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Trauma Theory: A Retrospective Analysis

Abstract:

This paper presents a retrospective analysis of Trauma Theory by tracing its origin from Sigmund Freud to Cathy Caruth. This paper also gives a brief account of the main reason of trauma and also its effect on the survivor. Previously trauma was mainly associated with war veterans and it was famously called as PTSD or Post Traumatic Stress Disorder. But recently we have classified and categorized different kinds of traumas including those associated with rape, abuse, accidents etc...

Key Words: Trauma, Freud, Caruth, Analysis

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.... Traumatic events are extraordinary, not because they occur rarely, but rather because they overwhelm the ordinary human adaptations to life.... They confront human beings with the extremities of helplessness and terror, and evoke the responses of catastrophe. (Judith Herman, *Trauma and Recovery*)

The earliest and detailed approaches to the study and analysis of trauma can be traced back to Sigmund Freud and his highly influential work *Beyond The Pleasure Principle* (1920). Though references to trauma and its effects can be seen in his other works like *Moses and Monotheism* and *The Aetiology of Hysteria*, it was in *Beyond The Pleasure Principle* that Freud first give a detailed account about traumatic neurosis. Hence the origin of trauma theory can be traced in psychological sources but it is more empathetically and strongly articulated in literary practice.

It was since the early 1990s that the trauma theory started to take its position in the arena of literary studies and humanities. The growth of interest in trauma within humanities can certainly be linked to the publication of particular texts that have since become seminal within this field. These texts are Shoshana Felman and Dori Laub's *Testimony: Cries of Witnessing in Literature, Psychoanalysis, and History* (1992), Cathy Caruth's edited collection *Trauma: Explorations in Memory* (1995), and her monograph, *Unclaimed Experience: Trauma, Narrative and History* (1996).

Initially it was assumed that mental illness resulted from physical weakness and that it was hereditary. According to the Oxford English Dictionary, trauma is defined as "a wound, or external bodily injury in general." It relates to the sense of physical piercing or wounding. It was then that Sigmund Freud and Josef Breuer published their essay "On the Physical Mechanism of Hysterical Phenomena" in 1893 which challenged the notion that hysteria was the result of physical degeneration. This essay encapsulated the idea that the strange physical symptoms of the hysteric- trance states, mood swings, recurrent and intrusive recollections, flashbacks, nightmares, partial paralysis of the body, and so on- can be linked to the traumatic effect of accidents. In their detailed analysis of 'traumatic neurosis', they argued that the operative cause of these symptoms was not the footling physical injury but the effect of fright- the physical trauma. Further studies by Freud and Breuer suggest that it is not so much the traumatic event itself as the memory of the trauma that 'acts like an agent provocateur' in releasing the symptom. In other words, a physical trauma is something that enters the psyche that is so anomalous or overwhelming that it cannot be processed or comprehended by conscious memory, yet is still present in the mind like an intruder or a ghost. This is exactly the reason why Freud said "Hysterics suffer mainly from reminiscences"(Freud and Breuer).

Earlier, Freud had associated trauma and hysterics to sexuality in his work *Beyond the Pleasure Principle*. In his 1896 lecture *The Aetiology of Hysteria*, Freud announced that "whatever case and whatever symptom we take as our point of departure, in the end we infallibly come to the field of sexual experience". But later, after 1890s, he returned to the subject of traumatic neurosis with an entirely new approach. The basic reason behind this renewed consideration was World War 1 which placed the military and medical authorities in a dilemma, a new form of physical wounding: shell- shock, now popularly known as Post- Traumatic Stress Disorder or PTSD. According to Freud, a soldier in the warfield, who is confronted with sudden

and massive deaths around him, for example, suffers not only memory gaps but also repeatedly re-experienced those extreme events in memories, hallucinations and nightmares. Such a situation of reliving this terror is beautifully illustrated in Siegfried Sassoon's extraordinary poem *Repression of a War Experience*. It was in 1980 that the American Psychiatric Association officially acknowledged the long-recognized but frequently ignored phenomenon of trauma under the title 'Post-Traumatic Stress Disorder', which included the symptoms of what had previously been called shell-shock, combat stress, delayed stress syndrome and traumatic neurosis and referred to responses to both human and natural catastrophes. Later, responses not only to combat and to natural catastrophes but also to rape, child abuse and a number of other violent occurrences have been understood in terms of PTSD, and diagnosis of some dissociative disorders have also been switched to that of trauma.

The concept of 'Repetition Compulsion' is an important factor put forward by Freud in his study of trauma and hysteria. This concept suggests the idea that after the traumatic event takes place there is an attempt to act as if in preparation before it. Repetition Compulsion has shaped many ways in which individuals and even cultures replay their anxieties over and over again, and each of this repetition is an attempt to control and conquer the traumatic incident that has pierced the protective fillers. This Repetition Compulsion mainly occurs in the form of nightmares, hallucinations, flashbacks and dreams. Hence, it is necessary for a psychiatrist to study and analyse the dreams of his patient in order to find out the root cause behind his trauma. In the words of Freud,

The study of dreams may be considered the most trustworthy method of investigating deep mental processes. Now dreams occurring in traumatic neuroses have the characteristic of repeatedly bringing the patient back into the situation of his accident, a situation from which he wakes up in another fright. This astonishes people far too little. They think that the fact that the traumatic experience is constantly forcing itself upon the patient even in his sleep is a proof of the strength of that experience: the patient is, as one might say, fixated to his trauma- Fixations to the experience which started the illness have long been familiar to us in hysteria (*Beyond the Pleasure Principle*, 7) .

Another prominent figure who excelled in the field of trauma studies is Cathy Caruth. She is famously noted for her work *Unclaimed Experience: Trauma, Narrative and History* (1996). Robert Jay Lifton describes her as "one of the most innovative scholars on what we call trauma,

and on our ways of perceiving and conceptualizing that still mysterious phenomenon". For Caruth, trauma is both peculiar and paradoxical. In her work *Unclaimed Experience*, she states that:

In its most general definition trauma describes an overwhelming experience of sudden or catastrophic events in which the response to the event occurs in the often delayed, uncontrolled repetitive appearance of hallucinations and other intrusive phenomenon (32).

Caruth suggests that trauma theory has a problem with language. According to Van der Kolk and neuroscience generally, traumatic experience is so sudden and overwhelming that it cannot be put into words. Because trauma is registered but never quite assimilated to experience or language, the truth cannot be linked to only what is known, but also to what remains unknown in our very actions and our language. This traumatic temporality means that history can only be grasped in the very inaccessibility of its occurrence. Perhaps it is because Caruth claimed literature as the discourse that foregrounded how 'knowing and not knowing' intersect, that her book has become an important reference point in the development of cultural trauma theory.

Caruth also gives a brief definition of Post-Traumatic Stress Disorder as:

a response, sometimes delayed, to an overwhelming event or events, which takes the form of repeated, intrusive hallucinations, dreams, thoughts or behaviors stemming from the event, along with numbing that may have begun during or after the experience, and possibly also increased arousal to (and avoidance of) stimuli recalling the event. (*Unclaimed Experience*, 134)

This definition brings to light the fact that this pathology cannot be understood either by the event itself - which may or may not be catastrophic, and may not traumatize everyone equally - nor can it be defined in terms of a misrepresentation of the event, achieving its haunting power as a result of distorting personal significances attached to it. The pathology consists, rather, solely in the structure of its experience or reception: the event which forms the basis of trauma is not comprehended or experienced fully at the time of its occurrence, but only belatedly, in its repeated possession of the one who experiences. According to Caruth, "to be traumatized is precisely to be possessed by an image or event" (4-5).

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