

# Women and Trauma in the Works of Margaret Atwood and Anita Desai

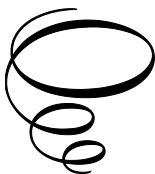


# Women and Trauma in the Works of Margaret Atwood and Anita Desai

By

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**Naadiya Yaqoob Mir**

## ABOUT THE BOOK

The most important endeavour of this book is to evolve a perspective as to how trauma acts as a mode of signification in varied forms in the select novels. Also, the book supports the aim of contemporary feminist traumatology which is to make women's trauma visible, give meaning to it, and ultimately create frameworks that promote healing. Laurie Vickroy, a trauma theorist, has focused on the interrelationship of trauma, society, narrative and female identity. She argues that the social relations and cultural values can be a source of immense trauma for women particularly that silence them out of guilt or denial. It can create veils of illusion and reinterpret behaviours that induce trauma. Societies or families may want to preserve stability or sacrifice victims for other goals.

In the light of the above discussion, the book aims to read two contemporary women novelists – Anita Desai (b.1937) and Margaret Atwood (b.1939) Indian and Canadian respectively – as practitioners of peculiarly women centric narratives that privilege women's subjective experience not only as a cause of trauma but constitutive of trauma itself. An attempt has been made to analyse their novels from the lens of gendered trauma – its causes, manifestations and consequences. The book highlights the notion of everyday trauma that women experience while finding themselves as victims of a deeply masculine, prejudiced milieu. The book presents a kind of counter-memory, broadening readers' awareness about women trauma narratives. The select works in the book are all authored by women, and have significant claims to be treated as feminist trauma fiction, that is, as novels that are preoccupied with a socio-political analysis of women's status and that espouse social/ psychological transformation.





## INTRODUCTION

The question of trauma and its representation has engaged scholars from across disciplines like psychiatry, social sciences, psychology, the humanities and literary studies. Primarily understood as a physical wound, the term ‘trauma’ now includes a wide variety of definitions-ranging from the physical, psychological, emotional as well as social. It is this pluralisation of meanings that makes trauma studies an exciting field of study – one that merits attention and close understanding. The field of Trauma Studies has recently grown to accommodate multiple perspectives – even antithetical ones – questions are now raised about gendered traumas, minority traumas, social or collective traumas as well as the more familiar terminology related to war and violence.

Anne Whitehead in *Trauma Fiction* (2004) argues that “trauma carries the force of a literality which renders it resistant to narrative structures and linear temporalities” (5). If trauma is not fully experienced when it happens, it does not stay in the ownership of the traumatised and cannot be described at any time; it haunts the traumatised as a memory that is repeated again and again and thus trauma is experienced later than at the instance of the traumatic event (5). Further, she believes that the impact of trauma can only be adequately represented in literature by mimicking its symptoms in a way that implies the collapse of temporality and chronology. Whitehead champions trauma fiction as a genre which conceptualises trauma, and is concerned with the ways in which psychological trauma is interpreted and portrayed in contemporary fiction.

The endeavour of trauma literature is to expand awareness of trauma in its readers by engaging them with personalised means of narration that highlight the troubled ambivalence of traumatic memory and warn us that trauma gets reproduced if left unattended. They immerse the readers in the characters’ attempts to memorise – filtering survivors’ experience through the perspective of individual consciousness. Thus, the reader is in a way guided through the narrative via the disorientations and conflicts of

traumatic memory. Both Cathy Caruth and Shoshana Felman emphasize literature as a fit medium for representing traumatic experience. Literature becomes a site for a belated enactment and witnessing of what can be referred to as an unclaimed moment of trauma. Caruth uses the image of the wound “that cries out, that addresses us in an attempt to tell us of a reality or truth that is not otherwise available to indicate that trauma can only be understood through literary language” (4).

Trauma has been dealt with by many influential novelists across cultures including Toni Morrison, Pat Barker, Annie Michael, Benjamin Wilkormirski, W.G Sebald, Jackie Kay, Caryl Philips, Doris Lessing and Michael Ondaatje. Although the trauma novel originated from modernist writing, it is situated between modernist and postmodernist writings as it points to a development towards more postmodernist techniques. The trauma novel examines the impact of collective trauma on the individual by rendering the imagined disaster, the protagonists’ responses to it, and possible recuperation through figurative language.

The evolution of feminist and post-colonial theories post 1970s posed a challenge to trauma studies, highlighting the bias of a predominantly white, male-centred history of conceptualisation. New approaches have reconstructed theory, research methodology and treatment in line with the acknowledgement of socio-political frameworks. Central to this is the recognition of trauma as a particularly subjective knowledge, and therefore impossible to divorce from environmental contexts. Widening the notion of what is ‘traumatic’, while acknowledging the contributing role of ideology to the sustaining of trauma and the subsequent expression and treatment of it, has effectively opened the doors to previously unheard voices of the marginalised including traumatised women.

By working towards ensuring that women’s experiences of trauma are considered as important and as genuine as the trauma sustained by males, feminist psychology allows traumatised women to express their trauma openly, to speak the unspeakable, to voice the silence instead of encoding it in somatic manifestations of any ‘dysfunction’. The recognition that trauma is collective and widespread, as well as subjective and personal, is inherently inclusive, thereby challenging the notion of a female and racial

Other. Further, this approach attacks trauma at the core, which is silence. By highlighting the forgotten history of women's trauma, by voicing the experience of trauma for the voiceless othered, an inclusive, feminist approach to reading the stories of trauma provides a framework within which to consider the sources, nature and forms of representation of trauma. Although the field of trauma studies has expanded, the concept of private, insidious and subjective women's trauma has not received sustained critical attention; hence an alternative model of what contributes the 'traumatic' needs to be explored.

Representations of trauma, just like the conceptualising and the experience of trauma, are therefore imbued with a multitude of social and political ramifications. The concept of trauma, is evidently is a complex narrative into which the diverse symptoms of trauma are fitted. The debates and discussions about trauma in the late twentieth century explore the implications of representing both personal and public traumatic experiences in narratives.

The examination of the history of trauma and women prompts a questioning of the sources of pain, the events or issues that historically and presently influence traumatic experience for women. Women are not merely traumatised by singular experiences, but rather by a series of events that are personal, political, social and collectivised.

The exploration of how women experience trauma takes into consideration the varying impact of social, political, cultural and ideological factors. Though these influences are varied and dependent on a number of factors, yet there are many overarching forces like domestic violence, marital disharmony, sexual abuse etc within women's experiences of social systems that add to psychological trauma.

The development of women writing about trauma in literature has in many ways helped in the development of *feminist traumatology*, where the issue of women's uttered experience has become an essential element. All this facilitates the path towards healing and also has the potential for bringing individual and social change. Therefore, trauma is a subject that is impossible to ignore in either the development of feminist psychology or

the analyses of women's writing. It is a way of resistance and the telling of personal truths and helps in the collective unmasking of repressive experiences. Feminist theory tries to make central the experiences of women and to attend to the diverse and complex aspects of gender, rather than comparing women to the androcentric norm.

Feminist interventions in trauma theory have significantly altered the route of our understanding of what constitutes trauma. The feminist analysis of trauma is quite different from the earlier male-dominated view of trauma. Feminists look beyond the public and male experiences of trauma to the private, secret, subjective and almost unspeakable experiences that women encounter in their lives in different forms. They deconstruct the earlier notions of 'real' trauma – that form of trauma in which only the dominant group is viewed as victim. A theoretical intervention in female trauma was introduced by scholars like Cathy Caruth, who suggests that trauma is an unsolvable problem of the unconscious that elucidates the inherent contradictions of both experience and language. The unspeakable void became the dominant concept in feminist trauma theory. Feminist theorists like Maria Root, Laura Brown, Laurie Vickroy and others point out that tying trauma to a physically dangerous event or events per se is inadequate, particularly in case of oppressed people as they are routinely worn down by insidious forms of trauma involved in living day after day in a sexist, racist and classist society. Maria Root, a feminist therapist puts forth the concept of 'insidious trauma'. By this she refers to "that form of oppression that is not overtly violent or threatening to bodily well-being but that affects the soul and spirit" (119). Her theory suggests that for all women living in a culture where for instance, there is a high rate of sexual assault and such behaviour is considered normal by men, then there is an exposure to insidious trauma. While commenting on the socio-cultural context of trauma Laura S. Brown argues that the socio-cultural contexts that shape individual identities may also shape how a survivor understands a traumatic experience. Therefore, understanding trauma requires examining aspects of psychological functioning within a particular social or cultural environment.

However, the most important endeavour of this study is to evolve a perspective as to how trauma acts as a mode of signification in varied

forms in the select novels. Also, the study supports the aim of contemporary feminist traumatology which is to make women's trauma visible, give meaning to it, and ultimately create frameworks that promote the healing. Similarly, Laurie Vickroy a trauma theorist has focused on the interrelationship of trauma, society, narrative and female identity. She argues that the social relations and cultural values can be a source of immense trauma for women particularly that silence them out of guilt or denial. It can create veils of illusion and reinterpret behaviours that induce trauma. Societies or families may want to preserve stability or sacrifice victims for other goals.

In the light of the above discussion, this thesis aims to read two contemporary women novelists – Anita Desai (b.1937) and Margaret Atwood (b.1939) Indian and Canadian respectively – as practitioners of peculiarly women centric narratives that privilege women's subjective experience not only as a cause of trauma but constitutive of trauma itself. An attempt has been made to analyse their novels from the lens of gendered trauma – its causes, manifestations and consequences. The narratives in question highlight the notion of everyday trauma that women experience while finding themselves as victims of a deeply masculine, prejudiced milieu.

Anita Desai (b.1937) a major Indian novelist, portrays the psychological trauma of her characters in an oppressive social system. Through her novels she tries to project the agony and predicament of her female characters within an indifferent and hostile milieu. She is often described as a novelist charting the interiority of her female protagonists' mind. For her, literature is neither a means of escaping reality, nor a vehicle for parading her political, social, religious and moral ideas, but an exploration and an inquiry of the psyche. As a psychologically oriented novelist, her approach is anti-realist and anti-empirical. She dwells on moods, feelings and on emotions, on all those things that leave their imprint on the human psyche. Her novels are based on subjective objectivity, expressed through a progression of images in which the protagonist is the poet's mask, engaged in self-analysis, its quest leads to a moment of recognition, and transcends the temporal and causal, unifying the individual self with the

infinite or universal self. In Desai's novels, "it is the image that matters, the symbol, the myth and the feat of relating them" (Sharma 1981).

Her debut novel *Cry, the Peacock* (1963) depicts the gradual erosion of the central protagonist Maya as she falls into a neurosis followed by a complete disintegration and finally culminating in a psychosis. Desai skilfully depicts the protagonist's extremely fragile and tormented psyche as she battles with the overprotective, unfeeling and even hostile world of men – in her case the father and the husband. Maya's trauma is therefore to be viewed as a consequence of marital incompatibility and parental control. A psychological novel par excellence, *Cry the Peacock* makes a passionate case for women's private traumas as potentially catastrophic experiences. *Voices in the City* (1965) deals with the trauma of an educated middle-class woman called Monisha. She lives a frustrated and lonely life and longs for privacy and solitude. She is married to an insensitive husband and is unable to adjust to her in-laws' family. The atmosphere of total indifference, insensitivity and distrust is all around and Monisha feels completely shattered and alienated. All this becomes a continuous source of trauma that consumes her from within. Monisha suffers from a particular form of childhood trauma that is termed by Bassel Van Der Kolk (an American psychiatrist, author) as developmental trauma – an exposure to multiple, cumulative traumatic events, usually of an interpersonal nature, during childhood which results in developmentally adverse consequences. Her experience becomes unspeakable. The unspeakable nature of Monisha's trauma results in her alienation and finally she succumbs to it and commits suicide.

*Where Shall We Go This Summer?* (1975), is a powerful analysis of an oppressed female psyche living under the duress of patriarchy. The novel is a delineation of a woman's psyche under pressure, brought about by societal demands and marital discord. Desai has been able to draw a very interesting and complex portrait of Sita, mother of four children, who suddenly becomes rebellious due to an oppressive family. Marital incompatibility and other domestic pressures turn her neurotic. Her internal necessities to feel whole combined with external social pressures make her neurotic. Further, the novel shows Desai's terrible image of life in which the innocent female protagonist bears the trauma or pain and pays a heavy

price for her honesty and virtue, while the oppressive social values often push her over the edge.

The present study also analyzes the select novels of Margaret Atwood as significant artistic expressions of women's trauma. As a novelist, she is particularly concerned with the psychological exploration of her protagonists'.

Her novels depict her women protagonists' journey towards survival and freedom of their inner selves from restrictive social conventions. She examines the role of fiction as one of the ways in which the interaction of people and society can be scrutinised. Margaret Atwood's aim is to explore women's inner psyche, their conflicts and the journey towards self-discovery. Her novels question gender roles and protest against dominant patriarchal structures of power and dominion that expropriate women's identity.

*The Edible Woman* (1969) depicts the dual power structures that Marian, the protagonist of the novel, confronts when she neglects social conventions and decides to live on her own terms. Atwood is chiefly concerned with the deconstruction of gender politics, an indictment of male consumption, over-richness and over-decoration of women in a patriarchal, capitalistic society. She constructs states of trauma and schizophrenia to emphasize the exploitative nature of capitalist society as well as the potential to release the female mind from social strictures. Atwood depicts woman as an edible product – one which is annihilated by patriarchal society that puts her in the category of an object to be manipulated and exploited. *Alias Grace* (1996) shows how historical and traumatic circumstances accumulate in novelistic ways that permit readers to see their impact on the characters emotionally and situationally. The novel articulates an intriguing, credible, psychologically consistent and sympathetic interpretation of Grace as a victim of trauma and multiple personalities. Grace suffers 'hysteria' and her 'hysteria' can be seen as a form of rebellion exercised against patriarchy and can be viewed as transgressive. Based on a real-life incident, it probes the manner in which Grace Mark's narrative with its history of a traumatic past, phobias etc counters any claim towards a definitive, emphatic representation of

history. The novel, giving voice to the marginalized and the silenced, represents a particularly relevant exposition of the position of women, one that continues to stimulate discussion on how this situation has, and has not, changed much. Atwood in this novel clearly exposes the role played by various social, political and cultural ideologies in Grace's trauma and undertakes an analytic inquiry into her mind that reveals repressed memories, traumatic events, fragmented flashbacks and personality disorder- making the novel a fit representation of trauma narrative in fiction.

*Cat's Eye* (1988) depicts a web of gender conformity in society, expressed in different forms – from a schoolgirl's rules of dress and conduct, to enforcement of cultural and religious ideologies. Such punishments and social demands contextualize Elaine Risley's traumas until she learns to recognize them and finally extricate herself from them. Elaine is bullied by her 'friends' to the point of near death when they push her in frozen water in a ravine, however, she is saved. Elaine is forever marked by this traumatic experience that formulates her relationships to others for years to come. However, she is successful in transforming her past trauma into art, as she becomes a painter. Therefore art acts as a means of refuge and release from the traumatic memories that she carries with her right from her childhood to the present. *Cat's Eye* reveals that memory is a cognitive process through which self-awareness is achieved because it implies the reassessment of the external influences that interfered in the formation of the protagonist's identity.

Since both Desai and Atwood are primarily devoted to the representation of trauma of female protagonists in their writings, the present study aims to analyse the select works of these two culturally different writers and thereby bring out their ideological and stylistic similarities and differences.

The study is divided into five chapters. In chapter I, "Trauma and Literature: An Overview", an attempt has been made to define trauma, trace its origin and development into a specific literary genre as well chart the trajectory of Trauma Studies – a discipline that rose to prominence in the 1990's signalling the 'ethical' turn in literary theory. Besides, the chapter also highlights the social, cultural and gendered aspects of trauma



and various elements of trauma narratives. However, the chapter ends with a discussion of feminist interventions in the significantly male dominated trauma theory. The development of women's writing about trauma has in many ways helped in the development of feminist traumatology, in which the issue of women's uttered experience has become an essential element. All this facilitates the path towards healing and also has the potential for bringing individual and social change. Hence, the chapter highlights trauma as a subject that is impossible to ignore in either the development of feminist psychology or the analyses of women's writing as it is a way of resistance and the telling of personal truths and helps in collective unmasking of repressive experiences.

Chapter II, "Psychic Reverberations: *Cry the Peacock* and *The Edible Woman*", begins with a detailed introduction of the two writers namely Anita Desai and Margaret Atwood. The chapter shows how social and familial environment is responsible for trauma, which limits expression of both the protagonists. Maya's trauma is due to her lack of open rebellious attitude against the dominating patriarchal society. One significant difference between the two protagonists i.e. Maya and Marian is that the latter goes through a phase of neurosis to reach victory and Maya ends up as a prey to circumstances because of her inability for any positive transformation. However, the one thing that is common in both the novels is that in such traumatic conditions feminist consciousness rebels and the end may be either way.

Chapter III, "Feminist Narratives of Trauma: *Alias Grace* and *Voices in the City*", gives a detailed account of trauma narratives and their relevance and importance. The trauma survivors believe that it is necessary for them to work through their traumas by ordering their experiences into a chronological order. The inability to speak about a traumatic past is one of the characteristics of trauma narratives. These texts expose readers to the dilemma of facing a traumatic past. The chapter reveals how the collective repression of the traumatic past may bring some comfort but in the long run it proves very destructive as the survivors lose human connections and get absorbed in their own traumatic world. Further, it traces the emergence of feminine trauma narratives. Feminine trauma narratives attempt to provide possible ways for traumatic experience to be re-created. Indeed,

these narratives often become a means of healing and reconciliation for female survivors. The female narratives of trauma are stories of multiple and severe trauma that women experience and often reveal uncertainty and self-blame. However, both the novels, *Alias Grace* and *Voices in the City* become trauma narratives as the protagonists of both experience multiple traumas right from their childhood. Atwood, through the central protagonists in these novels reveals an analytic inquiry into their state of mind that reveals repressed memories, flashbacks and personality disorder making the novel a fit example of trauma narrative in fiction.

Chapter IV, “Social Trauma: *Cat’s Eye* and *Where Shall We Go This Summer?*” analyzes the various aspects of social trauma as a major source of trauma among females. Also, it shows how society influences the individual and collective experience of trauma at many levels like the perception and interpretation of events as traumatic; modes of expressing and explaining distress and patterns of help-seeking and treatment response. However, most importantly, society/culture gives meaning to the traumatic event itself, allowing individuals or families to make sense of violence and adversity in ways that may amplify their impact. Also the chapter attempts to illustrate that social relations and cultural values often act as a source of trauma for the protagonists of both the select novels and silences them either out of guilt or denial. Besides other critics, two important theories by prominent theorists like Maria Root and Laura S. Brown have been discussed with reference to the two novels. Moreover, the chapter highlights how enforced social norms can cause trauma, limit expression or offer resources that provide opportunities of healing.

Chapter V, “Feminist Trauma Fiction: A Comparative Study of Margaret Atwood and Anita Desai” is a detailed comparative analysis of the two novelists. Belonging to different cultures, what unites them is the common theme of women’s trauma and its various manifestations. For both the writers, trauma emerges as a major and dominating theme. In spite of being culturally apart, both Atwood and Desai show striking similarities as far as their art of writing is concerned. Their works are basically female-centric. They probe into the troubled female psyche be it in the form of a mother, daughter, sister or wife. They explore the psyche of their female protagonists and analyze their relationship with society at large. Their

female protagonists are fighters, rebels and survivors, who fight against the stereotypical roles ascribed to them by a patriarchal society. Their fiction seeks to define the individual desire for self-fulfilment and rejects the unquestioning acceptance of traditional female roles.

# CHAPTER I

## TRAUMA AND LITERATURE: AN OVERVIEW

The term trauma is derived from the Greek word ‘*traumatikos*’ which means wound. Initially, the word was used to describe an external injury, over time, the use shifted to include the kinds of injuries that remain unseen: wounds of the internal kind or wounds sustained by the psyche. As such, psychological wounding became defined as both caused by a trauma and as being trauma itself.

Both external and internal wounds can be fatal, yet if it is external it is easily identified and can be addressed openly. However, internal wounds or wounds on the psyche are more hazardous and rarely referred to and never easily addressed. The internal wounding caused and represented by trauma is indeed characterised as being the unspoken or unspeakable. As such, psychological wounding increasingly became identified as trauma. Cathy Caruth in *Unclaimed Experience: Trauma, Narrative and History* (1996) remarks that, “in its most general definition, trauma describes an overwhelming experience of sudden or catastrophic events in which the response to the event occurs in the often delayed, uncontrolled repetitive appearance of hallucinations and other uncontrolled phenomenon” (2). According to her, “the pathology consists [. . .] solely in the structure of its experience or reception: the event is not assimilated or experienced fully at the time, but only belatedly, in its repeated possession of the one who experiences it” (3).

Further, she adds

Trauma [. . .] evoke[s] the difficult truth of a history that is constituted by the very incomprehensibility of its occurrence”, the flashback memory experienced by the survivor conveys both “the truth of the event, and its incomprehensibility”, leading to a dilemma in which “talking it out” in

order to effect a cure will lose the memory's specificity and precision, the "force of its affront to understanding (Caruth 1996 3).

Thus, trauma is known only in the way it returns to haunt the individual, often many years after the original event. It is the psychological reaction experienced by an individual upon exposure to overwhelming situations causing long lasting/permanent damage and leaving them vulnerable to both psychological and physical reactions. Dori Laub and Shoshana Felman in *Testimony: Crises of Witnessing in Literature, Psychoanalysis and History* (1992) argue that "testimony represented an impossible and yet a necessary act. Rather than a form of evidence or a source of information, it was a gesture that laid bare the limits of knowledge, representation, and justice by enacting traumatic and ineffable experiences" (7). Further, it aimed less at a reconstruction of historical occurrences than at the disclosure of existential, moral, and psychic repercussions. Heavily inspired by the psychoanalytic notion of trauma, Felman and Laub's approach to testimony abolished the temporal and ontological gap that is usually presumed to separate testimony from the event. The aim of trauma testimonies for Felman and Laub was not to transmit judgments but primarily to generate transference of unsettling experiences.

Geoffrey Hartman in "Trauma within the Limits of Literature" explained that the main purpose of trauma studies was to uncover the traumatic traces in the textual elements of literary works since, according to him, the effects of traumatic processes can be recognised in the narrative mechanisms employed in many different genres. According to him trauma theory holds the knowledge of trauma, or the knowledge which comes from that source, is composed of two contradictory elements. One is the traumatic event, registered rather than experienced. "It seems to have bypassed perception and consciousness, and falls directly into the psyche. The other is a kind of memory of the event, in the form of a perpetual troping of it by the bypassed or severely split (dissociated) psyche. Traumatic knowledge, then, would seem to be a contradiction in terms" (Hartman 2003 257-274).

Dominick LaCapra in *Representing the Holocaust* (1994) and *History and Memory after Auschwitz* (1998), focused on the distinction between "acting out" and "working through" a traumatic past, on the inevitability

of transference and of second-hand trauma in this past's reception, and on the impasses of deconstruction with regard to historical traumas. Further he suggests that literature, because of its supple and intricate relation to reference, has been the privileged domain, or "safe haven" for trauma's rehearsal and performative transmission.

Trauma is the result of sociological factors; however, common causes of trauma are sexual abuse, employment discrimination, police brutality, bullying, domestic violence, and particularly childhood bereavement. Trauma is also caused by catastrophic events like war, displacement and familial disintegration. However, the main point is that the people with different backgrounds will react differently to similar events. In other words, not all people who experience the same traumatic event will become traumatised. Maria Root in *Personality and Psychopathology: Feminist Reappraisals* (1992) offers a broader definition of trauma that displays its double role as a catalyst as well as a state of mental distress: "[trauma] represents destruction of basic organizing principles by which we come to know self, others, and the environment: traumas wound deeply in a way that challenges the meaning of life" (4).

Social and cultural factors also influence the cause and outcome of traumatic experiences in a number of ways. They form the circumstances out of which trauma evolves. Although trauma damages the individual psyche, collective trauma proves even more destructive in that it breaks the social life and degrades a sense of community and belonging. Traumatic experience causes a loss of self-confidence as well as a loss of trust in the social and cultural structures that are supposed to maintain order and safety. The social environment, the brutality of the events and the individual's experience – all determine how someone survives trauma. Social support and cultural attitudes are therefore essential to a survivor's adjustment. The most favourable circumstances for healing exist when a society organises the whole process of violence or suffering and renders it into a meaningful mode of action. The rituals for loss and death provide a structure for behaviour, emotions and disintegration and link the suffering person to the social group. However, when cultures fail to function like this, the individuals feel unprotected, resulting in alienation. Traumatic experience can leave an indelible mark on the human psyche that in turn

changes the individual's memory and self-recognition. Despite the capacity of human beings to survive and adapt traumatic experiences it can still alter one's biological, social and psychological equilibrium since the memory of this event overshadows all other experiences of life. Fundamental to this experience is that the past remains unresolved and not remembered wholly in the conventional sense. Memories of trauma often appear in repetitive forms or as nightmares of the trauma scene. These memories are often frozen in time and remain overwhelming experiences. Experiencing trauma disturbs the victim's sense of integrity which often manifests itself in negative symptoms such as hallucinations or panic attacks.

Trauma studies in the contemporary sense is thus to be understood as a result of what we might best call the modern 'history of psychology'. However, even here, where we meet the specialisation of psychiatry in a modern sense, the focus on history and on a historical investigation of psychology is constant. Traumatology in medicine as well as in literature can hardly escape from historical questions, as it always moves back and forth to the 'history' in order to explore how far the creation of our common past is actually affected by the traumatic experience and its memorisation. Trauma studies continuously reflect upon their own emergence and their role in the history of psychology and psychiatry. Therefore, last but not the least, there is another history related to traumatology or trauma studies. The recent interest in traumatology takes its point of departure from the experiences of American soldiers during the Vietnam War and the psychosomatic effects it had on them. Modern 'trauma studies' originated from here in that the repercussions of these war experiences and their psychological understanding led to the introduction of the Post-Traumatic Stress Disorder (PTSD) diagnosis in 1980. In her famous work on trauma, *Trauma: Exploration in Memory* Cathy Caruth defines PTSD:

A response, sometimes delayed, to an overwhelming event or events, which takes the form of repeated, intrusive hallucinations, dreams, thoughts or behaviours stemming from the event, along with the numbing that may have begun during or after the experience, and possibly also increased arousal to (and avoidance of) stimuli recalling the event. ...The event is not assimilated or experienced fully at the time, but only

belatedly, in its repeated possession of the one who experiences it. To be traumatised is precisely to be possessed by an image or event. And thus the traumatic symptom cannot be interpreted, simply, as a distortion of reality, nor as the lending of unconscious meaning to a reality it wishes to ignore, nor as the representation of what once was wished (Caruth 1995 3-5).

For Caruth, the traumatic experience cannot be represented because it occurs before its recipient was prepared to know it. As she puts it, deeply traumatic experiences are events without witnesses, experienced a moment too late, before the self was there to mediate it. As a result, the trauma remains unsymbolised, unintegrated into normal memory.

Trauma studies therefore is fundamentally interdisciplinary in nature and interconnected with various academic subjects, such as medicine, social sciences, psychology and the humanities. It therefore acts as a bridge between diverse fields of research paving the way for interdisciplinary research. In psychiatry, it is first and foremost the individual victim who needs treatment; in sociology, it is the society which is in danger of collectivizing trauma; historical studies aim to identify the possible traumatic 'event,' which might have continued to impact later generations. In the text-based humanities, we start by reading and interpreting various texts which are understood as literary constructs of a traumatic experience. The purpose of trauma studies is therefore to initiate understanding and note commonalities between different kinds of traumatic experiences as well as to establish how the social and psychological aspects merge in a traumatic experience.

The Holocaust not only marks the initial moment in the formal study of atrocity and trauma but is also one of the most widely documented, commemorated and represented historical event of our times. In fact, it is only in the post-Holocaust period that trauma and genocide studies have emerged as a separate field in literature. The Holocaust continues to be represented as being the most significant event of genocide in the twentieth century – unprecedented in terms of the nature of the methods and means of torture devised by a state to exterminate a particular community, as well as in terms of the magnitude of the suffering and trauma.



Literature provided a platform for the representation of such a catastrophic event in the form of testimonial accounts of Holocaust victims and survivors. The most famous of such accounts is Anne Frank's *Diary of a Young Girl* (1952), which remains till date one of the most popular books about the Holocaust. As an adolescent girl full of hope, doubts, anxieties and promise, killed before she could attain adulthood, Anne Frank came to symbolize the tragic loss of life caused by the Holocaust and an easily identifiable, representative figure of the Holocaust victim and her private diary became a public testimonial document of Trauma literature. Similarly, Auschwitz survivors like Primo Levi and Elie Wiesel received considerable critical attention by bringing out individual accounts of their experiences at the concentration camp *Survival in Auschwitz* (1958) and *Night* (1960) respectively. Both offer a first-hand account of the severely dehumanizing effects of the extreme deprivations they suffered at the concentration camp. Thus, these writers of Holocaust testimonies set the stage for the representation of historical trauma as transcending the event that caused it and for assessing its impact in terms of the aftermath it has on the human 'self'. However, the narrative construction of this traumatic 'reality' is crucial not only for the readers to understand an order of experience they are unfamiliar with but also for the victim him/herself to articulate the memory of trauma. If trauma marks a violent interruption in the victim's notion of his/her 'self' as being constituted by a continuous series of experiences, the narrative re-membering of trauma constitutes an act of identifying him/her as a victim after the disruptive event itself has occurred. As Geoffrey Hartman in "On Traumatic Knowledge and Literary Studies" (1995) comments:

The knowledge of trauma, or the knowledge that comes from that source, is composed of two contradictory elements. One is the traumatic event, registered rather than experienced. It seems to have bypassed perception or consciousness and falls directly into the psyche. The other is a kind of memory of the event, in the form of a perceptual troping of it by the bypassed or severely split (dissociated) psyche (Hartman 1995 537).

This proliferation of literature on the relationship between trauma studies and the Holocaust included works as diverse as Cathy Caruth's important edited anthology *Trauma: Explorations in Memory* (1995), which explored

the theoretical paradigm of trauma and its application to the fractured memory of a number of painful and difficult individual and/or collective experiences including the Holocaust. However, Trauma Studies reached far beyond the boundaries of analyzing the psychological damage experienced by survivors of the Holocaust. It became a story about hubris and punishment, a trauma drama that evoked sorrow and pity. The Holocaust came to be seen as the singular representation of the darkness and violence of the twentieth century, which paved the way for a new field of Trauma Studies.

Trauma is central to the Freud's work *Studies on Hysteria* (1895) that was written after the First World War. He was one of the most influential practitioners dealing with manifestations of women's trauma, especially the concept of hysteria. Hysteria, deriving from the Greek word *Hystero*, meaning womb, was used to categorise the disorders of the mind that were supposedly associated with dysfunctions of the uterus. The reluctance of many practitioners to assign this diagnosis to psychological disturbances exhibited by women was based on the highly gendered biological explanation for hysterical disorders, the manifestations of which ranged from paralysis to convulsions, anorexia and hallucinations. *Studies in Hysteria* (1895) co-written with Josef Breuer provided an unusual amount of contextual material of the female patients' lives, shifting the pathological emphasis away from internal biological predisposition and dysfunction towards external life stressors. This was a crucial development in the relationship between women's expression of trauma and the medical/psychological model, as it acknowledged the female patients' experience, and gave some credibility to the impact of external social sources in the development of trauma.

Freud had been widely discredited by many prominent feminists including Karen Horney, Simone de Beauvoir, Kate Millet etc. Kate Millet, in particular, argues that Freudian theory worked to perpetuate sexual difference and reinforce the belief that inferiority was an inherent quality of a woman. Freud's discussions on sexuality referred almost entirely to men, and considered women as lacking, the 'other' and as having penis-envy – which reduced female development to a frustrated desire for masculinity. Freud's reputation was further diminished when his ideas

were employed by conservative neo-Freudians who persuaded unhappy women that their social fate was not socially constructed but biologically determined.

Karen Horney developed a theory of neurosis, and unlike previous theorists she viewed neurosis as a coping mechanism that plays an important role in one's life. She defined neurosis as the "psychic disturbance brought by fears and defenses against these fears, and by attempts to find compromise solutions for conflicting tendencies" (78). She also believed that in order to understand neurosis, it is essential to look at the culture of an individual. Where Freud had suggested that many neuroses had a biological base, Horney believed that cultural attitudes played a role in determining neurotic feelings. Horney disagreed with Freud's views on female psychology. She rejected his concept of *penis envy*, declaring it to be both inaccurate and demeaning to women. She instead proposed the concept of *womb envy* in which men experience feelings of inferiority because they cannot give birth to children.

Simone de Beauvoir in her famous book *The Second Sex* (1949) articulated what has come to be known as the sex/gender distinction, that is, the distinction between biological sex and the social construction of gender and its attendant stereotypes. Like Freud, she writes to understand herself and to reach a concrete universality. She tackles the Freudian sexual causality by showing that it is phallogentric, and refuses to treat the original idea of castration of women. Rather, she looks at it as fate by going back to organic naturalism, to maternity understood as a camouflage of female sexuality, in the service of male's reproduction. The feminist position in relation to psychoanalysis called for debunking the titles like "The Myth of the Vaginal Orgasm" etc. The distinction between sex and gender, biology and social experience, which was forged in this period, meant "anatomy is not destiny".

Juliet Mitchell argued that feminist movements have tended to equate what Freud said about the female hysterics as prescriptions for patriarchal domination of women rather than understanding his writings as an analysis of women's position in patriarchal societies. Simone de Beauvoir's *La deuxième sexe* (1949) and Betty Friedan's *The Feminine Mystique* (1963)

both viewed Freud's concepts regarding women as demeaning, defining them only with reference to men. In the 1970's another wave of feminist writings, such as Kate Millet's *Sexual Politics* (1970), Shulamith Firestone's *The Dialectic of Sex: The Case for Feminist Revolution* (1970) and Germaine Greer's *The Female Eunuch* (1970), called for changes in society that would help to eliminate sexual inequality put forth by Freud.

From a very early stage, Freud maintained that the psychic reality of sex has to be distinguished from the anatomical reality, that there was no one-to-one correlation between biology and psychology. However, feminist movements were hostile to Freud and psychoanalysis, as they viewed it as a major factor in the oppression of women. The issues that feminists challenged in psychoanalysis centered on Freud's formulations of the differentiation between the sexes, in terms of the association of masculinity with activity/power and femininity with passivity; Freud's emphasis on the existence of penis envy in women; female masochism; and the emphasis on the role of the father as opposed to feminists' reassessment of the mother-daughter relationship. Millett's criticism of Freud focuses on his treatment of femininity, especially the connection he proposes between femininity, narcissism and passivity. Millett is especially critical of the Freudian notion of penis envy which seems to her not only to conflate sexuality and anatomy but in doing so to serve as a way of disciplining women who insist on their dissatisfaction with the social, economic and political position. Millett particularly focuses on Freud's remark where anatomy is claimed to be destiny. And this is because what is central to Millett's criticism of Freud's theory is her recognition of the way it moves from describing to prescribing a certain view of sexuality. Thus, suggesting that the sexual revolution failed because it only dealt with the "the superstructure of patriarchal policy" and not with "the socialization processes of temperament", Millett proposes that the counter-revolution only further conserves these processes of socialization, as social science provides subtle and therefore, more effective ideological mechanisms to maintain patriarchy in "the mind and heart".

The feminist movement's consciousness-raising around women's trauma provided an alternative to Freud's analysis of women's hysteria, which

had previously dominated psychiatry. Also, feminist trauma theory legitimatises the reframing of women's lived experiences of trauma and situates gendered violence within an explicitly socio-political context.

In contemporary times, feminist theory and, more recently, postcolonial theories within psychology pose a challenge to trauma studies, highlighting the bias of a predominantly white, male-centred history of scientific conceptualisation. New approaches have reconstructed theory, research methodology and treatment in line with the acknowledgement of socio-political differences. Central to this is the recognition of trauma as a particularly subjective knowledge, and therefore impossible to divorce from environmental contexts. Widening the notion of what is 'traumatic', while acknowledging the contributing role of ideology to the sustaining of trauma and the subsequent expression and treatment of it has effectively opened the doors to previously unheard voices of traumatised *women*, "feminist theory allows for the validity of "stories" other than the American Psychiatric Association's (APA) story of trauma, which was primarily created by men and is about men's experiences" (*Diagnostic and Statistical Manual of Mental Disorders DSM III* 43).

By working towards ensuring that all women's experiences of trauma are considered as important and as genuine as the trauma sustained by males, feminist psychology allows traumatised women to express their trauma openly, to speak the unspeakable, to voice the silence instead of encoding it in somatic manifestations of any 'dysfunction'. The recognition that trauma is collective and widespread, as well as subjective and personal, is inherently inclusive, thereby challenging the notion of a female and racial other. Further, this approach attacks trauma at the core, which is silence. By highlighting the forgotten history of women's trauma, by voicing the experience of trauma for the voiceless othered, an inclusive, feminist approach to reading the stories of trauma provides a framework from which to consider the sources, nature and forms of representation of trauma. This also includes readdressing the need to verbalize experiences that have no language in mainstream western social structures and examining the discourses that have shaped the creation of 'the mad,' 'the insane,' and 'the hysteric'. The field of trauma studies continues to develop and adapt new approaches as well as incorporate new perspectives

from the lens of postcolonialism, feminist theory, ethnic studies, and ecocriticism that examines trauma's significance in literature and society. Recent works such as *Contemporary Approaches in Literary Trauma Theory* (2014) by Michelle Balaev and *The Future of Trauma Theory* (2014) by Buelens et al. include further exploration of socio-cultural and semiotic implications of trauma in literature. Therefore, a wide range of current criticism attests to the versatility of trauma studies and its relevance to literary theory.

### **Trauma Narratives**

Anne Whitehead in *Trauma Fiction* (2004) argues that “trauma carries the force of a literality which renders it resistant to narrative structures and linear temporalities” (5). If trauma is not fully experienced when it happens, it does not stay in the ownership of the traumatised and cannot be described at any time; it haunts the traumatised as a memory that is repeated again and thus trauma is experienced later than at the instance of the traumatic event (5). Further, she believes that the impact of trauma can only be adequately represented in literature by mimicking its symptoms in a way that implies the collapse of temporality and chronology. Whitehead champions trauma fiction “as a genre which conceptualises trauma, and is concerned with the ways in which psychological trauma is interpreted and portrayed in contemporary fiction” (7).

The history of trauma is presented as a consistent narrative which masks the way in which it has been constituted in psychiatry. Contemporary experts in trauma studies tend to present the history of trauma in terms of a continuous development from late nineteenth century observations of various traumatic incidents. The endeavour of trauma literature is to expand awareness of trauma in its readers by engaging them with personalised means of narration that highlight the troubled ambivalence of traumatic memory and warn us that trauma gets reproduced if left unattended. It immerses the reader in the characters' attempts to memorise filtering survivors' experience through the perspective of individual consciousness. Thus, the reader is in a way guided through the narrative via the disorientations and conflicts of traumatic memory.