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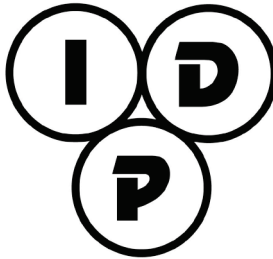
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Ruptured Voices:
Trauma and Recovery

Edited by

Karen O'Donnell

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Introduction: Interrupting Trauma

Karen O'Donnell

Psychological trauma is an affliction of the powerless. At the moment of trauma, the victim is rendered helpless by overwhelming force. When the force is that of nature, we speak of disasters. When the force is that of other human beings, we speak of atrocities. Traumatic events overwhelm the ordinary systems of care that give people a sense of control, connection, and meaning.¹

The definitions of trauma are notoriously vague and imprecise. Many definitions are inherently associated with the context in which their authors are working. When one tries to offer a definition of trauma that works across disciplines and beyond the boundaries of subjects, one enters a new territory. It is this area that the 2015 inter-disciplinary conference on trauma entered in its dialogues and discussions. Papers were offered from across the disciplines and from a wide variety of backgrounds. There were discussions on trauma and literature with fascinating perspectives being offered from a truly international selection of literature. Psychiatrists and psychologists gave papers on current work with trauma survivors in many different contexts – homeless people, abuse survivors, victims of childhood trauma – to name but a few. Historians gave us perspectives on the Holocaust, the Rwandan Genocide, the 9/11 memorials and the bombing of Guernica. There were papers from around the world on trauma survival in different contexts – skill building from the USA, journalists and daily trauma from New Zealand, the power of protest from South America. The conference demonstrated just how far the experience of trauma has penetrated society and how significant a subject trauma has become in the academic world.

In 2001, Judith Herman challenged the definition of trauma offered by the American Psychiatric Association in their diagnostic manual. The APA suggested that trauma was an uncommon event ‘outside the range of usual human experience.’² Herman notes

[S]adly, this definition has proved to be inaccurate. Rape, battery, and other forms of sexual and domestic violence are so common a part of women's lives that they can hardly be described as outside the range of ordinary experience. And in view of the number of people killed in war over the past century, military trauma, too, must be considered a common part of human experience; only the fortunate find it unusual.³

Herman's critique was reflected in the papers offered during this conference. The experience of trauma is no longer (or perhaps has never been) the preserve of the

unfortunate few. It is, now, a common part of human experience.

Although critiques of established positions, such as that performed by Herman, is integral to many of these contributed chapters, this collection is envisaged as participating in a reconstructive movement in which the boundaries of trauma, trauma theory, and trauma recovery are flung wide. The vastly differing experiences, contexts, and critical reflections of the contributors serve to fulfil this vision.

Two concepts became apparent during this conference. Firstly, it is impossible to consider the experience of trauma within a vacuum. This is true on the level of the individual trauma survivor, but it is also true on the level of the academic or professional engaged in a trauma dialogue. Conversations across the conference revealed how much academics could learn from each other about trauma and trauma recovery. Secondly, it became apparent that, whilst each paper and each academic discipline brought its own language to the discussion of trauma, the language of the conference was one of rupture.

Three ruptures take place in the experience of trauma – regardless of the specifics of the experience. Firstly, trauma causes a rupture in bodily integrity. This may be a feeling of being unsafe, or an experience of injury or invasion of the body. They are no longer confident of who they are. They feel disconnected with the person they were before the experience of trauma. They don't feel like they know how to carry on with their life after the trauma they've experienced. The second rupture is one of time. This maybe a simple blocking of the traumatic event that leads to a gap in the memory timeline. Or it may be the repeated incursion of the past into the present through flashbacks, hallucinations, and nightmares. The third rupture is a rupture in cognition – closely associated with a rupture in language. This rupture may be connected to the second rupture – when one does not remember the traumatic event, one has not ability to access it cognitively nor linguistically. Alternatively, the event may be remembered by the trauma survivor in all its vivid horror. The traumatic event maybe one that is simple beyond language – the survivor cannot express what happened nor how they felt.

Similarly, the process of trauma recovery encompasses three identifiable stages. Firstly, the trauma survivor will need to establish their bodily integrity – they will need to know that they are safe. Secondly, the key to recovering from trauma is remembering. The trauma survivor must construct a trauma narrative that makes sense of what has happened to them. Crucially, this, and indeed trauma recovery in general, cannot be done in a vacuum; it must take place within a community of witnesses who will hear and validate the narrative of the survivor. In the final stage of trauma recovery, the trauma survivor must reconnect with society beyond the community of witnesses. Many trauma survivors choose to make their trauma into a gift that they offer to the wider world.⁴

It is these experiences of rupture and processes of recovery that are reflected in the chapters offered in this volume. Part one offers reflections on the performance of collective traumatic memory drawing a contrasting exploration of such staging

between North and South America as well as with the European experience with reflections from Lithuania. Part two continues this international theme as trauma is explored through literature from around the world. Part three examines the particular effects of trauma on the female body with contributions from the field of psychology, theology, and literature. Finally, in part four, the concluding two chapters give opportunity to consider how those who remain in trauma, or experience chronic trauma, can continue to function and develop skills for survival.

This volume is offered, not merely as a reflection of an exceptional conference on trauma, but as a collection of essays on trauma that seek to open dialogue and expand discussion. Blurring the boundaries of traditional disciplinary lines, this collection strives to interrupt and rupture the debate on trauma. It is in the fissures created by such rupture that new and compelling voices can be heard.

Notes

¹ Judith Herman, *Trauma and Recovery: From Domestic Abuse to Political Terror* (London: Pandora, 2001), 33.

² American Psychiatric Association, *Diagnostic and Statistical Manual of Psychiatric Disorders*, vol. 3 (Washington, D. C.: American Psychiatric Association, 1980), 236.

³ Herman, *Trauma and Recovery: From Domestic Abuse to Political Terror*, 33.

⁴ The experience of trauma as rupture and the processes of trauma recovery are adapted from Karen O'Donnell, 'Help for Heroes: PTSD, Warrior Recovery, and the Liturgy,' *Journal of Religion and Health* 14 (2015): xx-xx.

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Part I

Performing the Collective Traumatic Memory

Staging Remembrance and Trauma at the 9/11 Memorial

Martina Karels

Abstract

The violent terror attacks of 11 September 2001 have had a traumatic impact on many, and memorials commemorating the event have been erected across the United States. Most prominent and publicly contested is the National 9/11 Memorial and Museum in New York City built atop and underneath *Ground Zero*. Since its opening the site has become one of New York's most popular tourist attraction, its location visibly marked by America's tallest building: 1 World Trade Centre. The memorial structure and surrounding plaza serves as official representation of the national trauma experienced 13 years ago, staged to express state mourning as well as symbolising collective resilience. Inspired by Connerton's notion of embodied memory I investigate the performed interactions and embodied practices at the 9/11-Memorial site. Drawing on ethnographic data, interviews and a visual analysis of the space conducted over nine months in 2013-14 in New York City, I will discuss how the narrative of trauma is represented and how public remembrance is enacted and staged by both the memorial institution and day-to-day visitors. Evidenced by the gazes of visitors to the site, the photographs they take, as well as the practices of leaving and capturing memorialising objects, I argue that the traumatic events of the day are actively and passively re-enacted in daily public performances, so contributing to the larger memory discourse of 9/11.

Key Words: Remembrance, performance, memorialisation, embodied practices.

This chapter discusses the public representation of collective national trauma and the performance of public remembrance of 11 September in the unique case of the United States, specifically in New York City. Before I begin, let me explain briefly how the 'performance of public remembering' is conceptualised within the frame of *collective* or *social memory*, and the terminology I prefer: *public remembrance*.

It seems impossible to discuss notions of collective memory without mentioning Maurice Halbwachs¹ who theorized the nature of collective memory and the relationship between the individual and the collective. Although memories are recollected individually, they are expressed and re-enacted within established social frameworks and conventions, meaning: collective memories are socially constructed. It is something that happens, an activity, a *doing*, a *remembering* rather than a memory fixed like a product. This also means that remembrances are defined by fluidity and mutability because 'social frameworks and historical

circumstances change over time.² They are situated and constructed within temporal, spatial and socio-political contexts. It is in the needs and wants of the now that the past is shaped and repeatedly re-represented for present and future purposes, which implies that there is some sort of strategy involved.

When dealing with the public representation of the national trauma, the rupture that caused a ‘dramatic loss of identity and meaning,’³ the ‘tear in the social fabric’⁴ that was 9/11, these strategies have deep political implications. Political discourse seeks to reaffirm national identity through the presentation of the nation’s values and ideals. This is closely associated with Hobsbawm and Ranger’s ideas concerning *The Invention of Tradition*,⁵ the state-sponsored quest to legitimise national identity and to reinforce notions of solidarity, and with it, the establishment of political authority and control. Groups in opposition to this authority and control react through contestation. These contestations get especially heated in cases of collective trauma. Different interest groups are adamant about *their* particular versions of the event and how they should be memorialised: what and who is remembered and how? And more so, ‘who has the right (or power or authority) to decide what happens at a particular site,’⁶ and who is authorised to interpret events that are viewed as national narratives?

Ground Zero is an incredibly contested space. Almost immediately after the terror attacks the future of the site was debated publically. On the day of the event then-mayor Rudolph Giuliani defiantly proclaimed that ‘we will rebuild’ and that ‘the skyline will be made whole again.’⁷ Should Ground Zero be rebuilt and if so, how? Should the *Twin Towers* be replicated? Should the empty space where the towers once stood - their footprint - remain empty, a symbolic reminder of the tragic losses? The questions immediately made evident the lack of a principal authority over the project - even the mayor would be out of office a year later.⁸ The heated arguments that ensued between victims’ family members, property developers, the City, lower Manhattan community, and the Port Authority, to name a few, were entangled in political and economic interests as well as abstract and emotional ones. The claims for authority by different groups proved difficult to weigh. How does society prioritise the wants of a city with fiscal responsibility, property owners, the leaseholders, the citizens who live there as well as those who died in that place?

Eyerman’s term ‘trauma drama’⁹ pointedly describes the tug of war that defines this mediated contesting phase in the ‘trauma process’¹⁰ that further coincides with a struggle for meaning and collective identity disrupted by the traumatic event. Discussing the very public, and continuing struggle for the ‘proper’ memorialising of 9/11 and its victims at the World Trade Centre (WTC) site in detail would exceed the scope of this chapter. But in brief: two design competitions were commissioned by the Lower Manhattan Development Corporation (LMDC),¹¹ the first, in 2002, called for a master plan concerning the redevelopment of the 16 acres of disaster zone. Architect Daniel Libeskind was

chosen as the winner in 2003, his design featuring commercial high-rises including the *Freedom Tower* (officially named 1 WTC, but the original label is commonly used by New Yorkers and visitors), a transportation hub, and a cultural centre aligned around a memorial in the footprints of the Twin Towers. In January of 2004 the winner of a second competition for the 9/11 memorial design was announced: Michael Arad's *Reflecting Absence* in partnership with landscape architect Peter Walker. After a lengthy process in which the design was reworked and revised to address the varying concerns of different interest groups, as well as mounting costs, the memorial was opened to the public on 12 September 2011. Since then it has become one of New York's most popular tourist destinations, attracting 18 million visitors to date.¹²

Towered over by 1 WTC to the North, the memorial plaza is dominated by two massive waterfalls inside the footprints, framed by squares of black metal etched with the names of the dead. The water descends twenty feet and pools before flowing to a smaller square drop in the middle of the fountain - a drop whose bottom cannot be seen from any angle of the perimeter. The plaza has been planted with young trees, and nestled between the two waterfalls sits the 9/11 Memorial Museum, which opened in May of 2014. Both the memorial and museum are administrated by the *9/11 Memorial and Museum Foundation*, the cultural institution responsible for the principle representation of the 9/11 narrative.

From the beginning of the design process, the national narrative was already being defined. The guidelines in the official invitation for the memorial design competition are revealing: in addition recognising each victim of the terror attacks in NYC, Washington D.C. and Shanksville, PA, as well as those from the 1993 bombings at the WTC, and to provide a peaceful and respectful environment for reflection, the memorial design was 'to commemorate the resilience as well as the grieving of survivors, co-workers, neighbours, and citizens profoundly affected.'¹³ The call for the recognition and representation of resilience as part of the official memorial illustrates the representation of remembrance for present and future purposes. It is a representation not of the trauma, but of an interpretation of trauma through a 'political' lens. It coincides with the suggestion that 'one way of dealing with loss is by attempting to turn tragedy into triumph.'¹⁴ On the national scale, this turning loss into triumph becomes one of turning loss into 'national' triumph. Early on the commemorative narrative of 9/11 was presented as one of overcoming, the metaphor of a 'phoenix rising from the ashes'¹⁵ often used to demonstrate defiance against 'the people who did this,'¹⁶ re-affirming resilience as part of the American spirit and by association the myth of American exceptionalism. To this day Rudy Giuliani remains a vocal proponent of linking this myth to 9/11. Following up on a controversial comment in which he claimed that U.S. President Barack Obama does not love America,¹⁷ Giuliani explained his statement in an opinion piece in the *Wall Street Journal* as an issue with the

president's critical examination of the country, and his lack of an 'unbending belief in American exceptionalism.'¹⁸

Myth-making is very much part of public remembrance, and is distributed in public performances, in official memorial structures re-presenting the past, as well as in commemorative acts. Zerubavel comments:

Each act of commemoration reproduces a commemorative narrative, a story about a particular past ... In creating this narrative, collective memory clearly draws upon historical sources. Yet it does so selectively and creatively.¹⁹

Public remembrance is not established and maintained through an accurate, or authentic charting of the past, but rather through reaffirming images of what the past means and represents at this particular moment in time and space. However, official versions of public memory do not necessarily coincide with vernacular ones, to use Bodanr's²⁰ distinction, and intended performances may not be interpreted according to official ideals by witnessing and participating audiences. The performativity of collective remembering is highlighted by Paul Connerton²¹ who draws attention to the involvement of the body in public remembrance. Recollections of the past are conveyed and sustained through the enactment of social and ritual performances leading him to conclude that performative memory is bodily.

With these frames of remembrance as an active doing, performed bodily and publically, and informed by an imposed commemorative narrative, I conducted ethnographic fieldwork in and around the 9/11 memorial in NYC. I observed, had conversations with visitors, staff and security, looked at documents, participated in memorial runs, conducted interviews with members of the memorial institutions, victims' family members, survivors etc. I want to stress that this research was done 2013/14, and captured a specific time and place in the history of the official commemorating of 9/11. Since then, the 9/11 Memorial Museum has opened and the space has changed from a contained, secured and ticketed environment to an open urban plaza.

In this chapter I am focusing on visitors and their behaviours within the memorial site. These behaviours are controlled by the institution and the design of the space but allow for visitors' agency. The above mentioned narrative of resilience is but one of many closely connected to the commemorative narrative that is 9/11. The city and the nation came together, literally dusting itself off, building a new tower with the symbolic height of 1776ft²² proclaiming, as one visitor said: 'you terrorists tried and failed'.

The new shiny tower draws a gaze. Although an integral feature in Liebeskind's master plan for the site, the tower is not part of the actual memorial plaza. Yet it hovers dominantly over the waterfalls and the museum, and in

visitors' minds the two structures 'go together.'²³ Many appreciate the tower for its architectural beauty. It is a popular photographic motif for visitors to lower Manhattan and the memorial site. Due to the configuration of the space, bodies are moved: one looks up at the Freedom Tower, but down to the memorial, representing the dichotomy of both mourning and the nation's resilience. The bodily movements prompted by the gaze triggered unexpected responses, indeed bad memories, in some of my respondents. One participant, a resident of lower Manhattan, bluntly expressed the puzzle of his negative reaction to the space, and the memories and emotions triggered by the bodily positions forced by the architectural environment:

My first reaction was the water and that enormous square. And then the hole [*he is referring to the hole in the centre of the pools*]. I really just don't like that hole. [...] My vision kept going up. I kept remembering that you looked up at those buildings and even from my roof I looked across, but I still looked up at the buildings. And I kept thinking all the people were up. And that hole made me think: they had to crash down. They had to come this horrifically long, awful, awful distance. And I didn't like that. I didn't like being reminded of that. And up is hopeful, you look up to heaven, and down is sad and mournful. So I wanted to look up. I've wanted something to lift me up. To make me think that there is hope. And we will survive and we do survive. And I guess, the one thing is about the new building that has risen there, it survived. But I just keep seeing the hole. It sucked me into it. And it made me feel like 'where is the message of resilience, or survival?' It looked like all these people, all these names that I looked at all around, got sucked into that hole and we will never see them again and they are gone. And that's not quite the feeling I have or that I want. So I have to reconcile that open grave idea.²⁴

Another participant on the other hand enjoyed the upward gaze to the tower which to him is 'a beacon', a symbol of the American spirit and resilience. But as we stood, gazed and talked he started to reflect, stating: 'But then again, you looked up and saw the planes hit.'

I did witness visitors engaging in active reflections while at the site. Memories were prompted and notions of loss were contemplated. However, as it is a site of mass tourism, 'reflecting absence' was often not part of peoples' visit, the site merely an item on the itinerary, a photo-op between a visit to *Century 21*²⁵ and *Starbucks*. Interestingly, even these passive engagements with the site referenced trauma in an active way.

I want to propose the notion of a ‘lived memorial’, a memorial space used like a gravesite, visited by grieving relatives and friends. Visitors enter the site under the assumption that mourning family members of victims are a constant presence. Based on my observations and conversations this is not the case. This idea of a ‘lived memorial’ is somewhat confirmed by the practices of the memorial institution, as flowers are placed in people’s cut-out names on their birthdays, so giving the appearance of ‘graves’ visited and maintained by loved ones. The birthday roses are one of the most popular motifs to photograph. Although there are signs explaining the flowers’ presence and who has placed them there, conversations amongst and with visitors revealed that this fact is overlooked and often ignored. Instead, the flowers are idealised and understood as proof of a ‘lived memorial’, as confirmations that mourning family members are indeed there. Under this assumption fellow visitors are ‘scanned’ for identifying behaviours. I was approached several times while lingering and observing at the site. My contemplative state seemed to invite strangers’ gazes and conversations, and they wondered about my involvement and relationship to the memorial, only to leave disappointedly when I had none. This actively being sought out is described by a participant who lost her brother in the attacks:

Other people start looking at you when they know you are connected to one of the names. You try to make sure that you’re not putting on a performance. Because it’s really hard. You just want to be alone because sometimes you just can’t stop the tears, so they come. And I find myself quickly hiding myself, because I don’t want to be the focal point of someone’s experience. I don’t want a tourist taking a picture of me crying over my brother’s grave. I know it’s such a public moment, but I want it to remain private. And most people are very respectful. Some people actually come over and ask, which I find fascinating. Complete strangers. It’s very reminiscent of what happened immediately after 9/11 where complete strangers offered you their love and support and hugs.²⁶

Many visitors of course are more reserved, reacting almost appalled by photographing behaviours of others, such as taking smiling *selfies*, finding it disrespectful. Nevertheless, the assumption of a lived memorial persists, as the distaste for inappropriate behaviour is justified with notions of: ‘god forbid there is a family member right there.’²⁷ Visitors clearly anticipate certain possible experiences when they visit the memorial and adopt a set of behaviours, etiquette of remembering.

Images of the trauma of 11 September are artificially created, are re-staged in the daily practices of visitors. Photographing and lingering at leave-behinds,

objects and gifts left at the site by both visitors and the institution are viewed as proof of a lived memorial, and actualities are often either ignored or accepted reluctantly. A picture depicting the practices of mourning reflects what was seen in 2001, recreates the feelings of empathy experienced then, and confirms what the site is imagined to be in relation to what was.

During my observations of visitors and their photographing behaviours, a particular motif proved to be very popular: a plane flying towards the new tower. Artistic variants include the capturing of the planes in the building's reflections. These images are then explained as an extraordinary moment of coincidence, the digital image proudly presented to others, including myself: 'wow, look at this shot' and 'what are the odds' even though planes fly by fairly frequently. Again, a fact that is ignored. By refusing to acknowledge the routine of this, an artificial moment is staged, an experience memorialised, to confirm the imagined story that is the trauma of 9/11

Visitors' staging of the memorial does not necessarily match with the official and national version of a narrative of resilience, in which 9/11 is appropriated as symbolic evidence for the American myth of exceptionalism and serves as a justification for 'the war on terror'. It suggests that inside the perimeters of the flagship memorial and massive tourist attraction the narrative is one in which vernacular staging of trauma takes place within the frame of the 9/11 commemorative narrative. Whereas national and city-wide representation and discourse is one of overcoming, resilience, and rising like a phoenix from the ashes, visitor behaviour to the site is actively engaged in the re-staging and re-enacting of the cinematic versions of the collective trauma of that day, their personal memories of how they experienced 9/11 - as mediated images - and in the process creating 'post-dramatic' myths and mementos to take home.

Notes

¹ Maurice Halbwachs, *On Collective Memory*, trans. Lewis A. Coser (Chicago: University of Chicago Press, 1992).

² Jeffrey K. Olick, Vered Vinitzky-Seroussi, and Daniel Levy, 'Introduction' in *The Collective Memory Reader*, eds. Jeffrey Olick, Vered Vinitzky-Seroussi, and Daniel Levy (Oxford: Oxford University Press, 2011), 37.

³ Ron Eyerman, 'The Past in the Present: Culture and the Transmission of Memory,' *Acta Sociologica* 47.2 (2004): 160.

⁴ Ibid.

⁵ Eric Hobsbawm and Terrence Ranger. *The Invention of Tradition* (Cambridge: Cambridge University Press, 1983), 1-14.

⁶ Lisa Maya Knauer, and Daniel J. Walkowitz, Introduction in *Memory and the Impact of Political Transformation in Public Space*, eds. Daniel J. Walkowitz and Lisa Maya Knauer (Durham, NC: Duke University Press, 2004), 2.

⁷ Tess Taylor 'Rebuilding in New York,' *Architecture Week*, 26 September 2001, Viewed on 24 April, 2013. http://www.architectureweek.com/2001/0926/news_1-1.html.

⁸ In January of 2002 Giuliani was succeeded by Michael Bloomberg who held office until 2013. Bloomberg serves as chairman of the 9/11 Memorial and Museum.

⁹ Eyerman 'The Past,' 160.

¹⁰ Jeffery C. Alexander, J. C. (2004). 'Toward a Theory of Cultural Trauma' in *Cultural Trauma and Collective Identity*, eds. Jeffery C. Alexander et al. (Berkley: University of California Press), 1–30. To Alexander 'trauma process' is synonymous with a struggle for meaning of the (cultural) trauma.

¹¹ The LMDC was formed in the fall of 2001. The state-city cooperation was charged with overseeing the restructuring of Lower Manhattan and entrusted with the federal funds allocated for this purpose. Since 2006 administrative and financial responsibility for ground zero has been transferred to the 9/11 Memorial and Museum Foundation.

¹² 'Facts and Figures,' 9/11 Memorial and Museum Foundation, viewed on 12 April, 2015. <http://www.911memorial.org/facts-and-figures>.

¹³ 'World Trade Center Site Memorial Competition: Guidelines,' 9/11 Memorial and Museum Foundation, viewed on 13 April, 2015. <http://www.911memorial.org/sites/all/files/LMDC%20Memorial%20Guidelines.pdf>.

¹⁴ Eyerman 'The Past,' 161.

¹⁵ Rita Lobo 'One World Trade Centre: Phoenix Rising From The Ashes,' *World Finance*, 8 May 2013, Viewed on 11 February, 2015. <http://www.worldfinance.com/inward-investment/americas/one-world-trade-center-phoenix-rising-from-the-ashes>.

¹⁶ This particular turn of phrase reoccurred often in my conversations with visitors to the site, participants in memorialising events, interviews, as well as casual conversations in 'non-research' settings.

¹⁷ On 19 February 2015 Giuliani spoke at a private event declaring: 'I not believe that the President loves America'. The controversial remark was followed by a public media debate. Lindsay Bever 'Report: Rudy Giuliani Tells Private Dinner 'I do not believe that the president loves America,' *Washington Post*, 19 February 2015, Viewed on 20 February, 2015. <http://www.washingtonpost.com/news/morning-mix/wp/2015/02/19/report-rudy-giuliani-tells-private-dinner-i-do-not-believe-that-the-president-loves-america/>.

¹⁸ Rudy Giuliani 'My Bluntness Overshadowed My Message,' *Wall Street Journal*, 22 February, 2015, Viewed on 1 March, 2015. <http://www.wsj.com/articles/rudolph-giuliani-my-bluntness-overshadowed-my-message-1424646358>.

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- ¹⁹ Yael Zerubavel, *Recovered Roots: Collective Memory and the Making of Israeli National Tradition* (Chicago: University of Chicago Press, 1995), 6.
- ²⁰ John Bodnar, *Remaking America: Public Memory, Commemoration, and Patriotism in the Twentieth Century* (Princeton: Princeton University Press, 1993), 13-15.
- ²¹ Paul Connerton, *How Societies Remember* (Cambridge: Cambridge University Press, 1989), 1-5.
- ²² In 1776 the United States officially declared independence from Britain.
- ²³ Conversation with visitor of the memorial, 18 September 2013.
- ²⁴ Interview with a resident of lower Manhattan, 17 September 2013.
- ²⁵ Century 21, a popular department store located at 22 Cortlandt St., right across the World Trade Centre Site. The store was damaged on 9/11 but was renovated re-opened in March of 2002.
- ²⁶ Interview with a victim's family member, 6 May 2014.
- ²⁷ Interview with a visiting couple from Germany, 20 October 2013.

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Martina Karels is a doctoral researcher at the University of Edinburgh where she is looking at the performance of public remembrance in relation to September 11 in New York and the 9/11 memorial site. Influenced by her background in theatre she is interested in collaborative projects and methods of inquiry.

The Mothers of the Plaza de Mayo: Trauma after the Disappearance of Their Children and the Trafficking of Their Grandchildren

Zoila Clark

Abstract

In 1976, a military coup d'état occurred in Argentina in which many university students and their unborn children were kidnapped for having socialist ideals and for protesting against the state's commitment to free international market policies that conflicted with the interests of national workers. The number of victims has been estimated at 30,000 people. Wearing the white cotton diapers of their children on their heads, the mothers walked counter-clockwise around the Plaza de Mayo in front of the presidential Pink House in protest. The children were given to rich people in the country, or taken abroad against their will. All the children born to the protestors were raised with new identities and educated in accordance with right-wing beliefs. I argue that the reason why The Mothers of the Plaza de Mayo ended up forming a strong women's movement, which continues to protest every Thursday in the same plaza to this day, is that it provides a means of confronting a double-pronged trauma that resists closure. I analyse the discourses in their historical documentary because they establish that their children gave them a reason for living. They also provide testimony as to how this sense of purpose was obliterated by the abductions and the ways in which the women have managed to find renewed meaning in their lives. The media have also documented legal cases where some grandmothers have gained a modicum of relief by recovering their grandchildren. However, while a number of younger grandchildren returned to their blood families, some of the older ones chose to live with their kidnappers. Ultimately, both grandmothers and grandchildren experienced different kinds of trauma.

Key Words: Trauma, disappearance, motherhood, trafficking, children, Plaza de Mayo, Dirty War, Argentina.

1. Theoretical Analysis

For this study, I will use Patrick Duggan's trauma-tragedy theory in relation to the performance of The Mothers of the Plaza de Mayo. These women, now grandmothers, not only perform acts of protests that have been broadcast worldwide in all kinds of media, but they have also established transnational networks with various human rights organizations. The association of the women's movement The Mothers of the Plaza de Mayo has set up a blood analysis laboratory to recover their grandchildren, as well as a video film studio, a video

library, a specialized library, an open university, a newspaper, and an archive of all their intellectual and artistic productions.¹ If the children are still minors and a blood connection can be established, they can be reunited. However, this change of identity for the grandchildren may produce either a happy reconciliation or a traumatic dislocation, as evidenced in the media. This study tries to bring some understanding to these unresolved traumatic social issues through the analysis of the documentary *Historia Madres de la Plaza de Mayo [History of The Mothers of the Plaza de Mayo]* (2012)² and *For the Eyes of Mariana* (2011).³

A consideration of trauma events is crucial to our understanding of The Mothers of the Plaza de Mayo and their experiences. These events are ‘unknowable in the instant of their occurrence; they must somehow be codified, set in relation to other events and experiences, in order that they might be confronted again so that the survivor-sufferer can begin to process them towards some level of comprehension.’⁴ The Mothers of the Plaza de Mayo’s production of media documents is a cry for help to a worldwide audience so that we might all help them understand their plight since 1976. Trauma derives from the Greek verb ‘to break, cut, hurt, injure, scathe, sear or (most commonly) to wound... now recognized as being either or both physical and psychic.’⁵ The documentary *Historia Madres de la Plaza de Mayo [History of The Mothers of the Plaza de Mayo]* shows that these women feel broken. Recording their history on film is a way of putting the pieces of their psychic being together by codifying fragments of memories and setting them in relation to other events and experiences with a view to confronting the trauma-event again, except that through this medium they can step out of the present and see themselves reflected on the screen as whole beings involved in a chain of tumultuous historical events.

Having identified the trauma-event or incomprehensible original traumatic moment as the Argentinian coup d’état (1976-1983), we may now identify the trauma-symptoms, which are the disruptive and delayed return of the trauma-event in uncontrolled repetitive psychic responses. In this case, these persisted even after democracy was restored in 1983. Considering that trauma is, ‘an overwhelming experience of sudden or catastrophic events in which the response to the event occurs in the often delayed, uncontrolled repetitive appearance of hallucinations and other intrusive phenomena,’⁶ it is understandable that The Mothers of the Plaza de Mayo did not accept the democratic President Raúl Alfonsín’s idea of simply letting bygones be bygones. Alfonsín passed a series of laws exonerating the aggressors and appeared to do little but stick a band aid on suffering. One piece of legislation, which was called the Full Stop Law (1986), proposed obstructing prosecution of the military; another one, the Law of Due Obedience (1987), absolved the military of culpability on the grounds of its simply following orders; while a third created a trust fund for compensating mothers.⁷

In 1983, the mothers had already rejected the results of the National Commission for the Investigation of Disappearances CONADEP since only two

military generals had been found guilty and the search for the disappeared people stopped. This resistance came after years of their being imprisoned, kidnapped and treated with relentless violence, together with having their sufferings denied, their leaders eliminated and their own reputations besmirched with the label of 'crazy women.' In fact, the mothers had already created their association in 1979, a gesture which affirmed that they were not mothers and housewives in need of a paternal government to redress their ills. Instead, they had found a new identity as fighters for justice, and Argentinian presidents needed to learn that these women were not only survivor-sufferers of trauma, but also independent women able to run their own organization and pursue justice in their own right. Trauma sufferers have a tendency to relive the past, to be haunted by ghosts or even to exist physically in the present but mentally in the past, with no power to disengage from the source of their upset.⁸ This is why, although some women were ready to move on and accept Alfonsín's solutions, many others under the leadership of Hebe de Bonafini still are not. This divided reaction created a division among The Madres of Plaza de Mayo, and, with the intervention of transnational funding, it resulted in the creation of Non-Governmental Organizations (NGOs) to deal with social problems in South America within an organized structure in accordance with guidelines dictated by international human rights organizations.⁹

The NGO Foundational Line Madres Plaza de Mayo¹⁰ is run by educated women of high social class. Unlike The Mothers of the Plaza de Mayo, they do not have a grassroots base. This NGO has had various presidents, while the association The Madres of the Plaza de Mayo has had only Hebe de Bonafini as its president. Her extended tenure has resulted in accusations of her being dictatorial and of supporting leftist movements, which often champion a single heroic leader whose reign can become tainted with narcissistic traits.¹¹ This is something we will analyse later in this chapter.

Trauma-symptoms include performativity and repetition of what happened to the survivor-sufferer. In the context of my analysis of this traumatic event, I suggest that this means we will typically have countless media productions of the same traumatic event taken from different perspectives and focusing on different aspects. I will start with a documentary made by The Mothers of the Plaza de Mayo, the first women's movement of mothers, because it was only in 2012 that they were able to create a complete narrative that told a visual history of events in which they could begin to see themselves as whole beings central to a period of Argentinian History.¹² While Hebe de Bonafini had written her biography and the movement had a historical written text published in the 80s, during democracy, a visual representation of the events took some time in coming.¹³ I suspect that the experience of trauma was a contributing reason as to why they remained unable to recreate an unbroken image of themselves for so long. However, they needed to create a theatrical visual representation, a cohesive historical documentary, to see themselves as new whole beings that are part of world history. Their previous

efforts in producing documentaries had consisted of obscure fragments pulled together from different forms of activism and interviews. This documentary, in contrast, has been posted on YouTube so that the whole world can see it and post comments to its producers in Spanish. De Bonafini speaks in only three segments of TV footage. A woman always criticized for her lack of manners and scant, 6th grade elementary education,¹⁴ she is like the first leaders of The Mothers of the Plaza de Mayo who were kidnapped before her insofar as being an uneducated woman whose full-time job was motherhood in the Argentinean traditional society of the 1970s. This is also why her publications are edited and the text of this video is written by Sergio Ciancaglini, although the voiceover is spoken by a woman, Rita Cortese. De Bonafini, accompanied by other mothers from the early moments of the movement, appears performing her pain in most of the photos and video. We seldom hear the women's voices because the voice of the narrator predominates and guides the whole narrative. This is an omnipresent narrator that does not leave viewers free to make their own associations of the images while watching the video.

2. A Foundational Narrative

The 2012 documentary made by The Mothers of the Plaza de Mayo¹⁵ is a foundational narrative that marks a beginning. It starts like a fairy tale recounted in poetic style and has a circular structure, which joins death to life, the end to the beginning, and the union of departure with arrival. A foundational narrative is characterized by utopian and mythological traits. It happens in a non-, or faraway, land where anything can happen and at a time which is both undefined but ever present, which is a feature it shares with trauma-symptoms. Both the first and last lines of the documentary are: 'Once upon a time, there was a country with the name of Woman. In this country, death was on the loose. She was running after dreams and encircling life.'¹⁶ We know that the unmentioned name is Argentina, but the discourse and structure go from myth to reality and back to myth. This is a subversive technique to alter reality because in dreamland, anything is possible. Death is a character that needs to be controlled, and, after this introduction, we see how the mothers used their counter-clockwise protest marches around the Plaza de Mayo and the spirit of life to fight against death and to try to relive the time when they still had their children with them. According to Trudi Schoop, 'formulating movement sequences served the function of slowing down the expressive process, and in this way allowed more time for the exploration of inner conflicts. Choreographing conflicts... the individual could gain some control, insight, and mastery over his/her problems.'¹⁷ We see their legs in motion in video and static in photos, just like the hands of a clock. They are suspended in time as they walk in circles, creating a rhythm of physical and mental balance that might enable them to move forward. In order to communicate unity and strength, they link arms with each other, a gesture that reaches beyond the screen and connects them with the

viewers, who then become active participants both in their performance and their historical narrative of trauma.

We learn in this documentary that the mothers have been creating a wide range of artistic performances for over thirty years. This is because ‘the graphic arts like psychodrama, is a natural medium for the expression of inner conflict. Artwork requires that the individual makes choices, and these choices are often symbolic projections of conflicting or unresolved emotions. [They] must choose colours, textures, shapes, and symbols.’¹⁸ On the premise that each choice an individual makes is an externalization of an aspect of the self, it is significant that this documentary uses the image of birth three times. Initially, it is only mentioned metaphorically: ‘Azucena’¹⁹ gave birth to the idea that women had to get organized, so that they are never alone in their fight, saying that all the disappeared are our children.’²⁰ The second time, we actually see footage of a baby being born while the voiceover says: ‘In 1979, another birth took place. The mothers created the association of The Mothers of the Plaza de Mayo.’²¹ Finally, the third time, we hear that ‘they felt that their sons were giving birth to them, the mothers because the suffering housewives had transformed the pain in action and thought.’²² This rebirth of the mothers is a crucial moment.²³ Once the psychological material has been projected in body movements and in visual form, they are able to reflect on their own representation and understand those symbols. They realize that their old passive self has transformed, and that they have been reborn as active social workers, just like their children, who are now their new parents. They have become their children by doing what they did, so that they are present and alive in them.

Sharon Packer would argue that The Mothers of the Plaza de Mayo have become superheroes. She claims that ‘what differentiates superheroes from ordinary people is the way that they recover from trauma, and how their potential PTSD (post-traumatic stress disorder) turns into ‘post-traumatic STRENGTH’²⁴ disorder’ instead.’ There is an additional trait that might also identify them as heroes, which is the wearing on their heads of white cotton diapers bearing their children’s names, as if these were scarves imbued with some magical power. These scarves are a symbol of peace because they are white; however, they are also a symbol of strength in unity because the mothers are protesting together as one. With their communal identity as The Mothers of the Plaza de Mayo, the mothers differentiate themselves from the crowd and are able to be identified and respected in public. Do they have an alter ego as heroes do? Yes, in addition to fighting for justice in the heroic costume of their children’s diapers, they are also housewives who nurture their broken families from the confines of their homes. Their power is the love for their children, who are now all the disappeared. Like all heroes, they also have enemies with whom to do battle. Halfway into the documentary we hear that the mothers understand that the world is divided in two: ‘The military were rigidity and violence/The mothers were fluidity and energy, the military were death/the mothers were life.’²⁵ Their response is to seek justice through punishment

of the military personnel who did them wrong. In the documentary, we see posters that proclaim that they don't forgive, not forget. The mothers are survivor-victims of a seven year Dirty War,²⁶ and 'paranoia is an essential survival skill for superheroes and for persecuted people in general.'²⁷ The paranoia, in this case, is what made the mothers of both associations pressure The Supreme Court of Justice to rule the Full Stop Law and Law of Due Obedience as unconstitutional in 2005 and demand that the military go on trial and be punished to restore justice. Unfortunately, when such aggressive paranoia gets out of hand, the superhero leader can fall victim to narcissistic influences and may resent the relinquishing of power and the inability to stage further attacks. We have seen this story repeat itself on countless occasions throughout history, and it is a charge to which Hebe Bonafini has been subjected by the Foundational Line Mothers of the Plaza de Mayo.

This documentary, posted on YouTube in three parts, is a therapeutic expression of The Mothers of the Plaza de Mayo. It opens up a dialog with the Hispanic community through media sources that allow the mothers to express themselves through performance as well as spoken language. However, if we read the comments below each section, we learn that not everyone agrees with their actions and ideals. As Nora Ambrosio points out

a person's moral, religious, and ethical values may be a key factor in determining what he or she has an aesthetic response to. Also, an individual's intellect, imagination, tastes, and personal experiences may play a role, as may the amount of education a person has had. The socioeconomic background of a person may be another factor, as well as his or her emotional state (in general and at the time of viewing the work of art).²⁸

We need to remember that the Dirty War has created a traumatized society in Argentina that is still trying to understand what happened to it and which uses denial and angry self-defense mechanisms to deny personal responsibility or face the consequences of its actions. Packer says that people allied with the perpetrators of the violent attacks feel a collective guilt inflamed by fears as much as facts.²⁹ There are also many positive comments of Argentinians who feel proud of the mothers' performance in this documentary, so opinions are still divided. It is important to mention that while ample scholarship exists on fictional films made about the Dirty War of Argentina, no academic writing has so far responded to this documentary. Maybe this lack of attention is attributable to our society still not paying sufficient heed to the cultural expressions of people from the lower social classes. A remarkable feature of these fictional films, in fact, is that the mothers have barely one or two lines of dialogue. Time has turned the original mothers into grandmothers, and they are now viewed as heroic role models by some of the

present generation's grandchildren; however, they are not accepted by all of them. In 1995, some of these children, now adults, created an organization called Sons and Daughters for Identity and Justice against Oblivion and Silence (H.I.J.O.S.) to help the mothers find their children. We can see them supporting their grandmothers in the *Historia Madres de la Plaza de Mayo* (2012) documentary. Apart from organizing demonstrations in the streets, they paint graffiti-style murals to illustrate the truth of what happened and even go to the houses and work places of the people involved with the Dirty War to humiliate them. All these acts are testimony to their gratitude at recovering their previous identities through a blood test at the centre of The Mother of the Plaza de Mayo. Not all of them, however, shared this delight, and some children refused to accept another identity, choosing instead to remain with their kidnappers, whom they love as parents.

3. A Narrative of Rejection

Daniela Furci, in the documentary *For the Eyes of Mariana* (2011), exemplifies a narrative of rejection. At the age of seventeen, when she meets her two grandmothers, she covers her face from the cameras so as not to be part of the documentary, and one of her grandmothers says that she barely looked at or spoke to them. She shows no affection at all, and her gesture of rejection is consonant with her choice to stay with a relative of the kidnappers while both adoptive parents went to prison. The judge is seen to comment that changing her identity 'was like a death. Daniela Furci no longer existed,'³⁰ She had to become Mariana Zeffaroni overnight, according to biological records. This trauma-event of being outed by her grandmothers prompts her to write a letter of application for a job that is full of identity confusion. On being offered the job, she proceeds to reject it in a spirit of resistance towards change. Another grandchild in his twenties says about himself: 'For many, Amaral was a banner, a symbol. It hurts me when people remind me, but they don't understand. They cause damage without wanting to.'³¹ He pauses and adds: 'I don't know.'³² Interestingly enough, Mariana's grandmother also concludes her last statement with the same line: 'The death of my daughter has passed. No, no, has not passed. It's always present. [...] Mariana will become a mother and she will change... there is hope... a flame... I don't know.'³³

While the documentary made by the Mothers of the Plaza de Mayo ends optimistically in hopes of a joyful reencounter, the one made by Gonzalo Arijon and Virginia Martinez presents a darker scenario. Both grandmothers and grandchildren experience trauma-events that they need help to overcome; the grandmothers lack closure with the past, while the grandchildren face the sudden death of their identities. We read this in the sad and disconcerted faces of the grandmothers who experience rejection after a search of fifteen years, in Amaral's words, and in Mariana's performance of rejection. Mariana only reconnected with her grandmother after having her first child at twenty-five and as a result of her

husband's insistence. After her grandmother's death, now at thirty-six, Mariana Daniela is able to celebrate her two birthdays, and she is looking for a possible brother or sister of thirty-four.³⁴ We are now witnessing an intergenerational trauma.

More research needs to be done about the ways that Argentinians and Uruguayans cope with social trauma since it not only affects the grandmothers and grandchildren, but all the members of their families and the country as a whole and its transnational relations. These documentaries make an appeal for ethical responsibility to be taken on behalf of the survivor-sufferers, some of whom, like *The Heroic Mothers of the Plaza de Mayo*, develop post-traumatic strength disorder. Others, like *Amaral*, remain trapped in anger, hiding, denial, depression, abjection, and confusion, while some, like Daniela Mariana, champion the cause of their grandmothers and continue the heroic quest of the previous generation. They are all on the pathway to self-recovery through their performances and other artistic ways of expressing and understanding their trauma-events. The destination, however, has yet to be reached.

Notes

¹ Mothers of the Plaza de Mayo, 'History of Abuelas de Plaza de Mayo,' *Abuelas' Website*. Visited on April 6th 2015. <http://www.abuelas.org.ar/english/history.htm>

² All quotes from media sources are my translation. This documentary is published in three parts and is in Spanish only:

Historia Madres de la Plaza de Mayo Parte 1, (video). Visited on April 6th 2015.

https://www.youtube.com/watch?v=Gtl_IBMrjNY

Historia Madres de la Plaza de Mayo Parte 2, (video). Visited on April 6th 2015.

<https://www.youtube.com/watch?v=F6WBnWae5fU>

Historia Madres de la Plaza de Mayo Parte 3, (video). Visited on April 6th 2015.

<https://www.youtube.com/watch?v=fzuVQr0H5hE>

³ This documentary is in English and French through streaming at universities, but it is also in You Tube in Spanish as:

Por esos ojos [1-7], (video). Visited on April 6th 2015.

<https://www.youtube.com/watch?v=sOOpTFkev6s>

⁴ Kim Solga, 'Rape's Metatheatrical Return: Rehearsing Sexual Violence among the Early Moderns,' *Theater Journal* 58.1 (2006): 53-72.

⁵ Patrick Duggan, *Trauma-Tragedy: Symptoms of Contemporary Performance* (Manchester: Manchester University Press, 2012), 15.

⁶ Cathy Caruth, *Unclaimed Experience: Trauma, Narrative and History* (Baltimore: The Johns Hopkins University Press, 1996), 11.

⁷ Emilio Crenzel, *Memory of the Argentina Disappearances: The Political History of Nunca Más* (New York: Routledge, 2012), 115.

⁸ Dominick LaCapra, *Writing History, Writing Trauma* (Baltimore: The Johns Hopkins University Press, 2001), 142-143.

⁹ William E. DeMars, *NGOs and Transnational Networks: Wild Cards in World Politics* (London : Pluto, 2005), 90.

¹⁰ Madres de PLaza de Mayo Línea Fundadora, *Foundational Line Madres of the Plaza de Mayo*, (blog). Visited on April 6th 2015. <http://www.madresfundadoras.blogspot.com.ar/>

¹¹ Sharon Packer, *Superheroes and Superegos: Analyzing the Minds behind the Masks* (Santa Barbara: ABC-CLIO, LLC, 2010), 229.

¹² *Historia Madres de la Plaza de Mayo Parte1, Parte 2, and Parte 3*, (video). Visited on April 6th 2015. See note 2.

¹³ Hebe de Bonafini, *Historias de vida* (Buenos Aires: Fraterna/Del Nuevo Extremo, 1985).

Madres de la Plaza de Mayo, *Historia de las Madres de Plaza de Mayo* (Buenos Aires: Asociación Madres de Plaza de Mayo, 1995).

¹⁴ Nancy Saporta Sternbach, 'When the Mothers Prevail...: Las madres de Plaza de Mayo,' *Discurso: Revista de Estudios Iberoamericanos* XII.2 (1995): 109.

Saporta Sternbach compares de Bonafini with Miguel Barnet's *The Autobiography of a Runaway Slave* (1966) because he recorded and then put this testimony into writing.

¹⁵ *Historia Madres de la Plaza de Mayo Parte1, Parte 2, and Parte 3*, (video). Visited on April 6th 2015. See note 2.

¹⁶ *Historia Madres de la Plaza de Mayo Parte 1*, (video). Visited on April 6th 2015. https://www.youtube.com/watch?v=GtI_IBMrjNY

¹⁷ Trudi Schoop in Fran Levy, *Dance/Movement Therapy* (Reston: National Dance Association American Alliance for Health, Physical Education, Recreation, and Dance, 1988), 78.

¹⁸ Trudi Schoop in *Ibid.*, 195.

¹⁹ The first president of The Mothers of the Plaza de Mayo. Azucena and the two leaders that succeeded her were kidnapped and never seen again.

²⁰ *Historia Madres de la Plaza de Mayo Parte 1*, (video). Visited on April 6th 2015. https://www.youtube.com/watch?v=GtI_IBMrjNY

²¹ *Ibid.*

²² *Historia Madres de la Plaza de Mayo Parte 2*, (video). Visited on April 6th 2015. <https://www.youtube.com/watch?v=F6WBnWae5fU>

²³ This second birth was mentioned in Hebe de Bonafini, *Historias de vida* (Buenos Aires: Fraterna/Del Nuevo Extremo, 1985).

²⁴ Capitalization Packer's own. Packer, *Superheroes and Superegos*, 236.

²⁵ *Historia Madres de la Plaza de Mayo Parte 2*, (video). Visited on April 6th 2015. <https://www.youtube.com/watch?v=F6WBnWae5fU>

²⁶ The Argentine military government used the term dirty war against communists to indicate that they used violent methods, which included torture.

Federico Finchelstein, *The Ideological Origins of the Dirty War: Fascism, Populism, and Dictatorship in Twentieth Century Argentina* (Oxford: Oxford University Press, 2014).

²⁷ Packer, *Superheroes and Superegos*, 225.

²⁸ Nora Ambrosio, *Learning about Dance* (Dubuque: Kendall Hunt Publishing, 2010), 13

²⁹ Packer, *Superheroes and Superegos*, 225.

³⁰ *Por esos ojos [1-7]*. [*For the eyes of Mariana*], (video). Visited on April 6th 2015. <https://www.youtube.com/watch?v=sOOpTFkev6s>

³¹ Ibid.

³² Ibid.

³³ Ibid.

³⁴ *Entrevista a Mariana Zaffaroni ½*. Directed by ElMuerto. Argentina: T.V. News, 2011, (video). Visited on April 6th 2015.

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https://www.youtube.com/watch?v=GtI_IBMrjNY

Historia Madres de la Plaza de Mayo Parte 2. Directed by Carrera de Cine Documental. Argentina: Universidad Popular Madres de Plaza de Mayo, Tu Voz Decide CPCCSEc, 2012. (video). Visited on April 6th 2015.

<https://www.youtube.com/watch?v=F6WBnWae5fU>

Historia Madres de la Plaza de Mayo Parte 3. Directed by Carrera de Cine Documental. Argentina: Universidad Popular Madres de Plaza de Mayo, Tu Voz Decide CPCCSEc, 2012. (video). Visited on April 6th 2015.

<https://www.youtube.com/watch?v=fzuVQr0H5hE>

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Cultural Trauma and Collective Memory in a Contemporary Lithuanian Novel: Action, Interaction, Reaction

Nerijus Brazauskas

Abstract

The main aim of this chapter is to research cultural trauma and collective memory in contemporary Lithuanian novel, reflecting collective representations and memories as discourses of social suffering and living / historical experiences. The hypothesis of the research: a construction of cultural trauma is grounded on the different representations of historical and present suffering of others which depend on changeable treatments of history, memory and identity. The aim defines the main problem of this research: where is the boundary between the real processes by which collectivity becomes traumatized and the creative processes by which the traumatized collectivity becomes a narrativised trauma? The methodological background – both theory of the cultural trauma of Jeffrey C. Alexander and Arthur G. Neal's conception of collective memory – are the instruments which enable us to treat the mentioned topic and to formulate three strategies of representations. The action strategy: the confessional construction of the cultural trauma with a living framework, a rejected collective memory and an individual identity is the first strategy. The novels by M. Areima, A. Fomina etc. show the work as a fundamental action which represents a lost identity as a cultural trauma. The interaction strategy: the polemical construction of the cultural trauma with an intercultural framework, an alien collective memory and double identity is the second strategy. The novels by B. Jonuškaitė, V. Papiėvis etc. show a complex interaction between the different cultures and identities which revealed cultural identity as a cultural trauma. The reaction strategy: the reflexive construction of the cultural trauma with a historical framework, collective memory and collective identity is the third strategy. The novels by R. Gavelis, S. Parulskis etc. show a creative and critical reflection which allows to consider the Soviet society as a cultural trauma. Cultural trauma and collective memory are temporal and reflexive phenomena.

Key Words: Cultural trauma, collective memory, contemporary Lithuanian novel, identity, history, social suffering, strategy, representation.

1. Introductory Remarks

Clifford Geertz has defined culture in the following way:

Believing, with Max Weber, that man is an animal suspended in webs of significance he himself has spun, I take culture to be

those webs, and the analysis of it to be therefore not an experimental science in search of law but an interpretive one in search of meaning.¹

The webs of significance indicate culture and the process when a man becomes a creator and carrier of culture – through the spinning and the meta-reflections. Geertz rejected ‘a master narrative’ which was described by Jean-Francois-Lyotard in *The Postmodern Condition: A Report on Knowledge*.² The philosopher showed that postmodern knowledge is no longer based on the narratives and noticed the conditions which inspired the birth of interdisciplinarity.³

Today we have many definitions of interdisciplinarity and we meet with interdisciplinarity which is related to the borrowing of methodological instruments from different disciplines, crossing boundaries among disciplines, creating of new knowledge.⁴ Julie Thompson Klein’s idea says that we have to use our competency to integrate different fields and to create something new that has never existed before.⁵

Thinking about this discourse, I formulated that the main aim of this presentation is to research cultural trauma and collective memory in contemporary Lithuanian novel, reflecting collective representations and memories as discourses of social suffering and living / historical experiences.

The methodological instrument of this research is both Jeffrey C. Alexander’s theory of cultural trauma presented in his study *Trauma: A Social Theory*⁶ and Arthur G. Neal’s conception of collective memory introduced in *National Trauma and Collective Memory: Extraordinary Events in the American Experience*.⁷ Having no possibility to reflect these ideas more thoroughly, I would like to present only the main definitions.

Alexander states:

Cultural trauma occurs when members of a collectivity feel they have been subjected to a horrendous event that leaves indelible marks upon their group consciousness, marking their memories forever and changing their future identity in fundamental and irrevocable ways.⁸

Expanding this notion Alexander formulates that events themselves do not create collective trauma, that we deal with representational process which creates a new master narrative of social suffering, that collectivity becomes traumatised through the process of cultural representations which are constituted by ‘after-effects’ of the event.⁹

Meanwhile Neal claims:

However, in the final analysis, memory is a collective phenomenon. [...] The contents of the human brain are primarily social in character. It is through the use of language and other symbols, and through our interactions with others, that we construct the possibilities and the limits of the world around us. Images of us and of our external environment are shaped by memories [...].¹⁰

Developing this idea Neal postulates that memories are individual and collective, that the data from the past must be interpreted, that memories have information of traumatic events, and that we all are the keepers of collective memories.

Reflecting these theories, I would like to note that Alexander's theory of cultural trauma is a live theory and the new sources and data should reveal this conception in a different light.¹¹ Both theorists gave a minimal role to literature, and I think that it is very useful to involve literature into this discussion and to try to create an interdisciplinary dialog between them.¹²

2. The Action Strategy

Alexander emphasised that '[f]or traumas to emerge at the level of the collectivity, social crises must become cultural crises.'¹³ The case of Lithuanian society shows that we have a triad: economic crises, social crises and cultural crises. The process of emigration inspired a process of re-thinking of traditionally stable values, identities and images. This process is shown in the literature of the so-called *new emigrants*.¹⁴

This allowed me to formulate the action strategy: the confessional construction of the cultural trauma with a living framework, a rejected collective memory and an individual identity.¹⁵ It is characteristic to the novels by Mantas Areima *Nostalgija: Neišgalvota gyvenimo emigravus istorija* [*The Nostalgia: Unimaginative Life Story of Emigration*],¹⁶ Aleksandra Fomina *Mes vakar buvom saloje* [*Yesterday We Were on the Island*], Linas Jegelevičius *Nuogas prieš jus* [*Naked in Front of You*], Gabija Grušaitė *Neišsipildymas* [*Unfruitful*].¹⁷

Areima's novel presents a real story about two young Lithuanians who decided to go to England, the land of dreams, leaving '[...] Lithuania, this tired land promising nothing new. Their native country...' ¹⁸ Areima depicts in detail the emigrant community in London, and the hero's physical and mental efforts to survive in a strange country. The writer revealed that his fellow-countrymen are alien people, the exploiters who appreciate only money.

Fomina's heroine Ūla symbolizes a new generation and shows a junction between the post-soviet Lithuania and the global, multicultural London. She reflects not only hard work, but also the mental problems of the man from Eastern Europe. One cannot communicate in a multicultural society and thinks that other

people are hostile to him / her. Fomina discloses the reasons of youth emigration showing that young people have nothing of their own (all their life is constructed according to the wishes of society, teachers etc.).¹⁹ The heroine Orinta says: 'My parents enforced me to obtain a diploma that I would have bread.'²⁰ Here we see a lack of consciousness and self-consciousness.

Jegelevičius wrote an autobiographical novel, describing his life in Soviet Lithuania and during his emigration in USA. The author reflected his hard work in the ship *SeatEscape* and in Miami's clubs. Jegelevičius implicitly wrote a homosexual's confession and showed how his nature was not accepted in Soviet Lithuania and how he realised himself in America.²¹ To present the experience of sexual minority was a brave decision, but the author did it. He wanted to display the intolerant Lithuanian society and said: 'I am not afraid to bare my soul at all. As I say joking – it can't get any worse.'²²

Grušaitė, a young Lithuanian writer, published a fictional novel on lesbian's love and life. But it is not an authentic life; it is a literary and bookish life. On the other hand, Grušaitė conceptually describes the people who are '[...] without life stories, homes, and roots.'²³ Ugnė and Rugilė, the heroines, live in London and in Paris but this fact says nothing about them. They are the products of consumer society. The borders between the states are only fiction, there are no commitments, and there is only the cross of solitude.

All the writers, except Grušaitė, wanted to confess their emigrant experiences and thoughts. The living framework refers to the present time and to the work as a fundamental action representing identity. The novels implicitly describe the rejected collective memory which includes the history, art, mentality and the values of Lithuania. The personages have lost the idealistic image of Lithuania and its habitants (Areima), the values of post-communistic man (Fomina), the option to be a gay (Jegelevičius), and ethnical, historical, cultural roots (Grušaitė). The novelists lost their identities in reality, but the intellectual reflections of these losses gave an occasion for speaking on the cultural trauma.

3. The Interaction Strategy

Other novelists analysed not themselves, but the collective experience, memory and '[...] painful injury to the collectivity' and this would show the other strategy.²⁴ It is the interaction strategy: the polemical construction of the cultural trauma with an intercultural framework, alien collective memory and double identity. The novels by Irena Mačiulytė-Guilford *Glebys* [*The Embrace*],²⁵ Birutė Jonuškaitė *Baltų užtrauktukų tango* [*The Tango of White Zippers*], Valdas Papievis *Vienos vasaros emigrantai* [*The Emigrants of One Summer*], Paulina Pukytė *Jų papročiai* [*Their Manner*], Tomas Kavaliauskas *Atsisveikinimas* [*The Parting*]²⁶ show a complex interaction between the different cultures and identities which revealed cultural identity as a cultural trauma. Stuart Hall defined two versions of

cultural identity: the first version refers to the common historical / cultural experiences, codes and meanings which are 'given'.²⁷

Cultural identity, in this second sense, is a matter of 'becoming' as well as of 'being'. [...] It is not something which already exists, transcending place, time, history and culture.²⁸

This version postulates the differences, the ruptures and discontinuities.

Mačiulytė-Guilford, a daughter of Lithuanians who emigrated to Canada, wrote a biographical novel with a metaphorical title – *The Embrace*.²⁹ She narrates two stories: the first is about her stay in Soviet Lithuania in 1985 when she met her cousin. The second story is about the clash of identities, memories and values, and the author explains this in her first sentence:

The ghost of my life in Lithuania exists, though I have never lived there. It lives in the minds of my grandparents and parents, my aunts, uncles and cousins.³⁰

Her parents wanted to see her as a traditional Lithuanian girl and educated her in the spirit of Lithuanian culture and mentality. But it was an alien culture³¹ for the child who was neither Canadian nor Lithuanian. The Lithuanian folklore, language, history, national festivals and traditions were valuable things only for her parents. They lived not in the new reality, but in the collective memory.³² However, their child must demonstrate love to the land which she has never seen.

Jonuškaitė comparatively analysed the American society and the oldest and youngest generations of Lithuanian emigrants. The writer presented both a fictional story about a researcher Laima who came to America to work, and the true experiences of some famous members of Lithuanian community. One chapter is titled 'The Diagnosis: America' and it is a diagnosis of trauma: '*We started feeling disgusted with ourselves; we scatter our last treasures, drown our sorrows, leave and strangle our children, we despise old men – is it European culture?*'³³ It is the extract from Danutė's letter, when she read some magazines sent from the Soviet Lithuania. Other letters and interviews presented in the chapter 'A Notebook' show these lost cultural values: children speak only English, the family itself is no longer a value, Lithuania is only a dream, denationalization etc.

The other group of writers shows how stable cultural identity was lost not in America, but in Europe as well. Living in Paris Papiėvis created a hero for whom Paris with its museums was an escape from the alien reality; it is a significant pole of the multicultural identification. His hero Valdas wanders in the city with a map in his hands, aiming to understand himself. He is a personage without a previous collective memory and cultural identity. Why? Communicating with different people from all over the world the hero sees that Lithuania is a *terra incognita* to them.³⁴ The French know nothing about Lithuania, only one *madame* '[...]

somewhere, sometime heard the name *Lituanie*, and knows something about *Lituanie*.³⁵ It is a traumatic experience which arises only through multicultural interaction affirming that your identity is nothing.

Pukytė in *Their Manner* presents the differences between Lithuanian and English mentality, behaviour, culture.³⁶ Analysing a contemporary English society, she stated that the Englishmen look at Lithuanians disdainfully, they no longer have the traditional English cuisine, they like fancy dress party, they do not consider themselves the part of Europe. She points out that the Englishmen are more friendly and discreet than Lithuanians. The heroine criticises her countrymen too, but she feels Lithuanian and confesses: 'The crisis of national identity harrows me [...]'.³⁷ It is very dramatic in the global world and the writer shows that being an emigrant is not the same as being a citizen of the world.

Kavaliauskas in *The Parting* creates a love story of the student Darius and the lecturer Regina who arrived to Lithuania from Munich University in 1990.³⁸ Darius's story shows that for the post-Soviet man the West world was a traumatic discourse. The quality of life, commodities and services were the axes of cultural identification. It was a traumatic experience, because 'Darius did not feel being European at all'.³⁹ He was only an ordinary *homo sovieticus* for whom the gap between Munich and Vilnius was inconceivable. The intercultural shock was so big that it destroyed his personal relations. On the other hand, it shows that Darius cannot be himself and we could envisage the 'civilizational incompetence', in Piotr Sztopmka's words.⁴⁰

All the mentioned authors did not work as economic emigrants, but they described intercultural contacts with alien cultures and identities. As Mačiulytė-Guilford and Jonuškaitė showed, Lithuanians did not accept a new culture; they lived artificially in an intercultural space. Eventually they lost their stable cultural identity. Meanwhile the novels by Papievis, Pukytė and Kavaliauskas attest that a contemporary emigration is a part of multicultural communication. You cannot avoid it; you have to live with different collective memories and cultural identities and this requirement is traumatic. Writing is a reaction revealing the lost cultural identity as a cultural trauma.

4. The Reaction Strategy

Some Lithuanian writers had a moral responsibility and understanding that the traumatic Soviet experience cannot be forgotten and must be thought over. They started to reflect it and here we have the reaction strategy: the reflexive construction of the cultural trauma with a historical framework, collective memory and collective identity. The novels by Ričardas Gavelis *Vilnius Poker*,⁴¹ Renata Šerelytė *Lėdynmečio žvaigždės* [*The Stars of the Ice-Age*], Sigitas Parulskis *Trys sekundės dangaus* [*Three Seconds of Heaven*]⁴² show a creative and critical reflection which allows us to consider the Soviet society as a cultural trauma.

Gavelis described Vilnius, the capital of Lithuania, in the 1970s, reflecting what the Soviet ideology did with Lithuanians through the discourses of KGB, social system, ordinary life etc. The novel was published in 1989 and the writer presented the traces of *homo sovieticus* which had not been realized by the readers. The writer created four personages, the members of society, which were not free in all senses, especially mentally, because they were simulacra, in Jean Baudrillard's words.⁴³ They existed in the totalitarian society without the right to think freely and to be a true and authentic man. Gavelis created such a situation in which all the life was just a '[...] madmen's poker game, there is no logic or sense in it.'⁴⁴ It was the society of suffering, but people did not understand that.

In Soviet times the Soviet village embodied all the negativeness of the totalitarian regime. The true masters of the land, the farmers, were deported to Siberia and *колхозы*⁴⁵ were established by violation. It inspired a new model of the society where the imitation of work, thefts, frauds, vodka and Russian curses took priority. It became a norm of life, and the writer Šerelytė showed it through the images of the washer-up, editor and intellectual journalist. The latter is a product of Socialism, and her identity was formed by the method of socialistic realism, pioneer camps, soviet books and films. The author displays that the Soviet society cannot create, because its people were the stars of the ice-age which were cold, '[...] uniform and steady.'⁴⁶

The totalitarian regime had a strict model of public life and every man had to serve in the glorious Red Army. The experience of such a soldier is recalled in Parulskis's novel. The hero, a paratrooper, shows not only the structure of the army and its dehumanized atmosphere, but the destiny of the 1960s generation as well. It was a lost generation without ontological thinking, national values, personal identity, humanity and dreams. This world has lost its hierarchy and the unnamed soldier confesses: 'We know how to kill, but do not really understand how to live, for us the civilian world is rather too big, vague and has no obvious purpose.'⁴⁷ He speaks metonymically on the entire generation which had to live between the fiction and reality, Catholicism and Atheism, humanity and power, and didn't have any choice. The slang and Russian curses only dramatize this existential, common and true situation.⁴⁸

The reaction strategy attests that the writers reflexively noticed that the heritage of the Soviet times had changed Lithuania.⁴⁹ Reflexiveness does not mean novel writing; it means the reflection of the traces of Soviet ideology which are still alive. Over fifty years the Soviets formed the identity of *homo sovieticus*. Contemporary Lithuanians do not acknowledge that the Soviet society was a traumatic society⁵⁰ and this fact allows me to say that the writers envisaged a cultural trauma.

5. Conclusions

The contemporary Lithuanian novels as foundations and representations of the cultural traumas did not have the task to create a new master narrative of the social

suffering, because they wanted to repeat and to remind the old master narratives of the social sufferings which were implanted under compulsion, forgotten and eliminated from the structure of personal / cultural identity.

The writers took the ideas, images, and problems from the collective memories which were refreshed and interpreted. Both the present collective memory of emigration and the collective memory of the second Soviet occupation are traumatic memories. In both cases a traumatic experience was not recognised, it was as a practice of the ordinary life determined by globalisation of today and by totalitarianism of the past.

Three different strategies – action, interaction and reaction – should be viewed not only as a basis of constructions of cultural traumas, but as a way of their analyses and interpretations. It showed how physical and intellectual works inspired the different reflections of traumatic social suffering which became cultural traumas only when it got the form of literature.

Cultural trauma as an interdisciplinary discourse demonstrates that interdisciplinarity helps us to envisage after-effects of the event, while disciplinarity contributes to see the event. Cultural trauma is a process which unites history, memory, identity, society, culture and science into one discourse implicitly having a traumatic core which is not known for the society. When this core is explicitly related to the concrete material having traces, after-effects, partial results, we have a concrete cultural trauma. There are many problems and issues, but it is very important to emphasize that cultural trauma and collective memory are temporal and reflexive phenomena.

Notes

¹ Clifford Geertz, *The Interpretation of Cultures: Selected Essays* (London: Fontana Press, 1993), 5.

² Jean-François-Lyotard, *The Postmodern Condition: A Report on Knowledge*, trans. Geoff Bennington and Brian Massumi, fwd. Fredric Jameson (Manchester: Manchester University Press, 1984), 18-31.

³ The philosopher determined conditions which inspired the birth of interdisciplinarity, but the idea of interdisciplinary approach was not the main object of his investigations. 'The classical dividing lines between the various fields of science are thus called into question – disciplines disappear, overlappings occur at the borders between sciences, and from these new territories are born.' Jean-François-Lyotard, *The Postmodern Condition: A Report on Knowledge*, trans. Geoff Bennington and Brian Massumi, fwd. Fredric Jameson (Manchester: Manchester University Press, 1984), 39.

⁴ Julie Thompson Klein's insight may be useful for understanding of the nature of interdisciplinarity: Julie Thompson Klein, *Interdisciplinarity: History, Theory & Practice* (Detroit: Wayne State University Press, 1990), 93.

⁵ The creation of the new discourse is related to the term ‘interdisciplinarity’, but not to the term ‘multidisciplinarity’ because the latter ‘[...] signifies the juxtaposition of disciplines. It is essentially *additive*, not *integrative*.’ Julie Thompson Klein, *Interdisciplinarity: History, Theory & Practice* (Detroit: Wayne State University Press, 1990), 56.

⁶ Jeffrey C. Alexander, *Trauma: A Social Theory* (Cambridge: Polity Press, 2012). Jeffrey C. Alexander’s conception confirms the statement of Aparajita Nanda that ‘[t]rauma theory has evolved dramatically, from a focus on childhood sexuality and sexual exploitation to a modern multi-disciplinary field that explores trauma throughout human culture in numerous studies and media.’ Aparajita Nanda, Introduction to *The Strangled Cry. The Communication and Experience of Trauma*, ed. by Aparajita Nanda and Peter Bray (Oxford, United Kingdom: Inter-Disciplinary Press, 2013), ix.

⁷ Arthur G. Neal, *National Trauma and Collective Memory: Extraordinary Events in the American Experience*, 2nd ed. (Armonk, New York: M. E. Sharpe, 2005).

⁸ Alexander, *Trauma*, 6.

⁹ *Ibid.*, 29.

¹⁰ Neal, *National Trauma and Collective Memory*, 197-198.

¹¹ Moreover, Alexander’s colleagues – Neil J. Smelser, Ron Eyerman, Bernhard Giesen, Piotr Sztompka – have different themes and conceptions of cultural trauma and their collegial reflections reveal that cultural trauma is an open question. See Neil J. Smelser, ‘Psychological Trauma and Cultural Trauma,’ Jeffrey C. Alexander, et al., *Cultural Trauma and Collective Identity* (Berkeley, California: University of California Press, 2004), 35-38, 44; Ron Eyerman, ‘Cultural Trauma: Slavery and the Formation of African American Identity,’ Jeffrey C. Alexander, et al., *Cultural Trauma and Collective Identity* (Berkeley, California: University of California Press, 2004), 60-64, 97; Piotr Sztompka, ‘The Trauma of Social Change: A Case of Postcommunist Societies,’ Jeffrey C. Alexander, et al., *Cultural Trauma and Collective Identity* (Berkeley, California: University of California Press, 2004), 162-170.

¹² It is important to note that the issues of identity, memory, trauma, (post)traumatic representations are reflected in contemporary novels / fictions of different countries and cultures. For example, Jessica Aliaga Lavrijsen has interdisciplinary shown ‘[...] that identity continues to be a central interest in Scottish literature. Hence, the narratives of the fragile self are one of the central leitmotifs of much of contemporary Scottish fiction, and it has often been read as an examination of identity crisis.’ Jessica Aliaga Lavrijsen, ‘*The Trick is to Keep Breathing: Female (Scottish) Trauma*,’ *The Strangled Cry. The Communication and Experience of Trauma*, ed. Aparajita Nanda and Peter Bray (Oxford, United Kingdom: Inter-Disciplinary Press, 2013), 7.

¹³ Alexander, *Trauma*, 15.

¹⁴ The term – *new emigrants* – defines contemporary Lithuanian emigrants in comparison with the post-war emigrants.

¹⁵ Identity here is treated by Manuel Castells' definition: 'Identity is people's source of meaning and experience.' Manuel Castells, *The Power of Identity: The Information Age: Economy, Society, and Culture*, 2nd ed. (Chichester / UK: Wiley-Blackwell, 2010), 6.

¹⁶ All citations were translated from Lithuanian into English by the author of the article. In order to create a context, the titles of the novels are written in English too.

¹⁷ Mantas Areima, *Nostalgija: Neišgalvota gyvenimo emigravus istorija: romanas* [*The Nostalgia: Unimaginative Life Story of Emigration: A Novel*] (Vilnius: Lietuvos rašytojų sąjungos leidykla, 2007), Aleksandra Fomina, *Mes vakar buvom saloje: romanas* [*Yesterday We Were on the Island: A Novel*] (Kaunas: Kitos knygos, 2011), Linas Jegelevičius, *Nuogas prieš jus: romanas* [*Naked in Front of You: A Novel*] (Panevėžys: Magilė, 2006), Gabija Grušaitė, *Neišsipildymas: romanas* [*Unfruiton: A Novel*] (Vilnius: Baltų lankų leidyba, 2010).

¹⁸ Areima, *Nostalgija: Neišgalvota gyvenimo emigravus istorija*, 5.

¹⁹ Fomina, *Mes vakar buvom saloje*, 105-146.

²⁰ *Ibid.*, 157.

²¹ Jegelevičius, *Nuogas prieš jus*, 24-47.

²² *Ibid.*, 5.

²³ Grušaitė, *Neišsipildymas*, 9.

²⁴ Alexander, *Trauma: A Social Theory*, 26.

²⁵ Translated by Dalia Cidzikaitė and Aušra Veličkaitė from Irene Guilford, *The Embrace: A Novel* (Toronto-Buffalo-Lancaster: Guernica, 1999). As we see, the translators added a maiden name into Lithuanian version; it is a sign both of the national recognition and of the writers' identity too.

²⁶ Irene Guilford, *The Embrace: A Novel* (Toronto-Buffalo-Lancaster: Guernica, 1999), Birutė Jonuškaitė, *Baltų užtrauktukų tango: romanas* [*The Tango of White Zippers: A Novel*] (Vilnius: Lietuvos rašytojų sąjungos leidykla, 2009), Valdas Papievis, *Vienos vasaros emigrantai: romanas* [*The Emigrants of One Summer: A Novel*] (Vilnius: Baltų lankų leidyba, 2003), Paulina Pukytė, *Jų papročiai: romanas* [*Their Manner: A Novel*] (Vilnius: Tyto alba, 2005), Tomas Kavaliauskas, *Atsisveikinimas: mažasis romanas* [*The Parting: A Small Novel*] (Vilnius: Versus aureus, 2007).

²⁷ 'The first position defines "cultural identity" in terms of one, shared culture, a sort of collective "one true self", hiding inside the many other, more superficial or artificially imposed "selves", which people with a shared history and ancestry hold in common.' Stuart Hall, 'Cultural Identity and Diaspora', viewed 06 February 2012, 223, http://www.unipa.it/~michele.cometa/hall_cultural_identity.pdf. It is a *stable* cultural identity based on traditions and grand narratives.

²⁸ Stuart Hall, 'Cultural Identity and Diaspora', viewed 06 February 2012, 225, http://www.unipa.it/~michele.cometa/hall_cultural_identity.pdf.

²⁹ Guilford, *The Embrace*.

³⁰ Ibid., 6.

³¹ The Canadian writer of Lithuanian ancestry Antanas Sileika (Antanas Šileika) shows how an alien cultural identity could become one's own. In 2004, he wrote a fictional novel *Woman in Bronze* which presented an imagined Lithuania. Sileika's decision to come back to his ethnic roots and to write the novel would refer to the cultural identity as a discourse of 'becoming'. See Antanas Sileika, *Woman in Bronze: A Novel* (Toronto: Random House Canada, 2004).

³² Here we speak on the collective memory of the family. The writers' family treated a position that its memories '[...] consist not only of a series of individual images of the past. They are at the same time models, examples, and elements of teaching.' Maurice Halbwachs, *On Collective Memory*, edit., trans., and with an intro. Lewis A. Coser (Chicago and London: The University of Chicago Press, 1992), 59.

³³ Jonuškaitė, *Baltų užtrauktukų tango*, 64.

³⁴ Papievis, *Vienos vasaros emigrantai*, 48-56.

³⁵ Ibid., 52.

³⁶ Pukytė, *Jų papročiai*, 10-22, 43, 51.

³⁷ Ibid., 42.

³⁸ Kavaliauskas, *Atsisveikinimas*.

³⁹ Ibid., 19.

⁴⁰ Piotr Sztompka, 'The Trauma of Social Change: A Case of Postcommunist Societies,' Jeffrey C. Alexander, et al., *Cultural Trauma and Collective Identity* (Berkeley, California: University of California Press, 2004), 163.

⁴¹ This novel originally was published as *Vilniaus pokeris* by Vaga in 1989. From the Lithuanian into English it was translated by Elizabeth Novickas in 2009.

⁴² Ričardas Gavelis, *Vilnius Poker: A Novel*, trans. Elizabeth Novickas (Rochester, NY: Open Letter, 2009), Renata Šerelytė, *Lėdynmečio žvaigždės: romanas [The Stars of the Ice-Age: A Novel]* (Vilnius: Tyto alba, 1999), Sigitas Parulskis, *Trys sekundės dangaus: romanas [Three Seconds of Heaven: A Novel]* (Vilnius: Baltų lankų leidyba, 2002).

⁴³ The novel demonstrates a common situation when '[t]he principle of simulation is still the equivalent of the principle of Evil.' Jean Baudrillard, *The Perfect Crime*, trans. Chris Turner (London, New York: Verso, 2008), 48.

⁴⁴ Gavelis, *Vilnius Poker*, 458.

⁴⁵ Id. est the Russian word for collective farms.

⁴⁶ Šerelytė, *Lėdynmečio žvaigždės*, 192.

⁴⁷ Parulskis, *Trys sekundės dangaus*, 189.

⁴⁸ Parulskis's novel, as other analysed novels too, attests sociological insight that '[...] cultural trauma refers to a dramatic loss of identity and meaning, a tear in the

social fabric, affecting a group of people that has achieved some degree of cohesion.' Ron Eyerman, 'Cultural Trauma: Slavery and the Formation of African American Identity,' Jeffrey C. Alexander, et al., *Cultural Trauma and Collective Identity* (Berkeley, California: University of California Press, 2004), 61.

⁴⁹ Piotr Sztompka was right stating that '[t]he phenomenon of *cultural trauma* is particularly interesting for two reasons. First, the cultural tissue is most sensitive to the impact of traumatogenic changes, precisely because culture is a depository of continuity, heritage, tradition, identity of human communities. Change, by definition, undermines or destroys all these. Second, wounds inflicted to culture are most difficult to heal. [...] Cultural traumas are enduring, lingering; they may last over several generations.' Piotr Sztompka, 'The Trauma of Social Change: A Case of Postcommunist Societies,' Jeffrey C. Alexander, et al., *Cultural Trauma and Collective Identity* (Berkeley, California: University of California Press, 2004), 162.

⁵⁰ Conversely, Lithuanian scholars, psychologists, have reflected psychological traumas which the second Soviet occupation did. They showed that the society still did not comprehend how the totalitarian regime had deeply influenced the people's consciousness. See *The Psychology of Extreme Traumatization: The Aftermath of Political Repression*, ed. Danutė Gailienė (Vilnius: Genocide and Resistance Research Centre of Lithuania. Akreta, 2005).

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Part II

Hearing Voices: Traumatic Literature

Traumatic Incontinence of Old Age in Contemporary Fiction

Tianzhong Deng

Abstract

Ageing incontinence accounts for a great part of the characters' trauma of getting old in contemporary literature. This chapter intends to, by focusing on the literary depiction of the scatology of old age, investigate how the aged characters choose to react to their own incontinence, or to that of people around them. Literary writings include David Lodge's *Deaf Sentence*, Philip Roth's *Patrimony*, and Doris Lessing's *The Diaries of Jane Somers*. The aged characters normally suffer from their dread of the inconvenience caused by the offensive smell from their incontinent excretion, and therefore they would choose to avoid any possible contact and communication, developing agoraphobia in seclusion. Aging incontinence, the unwilling and inevitable violation of rules of hygiene the aged characters have been taught and have practiced for all their life, causes psychic pain. In addition to the humiliation of the relying fourth age, incontinence also triggers intergenerational strains. Desmond in *Deaf Sentence* reflects on the reversal of the infant-parent relationship, before the almost ritualized scene of changing a nappy on his 89-year-old father. Philip Roth in *Patrimony*, after giving a detailed account of the faecal scene from his father's incontinence, accepts his father's crap as a 'patrimony'. Jane Somers, the narrator character in Lessing's *The Diaries of Jane Somers* directs her attention to the smell of the toilet and commode of the aged Maudie, relating it to the smells of old age, to the general human condition.

Key Words: Trauma of Ageing, incontinence, literary gerontology, ageing agoraphobia, scatology.

In contemporary literary world, it is no coincidence that depictions of the quality of ageing life seek recourse to advanced age incontinence, a common condition seen with aging. Faecal and urinary incontinence among old people accounts for a great part of the characters' trauma of getting old. The inconvenience caused by their incontinence is enhanced by their dread of their scatological offense to people around them. Normally, the aged are more sensitive to social hygiene principles that they have personally developed and observed for all their life.

The purpose of the present chapter is to explore this particular representation of ageing scatology in contemporary literature, largely neglected in studies of literary gerontology, to determine how quality of life in old age can be affected by incontinence, and what moral positions these texts intend to hold.

1. Embarrassment and Humiliation

Aging incontinence, the unwilling and inevitable violation of rules of hygiene the aged characters have been taught and have practiced for all their life, causes great physical and psychic pain.

In David Lodge's *Deaf Sentence* (2008), the retired linguistic professor Desmond Bates with increasing deafness in his sixties pays regular visits as a filial 'duty' to his elderly father living in London. The father, Harry Bates, is 89 years old, and his mental and physical health is worsening. When Desmond invites Harry to spend the Christmas with his family, he forgets to take with him a bottle in the car as he has promised to, for Harry's urinary emergency. As a consequence, Harry fails to control his bladder at the end of nearly a thirty-minute drive. Desmond helps his father to a cubicle in the Gents, this time forgetting to bring a pair of dry underpants for his father. Oblivion is a frequent motif in this comic novel about ageing that usually causes unexpected consequence and embarrassments. Harry, refusing to wear his pure wool trousers without pants because they will chafe, complains at high volume and with much repetition through the door of the WC, giving 'considerable entertainment to other patrons of the Gents'¹ because they both suffer to some degree the ageing deafness. Desmond has to go back to the car for a pair of dry pants. Drying his father's stinking wet trousers under a hot-air hand dryer, he receives 'some curious looks', and he reflects,

I was beyond shame or embarrassment by this time, or perhaps it would be truer to say that I accepted it as a just punishment for being remiss over the bottle.²

If Harry can live up with his urinary incontinence before his son, surely he is much more worried about his excretive habits when there are other family members in presence. On Christmas Eve, Desmond finds his father

wandering about on the landing in his pyjamas looking for the bathroom in a dazed and confused state, with an enamel jug in his hand which I had given him to pee in if he was taken short, having somehow got it into his head that he had to empty the jug immediately in the bathroom.³

Festival is the time for family reunion which might cause great inconvenience and embarrassment to the senior empty-nesters if they have to move to their child's family, a completely new environment to them. Harry's Christmas trip turns out to bring damage to his internal 'mental map' that used to help the fourth-age people with their spatial orientations. Robert Rubinstein explains the fourth age as a time of old age when people begin to have 'chronic illness and terminal decline'⁴; and more specifically, Paul Higgs and Ian Rees Jones define as 'loss of bodily control,

or the fear of such loss'.⁵ Old people like Harry at the onset of fourth age when the body and mentality are near the 'phase of decline and dependence'⁶ should be careful with their spatial movement. 'Plonk them down in a strange place and they completely lose their bearings.'⁷ Shortly after he returns home, Harry fails to recall the family reunion with his son, and from time to time he even fails to recognize his son. A few days later when Desmond is in Poland attending an academic conference, Harry has an unexpected stroke at home all by himself until the grandson comes to his help sheer by chance.

Desmond helps his father through the old man's final moments with the old father in a state of half-dementia, unable to respond to Desmond's attempts to contact.

2. Incontinence and Agoraphobia

Incontinence is 'a socially stigmatized condition'⁸ and people who suffer from it try their best to conceal the fact from others; if they fail to, they experience great humiliation in public. In other words, incontinent people are more worried by the idea of being exposed to others. Their worries of others' knowledge of their incontinence lead to their agoraphobia, the extreme dread of going to open space, and to their unwilling preference for confinement over their longings for open spaces.

In Doris Lessing's *The Diaries of Jane Somers* (1984), Maudie Fowler is an old lady of over ninety whom Jane meets not by sheer accident, as it might appear to be to the reader. Jane's mother's death, following the death of Jane's husband Freddie, is the catalyst that forces Jane to see that she has been a 'Child-daughter, child-wife'⁹ under the protection of her mother and her husband for all her previous life. She then needs a 'mother substitute' to compensate for her loss of growth into maturity. Thus she finds Maudie. When one day Jane offers to take Maudie to the park for a treat, Jane finds Maudie's response is ambivalent:

She stared at me, furious.

...

'But how can I?' she says. 'Look at me!'

And she peers up at the sky past my head. It is so blue and nice,
and she says, 'But ... but ... but ...'.¹⁰

The three 'but's' in a session reveals Maudie's longing to get out of her confinement at home. Dread of incontinence leads to ageing agoraphobia that people in the fourth age of dependence would pursue avoidance strategy of public space and company—they are afraid to go out because the offensive smell of incontinence might incur further embarrassment and humiliation. Jane sensitively records in her diary that day when Maudie does go out with her how the old lady feels: Maudie is 'beside herself with a fierce, almost angry delight', 'this hot

brightly sunlit world [is] like a gorgeous present;’¹¹ but similar to Harry’s Christmas journey to his son’s family, Maudie seems to suffer equally severe consequence of the breach of her self-imposed aging confinement. When Jane wants to repeat this offering for a second time after a three-day hiatus, with a wish to witness Maudie ‘in the rose garden, crooning with delight’, she meets a completely different Maudie: ‘holding to the door handle, distressed, angry, dishevelled. Then she said, ‘No, oh dreadful, dreadful, dreadful,’ leaving Jane furiously convinced herself that she knows ‘little about old people’.¹²

What Jane doesn’t know is Maudie’s suffering of incontinence that night. Jane shifts unusually from the normal first-person report of a diary-novel to a third-person narration, so as to give a more convenient account of Maudie’s incontinent situation. When Maudie wakes up at mid-night perhaps, she is only in half consciousness, unable to tell if she has wetted her bed in her sleep. After exploring her bed, Maudie mutters, ‘Dreadful, dreadful, dreadful, dreadful, thinking how, a few days ago, she had wet the bed, and the trouble and difficulty of getting everything dry.’¹³

From Maudie’s hesitant refusal of the three ‘but’s’ to the rhetoric repetitions of the four ‘dreadful’s’ in a succession, the painful cries can be read as markers of her traumatised incontinence. To gain a better understanding of Maudie’s situation, Jane makes a comparison of her own excremental habits in the following entry of journal:

And I see that I did not write down, in Janna’s day, about going to the loo, a quick pee here, a quick shit, washing one’s hands ... All day this animal has to empty itself, you have to brush your hair, wash your hands, bathe. I dash a cup under a tap and rinse out a pair of panties, it all takes a few minutes ... But that is because I am ‘young’, only forty-nine.¹⁴

This gap of ages between them accounts for Jane’s puzzlement over Maudie’s refusal to go to the park, where Maudie has no idea as how to cope with her incontinence. And a day’s delighted time in the open air would leave her incontinent in bed at night, mainly due to the aged inability to adapt their mental map that would automatically tell them what to do and when to do it.

3. Scatology and Death

The natural link between ageing incontinence and death now becomes an inauspicious occasion inherent to death that the aged people also hope to shun away from instinctively. Jane’s shift to the third-person narration in her diary also serves to let the readers know that Maudie now can sense the seriousness of her own near-death condition. However, Maudie unthinkingly adopts a kind of self-deception by refusing ‘to let her mind acknowledge that there is something wrong

with her stool'.¹⁵ She does not want to accept death, and seems to have an instinctively strong, stubborn wish to live forever, no matter how painfully she suffers from her disease and life. Maudie's incontinent body, as Diana Wallace observes, 'inhabits precisely this ambiguous state between human and animal, life and death, where what should be "clean and proper" becomes "filthy."' ¹⁶ Unconsciously, Maudie seems to understand the dying message in her uncontrolled stool; but she is tortured by her reluctance to acquiesce to death. Jane so greatly moved by Maudie's determination that she will 'never advocate euthanasia',¹⁷ finds it unbearable to witness 'this ancient woman die in this way' and prays for Maudie to accept her death soon.¹⁸

The death association with incontinence is similarly demonstrated in Philip Roth's memoir *Patrimony* published in 1991, of a 57-year-old son recounting the life, decline, and death of his father, Herman Roth, who is in his late 80's, from an inoperable (and originally 'benign') brain tumour.

One day after lunch when Philip Roth senses that his father has been absent longer than usual time, instinctively assuming that his father 'was dead',¹⁹ whereas his father is just 'besitting',²⁰ himself in the toilet, this spontaneous response foreshadows a moribund link between death and the ageing incontinence. Roth is convinced that his father would rather die than to let loose his stool in the toilet.²¹

To enhance the traumatic effect of the scatological sites, all the writers here discussed pay much attention to the detailed literary depictions that work directly on the senses of the witnesses. Desmond mentions his father's bowel movement with no 'bad' smell²²; Jane finds Maudie's urine is with a strong 'sweet stench'.²³ Roth goes to the extreme by making use of all possible senses. He 'smells' the shit halfway up the stairs to second floor, and in the bathroom the smell is 'overwhelming'. He hears his father, in a voice 'as forlorn as any' he has ever heard, 'from him or anyone', saying to him that 'I beshat myself'.²⁴ In addition, the sight is depicted in great details as possible:

The shit was everywhere, smeared underfoot on the bathmat, running over the toilet bowl edge and, at the foot of the bowl, in a pile on the floor... he had managed to spread the shit over everything. I saw that it way even on the tips of the bristles of my toothbrush hanging in the holder over the sink.²⁵

From this horrendous literary depiction, the readers are brought to the scatological site to experience the embarrassing side of life with our own senses.

Quite naturally, as in other cases of trauma, all the three texts show some traits of compassion fatigue from the narrators who witness the scatological traumatization. Compassion fatigue, also known as secondary traumatic stress (STS), is a condition characterized by a gradual lessening of compassion over time.

Desmond, though feeling excited at his experience of helping the nurse wash his father and seeing his father's small bowel movement, admits to his wife that night that he is not 'anxious to repeat the experience' with a 'dominant emotion' of 'a fervent hope' that he would 'never require such a service' himself, 'from anyone.'²⁶

Philip Roth is equally frank about his inner feelings:

Though maybe once is enough, I added, addressing myself mentally to the sleeping brain squeezed in by the cartilaginous tumor: if I have to do this every day, I may not wind up feeling quite so thrilled.²⁷

Likewise, Jane Somers confesses that one Maudie is 'enough' for her, declining a further request for her to act as a Good Neighbour to other old people.²⁸ Whereas it is very natural to recognize and understand the compassion fatigue in these texts, we are equally provided with the courageous challenges intended against the so-called 'cultural silence' before the tabooed bodily excretion. At the brink of the death of a family member or friend, compassion fatigue seems too much for the wisdom and humanity. Novelists begin to investigate the underlying factors that undermine the morale.

4. Reversal Infantile Experience

Roth attempts to consecrate his father's bodily excretion to 'patrimony': 'There way my patrimony: not the money, not the tefillin, not the shaving mug, but the shit.'²⁹ Sanctification of the filth of life does not reduce the traumatized aspect of scatological dread, but it serves as a reminding to all of us who are still enjoying our robust prime that someday we are all going to get old, and most probably will suffer from incontinence.

In essence, our bodily excretion is part of our life, and is the spatial extension of the body. Scatological waste from the body is only 'physically dislodged.'³⁰ Our hygienic dread of it is mainly because it is intrinsic to our private part, and any public dispersal would be completely antagonistic to our public self, and offensive to the other. Nowadays, we cannot tolerate other's bodily waste except for what comes from the body of our offspring when they are extremely small infants or kids. Ageing incontinence offers a chance for people to imagine back how one's own infantile incontinence would have been dealt with by the parents.

Posed before the disgusting bodily waste, with a clear and rational consciousness that it is part of our life, one is likely to make this association that when we are small infants, our parents would deal with our excretion without so much hesitation, disgust or thrill. In the hospital when Desmond spoons fruit yogurt between his father's lips, like a parent does to an infant, he is 'reflecting that sixty-odd years ago he would have been doing the same for me'.³¹ When he is

asked to help the nurse at the ward to wash his father, Desmond starts to reflect again,

[I]t was an extraordinary experience, which took the reversal of the infant-parent relationship through the taboo barrier. Basically I was helping to change a nappy on an eighty-nine-year-old man, but he happened to be my father.³²

The repeated reflections remind of one's life course. Likewise, Jane Somers, as mentioned above, starts to become Maudie's primary caregiver—literally her 'good neighbour' immediately after Jane's mother dies. For Jane Somers, the death of her mother suddenly reminds her of her own body that is increasingly reduced to animal needs, a mere 'container of dirt-filled intestines.'³³ In urbanized modern society, traditional natural death disappears. People don't always have the chance to witness the departure of a life anymore as they used to. Jane does not wish to stay as a self-deceptive and immature 'child' and she finds Maudie as her mother substitute. And then, when put 'back in napkins,' Maudie

is reduced to an infantile state of dependency. The mother/daughter dynamic is reversed as Janna 'mothers' Maudie as she failed to look after her own mother and even overcomes the physical repulsion that made her unable to touch her mother.³⁴

The reversal of the generational identity suggests that there is a 'circular rather than linear'³⁵ movement between human generations, as the old people might be in turn 'mothered' by the younger generation. This process might be quite intimidating, and only people equipped with the humanistic courage can have the chance to peep into this traumatized side of life that is essential to one's true understanding of life and moral elevation and perfection.

Quite similarly, Roth overhears his father saying that 'Philip is like a mother to me.'³⁶ With great filial devotion, he cares for his father, gratified to 'be able to requite somewhat by sitting on the lid of the toilet overseeing him as he kicked his legs up and down like a baby in a bassinet.'³⁷ He thus tells himself that 'I must ... remember everything accurately so that when he is gone I can re-create the father who created me.'³⁸

The reversal infantile experience gives the younger generation a chance to reflect on the nature of life, on the whole process of how their own life has come to the present stage. More importantly, as Desmond senses, this stage is followed by the next regression 'even past human infancy on the evolutionary scale' to that of 'an animal in captivity',³⁹ though unpromising, it is still part of human life.

Roth tries to figure out the exact meaning of dealing with his father's toilet mess:

I carried the bag out to the car and dumped it in the trunk to take to the laundry. And why this was right and as it should be couldn't have been plainer to me, now that the job was done. So that was the patrimony. And not because cleaning it up was symbolic of something else but because it wasn't, because it was nothing less or more than the lived reality that it was.⁴⁰

As Persels and Ganim point out, impurity and disorder are synonymous, and 'excrement becomes part of this disorder and marginalization because it is both naturally present but, in most cases, socially absent.'⁴¹ To make present the socially absent of aging excrement that is naturally present for all the time, to smell the offensive stench, to observe the scattered stinking clots of the bodily waste, to listen to the ageing cry in the most forlorn voice of their incontinence, we come close to disclosing the invisibility, and to rendering the invisible visible.

Literary scatology is like that, as Gilmore puts it, 'God created order from chaos, He created beauty from filth.'⁴² To use the same token of Roth, old age, especially the Fourth Age of dependence, is the real shit of life that people may well choose to ignore, to reject and avoid as the waste of life; but if people would accept it in a respectful mood as the patrimony of our culture and life from our parents, the spiritual benefits we get are the lived reality of life itself. Zhuan Zi, the Chinese Daoist patriarch in the 5th century BC, claimed that the Dao of life lies exactly 'in the piss and shit'.⁴³

Notes

¹ David Lodge, *Deaf Sentence* (London: Penguin, 2009), 178-79.

² *Ibid.*, 179.

³ *Ibid.*, 182.

⁴ Robert L. Rubinstein, 'The Third Age,' in Robert S. Weiss, Scott A. Bass, *Challenges of the Third Age: Meaning and Purpose in Later Life*, Oxford: Oxford University Press, 2002: 31

⁵ Paul Higgs and Ian Rees Jones, *Medical Sociology and Old Age: Towards a Sociology of Health in Later Life*, London: Routledge, 2009, 76.

⁶ *Ibid.*, 96.

⁷ *Ibid.*, 243.

⁸ A. Sharma, et al., 'Determining Levels of Fecal Incontinence in the Community: a New Zealand Cross-Sectional Study', *Dis Colon Rectum* 54-11(2011): 1385.

⁹ Doris May Lessing, *The Diaries of Jane Somers* (London: Flamingo, 2002), 8.

¹⁰ *Ibid.*, 115.

¹¹ *Ibid.*

¹² *Ibid.*

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- ¹³ Ibid., 117.
- ¹⁴ Ibid., 131.
- ¹⁵ Ibid., 117.
- ¹⁶ Diana Wallace, ““Women’s Time”: Women, Age, and Intergenerational Relations in Doris Lessing’s *The Diaries of Jane Somers*”, *Studies in the Literary Imagination* 39-2 (2006): 53.
- ¹⁷ Lessing, *Diaries of Jane Somers*, 253.
- ¹⁸ Ibid., 233.
- ¹⁹ Philip Roth, *Patrimony: A True Story* (London: Cape, 1991), 171.
- ²⁰ Ibid., 173.
- ²¹ Ibid., 171.
- ²² Lodge, *Deaf Sentence*, 282.
- ²³ Lessing, *Diaries of Jane Somers*, 36; also: 52; 131.
- ²⁴ Roth, *Patrimony*, 172.
- ²⁵ Ibid.
- ²⁶ Lodge, *Deaf Sentence*, 283.
- ²⁷ Roth, *Patrimony*, 175.
- ²⁸ Lessing, *Deaf Sentence*, 108.
- ²⁹ Roth, *Patrimony*, 176.
- ³⁰ Jeff Persels and Russell Ganim, ‘Introduction: Scatology, the Last Taboo’, in *Fecal Matters in Early Modern Literature and Art: Studies in Scatology*, ed. J. Persels and R. Ganim (Aldershot: Ashgate, 2004), xiv.
- ³¹ Lodge, *Deaf Sentence*, 281.
- ³² Ibid., 282
- ³³ Lessing, *Diaries of Jane Somers*, 502.
- ³⁴ Wallace, ““Women’s Time””, 52.
- ³⁵ Ibid., 56.
- ³⁶ Roth, *Patrimony*, 181.
- ³⁷ Ibid.
- ³⁸ Ibid., 177.
- ³⁹ Lodge, *Deaf Sentence*, 284.
- ⁴⁰ Ibid., 176.
- ⁴¹ Persels and Ganim, ‘Introduction’, xiv.
- ⁴² Thomas B Gilmore, Jr., ‘The Comedy of Swift’s Scatological Poems’, *PMLA* 91-1 (1976): 39.
- ⁴³ Zhuang Zi, *Zhi Bei You*, qtd. Yuan Li and Wen Haiming, ‘Zhuangzi’ in *The Oxford Handbook of Process Philosophy and Organization Studies* (Oxford: Oxford University Press, 2014), 68.

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(Un)Heard Voices: Trauma and Reconfigurations of the Body

Elwin Susan John

Abstract

The chaos or the disorder initiated by a traumatic experience/event leaves visible scars on the selves reminding one about a painful lived experience. The human body becomes a space and a canvass for the expression of such sufferings. These incidents strike both physical and mental markings on a body and it results in an explosion of questions. Writers often consider the body as a tool to communicate the misery and agony of the victims. In this chapter, an attempt is made to identify and record the 'identities' that have emerged out of the incidents that have left a mark on the Indian psyche. Narratives on the Bhopal Gas Tragedy (*Animal's People* by Indra Sinha and Anjali Deshpande's *Impeachment*) and the Endosulfan case (*Enmagaje*¹ by AmbikaSudhanMangadu) in Kerala are chosen for this study. On one hand, the emerging images of the victims are considered to be ugly and monstrous and they are treated as outcasts in the society. Or are we sympathetic towards such individuals? On the other hand, these victims also try to live their lives by compromising on a lot of things. My study will explore the strategies employed by the victims to move forward with their lives and obtain justice, and the scheming done by the State. In a larger framework, the presence of such figures in the society questions our own existence. The notion of being normal and a life without defects is an abnormality to these people. In such a context, these people find their own ways to fit in which are articulated in the narratives selected for this study. I will be drawing on trauma theory, body criticism and postcolonial theories to substantiate my arguments.

Key Words: Body, trauma, disaster, memory.

According to the cultural anthropologist, Allen W Batteau, 'what distinguishes a disaster from an accident is this: accidents and natural events such as hurricanes and earthquakes claim lives and damage property, but disasters damage, sometimes fatally, entire communities, industries or political regimes.'²By following this definition, I believe that to a greater extent the Bhopal Gas Tragedy and the Endosulfan Tragedy (from here on, BGT and ET respectively) are chemical *disasters* that have scarred the Indian psyche. Union Carbide India Limited (UCIL) was a subsidiary of the US based chemical company Union Carbide (now Dow Chemical Company) which was established in India prior to the Indian Independence. The company's plant in Bhopal (capital of the Indian state of Madhya Pradesh) used to manufacture and store batches of highly poisonous Methyl Isocyanate. From S Ravi Rajan's³ study on BGT it is evident that improper

storing facilities, poor maintenance and negligence of authorities resulted in a massive leak of this poisonous gas on the night of 2nd December, 1984. The deadly gas quickly spread and took thousands of lives from a sleeping city. Incalculable damages were left on the environment and the social life of the people. Death tolls rose higher every week, with its impacts lasting for many years.

Mahapatro and Panigrahi⁴ suggest that the Endosulfan Tragedy that struck Kerala is an example of slow poisoning. Endosulfan is a pesticide which is banned in more than 80 countries around the world. The intensive aerial spraying of Endosulfan over the cashew plantations in the district of Kasargode, Kerala since 1976 to 2001, again shows the inappropriate use of technology resulting in irreversible health defects. From Rajiv Lochan's⁵ study we can derive that there is a very obvious transgression of medical vocabulary due to the multiplicity of novel conditions that have appeared as an outcome of this disaster.

The existing academic discussions⁶ about these disasters include questions on class, gendered readings, environmental justice, ethics, struggle of the victims, inappropriate application of technology etc. Through this chapter, I explore the reconfigurations of the body when it comes face to face with an industrial disaster. The human body has become a category for analysis in contemporary academia. In Humanities and Social Sciences, 'body'⁷ is a buzzword that incorporates techniques of production, consumption, marketing, commodification etc and discussions on gender, empire, fashion, sports, health, medicine, hygiene, eroticism etc. Within the premise of industrial disasters, the human body is a space and a canvass for the expression of sufferings. These incidents strike both physical and mental markings on a body and it results in an explosion of questions. Writers, in fact, consider the body as a tool to communicate the misery and agony of the victims. Thus an attempt is made to identify and record the 'identities' that have emerged out of these incidents. The two most immediate associations that are made with the discourse of the body are health and disease. So the identities I am focussing on through this chapter are products of health related imperfections and the resulting entities. This chapter progresses through a close analysis of the select narratives on BGT (*Animal's People* by Indra Sinha and Anjali Deshpande's *Impeachment*) and ET (*Enmagaje* by AmbikaSudhanMangadu) in Kerala.

1. Display Bodies

Although these two incidents occurred in two different spatial and temporal boundaries of this country, the chaos and the disorder initiated by them cannot be sidelined or underestimated. Both BGT and ET have disrupted the social, economic and political well-being of the people. They are traumatic experiences/events that have left visible scars on the self reminding one about a painful lived experience. The cultural representations of such scars are explored in this chapter. The spirits of memory are rekindled through visual agencies. The horrific images and photographs of industrial disasters force any individual to relive the traumatic

past over and again. The photograph of a child with hydrocephalus (also known as ‘water in the brain’ or an enlarged brain condition where the head appears to be much bigger than the body) is the mostly circulated image of ET. It appears like the face of ET just like Pablo Bartholomew’s photo of a half-buried child under the wreckage of BGT as these images appear in all the articles and news items that are related to these disasters. These images leave such powerful impacts that even the ones who have not experienced the incidents will feel that they are witnessing it. In short, a cultural consequence of such tragedies is the creation of display bodies. People, scenes and conditions are exhibited, displayed and talked about. Eventually, such actions make them look like some caged animals that are to be looked at as they become spectacles of suffering.

The trauma inducing scenes of the surroundings and people that are captured from the locations are evidences to what really happened. Visual media intensifies pain through such frozen moments. Photographs not only reintroduce traumatic images into a cultural sphere, but it might also act as gap-fillers. An interesting contribution to this connection between trauma and photography could be seen in Ulrich Baer’s⁸ research. More than considering trauma as a theme for photography, Baer illustrates how both trauma and photography ‘arrest’ moments and memories through experience and technology respectively. It is also possible that the repeated circulation of such photographs could even remove the trauma associated with the incident. Apart from being a memorial, the ‘bodies’ in such photographs are commodified in consumer culture.

Animal in Indra Sinha’s *Animal’s People* is approached by a journalist through a middle man by the name Chunaram. Sinha illustrates a probable attitude of the victims when they are repeatedly questioned about the incident and verbally made to relive the night every time they were asked about it. At one point of time Animal says, ‘on that night it was poison, now it’s words that are choking us.’⁹ His outburst to the journalist is worth quoting here.

Actually, Jarnalis, I was trying not to show that I was laughing at you. After that, what else, I talked. Your tape crawled. Then you were happy, this is what you had come for. You were like all the others, come to suck our stories from us, so strangers in far off countries can marvel there’s so much pain in the world. Like vultures are you jarnaliss. Somewhere a bad thing happens, tears like rain in the wind, and look, here you come, drawn by the smell of blood. You have turned us Khaufpuris into storytellers, but always of the same story. Ousraat, cettenuit, that night, always that fucking night.¹⁰

In the novel, Chunaram is trying to run a business by introducing Animal to the journalist and he eventually convinces Animal too¹¹. One might see that, even if

their intentions are genuine, the repeated questioning of the victims and the circulation of images from the incident surpasses the actual trauma behind the incident. It just makes the disaster some kind of a 'story' for the media.

2. Struggling Bodies

Another cultural impact as expressed in these narratives is the creation of 'struggling bodies.' The lives of the victims are a struggle in every possible realm. They struggle to survive because they are unhealthy; they cannot go for work and thus stuck at their homes. They struggle for justice because their rights are denied. They struggle to sustain life itself because they get poor medical attention and thus visiting a health centre everyday is part of their daily routine. In effect, the limits of their bodies are pushed to the extremes. Holding strikes and staging hunger strikes is an age old practise of announcing displeasure against decisions at the national and domestic levels. The victims of BGT and ET also staged their protests in real life and its reflections are present in these narratives too. Anjali Deshpande's *Impeachment* is a page turner describing the life long struggle of the victims of BGT. In *Animal's People*, Zafar¹² plans to go on a hunger strike against the anticipated deal between the government and the Carbide. In *Enmagaje*, under the leadership of ESPAC (Endosulfan Spray Protest Action Committee) awareness classes, demonstrations and strikes were conducted. It is interesting to notice in all these narratives that the 'body' holds a unique status of being what is affected and also being a tool for protest.

The extent of their struggle is also closely related to their tolerance level too. According to Dr. Elli, the residents of Khaufpur tolerate so much that she hates the way people think, tolerate and put up with everything. They treat problems as normal and they do not respond to issues, which irritated her.

People tolerate it. This is the strangest thing of all about Khaufpur that people put up with so much. Take a look. It's not just blacked out streets and killer traffic, people in this city tolerate open sewers, garbage everywhere, poisoned wells, poisoned babies, doctors who don't do their jobs, corrupt politicians, thousands of sick that no one seems to care about. But wait, let someone come along with an open hearted offer to help, these same citizens can't tolerate it, in fact find it so intolerable they must mount a boycott. People in this city must be either blind or mad. I don't get the way Khaufpuris think.¹³

Dr Elli speaks from her own experience with the people of Khaufpuri. The situation in Khaufpuri is so worse that people do not bother to respond or react to their problems. They simply ignored issues that mattered, treated everything casually and moved on with a slow life.

3. Disabled Bodies

The most obvious reconfiguration of the body is the resulting 'D' bodies-disfigured and disabled bodies making them dependent bodies. *Enmagaje* records such characters extensively throughout the novel. There is a child whose entire body is filled with blisters¹⁴, a woman with Macroglossia¹⁵ (condition where there is an enlarged tongue, making it difficult to speak, eat and in some cases inability to close one's mouth also), a girl with Hydrocephalus¹⁶ (enlarged brain condition), kids with Rett syndrome¹⁷ (condition in which there is decelerated growth rate), a boy with Aniridia¹⁸ (absence of iris in the eyes), a kid with Bladder Exstrophy¹⁹ (condition where part of the urinary bladder is outside the body), brittle bone disease, and a lot of other neurological disorders. Animal, from his limited knowledge about the situation, recalls, 'the Kampani stood accused of causing the deaths of thousands on that night, plus it ran away from Khaufpur without cleaning its factory, over the years the poisons it left behind have found their way into the wells, everyone you meet seems to be sick.'²⁰ The sick people were dependent on the rest of them and thus turned out to be a burden to others.

These sick bodies tend to be misfits in the 'real world' and their bearers are thereby cast out as social misfits also. Another strand of thought that emerges from this is the 'myth of body perfect' which can create 'insiders' and 'outsiders' in a society. These outsiders are generally subjugated and they are characterised as alien figures. The society then tends to see a diseased person as deviant, infectious and abnormal. An individual with an imperfect body will be an outsider when compared to an individual with a perfectly healthy body who will be the insider. This insider/outsider division based on the medical state of the body is recorded in literature and it portrays the close relationship between literature, medicine and human nature. The flawed body generally tries to cross the frontier of imperfection and reach the so-called stage of flawlessness. Along with the incompleteness of their bodies, they are outsiders in the real world either because they are unaware of its existence or because they simply do not fit in like the villagers in *Enmagaje*.

For the victims, these tragedies leave them with a distorted perception about themselves and the world around. The notion of being normal and a life without defects is an abnormality to these people. But some individuals do hope for a normal and better tomorrow like Indra Sinha's Animal. Animal always wonders how it would feel like to walk on two legs and what it means to be normal and be with a woman. His hope about future alternates between a faith in Dr. Elli's treatments and a remorse for thinking about a cure. Animal struggles with his own dilemma about getting cured. He wants to be cured and walk on two legs. But that thought terrified him as he mentions 'it struck like a hurricane, surged up my spine like electricity, changed everything, the wild, stupid, unforgivable hope that she might cure me.'²¹

The plight of these people and their perceptions about themselves become more ambiguous with every social situation. Their deformities and disabilities have

reached a level where they find it difficult to get suitable spouses. According to Priyanka Pulla²², the ET victims do not get suitable life partners because of the stories that their genes are tainted and they cannot sell their lands or move out as their soil is poisoned.

4. Bodies of Natural Existence

The narratives chosen in this study offers a shimmering light of hope, which is more in accord with the Noble Savage Myth. This hope for future suggests bodies that can be called as the bodies of natural existence. In *Enmagaje*, Neelakantan and Devayani abandons the civil society for the second time to live in the jungle²³. From there on in the novel, they are called as man and woman by being detached from their lawful names. They end up in a cavern in the jungle where there are a lot of animals and birds with them. With elements of magic realism, we find the cavern asking them to strip away the shackles of civilisation. We get the image of the floating ark of Noah through the author's description of their new beginning²⁴. In *Animal's People*, Animal finally decides to continue his life on the fours in spite of the cure promised by Dr. Elli. He prefers to live like an animal, unbound by the rules of the society because as he says the laws of the society don't apply to an animal. Animal says,

If I have this operation, I will be upright, true, but to walk I will need the help of sticks. I might have a wheelchair, but how far will that get me in the gullis of Khaufpur? Right now I can run and hop and carry kids on my back, I can climb hard trees, I've gone up mountains, roamed in jungles. Is life so bad? If I'm an upright human, I would be one of millions, not even a healthy one at that. Stay four-foot, I'm the one and only Animal.²⁵

Animal prefers to be healthy and four legged rather than being a weak two legged man with a stick. In *Impeachment* Avidha finally realised the irrelevance of their struggle. She hopes that the victims will survive as they could do it earlier without the interim relief from the state²⁶. We could try to prepare a space for such victims to resuscitate. We could try not to treat them as an outcast, but as fellow human beings. We could be more careful about what we call them. As Zafar tells Animal that he is especially-abled and not dis-abled²⁷.

Thus through this chapter, I have tried to trace the probable re-configurations of the body through the select narratives on chemical disasters. I have suggested that, four specific cultural patterning of identities namely- display bodies, struggling bodies, 'D' bodies and bodies of natural existence have emerged through these incidents. I believe that this classification could be considered as a tool to read the narratives on chemical disasters.

Notes

¹ Enmagaje is the name of a village in the Kasargode district of the Indian state of Kerala. It was one among the many places affected by Endosulfan spraying and so is the name of a novel.

² Allen W. Batteau, 'Aggressive Technology in a Century of Industrial Disasters', *Practicing Anthropology* 23.4 (2001): 28.

³ S. Ravi Rajan, 'Disaster, Development and Governance: Reflections on the Lessons of Bhopal', *Environmental Values* 11.3 (2002): 369.

⁴ G. K. Mahapatro, 'The Case for Banning Endosulfan', *Current Science* 104.11 (2013): 1477.

⁵ Rajiv Lochan, 'Health Damage Due to Bhopal Gas Disaster: Review of Medical Research', *Economic and Political Weekly* 26.21 (1991): 1323.

⁶ To mention some of the existing discussions on BGT a) Satinath Sarangi, 'Bhopal Disaster: Judiciary's Failure', *Economic and Political Weekly* 30.46 (1995): 2907-2909. This commentary accuses the indifference of the legal system in providing justice to the victims of BGT. b) Betwa Sharma, 'Bhopal Gas Tragedy: New Victims', *Economic and Political Weekly* 41.17 (2006): 1613-1616. This study proposes how new victims have emerged through BGT due to groundwater pollution. c) Priyanka Pulla, 'Kerala's Endosulfan Tragedy: Did It Really Happen?' *Open Magazine*, June 1, 2013, viewed on 29 September 2014.

<http://www.openthemagazine.com/article/nation/kerala-s-endosulfan-tragedy>.

⁷ 'Body' is a category which is analyzed and studied across multiple disciplines today. For example, Deborah Lupton, *Medicine as Culture: Illness, Disease and the Body* (London: Sage Publications, 1994).

⁸ Ulrich Baer, *Spectral Evidence: The Photography of Trauma* (US: MIT Press, 2005).

⁹ Indra Sinha, *Animal's People* (Britain: Simon & Schuster, 2007), 3.

¹⁰ Ibid., 5.

¹¹ Ibid., 6.

¹² Ibid., 147.

¹³ Ibid., 151.

¹⁴ Ambikasuthan Mangad, *Enmagaje* (Kottayam: DC Books, 2009), 35.

¹⁵ Ibid., 38.

¹⁶ Ibid., 48.

¹⁷ Ibid., 53.

¹⁸ Ibid., 53.

¹⁹ Ibid., 55.

²⁰ Sinha, *Animal's People*, 33.

²¹ Ibid., 141.

²² Pulla, 'Kerala's Endosulfan Tragedy: Did It Really Happen?'.

²³ Mangad, *Enmagaje*, 148.

²⁴ Ibid., 146.

²⁵ Sinha, *Animal's People*, 366.

²⁶ Anjali Deshpande, *Impeachment* (India: Hachette, 2012), 67.

²⁷ Sinha, *Animal's People*, 233.

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The Language of Traumatic Grief in Samuel Beckett's *A Piece of Monologue*

Svetlana Antropova

Abstract

A Piece of Monologue is analysed in this chapter in relation to the specific characteristics of the language of traumatic mourning. The ghost-like Speaker, who is on the edge of his life, is 'hanging on words' for his existence. The memories of lost loved ones are haunting his present. And though mourning is part and parcel of old age, the Speaker is either incapable or reluctant to remember the ones he lost. Nameless ghosts and the anguish of losses pervade the Speaker's narration, his memory is a blur and his grief is mollifying. Petra G.H. Aarts and Wybrand op den Velde point out that 'Mourning for losses, giving meaning to and accepting past and present experiences, and (re)creating self-coherence and self-continuity are chores within each process; ego integration is the completion of both.'¹ Both self-coherence and self-continuity are vital to the sense of integrity and the construction of identity through time and any form of loss produces a rupture in the individual's psyche. Thus, manifold non-integrated losses time may result in traumatic grief and lead to the 'pathology of self' especially in old age, which is a period of inactivity and reflexions. Aarta and den Velde conclude that 'The losses that accompany senescence have been noted to reactivate not-worked-through traumatic contents.'² The Speaker's grief goes far beyond the mourning of his loved ones – he grieves over his shattered and lost self. 'Birth was the death of him', the first words in *A Piece of Monologue* reject any possibility of self-re/construction. The Speaker is on the fragile boundary between the two worlds: the world of the living and the world of the dead. Therefore, his speech acquires the poetic quality of a pendulum movement, which is analysed through the lens of the language of traumatic grief.

Key Words: Senescence, identity, temporal landmarks, traumatic grief, memory, mourning.

1. Introduction

It is the trauma of loss and mourning which Samuel Beckett artistically stages in *A Piece of Monologue*.³ On a practically bare stage, we see an aged man dressed in a white nightgown and socks as though he is ready to go to bed. The only character onstage, the Speaker is there to tell his life-story. Though the words flow non-stop, there is no linearity in the narration. The monologue is full of repetitions and contradictions, past images overlap, the narration is anchored neither in time nor in place, and the Speaker negates his own self: 'I' is erased in the discourse, substituted by a nameless 'he'. The text bears witness to ego disintegration. The

instability of the Speaker's memory and his fixation with repetition of certain past scenes and words cause me to analyse this play through the lens of trauma as pathology of self at an old age. Senescence is considered to be a period of reflexion, when a person needs to come to terms with his past events, to attach meaning to them and to integrate those events into his present state. Self-continuity and self-coherence are decisive to complete one's identity formation and reach ego integrity. Old age is the last developmental stage and the closer we are to death, the more acute we feel the need to reconstruct our life-story. Thus, memory starts to play a pivotal role:

During the succeeding stages of effective adjustment to aging, memory is a significant vehicle for moving toward ego integrity. An increase of reminiscence during senescence is a well-observed phenomenon.⁴

Nevertheless, in senescence our coping capacities are in decline and our memories are not as reliable as always. Moreover, the process of remembering is not a neatly paved road since it may be affected by manifold non-integrated losses which lead to traumatic grief. The losses of the ones we loved are part and parcel of old age. Those losses as such may reactivate other types of traumas in senescence.

Grief was and is hard to bear not only because of the loss and death of loved ones, but also because of the loss of an emphatic and positive self-image, or former beliefs, and of basic trust.⁵

In *A Piece of Monologue* the traumatic grief that the Speaker suffers from only reactivates the existential trauma of birth. And it is the poetic language which becomes the vehicle of representation of trauma in this play.

2. From Voluntary Forgetting to Involuntary Remembering

With all his loved ones gone forever, the Speaker's pain is so unbearable that he has formed mechanisms to repress memories, probably afraid to accept and give meaning to all his losses and, therefore, to his past life. Yet, rather than disappearing entirely, his painful memories come and go as in the movement of a pendulum, swinging back and forth. The latter may remind us of the rocking of a cradle or a comforting movement in our mother's womb. Such movement may be understood as a means for easing pain. Lost in the labyrinth of his memory and unable to give more meaning to his life, the Speaker is lulling himself to eternal sleep.

This desperate struggle to repress memories is mirrored in his speech, which resembles a pendulum movement: from voluntary forgetting to involuntary remembering. The mechanism of voluntary repression is represented in the

Speaker's action of tearing the pictures of his lost loved ones apart: 'Ripped from the wall and torn to shreds one by one.'⁶ The Speaker violently breaks all the pictures into small pieces as though he wants to erase these people not only from his sight but also to tear them from his heart. This pathologic desire to avoid the reminders of the lost loved ones is rooted in anger at the deceased for abandoning him, and means that the Speaker has not processed his losses.⁷ However, the Speaker fails to remove everything: 'Nothing on the wall now but the pins. Not all. Some out with the wrench.'⁸ Some still pinning a shred.'⁹ Shreds and wrenches remain both on the wall and in his memory. Thus, 'the blank wall' becomes his private graveyard of people he loved and lost. And since the act of actual loss happens on a physical level, a body is taken away, the Speaker tries to destroy the memories of his loved ones in a physical way, repressing the most painful of memories, and yet without consciously assimilating his losses. Consequently, the traces of the repressed memories emerge from the darkness of his voluntary oblivion and haunt his present.

A basic view of Freud's theory of the work of mourning is essential to the present discussion.¹⁰ In mourning, reality has shown that the object of our love no longer exists, and it proceeds to demand that all libido shall be withdrawn from its attachments to this object. Nevertheless, it takes great expense of time and cathectic energy to assimilate our loss; as a result, the existence of the lost object is psychically prolonged. Jeannette Malkin points out that '[T]he mourner takes the lost subject into the self, restructures through repetitions all the past moments, and reconstructs his or her own identity in terms of his bereavement.'¹¹ The Speaker undergoes the never-ending process of mourning, however, he prefers memory repression to the gradual assimilation of losses, and consequently there is no possible way of coming to terms with his own identity and his own past. Repressed memories leak from his subconscious and his self is split into repetitions of the most painful moments suffered at the funerals of his lost ones. Thus, despite his own wishes, the Speaker is prolonging the lives of the 'loved ones'. When he is standing staring at the blank wall, this wall is not blank for him - all of his loved ones are there:

Could once name them all. There was father. That grey void.
There mother. That other. There together. Smiling. Wedding day.
There all three. That grey blot. There alone. He alone. So on. Not
now. Forgotten. All gone so long. Gone.¹²

The images from the torn pictures materialize before his eyes. The shreds of the pictures and the blank wall trigger his memories. And remembering comes and goes in pendulum swings: he remembers and then instantly forgets. 'There was father,' and the next words: 'That grey void.' Although previously in the play he still remembered that it was his father who had taught him how to light a match by striking it on the buttock.¹³ Now he equals him to 'grey void' - a hole in his

memory. The memory of his mother is also scarce: 'That other.' Paradoxically, both 'mother' and 'father' lack the possessive pronoun 'his'. This lack of possessiveness isolates the Speaker from this world and uproots him from his origins.

While in traumatic grief, the lost subject loses its uniqueness and is absorbed into the Self. The Speaker's loved ones, thus, are faceless and nameless with their deaths not registered in time. The Speaker is unable to remember the exact time of his losses, so he calculates thirty seconds as the time passed between funerals, thirty seconds being a half swing of a metronome, which again brings pendulum movement to the foreground. These funerals are possible landmarks of the Speaker's autobiographic memory. Every funeral was a turning point in his life. With each funeral, part of him was lost never to be recovered. And he himself is gradually dying with every person lost to 'the black bubbling mud'¹⁴ or to the black void of voluntarily forgetting.

Not only does time make the ego merely a series of vaguely perceived selves, but even if the 'black nothing' were to offer up a view of the ego, there would be no means of articulating the inner self.¹⁵

The Speaker's body is the last remnant of himself left onstage: left to tell his story. While his memory narration bandies 'back and forth', he involuntarily remembers:

Rain pelting. Umbrellas round a grave. Seen from above.
Streaming black canopies. Black ditch beneath. Rain bubbling in
the black mud. Empty for the moment.¹⁶

This memory emerges out of the darkness of his oblivion and is a repressed traumatic memory as such, since the remembering is done on a sensory level. Narrated from a bird's-eye view, the Speaker is an observer from a distance. His auditory memory consists of different sounds of water, which may symbolise the Speaker's tears. And the main images in this memory are 'rain', 'umbrellas', 'coffin', and the black hole in the earth – the grave. Death becomes excruciatingly visual and merciless: black bubbling mud, ready to devour another faceless loved one. The coffin lacks a body, likewise the Speaker's memory lacks the names of his loved and lost ones, consequently 'who' is absent from the event as though it has been blanked out from the Speaker's memory. The lack of a body is relevant as it shows that the Speaker is unable to process the moment when the body disappears into the earth or he refuses to recognize the one who is dead and has been taken from him. The mollifying grief leads to the further memory blank-out and brings about an identity crisis in the play: 'Stands staring beyond half hearing what he's saying. He?'¹⁷

Unable to overcome his losses, the Speaker conjures up another ghostly dimension in the play: the ghostly realm of his own death. His self-description and the present onstage image confirm this: dressed all in white, standing motionless, staring beyond. The impersonal 'he' of his monologue takes on another meaning, apart from failure of personalization, it becomes a disembodied identity, which can travel in time and join his 'loved ones' in a ghostly reality.

The instability of the text, going backwards and forwards, together with the physical stage language, creates a nightmarish quality in *A Piece of Monologue*: we doubt whether the Speaker is a ghost conjuring up his memories, or whether it is the memories themselves who are conjuring up a ghost onstage.

3. 'Born Dead of Night'

The immobility of the stage tableau is opposed to the continuous cadence of the words, which sounds like an incantation and in form resembles a pendulum movement. All the segments of speech are balanced and separated by pauses. The whole monologue is framed by two extremes: birth and death.

With the simplest vocabulary – a profusion of monosyllables – and understated rhyme, assonance, and alliteration, Beckett has cadenced a human threnody that is at once a lamentation and a secular benediction on parting the dark.¹⁸

Hereafter, I analyse the beginning of the play in reference to the pendulum movement. I consider 'birth' and 'death' as the extremes of this movement in *A Piece of Monologue*. 'Birth' is the first word in the play and 'gone',¹⁹ is the last one. To a certain extent, the Speaker faces an existential crisis, 'birth/death' being the turning points of life: a surface meaning of his life is stripped away by the tragedy of manifold losses of his loved ones and he is there to meet the 'ultimate destroyer', death. The latter is already present on stage through the absence of light. The Speaker describes himself as 'born dead of night',²⁰ counting his life in thirty thousand nights. Like the swings of a metronome, one night comes and then is gone into an eternal image of his years of nights. Furthermore, we can relate the text to the trauma of birth.²¹

The following characteristics of the text were taken into view in order to justify the pendulum movement:

- 1) Lexical items (antonyms): birth – death, night – light, cradle – grave; east – west; night – day.
- 2) Balanced fragmentation of the text. The segments are short and have approximately the same duration. The majority of the words are monosyllabic.
- 3) Tenses. The opposition of the Past tense and the Present tense. E.g. '... to where the lamp is standing. Was standing.'²²

On the one hand, this opposition creates an instability of narration. On the other hand, it conjures up another parallel reality of the past which coexists with the present.

- 4) Prepositions of movement: 'again', 'from – to', 'back – forth', 'back – on', 'again and again gone',²³ 'again and again'.²⁴
- 5) Repetition-permutations. E.g. 'Ghost rooms. Ghost graves',²⁵ 'Never two matters. Never but the one matter.'²⁶ 'Up at nightfall. Every nightfall.'²⁷
- 6) Negation – affirmation, which signal memory instability. E.g. 'No more no less. No. Less. Less to die.'²⁸

The opposition of 'is-was' together with 'again and again gone' reminds the audience of hide-and-seek and brings about the association with the text to Freud's *fort-da* game, which can be related to separation anxiety. Visible one moment memories disappear into the darkness of oblivion, only to be remembered later and then to be forgotten again. As the major theme of *A Piece of Monologue* is mourning for losses, separation anxiety becomes meaningful. All the loved ones were taken from the Speaker dooming him to the eternal solitude of non-existence and uprooting him from the real world. And as he was unable to face their losses and re-construct his life without them, these gone loved ones destroyed the foundations of his identity. The text questions the brevity of life and poses a big dilemma: is the life, which is a continuous loss, worth living? Thus the brevity and utility of life as such is questioned in the play. Hence, the Speaker blames birth for his life of suffering:

| | |
|-----------------------|------------------------|
| Birth | was the death of him. |
| Again. | Words are few. |
| Dying too. | Birth. |
| Was the death of him. | Ghastly |
| grinning | ever since. |
| Up at the lid | to come. |
| In cradle | and crib. |
| At suck | first fiasco. |
| With the first | totters. |
| From mammy | to nanny |
| and back. | All the way |
| banded back | and forth. |
| So ghastly | grinning on. |
| From funeral. | to funeral. |
| To now. | This night. |
| Two and a half | Billion seconds. |
| Again. | Two and a half billion |
| | seconds. ²⁹ |

It is the image of death that becomes the engine of the part analysed, 'ghastly grinning ever since'³⁰ the moment of his birth, death becomes another character of *A Piece of Monologue*, moving the invisible pendulum of the Speaker's speech.

The pendulum movement in this paragraph is created, apart from balanced phrases and tempo, by repetitions, repetition-permutations, consonance, antonyms and the prepositions of backward-forward movement. The pendulum movement glides the text from the moment of the Speaker's birth to the present moment of 'This night' counting the number of seconds, which symbolises his life duration, 'Two and a half billion seconds', which are equal to 79 years of life. As it has already been mentioned, temporal landmarks are absent in the Speaker's memory. Instead, he uses prepositions to anchor his memories in time: 'again, up, in, from, to, back, back, forth, on, from, to, to, again'. All these prepositions deal with the direction of the pendulum movement towards one of the extremes. They signal a constant regression to his childhood/birth trauma and his anticipation of the trauma of death. The part analysed may be considered the Speaker's autobiographic memory, or a brief summary of his life: birth, fiascos and funerals.

Birth itself is presented in the text as something negative. All the words connected with birth sound unpleasant: 'first totters', as well as the first 'suck', were the Speaker's first fiascos in life. 'Sucking', linked to libidinal functions, points to his non-existent mother-child bond. Besides, putting 'mammy' and 'nanny' in the same segment only confirms the Speaker's lack of affection towards the mother figure and brings forward the trauma of birth.

As far as the phonetic analysis of this paragraph is concerned, the majority of words are monosyllabic with the predominance of the nasals [m/ n] and the lateral [l], which adds smoothness to the text, since these sounds may be prolonged without any friction between the articulators. Like well-oiled wheels, they roll the text forwards and backwards. The longest utterance in the paragraph is '[G]hostly grinning ever since'³¹ which interrupts the smooth movement and sounds rather unpleasant due to the velar plosive [g], used in the first two words. Following it are 'cradle' and 'crib', which are 'birth' images. And since both words have initial velar plosive [k], they sound unpleasant. The abundance of words, which start with labio-dental fricative [f] ('few', 'first', 'fiasco', 'funeral', 'from' and 'forth') moves the text forwards with difficulty and may symbolize obstacles in life.

The words in the opening speech of the play actually trace human growth through complementary speech development: the velar stop g and c, followed by the more sophisticated fricative f, and finally giving way to rhyme and more complex language structures and transpositions: 'From mammy to nanny and back'.³²

Considering this brief phonetic analysis, I came to the conclusion that 'pleasant' sounds (nasals, lateral) mostly occur in the words connected with death

(‘dying’, ‘night’, ‘gone’) and accelerate the pendulum towards the death extreme; and ‘unpleasant’ (fricatives, plosives) – with birth (‘cradle’, ‘crib’, ‘birth’, ‘first’, ‘fiasco’), therefore the backwards pendulum movement is not smooth. The backwards movement *per se* is connected with the process of remembering, which the Speaker tries to avoid consciously. The word ‘funeral’ contains both unpleasant [f] and pleasant [n], and though it is connected with ‘death’, this word is an exception, since it brings about painful memories for the Speaker. Therefore, the Speaker is craving for death and accelerating the movement of the pendulum towards the extreme of his death.

The word, which deserves a thorough phonetic analysis, is the first word of the play: ‘birth’. Kedzierski, who directed several of Beckett’s plays, writes ‘[T]he formidable sense of the articulatory aspect of the word [b3: θ] accounts for the spell Beckett’s texts cast on the imagination of so many actors and directors.’³³ The articulation of this word is a metaphor for the process of giving birth. The word starts with the bilabial plosive [b], the air is stopped by the lips and then suddenly released with an explosion. The same happens when a child leaves the mother’s womb and is being expelled ‘out’. The vowel [3:] may remind us of a gliding movement towards our mother’s genitals, towards the light; and then the labio-dental fricative [θ] may be considered as getting out of the mother’s body with difficulty. Although the word ‘death’ has a similar pronunciation, the Speaker finishes the play with the word ‘gone’, which stops the pendulum on the extreme of death. Beckett substitutes the unpleasantness of the word ‘death’ by the smoothness of the past participle ‘gone’, due to its ending in a prolonged nasal, thus it creates the process of gradually disappearing into a ghostly realm. We may understand that the Speaker’s last wish comes true: ‘[A]lone gone.’³⁴ The pendulum of speech stops. Already a ghost onstage in a shell of a body with nothing that anchors him to the present, the Speaker is ready to join his dead.

In conclusion, I would like to state that the pendulum movement of language in *A Piece of Monologue* becomes an important theatrical tool with various functions: 1) the device to ease the pain; 2) the mirror of memory processes; 3) the representation of trauma of birth/death; 4) the instrument to create two parallel realities.

Notes

¹ Petra G. H. Aarts and Wybrand op den Velde, ‘Prior Traumatization and the Process of Aging: Theory and Clinical Implications,’ in *Traumatic Stress: The Effects of Overwhelming Experience on Mind, Body and Society*, ed. Bessel A. van der Kolk, Alexander C. McFarlane and Lars Weisaeth (New York: The Guildford Press, 2007), 371.

² Ibid.

³ Samuel Beckett, *Complete Dramatic Works* (London: Faber and Faber, 1986).

⁴ Ibid., 368.

⁵ Ibid., 369.

⁶ Ibid., 426.

⁷ Selby Jacobs, *Traumatic Grief: Diagnosis, Treatment and Prevention* (Philadelphia, PA: Brunner/Mazel, 1991), 21.

⁸ 'Wrench' is used with both meanings in this text 1) an adjustable tool like a spanner; 2) a feeling of abrupt pain or distress caused by someone's departure.

⁹ Samuel Beckett, *Complete Dramatic Works* (London: Faber and Faber, 1986), 426.

¹⁰ Sigmund Freud, 'Mourning and Melancholia,' trans. James Strachey, *The Standard Edition of the Complete Psychological Works of Sigmund Freud* 4 (London: The Hogarth Press, 1925), 255.

¹¹ Jeanette Malkin, *Memory-Theatre and Postmodern Drama* (Ann Arbor: University of Michigan Press, 1999), 65.

¹² Beckett, *Complete Dramatic Works*, 426.

¹³ Ibid.

¹⁴ Ibid., 428.

¹⁵ Linda Ben-Zvi, 'The Schismatic Self in *A Piece of Monologue*,' *Journal of Beckett Studies* 7 (1982): 10.

¹⁶ Ibid., 428.

¹⁷ Ibid.

¹⁸ Ruby Cohn, *A Beckett Canon* (Ann Arbor: the University of Michigan Press, 2001), 358.

¹⁹ Ibid., 355. Ruby Cohn mentions that 'Gone' was the working title of the play.

²⁰ Beckett, *Complete Dramatic Works*, 429.

²¹ Otto Rank defined the trauma of birth as: 'Parece que el sentimiento de angustia primitivo que acompaña el nacimiento y cuya actividad se manifiesta durante toda la vida hasta la muerte, que separa el individuo de esta segunda madre en que se ha convertido para él el mundo exterior, es desde el comienzo, no una simple expresión de trastornos fisiológicos (dificultades respiratorias, estrechez, angustia) sufridos por el recién nacido, sino que adquiere un carácter afectivo, en el sentido psíquico del término, como consecuencia de la transformación de una situación voluptuosa al máximo en una situación en exceso penosa'. ('It seems that the primitive feeling of anxiety, which accompanies the trauma of birth, manifests itself throughout one's whole life until death. The latter separates the individual from its 'second mother', the surrounding world. From the very beginning this feeling of anxiety is not only a simple expression of a physiological disorder (respiratory difficulties, narrowness, anxiety) which a newborn suffers, but it also acquires a quality of affection from a psychological point of view as a consequence of a transformation of one voluptuary situation to an extreme into a pitiful one.' Translated by S. Antropova). Otto Rank, *El Trauma del Nacimiento* (Buenos Aires: editorial Paidós, 1961), 169-170.

²² Beckett, *Complete Dramatic Works*, 425.

²³ Ibid., 429.

²⁴ Ibid.

²⁵ Ibid.

²⁶ Ibid.

²⁷ Ibid.

²⁸ Ibid., 426.

²⁹ Beckett, *Complete Dramatic Works*, 426.

³⁰ Ibid.

³¹ Ibid.

³² Linda Ben-Zvi, 'The Schismatic Self in *A Piece of Monologue*,' *Journal of Beckett Studies* 7 (1982): 9-21, 14.

³³ Marek Kedzierski, 'Texts for Performance: Samuel Beckett's Late Works and the Questions of Dramatism, Performability and Genre', *Beckett in the 1990s: Selected Papers from the Second International Beckett Symposium*, ed. Marius Buning and Lois Oppenheim (Amsterdam: Rodopi, 1993), 279.

³⁴ Beckett, *Complete Dramatic Works*, 429.

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Part III

Trauma and the Female Body

Answering the Call of the Crying Wound: American Trauma Narratives of Victims of Femicide

Anne Bettina Pedersen

Abstract

In *Unclaimed Experience: Trauma, Narrative, and History* (1996), Cathy Caruth asks: 'Is the trauma the encounter with death, or the ongoing experience of having survived it?'¹ This chapter investigates a third trauma scenario: that of victims of femicide, whose stories are told from beyond the grave. The chapter examines Kate Millett's *The Basement: Meditations on a Human Sacrifice* (1979), Susanna Moore's *In the Cut* (1995) and Alice Sebold's *The Lovely Bones* (2002). These texts concern the stories of murder victims and thus provide counter-narratives to tales focused on the solving of the crime and/or the developing relationship between the (often male) investigators, in which the (often female) victim appears mainly in the guise of the corpse as prop – the object which, when discovered, propels the story. By telling the stories of the voiceless dead, Millett, Moore and Sebold endeavour to initiate the healing process, which has been hindered by death. The chapter details the different writing strategies employed when voicing these trauma narratives and uses texts by Margaret Atwood, Jacques Derrida, Alice Bennett and Ernest Becker to explore the act of writing from the viewpoint of the deceased. Through the use of Julia Kristeva's theory of abjection, as applied to Stephen King's *Carrie* (1974), the chapter addresses the complications involved in the process of reliving the traumas of the dead victims through writing. Since death renders the victims abject, their language becomes meaningless; their voicelessness is reflected in the authors' inability to express what happens when the living body transforms into a corpse.

Key Words: American literature, trauma narratives, murder victims, Kristeva, abjection, silenced voices, femicide, Becker, Derrida, (the moment of) death, Atwood, Caruth, Millett, Sylvia Likens, *In the Cut*, *The Lovely Bones*, *Carrie*.

1. Death Is Not (Always) the End

In *Negotiating with the Dead: A Writer on Writing* (2002), Margaret Atwood poses that 'perhaps all writing, is motivated . . . by a desire to make the risky trip to the Underworld, and to bring something or someone back from the dead.'² Usually, this feat is reserved for necromancers, deities or, as Ernest Becker explains in 'The Terror of Death' (1973), heroes: 'The hero . . . could go into the spirit world, the world of the dead, and return alive.'³ Further, Atwood suggests that the dead desire to communicate with the living: '[D]ead bodies can talk if you know how to listen to them[.] . . . They don't want to be voiceless; . . . [t]hey want us to know.'⁴ Since

the dead cannot speak for themselves, authors must speak on their behalf, acting as mediators, communicating the ‘sad stories’⁵ of the deceased to the living (readers).

The dead belong to the realm of the abject; thus, their language lacks meaning. For their stories to make sense, they must be decoded, interpreted and transcribed by the living. The moment of death, when the conscious, living body transforms into a corpse, proves the most complicated aspect of recounting trauma narratives belonging to the dead. Authors employ different strategies to avoid detailing this particular event, so fraught with mystery, so impossible to imagine. In *Afterlife and Narrative in Contemporary Fiction* (2012), Alice Bennett says of ‘the impossible narration of the dead’⁶ that voicing these stories ‘can [only] be achieved in fiction.’⁷ Telling the stories of the dead – ‘of the[ir] crying wound[s]’⁸ – requires creating a safe, imagined space for them.

The study takes as its starting point Kate Millett’s *The Basement: Meditations on a Human Sacrifice* (1979) and also draws in Susanna Moore’s *In the Cut* (1995) and Alice Sebold’s *The Lovely Bones* (2002). These three American trauma narratives concern victims of femicide: Millett’s narrative discusses the 1965 case of Sylvia Likens, whose torture and death was orchestrated by her guardian, Gertrude Baniszewski, Moore’s story proves part meditation on the phenomenon of femicide and part fictional murder mystery and, as Bennett explains, *The Lovely Bones* couples the fictional rape and murder of Susie Salmon with Sebold’s own personal rape trauma, as recounted in her 1998 memoir, *Lucky*.⁹

Bennett points out that ‘[i]n recent fictional afterlives, the majority of dead protagonists are victims of violent or unnatural death.’¹⁰ These stories function as counter-narratives to murder mystery narratives, such as David Lynch and Mark Frost’s *Twin Peaks* (1990-1991) and Nic Pizzolatto’s *True Detective* (2014), in which the corpse of the victim (often female) functions merely as a prop, propelling the narrative forward, while the story focuses on the solving of the main mystery – the identity of the murderer – and the developing relationship between the (often male) investigators. In contrast, as Bennett asserts, ‘the story of detection and discovery doesn’t drive the reading experience’¹¹ of afterlife narratives, which unveil the traumas of the silenced dead.

2. Channeling the Dead

In *Unclaimed Experience: Trauma, Narrative, and History* (1996), Cathy Caruth asks: ‘[I]s the Trauma the encounter with death, or the ongoing experience of having survived it?’¹² This question indicates that trauma and survival are inextricably linked. Yet, trauma narratives may also speak on behalf of those who do not survive traumatic experiences; the stories of murder victims may be told through the voices of writers. In *Demeure: Fiction and Testimony* (1998), Jacques Derrida discusses the problematics of narrating stories from beyond the grave. He explains the paradoxical position occupied by a dead narrator: ‘I am the only one who can testify to my death – on the condition that I survive it.’¹³ Since the

concepts of survival and death prove mutually exclusive, the act of narrating one's own death becomes impossible. As Derrida points out, 'according to common sense, I should not be able to say: I died or I am dead.'¹⁴ Thus, first-person narratives cannot be told directly from the perspective of the deceased. The voice speaking, through the writer, chronicling the trauma, will always only be an echo, an approximation, of the original voice; the stories of the dead are interpreted by and filtered through the consciousness of an author, whose voice is characterised by his/her subjectivity. Narratives told from the perspective of the deceased demand that the writer, the mediator, come up with a narrative strategy, which makes possible this scenario.

According to Atwood, the dead possess answers to mysteries: 'the dead control the past, they control the stories, and also certain kinds of truth.'¹⁵ To Millett, accessing Sylvia's voice entails unveiling the mystery surrounding the young girl's death. In her study, Millett seeks to uncover the motivation behind the torture and subsequent murder of Sylvia, as well as the logic behind the girl's apparent reluctance to escape her confinement; the author seeks to identify Sylvia's lost story. As Bennett poses, '[a]ll of the possible plots explored by dead narrators are about exhuming and bringing to light elements of stories which are otherwise in darkness and silence.'¹⁶ Millett's mission, then, is to rescue Sylvia from Gertrude's basement, by supplanting darkness with light (of truth) and silence with voice, restoring Sylvia's agency through narration. The recovery of Sylvia's story is meant to initiate the healing process of the dead girl, as well as Millett herself. Millett recounts how she waited fourteen years before being able to 'touch you with my voice, ... Sylvia Likens.'¹⁷ The author spent those fourteen years obsessing over the case, looking through courtroom transcripts and meditating on the demonization of the female body. On the first page of her study, Millett accounts for her narrative strategy: 'I will use the first person and I will speak to you [Sylvia] directly.'¹⁸ However, the author oscillates between numerous personae in her text, speaking on behalf of Sylvia, as well as her sister, Jenny, and several of Sylvia's tormentors.

Millett's Sylvia slowly progresses towards her death via a gradual process of abjection, initiated by her tormentors. In *Powers of Horror: An Essay on Abjection* (1982), Julia Kristeva explains that contact with bodily fluids, signifiers of the abject, forces a person into a position in which he/she is 'at the border of [his/her] condition as a living being.'¹⁹ The tormentors force Sylvia to participate in grotesque games, which combine into a theatre of the abject, centred on the body and bodily functions: Sylvia is beaten, branded, burned as well as forced to consume human waste and denied access to sanitary facilities and clean clothes. Torture transforms Sylvia into a 'nonperson,'²⁰ a 'depleted creature.'²¹ Using light and darkness as metaphors for life and death, Millett describes how Sylvia's mind and body deteriorate due to dehydration, malnutrition and head injuries: 'Can't think about nothin [sic], can't remember, can't concentrate. . . . I just lie down in

the bottom in the dark.²² Sylvia's memories are fading, and she becomes unable to remember even the simplest nursery songs and the alphabet.²³ Thus, she is gradually losing her ability to use language to make meaning. Further, Sylvia is losing her sight: '[I]t was just like my eyes was gone. Like empty holes in my face. . . . It's already mornin [sic] and I can't see.'²⁴ Finally, Sylvia is robbed of her physical voice; when facing the reality of death, the young girl is unable to scream: Instead, she hears '[t]his kinda scream . . . inside [my] head.'²⁵ Thus, the process of death, the emptying out of the self, has begun.

Kristeva argues that the abject exists '[o]n the edge of non-existence and hallucination, of a reality that, if I acknowledge it, annihilates me.'²⁶ Sylvia's last utterance consists of the acknowledgement, and welcoming, of death: 'Yeah, it's finally here.'²⁷ The moment of death is abrupt; immediately after Sylvia has realised/accepted the imminence of her demise, the young girl's final words are followed by half a page of blank space, suggesting that Sylvia's story has come to a conclusion. She has become abjection, unable to express meaning. Thus, Millett's study comes full circle, as Sylvia's death at the end of the book points to the author's role as mediator; since Sylvia is dead, she cannot write her own narrative. Millett offers readers a *meditation* on the young girl's traumatic story, as told via her (Millett's) own authorial voice, through which Sylvia's voice merely echoes.

3. The Language of the Abject

Voicing the stories of the dead proves problematic not only because speaking from that position should be impossible, but also because the language of the dead lacks sense. As Kristeva explains, the cadaver belongs to the realm of the abject: '[I]t is the human corpse that occasions the greatest concentration of abjection.'²⁸ Kristeva's definition of the abject as that which 'does not respect borders, positions, rules'²⁹ – a 'place where meaning collapses'³⁰ – may be applied to the language of the dead, who occupy a space beyond human comprehension.

According to Bennett, the afterlife 'is an object of speculation and imagination, but also a product of half-recollected experience, unreliable testimony and retold stories.'³¹ Death, then, is unknowable, its particulars contested. Death represents the dissolving of the self, the end of life, an incomprehensible and frightening concept. As Becker explains, 'of all things that move man, one of the principal ones is his terror of death.'³² Fictional heroes may overcome death, experience 'the greatest victory we can imagine',³³ but at the end of real life, death awaits. Kristeva links phobia, ultimately the fear of death, with language and explains that 'any practice of speech, inasmuch as it involves writing, is a language of fear',³⁴ defined by a lack, a want. This language is governed by a dream-logic, characterised by its resistance to interpretation:

We encounter this discourse in our dreams, or when death brushes us by, depriving us of the assurance mechanical use of speech ordinarily gives us, the assurance of being ourselves, that is, untouchable, unchangeable, immortal.³⁵

The desire felt by writers to confront and defeat death through the use of words, as exemplified by Atwood, coupled with the idea of death as a position/space devoid of meaning further complicates the act of writing about the process of transitioning from living human being to corpse. Imbuing the abject with logic proves an impossible task; the act of dying, the very event of passing from a conscious creature possessing the ability to use language to make meaning, to an entity – or a non-entity – with no language, no meaning, no voice, is seldom detailed through the eyes of the dying. Many writers either avoid narrating this particular event or avoid approaching the act of passing through the perspective of a first-person narrator.

At the end of Stephen King's *Carrie* (1974), Carrie White's demise is related through the eyes of Sue Snell, who encounters Carrie's unconscious, dying body. Sue portrays the dying girl as approaching abjection: '[t]he bleeding freak on this oil-stained asphalt suddenly seemed meaningless and awful in its pain and dying.'³⁶ Carrie's supernatural abilities allow her to enter Sue's mind, a process which forces Sue to experience Carrie's death (almost) first-hand. Carrie's transition from living subject, endowed with meaning, to abject corpse, and thus lacking in meaning, is signalled by the breakdown of her language, as witnessed by the thoughts projected by Carrie into Sue's mind. Due to her close proximity to Carrie, Sue becomes abject, as well. A lack of capitalization and punctuation characterises their telepathic communication: 'i killed my momma i want her o it hurts my chest my shoulder o o o i want my momma.'³⁷ Further, Carrie's words are supplemented with images and feelings, which prove impossible for Sue/the writer to narrate. Carrie is unable to finish her last sentence ('momma i'm sorry where'³⁸), and finally Sue hears only 'the blank idiot hum of prosaic electricity'³⁹ of a body abandoned by the mind. Through her mind-link with Carrie, a horrified Sue witnesses the mystery of death, a 'preview of her own eventual end.'⁴⁰ After the link with Carrie has been broken, Sue's brush with death loses its potency and takes its place among other repressed memories: 'The after-image began to fade reluctantly, leaving a blessed, cooling darkness in her mind that knew nothing.'⁴¹ Knowledge of the act of dying is presented here as detrimental to the human mind. As Becker explains, 'repression takes care of the complex symbol of death for most people.'⁴² The human mind, then, upon having encountered death, may protect itself by annihilating the memory of the event.

In Susanna Moore's *In the Cut*, the narrator, Frannie, tells the story from the first-person perspective, looking back, from beyond the grave, and unravelling for readers the mystery of a list of femicides, including her own. This novel also

exemplifies the idea that death lies beyond language, beyond meaning; at the end of the novel, Frannie, an English professor obsessed with words, has not made the transition from living entity to corpse yet. As death draws closer, Frannie contemplates ‘an essay on the language of the dying.’⁴³ She recounts how a person’s proximity to death affects their choice of pronouns. With death approaching, the dying may distance themselves from the experience by abandoning the use of the first-person singular pronoun: ‘The dying sometimes speak of themselves in the third person.’⁴⁴ Frannie refuses to accept that she is dying and tries desperately to hold on to her ‘I’: ‘I was not speaking that way. I said: I am bleeding. I am going to bleed to death.’⁴⁵ Yet, the last sentences of the novel capture her taking a further step towards death, as the third person pronoun ‘she’ replaces her ‘I.’ Although Frannie’s change of pronouns indicates that she will die from her injuries, she does not detail the act of dying nor does she reveal from where she is speaking; she does not describe a heaven or hell in which she is situated. However, she must inhabit some sort of afterlife. As Bennett explains, ‘[i]n order for retrospection of a completed life to be anticipated we have to posit the existence of an afterlife.’⁴⁶ Frannie’s narrative confirms the existence of an afterlife, yet she does not supply her readers with any details concerning that space.

4. **Becoming Death/The End**

In Sebold’s *The Lovely Bones*, Susie tells her story from a heaven that mirrors life on earth in the sense that this afterlife is governed by rules; therefore, Susie’s afterlife does not conform to the idea that the realm of the dead is defined by a lack of meaning. Further, as suggested by Bennett, this particular afterlife enables the murder victim to go through a healing process: Susie ‘recovers from the trauma of her murder through talking therapy and something approaching a support group.’⁴⁷ The narration of Susie’s trauma, via the author, also has a healing quality. In the novel, Susie laments: ‘All I could do was talk, but no one on Earth could hear me.’⁴⁸ Yet, Sebold hears her, or perhaps a voice representing victims of femicide in general. Sebold’s *Lucky* sets up the author’s own trauma as the origins of Susie’s tragic tale: on the first page of the memoir, Sebold links her own brush with death to a girl who was killed in the same tunnel where Sebold was raped. The author proclaims that she ‘will think of a girl in the last moments of her life,’⁴⁹ thus establishing her own stories as meditations on both her own violated body and the dead girl’s dismembered corpse.

Sebold’s story conforms to the idea that the moment of death belongs to the category described by Bennett as ‘[t]he non-narrative and unnarratable aspects of life after death.’⁵⁰ At the end of chapter one, Sebold condenses Susie’s death into a single sentence: ‘The end came anyway.’⁵¹ The details of the process of transition are left out. At the beginning of chapter two, Susie has already transitioned. Readers are given a few clues as to what happens between the two chapters. For instance, Sebold refers to Susie as having been ‘in transit,’⁵² inhabiting a liminal

space, in which she appears to have been a non-corporeal, intelligent entity, able to enter her killer's consciousness, yet at the same time still attached to the severed limbs of her body. Susie provides readers with details concerning her death, told partly from her killer's point of view. She slips inside Mr. Harvey's mind and decodes his thoughts and physical sensations: when he showers after the murder, '[h]e felt a calm flood him. . . . [H]e felt the warm water wash me away and he felt thoughts of me then [and] a prickling pleasure of goose bumps.'⁵³ Mr. Harvey's flashbacks of the murder, clearly relished by him, are told through Susie: 'My muffled scream in his ear. My delicious death moan. The glorious white flesh . . . split, so perfectly, with the blade of his knife.'⁵⁴ In relating the killer's thoughts, Susie distances herself from the trauma. This process of dissociation begins prior to her death, during the rape: 'I began to leave my body; I began to inhabit the air and the silence.'⁵⁵ In dissociating herself from her body, Susie is trying to protect herself from the trauma. After Susie's death, the healing process will begin, in heaven and through the telling of her story.

Writers, in voicing the trauma of the dead, and thus transcribing their meaningless language into coherent discourse, may be said to become Becker's 'divine hero[es] . . . who had come back from the dead.'⁵⁶ Since authors act as representatives for the deceased, the murder victims are resurrected, their stories translated into trauma narratives. When death has hindered the healing process, authors may attempt to alleviate the suffering of the deceased by channelling and/or creating the voice of the dead person. However, the narrative strategies employed in these stories reveal the difficulties of recounting the act of dying – the transition from conscious subject to meaningless abjection.

Notes

¹ Cathy Caruth, *Unclaimed Experience: Trauma, Narrative, and History* (Baltimore: The Johns Hopkins University Press, 1996), 8.

² Margaret Atwood, *Negotiating with the Dead: A Writer on Writing* (New York: Cambridge University Press, 2002), 156.

³ Ernest Becker, 'The Terror of Death,' *The Denial of Death* (New York: The Free Press, 1973), 12.

⁴ Atwood, *Negotiating with the Dead: A Writer on Writing*, 163.

⁵ *Ibid.*, 163.

⁶ Alice Bennett, *Afterlife and Narrative in Contemporary Fiction* (London: Palgrave Macmillan, 2012), 103.

⁷ *Ibid.*

⁸ Caruth, *Unclaimed Experience: Trauma, Narrative, and History*, 8.

⁹ Bennett, *Afterlife and Narrative in Contemporary Fiction*, 105.

¹⁰ *Ibid.*, 103.

¹¹ *Ibid.*, 104.

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- ¹² Caruth, *Unclaimed Experience: Trauma, Narrative, and History*, 6.
- ¹³ Maurice Blanchot and Jacques Derrida, *The Instant of My Death / Demeure: Fiction and Testimony*. Trans. Elizabeth Rottenberg (Stanford: Stanford University Press, 2000), 45.
- ¹⁴ *Ibid.*, 46.
- ¹⁵ Atwood, *Negotiating with the Dead: A Writer on Writing*, 178.
- ¹⁶ Bennett, *Afterlife and Narrative in Contemporary Fiction*, 103.
- ¹⁷ Kate Millett, *The Basement: Meditations on a Human Sacrifice* (New York: Touchstone, 1991), 11.
- ¹⁸ *Ibid.*, 11.
- ¹⁹ Julia Kristeva, *The Powers of Horror: An Essay on Abjection* (New York: Columbia University Press, 1982), 3.
- ²⁰ Millett, *The Basement: Meditations on a Human Sacrifice*, 93.
- ²¹ *Ibid.*, 333.
- ²² *Ibid.*, 305.
- ²³ *Ibid.*, 324.
- ²⁴ *Ibid.*, 341.
- ²⁵ *Ibid.*
- ²⁶ Kristeva, *The Powers of Horror: An Essay on Abjection*, 2.
- ²⁷ Millett, *The Basement: Meditations on a Human Sacrifice*, 341.
- ²⁸ Kristeva, *The Powers of Horror: An Essay on Abjection*, 149.
- ²⁹ *Ibid.*, 4.
- ³⁰ *Ibid.*, 2.
- ³¹ Bennett, *Afterlife and Narrative in Contemporary Fiction*, 1.
- ³² Becker, 'The Terror of Death,' 11.
- ³³ *Ibid.*, 12.
- ³⁴ Kristeva, *Powers of Horror: An Essay on Abjection*, 38.
- ³⁵ *Ibid.*, 38.
- ³⁶ Stephen King, *Carrie* (London: Hodder and Stoughton, 1974), 230.
- ³⁷ *Ibid.*, 229.
- ³⁸ *Ibid.*, 230.
- ³⁹ *Ibid.*, 231.
- ⁴⁰ *Ibid.*, 230.
- ⁴¹ *Ibid.*, 231.
- ⁴² Becker, 'The Terror of Death,' 28.
- ⁴³ Susanna Moore, *In the Cut* (New York: Plume, 1999), 180.
- ⁴⁴ *Ibid.*, 180.
- ⁴⁵ *Ibid.*, 180.
- ⁴⁶ Bennett, *Afterlife and Narrative in Contemporary Fiction*, 36.
- ⁴⁷ *Ibid.*, 6.
- ⁴⁸ Alice Sebold, *The Lovely Bones* (London: Picador, 2003), 32.

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- ⁴⁹ Alice Sebold, *Lucky* (London: Picador, 2011), 11.
⁵⁰ Bennett, *Afterlife and Narrative in Contemporary Fiction*, 16.
⁵¹ Sebold, *The Lovely Bones*, 15.
⁵² Ibid., 10.
⁵³ Ibid., 50.
⁵⁴ Ibid., 50.
⁵⁵ Ibid., 14.
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Rupture, Repetition and Recovery: The Eucharist and Trauma

Karen O'Donnell

Abstract

This chapter seeks to explore the contention that understanding the Eucharist in the context of the trauma of the Annunciation-Incarnation event is not only in line with ancient Christian traditions, but is also a fruitful avenue for exploring contemporary issues within Christianity, specifically the issue of ordination of women. Beginning with an exploration of the psychoanalytical understanding of the features of a traumatic event as the rupture of bodily integrity, time, and cognition, this chapter suggests that it is possible to see Mary experiencing all three of these ruptures. Thus, it is legitimate to consider this event through the lens of trauma theory. In doing so, it becomes possible to view the Eucharist as a non-identical repetition of the Annunciation-Incarnation event. In examining the modes of trauma recovery, this chapter seeks to demonstrate that Mary must be considered to be both the archetypal and prototypical Christian. In the story of her journey to her cousin Elizabeth's house and the words of her Magnificat, the stages of trauma recovery can clearly be seen – the re-establishment of bodily integrity, the construction of a trauma narrative, and making the trauma a gift to the wider community. It is the contention of this chapter that this model of trauma recovery is repeated in the liturgy of the Mass as Christians seek to follow Mary's example in their re-experience of the Annunciation-Incarnation event in their reception of the Eucharist. Finally, this chapter explores the effects of this understanding of the Eucharist and suggests that in placing Mary and her experience at the heart of the Eucharist, questions are raised about both the role and gender of priests. Furthermore, it posits a multi-valent understanding of the Eucharist as essential and suggests that it is the Annunciation-Incarnation event which is the high point of theological discourse.

Key Words: Trauma theory, feminism, gender, rupture, healing, Eucharist, priesthood, theology.

1. The Annunciation-Incarnation Event as Trauma

This chapter is focused on themes of rupture, recovery and repetition. It will consider the Annunciation-Incarnation event experienced by Mary through the lens of trauma theory and explore the implications of such a perspective in the context of the Eucharist.¹ This linking of events inevitably means that our consideration will focus on both the flesh of Mary and the body of Christ. We will then proceed to explore the Eucharist and its liturgical form as a repeated re-actualisation of the enfleshing of the Divine Son and to consider the consequences of such a re-

interpretation of the Eucharist. I will demonstrate how this alternative perspective on the Eucharist can help to open up avenues for equality within the church both in terms of gender and social justice.

Psychologists dealing with trauma outline a number of characteristics of traumatic events. These can all, however, be considered as forms of rupture. In the first place a traumatic event is a rupture of self – frequently taking the nature of a threat to bodily integrity. In the post-structuralist language of psycho-analysis, the psyche is construed as a part of the body, bringing psychic wounds into our consideration alongside physical ones. We should note in this context that although the word ‘trauma’ usually has negative connotations, such adverse associations are not integral to the definition of the term in the field of psycho-analysis. Mardi Horowitz defines traumatic events as ‘those that cannot be assimilated with the victim’s ‘inner schemata’ of the self in relation to the world.’²

The Annunciation-Incarnation is, with regards to bodily integrity, a traumatic event. With the sudden, miraculous conception of a baby, Mary’s bodily integrity is ruptured. The enfleshing of the Divine Son in Mary’s womb is a physical rupturing of her flesh to make way for the flesh of God. Furthermore, this is an event which cannot be easily assimilated with Mary’s own sense of self in relation to the world. Mary’s sense of self requires rebuilding to encompass this new ‘self’. This will be seen later in the narrative in the words of her Magnificat. Mary processes the trauma of the Annunciation-Incarnation event and creates a new concept of self-identity as one who will be called blessed because of what God has done in her (Luke 1:48-9).³

The second characteristic of traumatic events is that of a rupture in time. It is my contention that the Annunciation-Incarnation event is a disruption in the empirical notion of time. Mary is suddenly a pregnant woman with all the attendant responsibilities and requirements of pregnancy and motherhood. Mary’s flesh is ruptured, in particular, by this Incarnation, but the very fabric of time and the substance of humanity are ruptured by the embodiment of the Divine Son in this human woman. Tina Beattie, in her work on Mary and the Gospels, similarly characterizes the Annunciation-Incarnation event as ‘a moment of radical discontinuity in the history of humankind.’⁴

This rupturing of time is also seen in the elements of repetition inherent in trauma. This repetition expresses itself in a variety of different ways. In victims of Post-Traumatic Stress Disorder (PTSD) such a characteristic might commonly reveal itself as recurring nightmares or hallucinations. For some victims it might manifest itself as consciously or subconsciously designed ritual actions, repeated as the trauma is relived, in an effort to find meaning and peace. This phenomena of repetition will be considered later in the context of liturgy.

The final characteristic of a traumatic event is connected to cognition. When the empirical notion of time has been ruptured by the Incarnation of the Divine Son, this break leads to a rupture in cognition and an impotency of language. The

Annunciation-Incarnation event is inaccessible to knowledge. Mary asks the question herself – ‘[H]ow can this be?’ in Luke 1:34, as she does not understand the news she has received. Serene Jones notes that ‘Mary is immediately “perplexed” and for good reason. What could an angel want with her, a poor girl with nothing to offer?’⁵ Indeed it is only later, when she visits her cousin Elizabeth, that we see Mary attempt any access into the meaning of this event both for herself and for humanity through the words of her Magnificat.

2. A New Vision of the Eucharist

Understanding the Annunciation and the Incarnation as inseparably and inextricably linked, as well as seeing them as parts of the same traumatic event focused on the figure of Mary, opens the door for a reinterpretation of the Eucharist through the lens of this trauma theory. This is a *reinterpretation* because the Eucharist is usually primarily regarded in the light of the Paschal suffering of Christ. Trauma theorists suggest that ritual action (or reliving of memory) associated with those suffering from PTSD is not repeating the traumatic event itself, but rather repeating that which made the event traumatic in the first place – the fact of having missed something, or the shock of survival.⁶ By understanding the Eucharist not in terms of the Cross-event, or even specifically the Last-Supper-event, but in terms of the Christ-event – the Annunciation-Incarnation, one can see this sacrament as a repeating of the traumatic event – the shock of survival that is both Mary’s and ours. This is witnessed in the Eucharistic celebration as the continual return of something not understood.

3. Perspectives

Much of the recent discussion about sacraments in general and the Eucharist in particular has focused on the connections between sacrament and the Easter experience. Louis-Marie Chauvet argued that the Pasch of Christ is the essential event from which our theological discourse begins. He suggests that the hypostatic union is important but has been read backwards into liturgy. From his perspective, the ancient cores of liturgical tradition are passion-focused. Chauvet rejects this ‘backward’ reading of hypostatic union and yet also suggests that we interpret the Incarnation from the beginning point of Easter – a backward reading itself!⁷

In considering the sacraments, Chauvet writes ‘[T]o theologially affirm sacramental grace is to affirm, in faith, that the risen Christ continues to take flesh in the world and in history and that God continues to come into human corporality.’⁸ For Chauvet, this statement supports his understanding of the Pasch of Christ as the fundamental event in theological discourse. But if one takes a close look at what he has affirmed here one can see that this is not a statement about death or about the cross, but rather it is a statement about life. To affirm that, in sacrament, ‘God continues to come into human corporality’ is to place the Annunciation-Incarnation event at the heart of the sacraments. It is an affirmation

of the creative, transformative power of God at the heart of God's revelation and relation to human kind.

Even recent attempts by theologians to come to fresh understandings of the sacraments are invariably passion focused. For example, Shelly Rambo⁹ has sought to challenge the dominant redemptive metaphor of Christ's work on the cross. In her work on trauma and the Spirit, Rambo re-examines the narrative of the death and resurrection of Jesus from the perspective of Holy Saturday and develops a theology that addresses living in the aftermath of trauma. But Rambo's work is still focused on death and the cross as *the* traumatic event. What would Rambo's theology look like if she saw the Annunciation-Incarnation as traumatic event? Perhaps she would conclude that to be Christ-like, to be Christian, is not to be subsumed into the death and resurrection (for, as she rightly points out, not all events are redeemed). Rather, to be Christ-like is to be born again (and again) in the celebration of the Eucharist.

4. Whose Trauma?

The trauma being repeated in the Eucharist is not the trauma of the Cross but of the Annunciation-Incarnation which is non-identically repeated in the Eucharist. But for whom is this event traumatic? In the particular, it is traumatic for the historical person of Mary but in general it is traumatic for Mary as the archetypal Christian – it is traumatic for all of us. This is traumatic for us as our experience of the real presence of Christ in the Eucharistic liturgy is an experience of rupture. As we eat the bread and drink the wine, the flesh of our bodies is ruptured with the presence of God. This ruptures our experience of time as we become caught in the remembering of the ancient Incarnation event, alongside the eschatological hope of the parousia. As a mystery of the Church, the Eucharist remains an event that defies cognition.

When we partake in the sacrament of the Eucharist, we offer the sacramental earthly materials of the bread and wine in a way that mimics Mary's offering of her body. In these earthly materials, the Divine Son is enfleshed and embodied. We then share in Mary's traumatic experience as we take the body of Christ within us – posing a rupture to our own bodily integrity. This consumption disrupts time and ruptures our conception of self. The bearing of God within us is not something that can, to recall Horowitz's terms, be assimilated with our 'inner schemata' of self in relation to the world, but rather, requires a reassembly of self and a reorientation of person in line with the divine. The Eucharist is, then, a traumatic experience as a repetition of *the* traumatic experience.

5. Trauma Recovery and Sacramental Liturgy

Having experienced our own trauma in our participation in the celebration of the Eucharist, we are in need, as Mary was, of a process of trauma recovery. It is possible to mark out three stages to trauma recovery. Stage one is the establishment

of safety and bodily integrity. Stage two is focused on constructing a trauma narrative. Finally, stage three is focused on giving the trauma value – making, of it, a gift.¹⁰ These stages are evident in Mary's recovery from the trauma of the Annunciation-Incarnation event and in the liturgies that form our own trauma recovery.

In the months following the Annunciation-Incarnation event, we can clearly see the elements of Mary's recovery from the trauma. To begin with, Mary establishes her own safety and bodily integrity. She goes 'with haste' to her cousin's Elizabeth's house and stays with her for about three months.¹¹ It is easy to read this visit as an escape to a place of safety, perhaps where she can deal with the early symptoms of pregnancy away from prying eyes and with the comfort of a sympathetic friend.

In terms of the second stage of recovery, a fundamental element is the reconstruction of the trauma narrative. In reviewing the meaning of the traumatic Annunciation-Incarnation event, Mary comes to understand the event as one in which God has showed her favour and for which she can give thanks. She restructures her own identity as one whom future generations will call 'blessed',¹² and thus comes to 'reconstruct a system of belief that makes sense',¹³ in the light of her traumatic experience. Mary's Magnificat begins with a spiritual, confessional testimony in which she worships God, acknowledges his greatness, and how she has been favoured by Him. It is part of her healing from this traumatic event. The second part of the Magnificat, however, has the political and judicial flavour of a more public aspect of testimony. This is focused on the justice of God being made known in the world. Thus the meaning of this traumatic event is reframed by Mary into public, political and judicial terms.

The third and final stage of recovery from trauma is the stage in which the 'survivor reclaims her world',¹⁴ and reconnects with the wider environment around her. This survivor mission is revealed both in the immediate words of the Magnificat, but also in the longer term action of Mary. Mary recognises the political and religious dimension of the trauma of the Annunciation-Incarnation event and establishes the meaning of her own experience of this event as the basis for social action. In this way the trauma of her experience is transcended and made into a gift for others. Her survivor mission is one in which she makes a gift of the consequence of this trauma – in this case her child – to the whole world.

The liturgy of the Mass provides our recovery from this traumatic event even as it re-actualises and remembers that same event in the Eucharist. We can see this recovery from trauma in the format of the liturgical celebration of the mass. Beginning with the Introductory Rite, the congregation is welcomed into the church as a place of safety, and through the Act of Penitence they establish their bodily integrity as they are absolved from their sins. The liturgies of the Word and of the Eucharist follow the Introductory Rite, in which a trauma narrative is constructed from Scripture and through the remembering of the traumatic event.

Finally, the congregation is dismissed out into the world, called to go forth in peace and share the good news of Jesus with those around them.

The liturgy is, itself, a recovery from the trauma of the Annunciation-Incarnation event, a place where one comes to terms with the shock of survival and processes the meaning of the trauma, even as one re-enacts the traumatic event once again. In his work on theology, psychoanalysis and trauma, Marcus Pound has drawn a correlation between the Incarnation and the Eucharist. He suggests that 'trauma is not merely a useful metaphor for transubstantiation; rather, Christ's incarnation and subsequent identity with the Eucharist is the paradigm for trauma...' and finally concludes that the Eucharist is the 'very place of dramatic and traumatic confrontation – because the Eucharist only works if God breaks into time, *every* time, and it is not simply celebrated as an act of remembrance.'¹⁵ Trauma is essential to the Eucharist, even as the liturgical celebration of the Eucharist, and thus the Annunciation-Incarnation event, provides a recovery from that trauma. I believe an exploration of sacraments such as baptism, reconciliation and anointing of the sick through the lens of trauma theory would perhaps be equally fruitful and offer a fuller understanding of how the Church can offer a sacramental process of healing to sufferers of both combative and non-combative PTSD.

6. The Eucharist and Trauma

What, then, can trauma theory offer to a re-envisioning of Eucharistic celebration? Through seeing the Eucharist as focused on the Annunciation-Incarnation event of the Divine Son becoming enfleshed in earthly materials and understanding the Eucharist as a ritual repetition of this traumatic event, Mary is placed at the heart of the Eucharist celebration. As prototype Christian she offers the first earthly materials, her own womb, for the enfleshing of God. It would be tempting to suggest that, because of the significance of Mary in the origin of this trauma, all those offering Eucharistic celebrations must be women, but this is hardly in line with the theme of unity seen repeatedly in the early celebrations of the liturgy. In the *Didache* we see a theme of the eschatological unity of the Church. In his letter to the Corinthians, Paul is focused on the unity of the assembly in sharing the Eucharistic bread. In the later theology of Cyril of Alexandria, we see the driving theme of participation in the Eucharist offering both horizontal and vertical unity.¹⁶ Thus, to truly re-enact this traumatic event, in the spirit of the unity of the sacrament so prevalent in the minds of these Christians, I suggest that the gender of the priest should not be bound in difference but in unity, in the sense that either man or woman can symbolically represent humanity in the offering of the earthly things to God. The Annunciation-Incarnation event that is re-membered and re-actualised in the Eucharist is as intimately connected with the feminine body of Mary as it is with the masculine body of Christ. Our vision of priesthood in the Church should reflect this.

Furthermore, one can suggest that, in line with the early believers, a sacramental liturgy may have many meanings which are given substance in the minds of those enacting the liturgy. The Eucharist can be a remembrance of Jesus' final meal, a sacrificial ritual or a non-identical repetition of the enfleshing of the Divine Son in earthly material. To place one meaning over and above another is to make that meaning an idol. The understanding of the Eucharist as sacrificial ritual has consistently been prioritised and idolised. It has given rise to an idolisation of suffering and a pattern that insists on suffering as part of the Christian life, before redemption can be achieved. Such an understanding of suffering does not promote a healthy psychological relation to the body, to pain, and not all situations are redeemed. A more positive understanding of the Eucharist is to see it as recovery from trauma, non-identical repetition of trauma, and the perpetual uniting of humanity with divinity.

Shifting the focus of the traumatic event that is remembered in the Eucharist from the Cross to the event of the Annunciation-Incarnation, allows the opportunity to challenge the orthodoxy and validity of atonement theory, so often prescribed only for the weak, voiceless and powerless in society to maintain unjust social structures. The body must be relocated as the fundamental component of God's mode of interacting with humanity – the body is both the revelation of God through the flesh and blood of Jesus and his mother Mary, as well as being the way in which God relates to humankind – through body – ours and His. Whilst not wishing to remove the celebration of the Eucharist entirely from the death of Christ, this original traumatic event is, I believe, one that ought to be taken into account in our varied understandings and interpretations of the Eucharist. The origin event is not the violence of the cross indicating that the only way to be Christ-like is to suffer, but rather the Annunciation-Incarnation event indicating that to be Christ-like is to be reborn in the unity of the Spirit and take one's place among the earthly things.

Notes

¹ In the course of this chapter the Annunciation will frequently be referred to as the Annunciation – Incarnation event as it is my contention that the two events are inextricably related and one cannot be considered without reference to the other.

² Judith Herman, *Trauma and Recovery* (New York: Basic Books, 1992). 33

³ The *New Revised Standard Version* is used for all biblical references unless otherwise stated.

⁴ Tina Beattie, *Rediscovering Mary: Insights from the Gospels* (Tunbridge Wells, Kent: Burns & Oats, 1995). 28.

⁵ Serene Jones, *Trauma and Grace: Theology in a Ruptured World* (Louisville, Kentucky: Westminster John Knox Press, 2009). 115.

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- ⁶ Dirk G. Lange, *Trauma Recalled: Liturgy, Disruption, and Theology* (Minneapolis: Fortress Press, 2010). 8.
- ⁷ Louis-Marie Chauvet, *Symbol and Sacrament: A Sacramental Reinterpretation of Christian Existence*, trans. Patrick Madigan and Madeleine Beaumont (Collegeville, Minnesota: A Pueblo Book published by The Liturgical Press, 1995). 486.
- ⁸ Ibid. 490.
- ⁹ Shelly Rambo, *Spirit and Trauma: A Theology of Remaining* (Louisville, Kentucky: Westminster John Knox Press, 2010).
- ¹⁰ Judith Herman, *Trauma and Recovery: From Domestic Abuse to Political Terror* (London: Pandora, 2001). 156
- ¹¹ Luke 1: 39-56.
- ¹² Luke 1: 48.
- ¹³ Herman, *Trauma and Recovery*. 178.
- ¹⁴ Ibid. 196.
- ¹⁵ Marcus Pound, 'Eucharist and Trauma,' *New Blackfriars* 88, no. 1014 (2007). 193-4.
- ¹⁶ Enrico Mazza, *The Celebration of the Eucharist: The Origin of the Rite and the Development of Its Interpretation* (Collegeville, Minnesota: A Pueblo Book by Liturgical Press, 1999). 81

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Eating Disorders: Traumatic Context and Interventions

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Abstract

Historically, women's eating disorders have been illustrated with such terms as 'chlorosis', 'neurasthenia' and 'hysteria'. Contemporarily, we have seen the increase in eating disorders since the 1970s, possibly correlated with the general phenomenon of cultural gender role change. This has been posited to be attributable to the confusion of the terms 'sex' and 'gender'. Sex, or that which is biological, is seen to be either female or male, while gender, or that which is socially given, is masculine or feminine. This traumatic bifurcation implicitly involves a cultural dualism. The theoretical consideration of eating disorders has been likened to the crystallization of culture, with three cultural axes: the dualist axis, control axis, and the gender/power axis. Dualism can be thought of as a denied dependency on a subordinated or traumatized other. Within this frame, human existence is bifurcated into two territories or substances: that of the body and materiality, as delimited from that of the mental and spiritual. The body is that which must be escaped from, a prison and an enemy with which to struggle. In this battle, thinness represents a triumph of the will over the body. The control axis is informed by the experience of one's hungers as being out of control. One's ability to ignore hunger and pain are evidence of one's control over one's own body, often the only control one experiences. The gender/power axis is informed by the experience of one's 'female' portions of one's body, usually at menarche, as a disgusting appropriation of one's body by fat. These symptoms can be seen as an unconscious protest at the limitations of the traditional female role. Successful interventions with eating disorders will take into account these intersecting factors. The range of current treatment interventions in consideration of the traumatic context will be discussed.

Key Words: Traumatic cultural context, interventions, gender role, dualism, female, eating disorders.

1. Introduction

Historians long ago began to write the history of the body. They have studied the body in the field of historical demography or pathology; they have considered it as the seat of needs and appetites, as the locus of physiological processes and metabolisms, as a target for the attacks of germs or viruses; they have shown to what extent historical processes were involved in what might seem to be the purely biological "events" such as the

circulation of bacilli, or the extension of the lifespan. But the body is also directly involved in a political field; power relations have an immediate hold upon it; they invest it, mark it, train it, torture it, force it to carry out tasks, to perform ceremonies, to emit signs.¹

The death of the singer Karen Carpenter in 1983 focused attention on eating disorders.² The dissonance between her stardom and death from anorexia served to convince people of the profound seriousness of eating disorders. Much of the clinical literature on eating disorders attempts to link eating disorders with one or another specific pathogenic condition, such as the depressive, perceptual, hypothalamic or affective geneses. Yet, both anorexia and bulimia appear in ever-increasing diverse populations of women, reducing the possibility of describing a distinctive profile for each.³

2. History

Hippocratic texts of fourth century Greece described a 'young women's disease' beginning at menarche, characterized by amenorrhea, wasting away, great hunger, vomiting, depression, suicidal ideation, anxiety, aches and pains and breathing difficulties.⁴ Other authors described a disorder known as 'chlorosis,' where young girls exhibited symptoms of amenorrhea, appetite disturbance, bingeing and vomiting, depression, anxiety, headache, slenderness, breathing difficulties and insomnia, as well as a disturbed body image.⁵

Savage portrayed a typical case of 'neurasthenia' as one in which

a woman, generally single...becomes bed-ridden, often refuses her food, or is capricious about it, taking strange things at odd times, or pretending to starve....The body wastes, and the face has the thin, anxious look not unlike that represented by Rossetti in many of his pictures of women.⁶

Additionally, Breuer and Freud described a malady which they called 'hysteria,' so named because it was believed to originate in the uterus.⁷ It has been characterized as 'a dramatic medical metaphor for everything that men found mysterious or unmanageable in the opposite sex.'⁸ Chronic vomiting, depression, anxiety, headache, difficulty breathing, insomnia, menstrual irregularity and anorexia characterized this disorder. The above disorders have many similar qualities to the common contemporary understanding of eating disorders.

3. Traumatic Context

Changes in the incidences of eating disorders have been astonishing. In the 1970s, Bruch published her pioneering works on eating disorders and was still able

to state that anorexia was very 'rare indeed.'⁹ Epidemiological statistics for eating disorders are estimated to affect five to ten million adolescent girls and women and one million boys and men.¹⁰ Far from being rare, eating disorders are epidemic indeed.

Perlick and Silverstein noted that the historical events outlined above correlate with a general phenomenon of cultural gender role change.¹¹ Currently, we also have a cultural shift in what we expect of women's behaviour. According to Perlick and Silverstein, as larger populations of women are graduating from college than in previous generations, this population may be highly influenced by their perceptions of their mothers' limited lives and restricted opportunities.

Feminist scholars, such as Plumwood, hold that central to the exploration of eating disorders is the confusion of the categories of 'sex' and 'gender'.¹² Much of the Western cultural tradition has variously blurred and emphasized the difference between sex and gender. The distinction is well given by Stoller:

With a few exceptions, there are two sexes, male and female. To determine sex one must assay the following conditions—chromosomes, external genitalia, internal genitalia, gonads, hormonal states and secondary sex characteristics. One's sex, then, is determined by an algebraic sum of all these qualities, and as is obvious, most people fall under one of the two separate bell curves, the one of which is called "male", the other "female".

Gender is a term that has psychological and cultural rather than biological connotations, if the proper terms for sex are "male" and "female", the corresponding terms for gender are "masculine" and "feminine", these latter being quite independent of (biological) sex. Gender is the amount of masculinity and femininity found in a person, and obviously, while there are mixtures of both in many humans, the normal male has a preponderance of masculinity and the normal female a preponderance of femininity.¹³

From this perspective, sex, or that which is biological, is seen to be normally male or female, while gender, or that which is socially given, is masculine or feminine. This distinction is usually blurred into uniform terms such as sexual differences, meaning that which has to do with a particular person inclusive of sex and gender. Consider the use of the word *mother* to indicate one who both bears and nurtures a child, yet giving birth (biological) and raising a child (sociological) are decidedly different functions.

Plumwood held that if we view the relationship between the two as between a culture and its physical environment, in that a culture can shape the way a physical

environment is classified, and indeed, physical features of it, and vice versa, then each remains distinguishable aspects of the world that there may be a need to consider and focus on separately.¹⁴ Though intertwined and interdependent, each is a separate phenomenon.

The sex/gender distinction outlined above implicitly involves a dualism. Western culture has packed considerations of this dualist polarization with implications of notions of *the female* (nature, body and passivity), while *the male* (culture, reason and freedom) is that which is separate and controls. Our primary cultural thinking is informed with examples of this dualist thinking. When thinking about conception, for example, it is commonly thought that the sperm compete to travel, surround and fight to be the one to win the right to implant the egg in the moment of conception. The average acculturated person would be surprised to know that the egg travels through the womb to the sperm, which have been languishing for days, waiting for the egg's arrival. Our very formation of the moment of conception has been shaped by this dualist thinking.

Dualism, in this sense, can be thought of as denied dependency on a subordinated other; this determines a structure in which the denial and domination-subordination relation shapes the identity of both. De Beauvoir stated the dualism in this way:

The terms masculine and feminine are used symmetrically only as a matter of form, as on legal papers. In actuality, the relation of the two sexes is not quite like that of two electrical poles, for man represents both the positive and the neutral, as is indicated by the common use of man to designate human beings in general; whereas woman represents only the negative, defined by limiting criteria, without reciprocity. In the midst of an abstract discussion it is vexing to hear a man say: "You think thus and so because you are a woman," but I know that my only defense is to reply: "I think thus and so because it is true," thereby removing my subjective self from the argument. It would be out of the question to reply: "And you think the contrary because you are a man", for it is understood that the fact of being a man is no peculiarity.

...[T]here is an absolute human type, the masculine. Woman has ovaries, a uterus; these peculiarities imprison her in her subjectivity, circumscribe her within the limits of her own nature. It is often said that she thinks with her glands. Man superbly ignores the fact that his anatomy also includes glands, such as the testicles, and that they secrete hormones. He thinks of his body as a direct and normal connection with the world, which he

believes he apprehends objectively, whereas he regards the body of woman as a hindrance, a prison, weighed down by everything peculiar to it.¹⁵

From de Beauvoir's perspective, the bias that associates woman with characteristics considered negative, and the very definition of what woman is, allows and prepares for objectification and domination. In psychological language, the distinction between the class of females and the set of characteristics associated with them is essential to explaining how it is that psychology has been called 'phallogocentric' and has produced a false androcentrism.

False androcentrism, in this sense, has been described as an implicit natural orientation towards a cultural ideal of a neutral sex, one that holds itself up as the standard against which humans are measured. As this androcentric subject is implicitly male, this standard can be seen to be phallogocentric. Irigaray went so far as to state that Western culture in general is 'phallogocentric,'¹⁶ meaning that our cultural orientation is towards values and ideals that are governed by a social ideal of androcentrism. The application of the androcentric model to women, Irigaray held, objectifies, delimits, devalues and ignores the unique difference of perspective and experience that women bring to the world.¹⁷

Conversely, the sex-gender distinction has been critiqued as one that assumes that the connection between the body and gender is arbitrary.¹⁸ This perspective assumes that gender is a matter of consciousness, is constructed on the body and that the body is passive and neutral regarding the formation of consciousness. Masculine and feminine behaviours are taken to be arbitrary, socially inscribed on an indifferent consciousness that is joined to an indifferent body. Hence, the sex-gender distinction implicitly involves a body-consciousness distinction of a rationalist or Cartesian type, with the body assumed to be neutral and passive. The consciousness assumed, however, remains neutral or implicitly male, whereas the feminine is equated with the body and is the object of discussion. This perspective removes the very possibility of speaking from a woman's unique subjectivity and promotes an objectification of the feminine. Irigaray spoke of this objectification of the feminine:

Once imagine that woman imagines and the object loses its fixed, obsessional character....If there is no more "earth" to press down/repress, to work, to represent, but also and always to desire (for one's own), no opaque matter which in theory does not know herself, then what pedestal remains for the ex-sistence of the "subject"? If the earth turned and more especially turned upon herself, the erection of the subject might thereby be disconcerted and risk losing its elevation and penetration. For what would there be to rise up from and exercise his power over? And in?¹⁹

Here, Irigaray posited that the subject, always masculine, needs this objectification of the feminine and the body upon which to base his theories. In making the feminine into a property of his language, the masculine subject appropriates her and defines her according to his own needs. One could call this set of assumptions masculinism, in which the assumption of the subject is male or androcentric at best. In this perspective, woman and the body are excluded, radically defined as other and ultimately dominated. Yet, we find that the subject is always a sexed subject and the body is always a situated body. No neutral or passive body underlies gender.

Trying to treat gender as something neutral is therefore mistaken, and this mistake seems to be situated in the radical separation of particular gender characteristics, as well as the removal of the body from consideration. In this sense, the body can be said to have been objectified, transformed into that which must be controlled, manipulated and ordered. As receivers and participants of this cultural baggage, women with eating disorders can be seen as internalizing and perpetuating this self-objectification.

Since eating disorders gained cultural validity and general recognition, many empirical studies have been performed that directly and causally link the eating disorder phenomenon with various gender roles aspects.²⁰ Some studies held that eating disorders are not connected to traditional gender role identity.²¹ Other studies posited that there is a direct connection between the preponderance of femininity and disordered eating patterns.²² It is clear that there are disagreements in the eating disorder literature regarding the phenomenon of gender roles.²³

What is even more unclear is the intertwining meaning of gender and embodiment in those women with diagnosed eating disorders. Butler pulled apart the classic sex versus gender distinction as a meaningless question, as she held that gender and the body already circumscribe existence.²⁴ Within this framework, the analysis of distinct characteristics such as gender role is meaningless.²⁵ Bordo held that the phenomenon of eating disorders is synchronous with three cultural axes, which encompass the eating-disordered persons' worldview: dualism, control and gender-power.²⁶

The dualist axis is characterized by the view that human existence is bifurcated into two territories or substances: that of the body and materiality, and that of the mental and spiritual. Descartes' thinking fully promoted the dualist perspective. Eating-disordered persons similarly embrace this perspective in regard to their own bodies. In this battle, thinness represents a triumph of the will over the body, an essentially dualist stance.

The control axis is informed by this person's experience of her life and hungers as out of control. The bulimic may shamefully feel that once she starts eating, she cannot control herself, and may actively dissociate during eating. The anorectic is usually a perfectionist, wanting to shine in all aspects of her life. The anorectic syndrome may occur as a result of her initiating a diet rather casually, after which

she becomes hooked on the intoxicating feelings of control and accomplishment—often the only control she experiences in her life.

The gender-power axis is informed by the fact that women, by far, are more obsessed and less satisfied with their bodies than men are, and are permitted less latitude with their bodies by themselves, men and culture.²⁷ Current statistics claim that four of five women are dissatisfied with their appearance. The average American woman is five feet four inches tall and weighs 140 pounds, whereas fashion models are on average five feet eleven inches tall and 117 pounds—making models thinner than 98 percent of women.²⁸ Many eating-disordered persons experience the very female portions of their bodies as a disgusting appropriation of their body by fat. Amenorrhea is experienced as a relief. These symptoms can be seen as an unconscious feminist protest at the limitations of the traditional female role, representing a striving for a cultural shift in gender role considerations.

4. Treatment Implications

Successful interventions with eating disorders will take into account the multiplicity of intersecting factors. Eating disorders are most successfully treated when diagnosed early. Unfortunately, individuals with eating disorders may often deny that they have a problem and thus may not receive medical or psychological attention until they have already become dangerously thin and malnourished.²⁹ People with bulimia are often normal weight and are able to hide their illness from others for years. Eating disorders in males may be overlooked because they have been historically rare in boys and men.³⁰

Consequently, getting—and keeping—people with these disorders into treatment can be extremely difficult. The longer abnormal eating behaviours persist, the more difficult it is to overcome the disorder and its effects on the body. In some cases, long-term treatment may be required. Families and friends offering support and encouragement can play an important role in the success of the treatment program.³¹

Once an eating disorder is diagnosed, the clinician must determine whether the patient is in immediate medical danger and requires hospitalization. Although most patients can be treated as outpatients, some need hospital care. Conditions warranting hospitalization include excessive and rapid weight loss, serious metabolic disturbances, clinical depression or risk of suicide, severe binge eating and purging, and psychosis.

The complex interaction of emotional and physiological problems in eating disorders calls for a comprehensive physical examination and treatment plan involving, ideally, an internist, a nutritionist, a psychologist and a prescriber. Use of individual psychotherapy, family therapy and cognitive-behavioural therapy are the common interventions. Group therapy has been found especially effective for individuals with bulimia.³² Cognitive-behaviour therapists focus on changing

eating behaviours usually by rewarding or modelling wanted behaviour. Family-focused therapists intervene with patients' family systems to change problematic dynamics. Key in any therapeutic approach is to help patients work to change the distorted and rigid thinking patterns associated with eating disorders.

Scientists supported by the National Institute for Mental Health have examined the effectiveness of combining psychotherapy and medications. Researchers found that both intensive group therapy and antidepressant medications, combined or alone, benefited patients.³³ In another study of bulimia, the combined use of cognitive-behavioural therapy and antidepressant medications was most beneficial.³⁴ The combination treatment was particularly effective in preventing relapse once medications were discontinued. For patients with binge-eating disorder, cognitive-behavioural therapy and antidepressant medications may also prove useful.³⁵ Antidepressant medications commonly used to treat bulimia include desipramine, imipramine and fluoxetine. For anorexia, some antidepressant medications may be effective when combined with other forms of treatment. Fluoxetine has also been useful in treating some patients with binge-eating disorder. These antidepressants may also treat any co-occurring depression.³⁶

The challenge of treating eating disorders is made more difficult by the metabolic changes associated with them. Just to maintain a stable weight, individuals with anorexia may actually have to consume more calories than would individuals without an eating disorder of similar weight and age. This information is important for the patients and the clinicians who treat them. Consuming calories is exactly what the person with anorexia wishes to avoid, yet must do to regain the weight necessary for recovery. In contrast, some normal-weight people with bulimia may gain excess weight if they consume the number of calories required to maintain normal weight in others of similar size and age. In conclusion, an understanding of the cultural history, traumatic context and efforts of mental health professionals need to be combined with those of other health professionals to obtain the best treatment for those with eating disorders.

Notes

¹ Michel Foucault, *Discipline and Punish: The Birth of the Prison* (New York: Vintage/Random House, 1979), 25.

² Joel Samberg, 'Remembering Karen Carpenter, 30 Years Later,' *NPR Music* (website), February 4, 2013, Viewed on 9 April 2015, <http://www.npr.org/2013/02/04/171080334/remembering-karen-carpenter-30-years-later>.

³ Susan Bordo, *Unbearable Weight* (Berkeley, CA: University of California Press, 1993).

⁴ Ibid.

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- ⁵ Mary R. Lefkowitz and Maureen B. Fant, *Women's Life in Greece and Rome* (Baltimore: Johns Hopkins University Press, 1982).
- ⁶ George H. Savage, *Insanity and Allied Neurosis* (Philadelphia: Henry C. Lea, 1884), 90.
- ⁷ Joseph Breuer and Sigmund Freud, *Studies on Hysteria* (New York: Penguin Press, 1982).
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- ¹⁴ Val Plumwood and R. Stollers, 'Do We Need a Sex Gender Distinction?' *Radical Philosophy* 51, (1989): 2-11.
- ¹⁵ Simone de Beauvoir, *The Second Sex* (New York: Vintage, 1974), xvii-xviii.
- ¹⁶ Luce Irigaray, *Speculum of the Other Woman* (New York: Cornell University Press, 1985).
- ¹⁷ Luce Irigaray, *This Sex which is Not One* (New York: Cornell University Press, 1985).
- ¹⁸ Judith Butler, *Bodies that Matter: On the Discursive Limits of Sex* (New York: Routledge, 1993).
- ¹⁹ Irigaray, *This Sex which is Not One*, 133.
- ²⁰ Mark E. Johnson, Christaine Brems and Pamela Fischer, 'Sex Role Conflict, Social Desirability, and Eating-Disorder Attitudes and Behaviors,' *Journal of General Psychology* 123.1 (1996): 75-87.
- ²¹ Ellen C. Flannery-Schroeder and Joan C. Chrisler, 'Body Esteem, Eating Attitudes, and Gender-Role Orientation in Three Age Groups of Children,' *Current Psychology: Developmental, Learning, Personality, Social* 15.3 (1996): 235-248.
- ²² Rita Snyder and Lynn Hasbrouck, 'Feminist Identity, Gender Traits, and Symptoms of Disturbed Eating among College Women,' *Psychology of Women Quarterly* 20.4 (1996): 593-598.

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- ²³ Helen Malson, 'Womaen under Erasure: Anorectic Bodies in Postmodern Context,' *Journal of Community and Applied Social Psychology* 9.2 (1999): 137-153.
- ²⁴ Butler, *Bodies that Matter*.
- ²⁵ Judith Butler, *Gender Trouble: Feminism and the Subversion of Identity* (New York: Routledge, 1990).
- ²⁶ Bordo, *Unbearable Weight*.
- ²⁷ Ibid.
- ²⁸ Linda Smolak and Michael P. Levine, *The Developmental Psychopathology of Eating Disorders: Implications for Research, Prevention, and Treatment* (Mahway, NJ: Lawrence Erlbaum Associates, Inc., 1996).
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- ³³ Ibid.
- ³⁴ Ibid.
- ³⁵ American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders*.
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Part IV

Living in Trauma

Behind the Headlines: New Technology's Role in Stress Relief

Lyn Barnes

Abstract

The days of press clubs, where journalists met for a drink at least once a week, and often over-imbibed, are over. While women tended to sit in a circle and readily share unpleasant and often traumatic encounters from the working week, men preferred to talk around the topic, sitting side by side, avoiding any sign of emotion apart from gallows humour. Now, staff numbers in newsrooms have been cut, and those who remain work long hours to meet the new demand for news around the clock. Technology has meant some journalists do not return to the office at the end of the day so they can have a chat with colleagues or have time to unwind; instead they file their stories directly from the scene of the accident, or from the courtroom. Dworznik found that the more journalists talk on the job, the more they make sense of their work experiences – and the more they may be able to let go of work when they leave for the day.¹ So how do today's journalists manage to deal with what Rentschler described as 'the emotional burdens of their work lives'?² Using grounded theory to analyse semi-structured interviews with journalists who cover traumatic events on a regular basis, this research found that Facebook, blogs and mobile phones provide opportunities for personal narratives to help journalists 'bypass' and protect themselves from being harmed by the stories they cover. The implications of these findings are discussed in regard to the literature, the opportunities that these adaptive technologies offer and the implications for print journalists in particular.

Key Words: Journalism, trauma, narrative, grounded theory, blogs, technology.

1. Shrugging off the Stoicism

The work a journalist does and the environment she or he works in is undergoing major transformation. Staff numbers have been pared back for many reasons, in particular economic and technological. With these changes come different stresses, including staff shortages, lack of recognition of emotional difficulties and limited access to appropriate support.³ The journalist of the last century was expected to be stoic. Today's journalists are aware of their heavy-drinking predecessors, those men who glorified drinking and smoking.⁴ To be a hard-drinking journalist was considered a badge of honour; alcohol was used to help deal with overpowering emotions and numb the pain inflicted by memory. 'By tradition, journalists are seldom people who are candid about their inner life or confide in each other about their problems when a drink is available as an alternative.'⁵

Journalists are still generally reluctant to admit to any traumatic effects from their work.⁶ Yet it is now well recognised that journalists suffer from trauma as a consequence of their work.⁷

The coverage of extreme human distress is a fundamental part of a journalist's job. Whether it is a war zone, a child murder, a domestic terror attack, a grisly trial, or collating graphic images from the web, journalists are often confronted by traumatising experiences and images that few, outside the emergency services, experience.⁸

2. The Devil is in the Detail

Journalists are expected to communicate potentially distressing events in great detail to their audiences.⁹ In so doing, they are ignoring the natural defence mechanism against distress of distancing themselves, both physically and psychologically.¹⁰ This is relevant for journalists who carry out 'death knocks', the follow-up interviews where they ask grieving relatives or friends about the victims. These stories must capture emotions and vivid details.¹¹

Journalists absorb the pain, sense of loss, isolation and guilt through the nature of their work.¹² Research has shown that trauma is cumulative. Gavin Rees, the director of the Dart Centre Europe for Trauma and Journalism, likens journalists to tightrope walkers:

[They] stay on target, stay on mission and do wonderful, wonderful work and stay balanced for a long time. But you can't carry on walking a tightrope forever. You need to take some rest and you need to get away from the job.¹³

3. Classic Coping Strategies

Following an ethnographic study of 31 Canadian journalists and photojournalists, Buchanan and Keats (2011) identified 13 categories of coping strategies which they then clustered into six main themes:¹⁴

1. Avoidance at work
2. Use of black humour
3. Controlling one's emotions and memories
4. Exercise and other physical activities
5. Focusing on technical aspects
- 6 Using substances

Coping strategies used by journalists are often negative and defensive. Yet Joseph sees traumatic stress as an opportunity to reassess life and, in doing so, to

increase psychological functioning and wellbeing. Being able to share emotional experiences has been identified as a key process in building resilience.¹⁵ Dworznik suggests that sharing the narrative serves as the first step in helping that person understand and make sense of what they have experienced.

When painful or unacceptable feelings cannot be expressed and supported, or when differences are viewed as disloyal or threatening, there is a higher risk of somatic and emotional disturbance, destructive behaviour and substance abuse. It is important to foster a climate of mutual trust, empathic response, and tolerance for a wide range and fluctuation of emotions over time.¹⁶

4. Telling the Story after Telling the Story

What inspired this chapter were the responses from three of the six respondents for my PhD research. I was investigating strategies adopted by journalists to help them cope when covering day-to-day trauma. These were not war correspondents but everyday journalists. I mentioned my research topic on three Facebook pages regularly used by New Zealand journalists, asking for participants who might like to talk about their experiences: Kiwi Journalist Association, Young Kiwi Journalists Association and Aotearoa News Association¹⁷ Along with the first six responses was one from journalist who sent me a link to her anonymous blogpost.¹⁸ In this, she recounted her experience of working in a newsroom at the time that the nation was in shock over a group of young men, called the Roast Busters, who allegedly sought to intoxicate underage girls to gang rape them.

I've learned, over my years as a journalist, to hold the horrible things at arm's length, to let myself feel the pain of them but not to let them affect the other parts of my life. I love my job, and to me it's largely worth that effort. But the ugly jolt of alleged sex crimes as shocking as these ones, a case that dominates the discourse of an entire country for days on end, sends concentric ripples into the rest of my life as well.

By the second day of the Roast Busters story, my jaw hurt from clenching it. As each new detail came out and was discussed around me in the office, I got a weird, floating feeling in my arms and legs that I know from experience to be adrenalin. After a few bursts of it I was exhausted, but I lay in bed later - one in the morning, two, three - unable to sleep. My eyes were gritty and I picked at the skin on my fingers until, by the third day, my

hands looked worse than they had in years. I started feeling too sick to my stomach to eat.¹⁹

One participant sent me a copy of a newspaper article she had written about not being able to turn off the adrenalin that is often associated with covering traumatic events. She had wanted to share the experience of the psychological impact her work had had on her. The end result was in having to give up the job she had wanted to do since she was 12.

Once I washed every wall in the house with sugar soap. Between scrubbing walls, I spent three hours cleaning the bathroom and then decided I couldn't rest until I'd bought a new set of matching towels. I was exhausted. I felt as if I was being chased, but also chasing something.

I stood in the towel aisle for about half an hour, dithering between chocolate brown, navy blue and taupe. I couldn't decide, so I did what I had been avoiding for weeks. I rang the doctor.²⁰

Another participant referred to a thread of comments to which she had contributed on the Kiwi Journalists Facebook page following a column in the *Christchurch Press* by Beck Eleven, a journalist based in Christchurch. She had shared the dilemma she faces on a regular basis of containing her emotions while listening to people's emotional stories.

The last time I shed tears with an interviewee was 2009. It's not that I haven't been affected emotionally by people's stories, I just decided it was unprofessional. Imagine going to the doctor or reporting some trauma to the police and they started crying too. It wouldn't be right.

But every now and then, you'll get 'got' and it's not always the ones you expect.²¹

Her most recent encounter had been speaking with a woman about the murder of her daughter. She spent five hours with the bereaved mother.

I thought I was fine, but within minutes I was in bits. Not crying, just emotions all over the place, verging on hysteria. I didn't quite know how to react. I had only listened to the story; she lives it every day.

It's a privilege. It's a burden. It's exciting and sad and it's the job.²²

Another participant was a former student of mine. Her first court case, as she described it, was New Zealand's worst case of child abuse where the children, aged 9 and 7, survived. The 23-year-old had graduated with a one-year post-graduate diploma in journalism three weeks before the case and was sent to court without any briefing. She was 'overwhelmed' and 'shocked' at the level of detail revealed in the court:

For example, the mother pulling fingernails out of the girl's hand. Pouring boiling hot salted water into the wounds... beatings with steel-capped boots... The girl had her hair pulled out...²³

Her way of coping was to talk about what she experienced, but not with the two older men who worked in her newsroom. Instead she found refuge in being able to physically remove herself from the court room at times and talking to other journalists outside or phoning friends in another city.

We were just like, whoa. Like, what happened? And we all kind of had a quick chat about it and, you know, file your story. I think I must have gone home and I've got a good group of friends who are also young journalists or a couple of years older than me so I can be like, 'This just happened, this was like a ridiculous court case'. And they're like, okay, yeah, that's actually crazy.²⁴

5. Theories Emerge from the Ground Upwards

The semi-structured interviews with the participants were recorded and transcribed verbatim then coded line-by-line, based on grounded theory.²⁵ Unlike most methodologies, grounded theory does not begin with a hypothesis, which is then tested. Instead, the researcher approaches the study with as few preconceptions as possible. The data that emerges from the initial interviews identifies potential areas of interest for subsequent interviews, or theoretical sampling. By constantly comparing the data, similarities and differences become obvious and the codes can be broadened into categories. Advanced coding leads to theoretical generation. Keeping memos of each step is an important each step of process.²⁶

From my interviews it soon became apparent that many young journalists now work in isolation. Underwood discusses how the life of journalists now may be lonelier, more insecure and more stressful than in the recent past.²⁷ That loneliness

could be as a reporter working for an overseas news agency as was the situation with the young woman who covered the child abuse case, or covering news for a radio station in a sole-charge role. Another form of isolation emerged: where young journalists were too afraid to share their innermost thoughts and concerns at work about stories they had covered for fear of being side-lined and or alienated by colleagues and bosses if they spoke up.

Often journalists now take their own photographs so they do not have a photographer alongside to share an experience or a buzzing newsroom of colleagues to return to each day. Figley advised that the more journalists talk on the job, the more they can be allowed to make sense of their work experiences, then the more they may be able to let go of work when they leave for the day.²⁸ He argued that disengaging from work was an effective strategy for dealing with trauma. If reporters could do this, he advised, they could reduce their incidence of traumatic stress and the symptoms that accompany it, such as burnout and depression.

To compensate for the isolation or loneliness, and to help process their experiences, many now 'talk' via Facebook, express their feelings through blogs, or write first-person columns to share their encounters. They have moved into a digital space, interacting in online conversations as opposed to face-to-face. This is the antithesis of journalism of the past, when journalists were expected to be detached and not to become emotionally involved. 'Objectivity in reporting was viewed as fundamental to the professional.'²⁹ Objectivity went hand in hand with emotional distancing. By identifying with a situation, or becoming involved with people on a personal level, Feinstein cautioned that there was an increased risk of a traumatic response.³⁰ Therefore the encouragement to personalise an event by talking about it or writing about it contradicts that thinking.

However, Baumeister and Newman determined that personal narratives do more than merely organise or describe events. They also help to clarify a sense of purpose, offer justification, maintain a feeling of control, or increase self-worth.³¹ Dworznik found that by using narrative, journalists interpreted their traumatic experiences so they could continue working. She referred to this as reframing their narratives to 'bypass' the harm from stories they covered.³²

Medical practitioners have been encouraged to write stories about their work because reflective writing relieves stress and fosters understanding. 'Reflective writers can study their own decision-making processes, relationships with colleagues, and responses to patients; analyse their hesitations, and gaps in skill and knowledge; and face difficult and painful episodes.'³³

By sharing stories online through blogs or Facebook comments, colleagues offer opinions, judgments, and viewpoints. As Bolton found with medics, there is also an enhanced awareness and understanding of ethical issues, especially when accounts are written and discussed in a confidential forum.

Writing is different from talking or thinking: it can have a far deeper reflective and educative function. Writing enables the writer to express and clarify experiences, thoughts and ideas that are problematic, troublesome, hard to grasp or hard to share with another. Writing also enables writers to discover and explore issues, memories, feelings and thoughts they hadn't acknowledged.³⁴

Writing, explains Bolton, is a staged process that involves reading, redrafting, editing and sharing when the writer feels ready to share it.

In the work Bolton has done with medics, death is a common thread.

Death is always associated with guilt, grief, pain, fear, anger, disbelief, denial, hopelessness, and only occasionally acceptance. The practitioner's own mortality, and that of their loved ones, always stares them in the face, as does their (generally unwarranted and irrational) sense of guilt.³⁵

The assertion that recounting a traumatic experience serves as a method of coping is particularly salient in the study of journalists. Although journalists are often reluctant to talk about the emotional strain of their jobs, they are generally eager to share what they have done.³⁶

6. Books, Columns, Blogs and Posts

Writing can be cathartic and is safer than talking to a therapist.³⁷ Tom Clonan, now the security analyst for the *Irish Times*, shared his experiences of the brutality he witnessed in Lebanon and Bosnia. He shares the unpleasantness of his recurring nightmares, his frustrations and heartbreaks in his book *Whistleblower, Soldier, Spy*.³⁸ Rather than bury his emotions, former BBC security correspondent Frank Gardner wrote out his frustrations and feelings in his book *Blood and Sand*. Gardner was shot six times by Al-Qaida sympathisers while in Saudi Arabia in 2004 and left partially paralysed. The cameraman who accompanied him was killed.³⁹

Research suggests that although the horrors of war are gruesome, it is often those traumatic events closer to home that can be equally as damaging, especially for journalists who are not prepared for what they might encounter.⁴⁰

Helen Garner inserts herself into the account of a traumatic court case in Australia in her book *The House of Grief*. The father on trial drove into a dam with his three young children strapped to the back seat of his vehicle. The children drowned and he was found guilty of their murder. Garner, a freelance journalist, sat throughout the case with other journalists. Her book captures her reactions to the horrifying evidence and she explains how she coped.⁴¹

Reflection in the form of writing gives a person time to process and evaluate their experience, therefore advice on reflective writing following unpleasant experiences should be encouraged.⁴² Novak and Davidson contend that ‘bearing witness’⁴³ may actually mitigate against personal distress.

For this reason, encouraging journalism students to learn to express themselves through blogs, for example, may be an important way of self-debriefing. Chances are, with the speed of new technology, they will experience unexpected events, for example, arriving at the scene of an accident before police or ambulance. Or like Beck Eleven, they may have to listen to heart-wrenching stories as we move from journalism of information towards journalism of emotion. With cutbacks in newsrooms, time and money for support systems that have been available – even if they are minimal – may be threatened. Therefore other proven forms of dealing with stress should be encouraged. Books, columns, blogs and Facebook posts, anonymous or not, could be the coping tools of the future for journalists.

Notes

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⁵ *Ibid.*, 176.

⁶ Gretchen Dworznik, ‘Factors Contributing to PTSD and Compassion Fatigue in Television News Workers,’ *International Journal of Business, Humanities and Technology* 1.1 (2011): 22.

⁷ Patrice Keats and Marla Buchanan, ‘Addressing the Effects of Assignment Stress Injury: Canadian Journalists and Photojournalists’ Recommendations,’ *Journalism Practice* 3.2 (2009): 173.

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⁹ Rosemary Novak and Sarah Davidson, ‘Journalists Reporting on Hazardous Events: Constructing Protective Factors with the Professional Role,’ *Traumatology* 19.4 (2013): 313.

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- ²⁴ Ibid.
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Building Skills, Not Stories: Chronic Trauma and Resilience-Building

Janelle Stanley and Sarah Strole

Abstract

Trauma studies tend to focus on traumatic narratives - the telling and re-telling of trauma stories. Current evidence-based trauma therapies work almost exclusively with trauma narratives, and assume a basic level of client safety. When clients continue to live in unsafe and unstable environments, however, working towards a trauma narrative can be ineffective and even harmful. This chapter will look at the critical question of how clinicians provide effective trauma therapy even in an environment with limited resources. We will explore how to identify and strengthen existing coping skills; assist with limited and contained processing; and enhance client resilience. Our chapter will discuss differences between acute and chronic trauma, and highlight major theories and evidence-based trauma practices. We will then look at limitations and risks of current modalities when working with clients still living in chronically traumatizing and/or stressful environments. We highlight the danger of focusing solely on the traumatic experience when the client remains in an unsafe environment, arguing it can emphasize the fragmentation of the person and potentially reinforce cognitive distortions. We will share our adaptations of trauma therapies, which combine existing evidence-based trauma practices with insights from the harm-reduction framework common in addiction counselling. We will show how working with chronically traumatized clients requires a strongly relational approach for maximum efficacy. Our model can also be used when there are other significant constraints, such as limited or sporadic access to therapy. Our approach highlights working collaboratively with the client towards a goal of increased resiliency and skill-building, rather than the cessation of most or all symptoms. We will show how this approach can later be used as a foundation for traumatic processing if / when the client's environment becomes more stable.

Key Words: Chronic trauma, resilience, practice, therapy, coping, skill-building, growth.

1. Introduction

Trauma studies tend to focus on the construction and telling of traumatic narratives. This grew out of a valid concern that trauma stories were being suppressed and silenced. Speaking out became a way for the survivor to heal, as well as a tool for raising cultural awareness of traumatic events. Nearly all evidence-based clinical interventions for trauma have a strong focus on trauma

narratives.¹ This chapter will question the privilege granted to trauma narratives in therapy and in wider culture. Many clients do not have access to qualified clinicians, have experienced multiple traumas, do not or cannot complete therapy, or for other reasons are unable to construct a trauma narrative. These survivors are not granted the same level of cultural validity; their 'silence' is perceived as part of the problem. Constructing the trauma narrative assumes a basic level of client safety and stability that does not exist for all survivors. When clients continue to live in unsafe and unstable environments, working towards a trauma narrative can be ineffective and harmful. We present a therapeutic model for clients with chronic trauma and those whose environment remains unstable that focuses on working collaboratively with the client towards a goal of increased resiliency and skill-building, rather than a focus on the cessation of symptoms. Our model can also be used when there are other constraints, such as limited or sporadic access to therapy.

2. Background

Trauma and its associated disorders were not officially recognized by the American Psychiatric Association until 1980 due, in part, to the frustratingly broad symptoms that victims of trauma present: waking hallucinations, amnesia, physiological hyper-arousal, under-responsive tactile responses, insomnia, hypersomnia, depression, and prolonged states of manic activity.² At first glance, the symptomatic range seems to encompass nearly all possible neuroses, making diagnosing and treating traumatic responses difficult and nebulous. Further compounding the difficulty is the subjective nature of trauma and the myriad traumatic reactions dependent on elements such as protective and risk factors, resilience, age, gender, intensity, proximity, and repetition.³

This difficulty was apparent before the publication of the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)⁴ and International Statistical Classification of Diseases and Related Health Problems (ICD-10)⁵ when there was intense debate surrounding the understanding of Post-Traumatic Stress Disorder (PTSD) as an anxiety disorder, how to handle comorbidity and differential diagnoses, as well as arguments for an additional definition of chronic trauma.⁶ The DSM-5 created a separate diagnostic category for trauma and stressor related disorders as opposed to maintaining the current understanding of PTSD as an anxiety disorder stemming from acute trauma, where there is a single or time-limited traumatic event. While fear and anxiety are critical to understanding PTSD, they do not fully describe the range of traumatic experiences. The DSM-5 and ICD-10 both made important improvements to clinical understanding of trauma, but failed to include a category for chronic or developmental trauma. Clinicians continue to point out that survivors of chronic trauma, where more than one traumatic event occurs or the traumatic event is longstanding, exhibit different symptoms; not acknowledging these differences results in misdiagnosis and inappropriate treatment.⁷ This particularly impacts children and adolescents.

Studies show that symptoms expressed by children and adolescent survivors of chronic trauma ‘are not accounted for by PTSD or other diagnostic formulations, and to fully capture them would require multiple, competing diagnoses.’⁸ Similarly, in populations where there are developmental delays and chronic stress, people seeking treatment might report sub-threshold symptoms while still experiencing significant impairments.

Clinical interventions continue to overwhelmingly focus on treatment of a singular traumatization due to the focus on trauma as an event that occurred in the past, coupled with the fact that chronic trauma remains an understudied area. The most popular evidence-based practices – Trauma-Focused Cognitive Behavioural Therapy, Eye Movement Desensitization and Reprocessing, and exposure therapies – rely on some form of traumatic narrative conceptualization in order to integrate and resolve the traumatic memory.⁹ These therapies assume the ability to create a timeline, separate major and minor parts, and to use language to describe the self and others as well as interpersonal relationships. It also assumes that people are able to assign agency, to understand that an occurrence is the result of choices that they or others make. We have found that many survivors of chronic trauma lack these narrative abilities and struggle to assign agency. These challenges can be further compounded by language delays, a young age, and a chronically stressful environment.¹⁰ These skill deficits are often part of the symptomatology of chronic trauma, which is not accounted for in most interventions. The symptoms of chronic trauma are unique. Most notably, ‘survival-oriented biological changes’ occur in the brain and adrenal systems.¹¹ These changes compromise an individual’s ability to self-regulate, tolerate distress, and adapt to changing situations.¹² They can also cause decreased relationality and empathy, restricted affect, and hyper- or hypo-aggressive reactions to threats or perceived threats.¹³

On a societal level, having a concise trauma narrative is beneficial. Organizations that aim to raise awareness about traumas, from movements like ‘Take Back the Night,’ to courts of asylum, to restorative justice movements in South Africa, urge survivors to tell their story and grant sympathy, protection, and legitimacy to those who do.¹⁴ Therapists working with survivors are assured that telling the narrative will not re-traumatize their client and that not pushing towards a trauma narrative is harmful.¹⁵ This may be true for a significant number of single-incident traumas, but is verifiably false for any survivor still living in a traumatic environment and to those who lack access to consistent therapeutic care. The emotional upheaval, triggering and re-triggering, and additional burden on allostatic load, the strain on the body caused by chronic stress, can be harmful to survivors who do not have a consistently safe environment.¹⁶ It has been noted that evidence-based studies often select clients who do not present with co-morbid disorders, that treatment non-completion in narrative-focused trauma therapies is quite high, and there is little longitudinal data to prove lasting positive impacts.¹⁷

Combined with the inability of narrative-focused trauma therapies to address chronic traumas, a new model is needed.

3. A New Model for Trauma Therapy: Building Skills

Our model draws upon our own clinical work and non-narrative components of evidence-based practices, and is further informed by elements of harm reduction interventions.¹⁸ It uses three broad clinical skill-sets: relationality between the therapist and client; therapist modelling of emotional responses, needs, and awareness; and resilience strengthening and building. The first and most important of these is a strong client-therapist alliance, which nearly all forms of psychiatric and psychological therapy recognize as critical.¹⁹ With trauma work in particular, where the client has experienced a fundamental violation of the feeling of safety and ability to respond, a close relationship with a therapist who can guide and model emotional responses in an appropriately contained way is critical.

While literature highlighting the importance of relationality is vast, the dearth of tools for clinicians to use to establish this relationality is startling.²⁰ Establishing relationality is rooted in the same sort of interpersonal skills clinicians teach clients: clear expression of emotions and needs, empathetic responses, and appropriate self-disclosure.²¹ We join a growing body of clinicians and researchers arguing against the Freudian model, which dictates therapists reveal as little as possible to clients.²² The Freudian model is an understandable attempt to reduce the complexity and risks of therapeutic engagement, but it causes many clinicians to miss the opportunity to use themselves as a tool in the healing process. There is a fear that therapist self-disclosure can exist only at the polarities: either the therapist is opaque, or they dominate each session with their own views and stories. There is a middle ground, however, where useful and healthy self-disclosure lies. Therapists are encouraged to respond authentically and honestly to the client, modeling emotional expression and awareness, as well as curiosity regarding the client's concerns, needs, thoughts and feelings.²³ This is particularly important with clients who present with poor interpersonal skills and a flattened affect, as is typical in clients who have experienced chronic trauma. The therapist demonstrates how the client impacts the therapist, and redefines both therapist and client as equal and dynamic agents in the therapeutic process. Understanding the core components of relationships and social interactions is crucial as it dispels the cognitive distortion that everything is uncontrollable and left up to chance. It also increases client confidence in their ability to affect change in their environment, and create healthy relationships. In situations of chronic trauma, client instincts for both assessing social situations and danger are compromised. The therapist, in breaking down interactions and relationships, re-teaches social cues and signs of danger. This learning process requires a great deal of vulnerability and transparency that only is possible if a strong relationship has been created.

Creating a supportive relationship also requires interest in the client's broader life narrative. A common cognitive distortion among trauma survivors is that their trauma is the only way of defining them.²⁴ The trauma is so big it threatens to overwhelm the person's identity. This is magnified by the social stigma attached to many traumas. While avoidance is important to address, focusing solely on exposure to traumatic material risks sending the message that the traumatic experience is the only thing that matters about the clients. This focus inadvertently reinforces cognitive distortions that the trauma is the most important part of their experience. By concentrating solely on gradual exposure and the trauma narrative construction, clinicians miss the opportunity to help clients integrate the disparate parts of their lives.

For chronic trauma, the foremost issue is not anxiety provoked by triggers, but rather the stress of the unpredictable and uncontrollable. In the context of a strong relationship, the therapist begins to build client resilience by increasing client control over their emotional arousal. Clinicians teach techniques such as progressive muscle relaxation, deep breathing, and body scans to help clients gain a sense of agency and also an increased awareness of their body and emotions. Throughout this process the therapist continues to model emotions, skills, and awareness; building the therapeutic alliance and teaching skills are mutually reinforcing tasks.²⁵ Clinicians help clients identify agents in a situation, current modes of responding, and when a response is helpful or unhelpful, simultaneously highlighting existing client strengths while strengthening existing coping skills.

Clients in chronic trauma often use skills that help them survive in the stressful environment, only to find they are detrimental in a non-stressful environment. Therapists remind clients that the skills they have already developed are helpful adaptations to their environment, and necessary for their continued survival. The therapist then helps clients learn how and when acting a certain way is helpful, and when a new skill is needed. Therapists teach and model distress tolerance skills described in Dialectical Behaviour Therapy and Cognitive Behaviour Therapy, like positive self-talk, thought-stopping techniques, positive imagery, and other grounding techniques.²⁶ Therapists use behaviour chains to help improve differential problem solving skills. Clients identify which skills work best for them and gain stronger abilities to adapt to different environments, enhancing the possibility of future success. Throughout this process, therapists are helping clients to identify and reality-test thoughts and beliefs as well as develop alternative behaviours and thoughts.

Working in more everyday examples is key to developing skills in a non-threatening way. It is in these less stressful examples that therapists employ narrative techniques, asking questions such as: How does the client see themselves? Who do they want to be? How would their idealized self respond? If they are looking back from next week, how do they want to tell the story of this situation? Clients build skills to externalize problems as opposed to personalizing

them, and become actors within the stress as opposed to victims of it.²⁷ This increases a sense of autonomy and control, and clinicians can use this as a springboard for future narrative work as the client will both feel more secure and also will have the language necessary to describe their experiences and feelings. When traumatic material surfaces as a part of the client's normal experiences, therapists help clients process that component, and tie it into the broader narrative of the client's everyday life. This allows for a more limited processing, and reinforces the understanding that the trauma is only one part of the client's experience.

Clients in chronically stressful environments present with different therapeutic needs than clients where safety has been reestablished. These clients experience a fundamental lack of control, and of agency, and therapists often have little control to change the client's environment as well. This can lead to feelings of despair or hopelessness for both client and therapist. Using the harm reduction model, common in addiction therapy, we provide an approach that acknowledges and normalizes these constraints and allows for more realistic and gradual change. Harm reduction aims to provide agency to the client in the identification of goals and balancing of costs and benefits.²⁸ The goals of treatment are prioritized as: survival, stabilization, identification of highest risk behaviors, and reduction, not elimination, of risk at an incremental rate.²⁹ Therapist and client work to identify recurring situations in the client's life where the client is at the highest level of risk.³⁰ These gradual and incremental changes are possible to implement even in the context of a high-stress environment, and the expectation-setting facilitates the celebration of even small successes.

Our model acknowledges that a client living in chronic stress may not have the resources to implement radical change. It works within these limitations to provide an alternative to models that require a certain level of client stability and a fixed amount of sessions or weekly continual sessions. Furthermore, due to the dependence on interns and young professionals, high staff turnover, and a client's ability to access services, many clients lack a consistent therapist. By having smaller goals, clients are able to make progress in only a few sessions. A linear model, like those in more manualized treatments, is not necessary because the work is focused on skill building using the client's present environment, current relationships, and life goals. These skills are constantly being reinforced and adapted for the client's present situation, and the only prerequisite is a therapeutic relationship. This flexibility reduces the unrealistic pressure on clients to fully recover and on therapists to complete a therapeutic model. It also provides more flexibility for clients who are resistant, in unstable living situations, unsure, or for other reasons unable to engage in more prolonged and consistent therapy.

4. Conclusion

The cultural bias towards helping survivors construct a trauma narrative will remain strong, if only because of the importance these narratives play in asylum and criminal courts and in wider movements seeking to raise awareness. While there is no question these are valid arenas for trauma narratives, the burden to educate the wider public should not rest solely on those who have already been victimized. Additionally, while narrative based therapies have evidence supporting their efficacy for clients in stable environments, they lack evidence supporting their efficacy for clients with chronic trauma. Instead of assuming a trauma narrative is the only effective way of treating PTSD, clinicians should meet clients where they are at, and have a variety of effective therapeutic tools. Our model merges existing practices to provide an approach that addresses the symptomatic presentation of chronic trauma, and works to build skills fundamental for clients with chronic traumas and those continuing to reside in unsafe environments. As research into chronic and developmental trauma increases, we hope a stronger concentration on building resilience and the agency of the client will influence the development of additional evidence-based practices.

Notes

¹ Examples of non-narrative trauma therapies include: Trauma Affect Regulation: Guidelines for Education and Therapy (TARGET); and Attachment, Self-Regulation and Competency (ARC). Additionally, several evidence-based practices that are not specific to trauma have been used by clinicians working with trauma survivors, with promising though not conclusive results. These include: Alternatives for Families: A Cognitive Behaviour Therapy (AF-CBT); Adapted Dialectical Behaviour Therapy for Special Populations (DBT-SP); Child-Adult Relationship Enhancement (CARE); and Parent-Child Interaction Therapy (PCIT). M.A. de Arellano, S.J Ko, C.K. Danielson, & C.M. Sprague, 'Trauma-Informed Interventions: Clinical and Research Evidence and Culture-Specific Information Project,' (Los Angeles, CA and Durhan, NC: National Center for Child Traumatic Stress, 2008).

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Trauma is no longer, and perhaps has never been, an uncommon occurrence; it is commonplace in human experience. Notoriously difficult to define, when one tries to offer a definition of trauma that works across disciplines and beyond the boundaries of subjects, one enters a new territory. This collection participates in a reconstructive movement in which the boundaries of trauma, trauma theory, and trauma recovery are flung wide. The vastly differing experiences, contexts, and critical reflections of the contributors serve to ensure this monograph offers a fresh voice in the field of Trauma Studies. ***Ruptured Voices*** seeks to open dialogue and expand discussion. Blurring the boundaries of traditional disciplinary lines, this volume strives to interrupt and rupture the debate on trauma. It is in the fissures created by such rupture that new and compelling voices can be heard.

KAREN O'DONNELL is a theologian based at the University of Exeter. Her research is based in Trauma Theology. She has published research on PTSD and Christianity and on the role of military chaplains in trauma.

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