

CHAPTER- 1

Theoretical Dimensions of Trauma and Trauma Studies

The word trauma has Greek origin (traumat), word for wound. Firstly, this word we heard in medical sciences for trauma centre. Later it appeared in psychology to study scattered and fragmented memory of human psyche. The word ‘trauma’ literally meant “a wound or external body injury” which was traced in seventeenth century in medical pathology. Trauma was recognised as physical injury throughout the seventeenth and eighteenth century. Later in nineteenth century, after the discovery of psychoanalysis the word came to mean “psychical trauma” or morbid nervous condition. Therefore, the term ‘trauma’ got improved in psychoanalysis. The shocks produced by railway accident in the nineteenth century added new dimension to the term, ‘trauma’. The victims of railway accident did not only encounter physical trauma, but suffered from persistent mental shocks long after the incidents. Hence, an individual directly experienced this shock to the body. The memory becomes unstable due to shock of accident which makes an individual incapable to understand his/her persistent trauma and he/she finds it difficult to come out of this trauma.

Trauma is defined in view of the experience of the survivors. Generally, it is classified ‘Trauma’ and ‘trauma’ i.e with initial letter capital or small. Small ‘t’ traumas are the events that exceed our capacity to cope and cause a disruption in emotional functioning, and in such cases life is not threatened. Small ‘t’ trauma can be seen in personal conflict, divorce, and financial worries etc. While large ‘T’ traumas are extraordinary experiences that bring about the severe distress and helplessness. It also

leads to PTSD. It may be onetime events like acts of terrorism and natural catastrophes which cause prolonged stress in the form of war, conflict and violence. (Barbash 2017)

Trauma is the response to a deep distressing or disturbing event that one shadows the ability of an individual to cope with the situation. It arouses the feeling of helplessness and diminishes their sense of self and ability to feel range of emotions and experiences. Trauma is a deeply disturbing event that infringes upon an individual's sense of control and may reduce their capacity to integrate the situation. When people think about trauma, they think about those who have been exposed to war, combat, natural disasters, physical or sexual abuse, terrorism and catastrophic accidents.

Generally trauma is categorised into two main types:

Type-I (Simple): It involves single incident, with short-term impact (i.e. car accident, rape, natural disasters, surgery, illness, violent assault, shooting)

Type-II (Complex): It includes exposure to a series of traumatic events (Crackdowns, disappearances, cross firing, encounter, kidnapping, torture, sexual exploitation)

Memory is the important aspect of trauma and it connotes the ability of or person to unfold the past. Trauma literature and testimonies are the products of memory. There are different kinds of memories; some of them have past memories and some have traumatic memories. In case of Kashmir people are haunted by the traumatic memories since their childhood. The idea violence haunts them throughout their life. Lucy Bond talks about traumatic memory as- "traumatic memories are repressed as they are formed, leaving them unavailable to conscious recall; subsequently, they recur in various displaced ways, as hallucinations, flashbacks, or nightmares" (4). Some people have implicit memory and some have explicit memory, as it varies from person to person. In

Trauma Studies, we understand the memory from different perspectives. Alison Landsberg's proposes the concept of Prosthetic memory is proposed in her article "*Prosthetic Memory: Total Recall and Blade Runner*". The prosthetic memory means the memories which do not come from person's lived experiences in strict sense (Venugopal et al 254). It may not refer to a person's own actual life experience/ memories of real life incidents of any individual. For example, films or television programmes show the life experiences of others which get transmitted through the modern technologies of mass cultural communication as the hyper reality. The memories generated through the films or serials have catastrophic effect on the audiences. This memory has impression on individual way of perceiving the traumatic scenes. This prosthetic memory is not the memory of an event/incident directly experienced by the individual/group. It is empathic memory experienced by the consumers who have not directly experienced the traumatic event. This is most striking aspect of prosthetic memory in Trauma Studies.

Second type of memory is 'postmemory' which is introduced by Marianne Hirsch. It is a self-reflexive mode of remembering trauma. In this condition we recall the event through the personal experiences of the survivors. Through such trauma, children of survivors also experience the cultural or collective trauma of their parents. Earlier Hirsch used 'postmemory' in narrow sense but later broadened its applications to more general forms. In *The Generation of Postmemory* (2008), Hirsch defines the term as a way of explaining what she calls the belated 'memories' experienced by those who did not directly witness the traumatic events. Postmemory is a structure of inter- and trans-generational transmission of traumatic knowledge and experience. As Hirsch's post-memory is an attempt to explain forms of intergenerational empathy, psychological approaches to post colonialism have also attempted to understand not only the

relationship between different cultures, but also between the past and the present. It is not surprising that we have not yet necessarily come to terms with the more recent colonial and postcolonial traumas of the twentieth and twenty-first centuries, including such events as the apartheid regime in South Africa, the Algerian war, genocides in Rwanda and Cambodia, Kashmir conflict, Israeli–Palestinian conflict, and the asylum and displacement of vast numbers of people around the world.

Postmemory may even prepare us for that postcolonial trauma which is yet to come, by studying the past, and developing an awareness of the needs of those who have experienced trauma (Brisley et al 7). Cathy, in her book *Exploration in Memory*, defines the trauma in such a way that “there is a response , sometimes delayed, to an overwhelming event which takes the form of repeated, intrusive hallucinations, dreams, thoughts or behaviour stemming from the event, along with numbing that may have begun during or after the experience.” (Caruth 4)

Overwhelming experiences are obstructed by the repression or amnesia which lacks the integration of consciousness. Traumatic experience escapes full consciousness as it occurs. As Janet says, the ‘narrative memory’ is integrated into story of the past. “The flashback or traumatic re-enactment conveys, that is, both the truth of an event, and the truth of its incomprehensibility.”(Caruth 153)

Freudian Theory of Trauma

Sigmund Freud (1856-1939) was basically neurologist and he founded the discipline of psychoanalysis. His analysis of dreams and its interpretations provide the mechanism of repressions. His dream interpretation would help in understanding the trauma of life. Freud elaborated the theory of unconscious and developed the model of

psychic structure comprising *id*, *ego* and *super-ego*. His concept about unconsciousness is based on the theory of repression. He postulated two basic concepts i.e. Eros (life drive) and Thanatos (death drive). He believed that human psyche is subjected to both of the conflicting drives. In his early research, he developed his interest in the field of cerebral palsy also known as cerebral paralysis. Main aim of Freudian therapy is to bring repressed thoughts and feelings into consciousness in repetitive distorted emotions. He and his collaborator Breuer observed anxiety, fear and trauma in their patients. Freud discussed his theory of trauma, theory of neurosis, psychosis and anxiety in his famous treatise *Studies in Hysteria* (1895)

Sigmund Freud and Josef Breuer, in their collaborative work *Studies in Hysteria* (1895) suggest that memory of trauma is more haunted than the traumatic events themselves. This text includes the five individualistic studies of hysterics. Both of them minutely observe the psychological development of their clients such as Emmy von N and Anna O (Bertha Pappenheim) Lucy, Katherina and Frankin Elisabeth Von R. This analytical study gives foundational impetus to psychoanalysis. Both contributors agreed that “the hysteric suffers mainly from reminiscences” Here he discusses theory of neurosis, psychosis, theories of dreams and theory of anxiety neurosis. This book has separate chapters on unconscious ideas and ideas inadmissible to consciousness-splitting of the mind, the physical mechanism of forgetfulness, interpretation of dream, etc.

In his lecture *On the Physical Mechanism of Hysterical Phenomena* (1893), Freud discussed the mechanism of hysteria in patients. *Studies of Hysteria* is a foundational text in trauma studies, where Freud finds out the underlying principles regarding the functions of human psyche. Here he discusses the development of hysterical symptoms in the sphere of psychological life. The knowledge of hysteria is derived from the work of Charot. In

the first half of eighties, Charot drew our attention towards the major neural disorder that is neurosis. He taught us as how it is important to understand the traumatic paralysis which appears in hysteria. The trauma must fulfil certain conditions. It must be severe - that is, it must be involved in terror and mortal danger, which is threat to life. It must also not give the serious injury to the brain. Trauma must have special relation to the body part. Moreover, the trauma can also generate from a previous unnoticed injury. Freud also discussed the trauma with its traumatic elements in case of paralysed patients. Sleeplessness or disturbed sleep is also the one of the symptoms of hysteric patient. Psychological trauma symptoms are not transparent everywhere rather they lie in traumatic situation of the patients. These symptoms have symbolic representation in the form of pain, neurosis, neuralgias, fear, terror, injury, tension etc. "The psychological trauma does operate in subject and maintains the hysterical phenomenon" (Freud 241). Throughout the traumatic situation, person is subject to forgetfulness and memories.

However, the whole conduct of life is influenced by subconscious ideas. There is mental degradation in our psyche due to traumatic incidents. Unconscious ideas are self-contradictory which is against our conscious mind. These subconscious ideas cannot be influenced or corrected by conscious thought. (Freud 169)

Theory of the hysterical neurosis; Pierre Janet and Josef Breuer recognise the syndrome of hysteria and justify the assumption of splitting of consciousness. According to Janet:

The splitting of consciousness is a primary feature of the mental change in hysteria. It is based on an innate weakness of the capacity for psychological synthesis, on the narrowness of the 'field of consciousness (champ de la

conscience)' which, in the form of a psychological stigma, is evidence of the degeneracy of hysterical individuals. (Freud 245)

The second form of hysteria acts as defensive hysteria. Ego instincts also work as defensive hysteria. According to Oppenheim, "hysteria is an intensified expression of motion. The 'expression of emotion', however, represents the amount of psychological excitation which normally undergoes conversion." (Freud 248)

Theory of anxiety: Symptoms of anxiety neurosis are as general irritability and anxious expectation. The anxiety attack may be observed in the form of chronic anxiousness. This anxiety is found in those individuals who are victims of conflict and violence. They have anxiety of danger, fear and death in traumatic situations. Such victims are prone to making up or night with a fright. "Hysteria or a traumatic neurosis can be acquired from a single fright." (Freud 272)

Moses and Monotheism (1939) consist of three essays. This text is on monotheism which further elaborates the trauma of Jews who experienced different types of traumatic events. This book was published posthumously in the same year 1939 when Freud died. *Moses and Monotheism* was written by Freud when he was subjected to exodus from Vienna to London in 1938. This book is written in the backdrop of Nazi persecution of Jews. The traumatic neurosis of Jews is quite incomprehensible which Freud tried to recognise after Nazi genocide. In this text Freud assumed that Moses is not Hebrew but actually born into ancient Egyptian civilization. The Biblical story is reinterpreted so as to narrate the collective guilt stemming from the murder of Moses which passed throughout the generations leading to the neurotic expressions and their inheritance of trauma and guilt.

“Beyond the Pleasure Principle” (1920) is the essay by Freud. In the third chapter of this essay, Freud mentioned about the suffering of human beings which persists in certain individuals. Here he discusses the perplexed experience of battlefield survivors who recall the terrific events as nightmares. Freud sometimes feels uncomfortable while discussing the catastrophic events of life which people have experienced. The traumatic events are striking and recur in the form of memory. Such trauma is not initiated by the actions of an individual but the external elements in the form of painful incidents. The series of painful events are uncontrollable and haunt the individual memory. Pleasure and pain are considered on the basis of quantity of excitation of human psychic life. “Pain correspond the increase intensity and pleasure which decrease the intensity of excitation”. (Freud 01)

G.T. Fechner advocated the concept of pleasure and ‘pain’ which coincides in the psycho-analytic works. Conscious impulses of mind always bear the relation of ‘pleasure’ and ‘pain’. In psycho-physical relation, it is the state of stability and instability. Hence the source of pain is the conflict and dissociation in psychic apparatus. There is also a kind of neurotic pain. The pain we experience is perpetual in nature. Therefore, due to severe shock of mechanical nature danger is involved in train accidents which might lead to traumatic neurosis. There are signs of subjective suffering in it. The effect of traumatic incident on memory is the comprehensive general weakening and shattering of the mental functions. Neither the war neurosis nor the traumatic neurosis could be understood fully. There are two features of traumatic neurosis first is the chief causal factor of trauma which has element of surprise in the form of frightening and second factor is the injury/wound that prevents the occurrence of neurosis. Fright, fear and apprehension are used wrongly in context of danger. Apprehension (Angst) denotes a certain condition

where we have expectation of an unknown danger. Fear (Furcht) needs definite object of which one is afraid and fright (Schreck). It reduces the comprehension and if encounter of with any danger without being prepared for the situation, it also lays the stress on the individual. In Freud's opinion apprehension can't produce the traumatic neurosis as it works as defence against fright.

Unconscious part of mind affects the synthesis and organic unity of mind. Reconstruction of thought is possible only through stable memory. The relation between memory and reproduction varies from case to case. The patient can't recall what happened at the time of incident, and hence his/her feelings are repressed at unconscious level. Repetition compulsion in psycho-analytic treatment of neurotics is fight and struggle for resistance of unconsciousness. There is development of 'Interior complex' among the neurotics. Only in rare cases do we recognise the 'repetition compulsion' in a pure form.

Trauma is in search of memory tracing of conflict ridden people. Therefore, consciousness arises in the place of the memory-trace. Psycho-analytic speculation is gained after the impression of unconscious mind process which is not exactly known by conscious thought. This psycho-analytical experience is the foundation of memory records which has nothing to do with the question of becoming conscious (Freud 17). Pleasure and 'pain' are derived from the psychic apparatus. The localization of conscious 'seat' in the cerebral anatomy is the cortical layer. Likewise, we can understand that our unconscious mind is bound for several decisions and restrictions against of our free thought investment. In Kantian philosophy, time and space are necessary modes of thought. Hence, through the experience, it is found that unconscious mental processes are in themselves timeless. (Freud 21)

‘Charging energy’ of psyche and ‘counter charge’ to counter the unconscious thought are used for running the balance system of mind. “Highly charged system is able to receive new energy streaming in, to convert it into a quiescent charge, thus to bind it psychically” (Freud 22). The more is the intensity of the intrinsic ‘quiescent charge’, the greater is its binding force. Comparatively lower is the intensity of the charge of the system the less is the capability of receiving the energy. Because of it there are more chances of violent activities. The human preparedness and unpreparedness for the trauma depends on the energy charges. Psychic apparatus helps this energy to flow from free flow state to quiescent state. One of the causes of traumatic neurosis is an extensive rupture of the barrier against stimuli. Traumatic neurosis appears in patients dreams in the form of hallucinations. It acts as punishment in dreams. These types of dreams won’t help in wish-fulfilment of patients. The psycho-analytic conception of the traumatic neurosis is far from shock theory.

Cathy Trauma Model: Cathy Caruth is a professor at Cornell University. She is one the emerging trauma theorists in contemporary Trauma Studies. Before her studies, Trauma Studies was not recognised as separate discipline in literary analysis. After 1990 it became separate field when she and various other theorists like Felman, H. Oppenheim, Dominick Lacapra and various other critics contributed in this area of research. She applied the post-structuralism approach to deal with the trauma of contemporary society. Caruth wrote *Listening to Trauma: Conversation with Leaders in the Theory and Treatment of Catastrophic Experience* (2014) where she recorded the testimonies of trauma survivors.

Cathy Caruth’s *Unclaimed Experienced: Trauma, Narrative and History* (1996) is considered as foundational text for trauma theory. This text is fundamental and

remarkable text for theoretical understanding of trauma. She addresses the criticism of trauma in this edition. She is one of the scholars who recognised trauma as field of literary studies along with the scholarship of Shoshana Felman, Dori Laub and Geoffrey Hartman, among others. This text offers an extensive framework for reading narratives of traumatic experience through psychoanalytic and literary theory. In this work, she mainly reanalyses the Freud in concept of trauma and death-drive destruction. She says “the term trauma is understood as a wound inflicted not upon the body but upon the mind.” (Caruth 3)

Trauma is not locatable in the simple violent or original event in an individual’s past, the survivors are haunted latter on by traumatic incidents which is known as the latency. (Caruth 4) She also poses the crucial question “Is trauma the encounter with death or the ongoing experience of having survived it?” She approached to answer this question by analysing the “double telling” an oscillation between a crisis of death” and “the correlative crisis of life.” (Caruth 7)

After exploring the work of European psychoanalysts, philosophers and film makers Caruth applied the post-structuralism approach to reinterpret explicit references to traumatic experiences. Understanding the Freud’s concept of latency, Caruth explains the trauma as a deferred experience that returns to repeatedly haunt the survivor. Trauma is so unexpected where the individual experiences are ruptured and involuntary repetitions of memory repeats as nightmares or flashbacks.

Trauma Studies can also examine the trauma from post-colonial perspectives. After World War II various theorists look up the effect of colonisation. In colonial past people were in severe oppression and subjugation. They were colonised and slave at their territory and women were raped. They had no right to exercise their choice or desire and

they were devoid of freedom. There was also inferiority and superiority complex among the colonised and colonisers which generated the trauma. This complex is created through power dominancy. Trauma theory, in context of post-colonialism, helps us to understand the legacies of colonialism and decolonisation. Post-colonial trauma seeks the justice for victims and represents the collective trauma of community. There is also the identity crisis in colonial world which needs recognition. In addition to this, there is resistance in colonised world which bear the trauma of alienation and loneliness. Moreover, “postcolonial trauma is an attempt to recognise the diversity of traumatic experiences in the postcolonial world”. (Arthur et al 8)

Victimhood of women is very serious issue in conflict ridden and violent situations. They are more susceptible to rape and torture. Women are subjected to depression and possibly PTSD after getting exposed to the traumatic events. In Kashmir, large number of young girls and women have undergone trauma due to the terrible experiences of sexual violence and rape during violent times. For example, Kunan-poshpura incident (1990) is a testimony of women trauma. Their trauma is further transmitted to their children and adolescents. There is also acute and chronic trauma which has significant negative impact on children and adolescents. Women critics who are questioning the trauma narratives, they claim that they have been facing trauma for many decades, but there is no redressal of their grievances. Patriarchal society only identifies war veteran’s trauma. They say that “traumatic stress was first recognized and extensively studied among combat veterans not among the women” (Ackerman et al 1). Disable and pregnant women suffered more after facing traumatic situation. They are more vulnerable to depression and PTSD. “It is becoming increasingly clear that men and

women have different sources of stress and trauma in their lives and respond to stressful and traumatic events differently.” (Ackerman et al 2)

The impact of trauma in the form of stress is more acute in case of children and adolescents than young adults because children have no control over their physiological and emotional functioning. In the process of growth traumatic experiences disrupt, the progress of the child. There is also the irritability among the children who have exposed the trauma and violence. Therefore, Trauma Studies also help us to know the trauma of women and children who suffer more than men.

Collective trauma of community is to be observed in context of memory and trauma. Cultural trauma includes the collective feeling of community who have been subjected to horrendous traumatic events. Reflexivity of cultural trauma is seen when we go through traumatic events which is in the form of war, conflict and violence. In case of Kashmir encounter, crackdown, shutdown, curfew and cross firing generate collective trauma. It is embedded in everyday life and language. People across border used to live in bunkers which generated cultural trauma among the border residents. We can say that “trauma is socially mediated attribution.” (Alexander et al 8)

Socio-economic loss also generates cultural trauma. Commonly, people feel anxiety, depression, PTSD and other psychological disorders and effect memory collectively. In case of Kashmir the insurgency has impacted on the peaceful environment of valley. Collectively Kashmiri were disturbed due to insurgency. According to Lay Trauma Theory “trauma are naturally occurring event shatter an individual or collective actor’s sense of wellbeing” (Alexander et al 2). This theory also explains that traumatic experience occurs when traumatic events interact with human nature.

In mid-1990s, trauma theory evolved as a critical category which raises the issue of memory. Now, it includes many fields such as focus on psychological, philosophical, ethical and aesthetic aspects about the representation of traumatic events. Trauma theory has cross disciplinary and interdisciplinary boundaries which extend its domain over other theoretical fields like Psychoanalysis, Feminism, Post Colonialism, Historicism, and Cultural Studies.