begins with rediscovering history. (2)

Trauma theory and history share an abiding connection, especially since serious theorisation of trauma began only after the Second World War, and particularly the Holocaust. For theorists like Caruth, history itself is an expression of trauma, the repetitive patterns in history with their distorted re-enactment in different time schemes make for a suitable metaphor for the traumatic condition. She writes of PTSD’s implications on modernity,

If PTSD must be understood as a pathological symptom, then it is not so much a symptom of the unconscious, as it is a symptom of history. The traumatised, we might say, carry an impossible history within them, or they become themselves the symptom of a history that they cannot entirely possess (5)

Consequently, the act of creating a trauma narrative becomes a historical recasting of sorts. In the case of personal narratives, it is the recreation of a personal history in the form of a life narrative. In the case of an experience of a historical event, the narrative becomes the synecdoche for the greater discourse of the event. It is important to note here, that history is different from narrative. A historical tract is merely the listing of the vital statistics of an event; a narrative, on the other hand, is an elaboration of the experience of that event.

The distinction between history and narrative is germane to the idea of traumatic recall and the representation of the same simply because it foregrounds the recording of the
unspeakable, contradictorily creating a mode of expressing the experience as well as creating an institutionally supportable independent discourse which validates both the present and the past in such a way that history or the past ceases to be or is cast as a golden age before the fall. It boils down to the distinction between absence and loss, to borrow from Dominick LaCapra (2001). Loss is a tangible entity that involves an action, an event of losing. Absence, on the other hand, is a vanished entity that requires negotiation to articulate. In a sense, while ‘loss’ is narratable, the more fundamentally crippling ‘absence’ becomes an untranslatable premise whose presence can only be surmised through indirect reference (La Capra, 54). It is the lingual definition to the gaps in the system but not a lack in the system which either never existed or no longer exists to be recalled as ‘lost’ entity. It ceases to be and consequently demands a new mode of negotiation and more importantly necessitates a secular means of coping which conceptualises trauma as a post-crisis that needs to be rehabilitated.

Trauma’s discourse is one of difference and its interpretation circles back to itself spurning external reference. Its present formulation places the onus upon its emotional content and its authenticity, an approach more humanist than empiricist. This approach has been greatly influenced by the development of a canon – a problematic phrase in this context more than others – of literatures of trauma and the mnemonic and representational acts entailed in its creation, particularly the idea of fiction and the traumatic. The construing of the event necessitates the same element of individuality that the traumatic condition effaces, so that text produced conveys an honesty of experience.

A large part of the understanding of the nuances of experienced trauma is controlled by the type of discourse generated by it and about it. The inaugurating paragraph that begins Foucault’s “The Discourse on Language” (1970) establishes that,

in every society the production of discourse is at once controlled, selected organised
and redistributed according to certain number of procedures, whose role is to avert its powers and its dangers, to cope with chance events, to evade its ponderous awesome materiality. (231)

In this sense, the realm of trauma is that which escaped the net while at the same time creating an institution in itself. The presence of a theory of trauma and an accompanying discourse points towards the institutionalisation of the anomaly; an ironic and ungrounding position, considering the traumatic actively refuses normalisation. It is a truth discourse that openly denies its own material veracity, since the narrative presupposes the presence of factual lacunae. To from Richard Terdiman’s *Body and Story: The Ethics and Practice of Theoretical Conflict* (2005), “Narrative is not just narrative... Through the process of representation and induced representation that they [novels] mediate, texts enfold the heart of the mechanism by which reality resists change” (71). If there is a motive to the creation of a discourse of trauma, it is to highlight this trait. The trauma narrative attempts to break away from mainstream discourse while intruding upon it. The principle instruments for this purpose are the least reliable; the vessels of memory and language.

The interplay between memory, representation and the interpretive act, in the charged context of trauma creates a tension between the element of credibility and authenticity because in the case of Trauma fictions these two entities need not be the same. These tensions are greatly influenced by the means adopted in the representation of reality and the modes by which a surreal reality achieves articulation. The trauma narrative presents a world view that captures the ambiguity of human expression, where the concrete cannot be touched and the ephemeral can be a disabling blow. The caprice of language and the ebb and flow of expression charge the representational act with issues of credibility, and in the case of trauma narratives this aspect is underscored and foregrounded as the denied undeniable. It creates a necessity for a willing suspension of disbelief of a different kind, where the disbelief is not at
the unreality of the created text but of the reality that it chooses to package as a fantastic real. These representational conundrums form the kernel of the next chapter.

Notes

1. Kali Tal’s *Worlds of Hurt: Reading the Literatures of Trauma* (1995), adopts a more loose and dispersed definition of trauma literatures. She makes a case for the addition of black feminist literature into the domain of literatures of trauma. She maintains that all literatures of oppression are literatures of trauma. The idea of contextual trauma becomes stretched in this scenario. While the generally accepted idea of trauma sees it as an experience beyond the purview of human experience, the treatment of a trauma of existence is still very blurry. How does one negotiate the idea of living in trauma, as opposed to re-experiencing trauma as prescribed in the classic definition of PTSD? E. Ann Kaplan is another theorist who makes a case for the inclusion of what she calls “suffering trauma” under the purview of trauma literature. In the introduction to her book *Trauma Culture: The Politics of Terror and Loss in Media and Literature* (2005) she touches upon the plausibility of the inclusion of “suffering trauma” into the scope of trauma literatures since this will allow for studying trauma in terms of degrees and magnitudes. She suggests classifications such as “quiet trauma” or “family trauma” discuss small scale individual traumatic events and that the overlapping of large scale historical events and the individual experience allow create the necessity for a new calibration of the public sphere.

2. Most models of normal grief management involve a movement from denial to acceptance. For example, psychiatrist Mardi J. Horowitz proposes a pattern of normal grief management where he divides the process into four stages: outcry, denial and intrusion, working through and completion. (Patricelli 2006) ‘Outcry’ refers to the period where the grief is freshest and the person goes through emotional and mental
outburst in its throes. The denial and intrusion stage involve the individual's attempt to acclimatize their psyches to the loss by attempting normalcy: one moves between denials of grief by ignoring the pain of loss, to buckling under the intrusion of the loss in its original intensity. Working through, indicates the widening of the gap between the denial and the intrusion such that the loss gets integrated into the person's psyche. Completion refers to the end of the cycle and the reinstating of a new integrated order. Traumatic grief on the other hand does not move past the denial and intrusion stage and sometimes not even the outcry stage thereby disrupting the individual's life and social interactions. Judith Herman observes, “Traumatic losses rupture the ordinary sequence of generations and defy ordinary social conventions of bereavement.” (188)

3. This may be a result of what psychiatrist and author Chaim Shatan calls 'impacted grief' as observed in Vietnam vets. It is the unconsummated sorrow, “…in which an encapsulated, never-ending past deprives the present of meaning. Their sorrow is unspent, the grief of their wounds untold, their guilt unexpiated. Much of what passes for cynicism is really the veterans' numbed apathy from a surfeit of bereavement and death”. (Scott 301)

4. There is a difference between the two. Manageable pain refers to the amount of pain an individual can handle with a certain level of equanimity. It does not cross the threshold of individual physical endurance. The ‘accepted’ pain is that which is considered necessary and unavoidable. For example, labour pains, the pain inflicted during traditional practices, ritualistic flagellation and masochistic fetishes where physical pain is not only acceptable, but is also considered either a part of the experience or even the element that elevates and validates the experience.

5. Foucault discusses this extensively in the section “The Spectacle of the Scaffold” in *Discipline and Punish: The Birth of the Prison* (1979). In a judicial pattern it is a
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deliberate maiming and calculated effort to not only "purge" the crime out of the
criminal but also to brand her a criminal and to impress upon public memory not only
her guilt but also the consequence of crime. He writes, "The tortured body is first
inscribed in the legal ceremonial that must produce, for all to see, the truth of the
crime." (35) Her torture itself is a sign of her guilt. She is turned into an example,
while alive, through her pain. And in death, through the desecration of her body. The
fact that this is perpetuated by fellow human beings in the name of order casts
disturbing aspersions on the quality of humanity and the judiciary. In the case of
unjust torture, or rather non-judicial torture the implications are even more severe.
The thin line between the judicial and non-judicial injustice is best proven by the fact
that genocidal and eradicating drives like the Holocaust, the Khmer Rouge and the
Gulags were commissioned by the State.

6. C.G Jung’s ultimate disillusionment with the hypnotic cure and trauma studies as a
whole was, in fact fueled by this predominant tendency towards malingering.

7. It is rather ironic that the general ideas regarding credible experience and objective
analysis are so similar to Foucault’s formulations on the basic tenets of judicial
sentencing and “profound conviction”, the penal code that holds that conviction can
only happen if a requisite amount of evidence has been collected against the
defendant. He discusses this in the first lecture in the collection Abnormal: Lectures at
the College de France 1974-1975 (2010) where he delineates three principles for
profound conviction; firstly that the judge must be profoundly convinced of the
party’s guilt, secondly that any proof that is “by nature able to secure the support of
any mind whatsoever open to truth” (8) is valid in a court of law. He writes, “It is not
the legality of the proof, its conformity to the law, that makes it proof: it is its
demonstrability. The demonstrability of evidence makes it admissible” (8). Thirdly,
the accused must be judged objectively, and the proceedings must be conducted as a conviction of "any subject, whosoever, as an indifferent subject" (8).

8. Foucault’s set of lectures on the subject of the abnormal discusses the classification of the 'abnormal'. In the first lecture, he uses the metaphor of Alfred Jarry’s *Ubu Roi*, to demonstrate the delineations of the dysfunctional in the social context. In the second lecture he further develops this tangent of thought by describing the categories of the "dangerous individual" (34). The lectures draw attention to the pathologising of the judiciary and consequently—in the interest of the thesis at hand—in the categorizing of the mentally unstable as not only outside the law but also, ultimately, outside. He goes on to discuss modes of social exclusion and their normalization through a tautological discourse of regular and irregular behavior in the context of the judiciary process.


It is the pathogenic fear brought on by over-thinking an obsessing over a future possibility leading to an "anticipatory anxiety" and, consequently, traumatic neuroses. (145-146)