TRAUMA

Explorations in Memory

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INTRODUCTION

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In the years since Vietnam, the fields of psychiatry, psychoanalysis, and sociology have taken a renewed interest in the problem of trauma. In 1980, the American Psychiatric Association finally officially acknowledged the long-recognized but frequently ignored phenomenon under the title "Post-Traumatic Stress Disorder" (PTSD), 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. On the one hand, this classification and its attendant official acknowledgment of a pathology has provided a category of diagnosis so powerful that it has seemed to engulf everything around it: suddenly 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 diagnoses of some dissociative disorders have also been switched to that of trauma. On the other hand, this powerful new tool has provided anything but a solid explanation of disease: indeed, the impact of trauma as a concept and a category, if it has helped diagnosis, has done so only at the cost of a fundamental disruption in our received modes of understanding and of cure, and a challenge to our very comprehension of what constitutes pathology. This can be seen in the debates that surround "category A" of the American Psychiatric Association's definition of PTSD (a response to an event "outside the range of usual human experience"), concerning how closely PTSD must be tied to specific kinds of events;[1] or in the psychoanalytic problem of whether trauma is indeed pathological in the usual sense, in relation to distortions caused by desires, wishes, and repressions. Indeed, the more we satisfactorily locate and classify the symptoms of

PTSD, the more we seem to have dislocated the boundaries of our modes of understanding—so that psychoanalysis and medically oriented psychiatry, sociology, history, and even literature all seem to be called upon to explain, to cure, or to show why it is that we can no longer simply explain or simply cure. The phenomenon of trauma has seemed to become all-inclusive, but it has done so precisely because it brings us to the limits of our understanding: if psychoanalysis, psychiatry, sociology, and even literature are beginning to hear each other anew in the study of trauma, it is because they are listening through the radical disruption and gaps of traumatic experience.

In this volume I have asked leading thinkers in many different disciplines to respond to this disruption and to the insight it makes possible, to speak to each other through the new ignorance that trauma introduces among us. The aim of this volume, as I have thus formulated it, is to examine the impact of the experience, and the notion, of trauma on psychoanalytic practice and theory, as well as on other aspects of culture such as literature and pedagogy, the construction of history in writing and film, and social or political activism. I am interested not so much in further defining trauma, that is, than in attempting to understand its surprising impact: to examine how trauma unsettles and forces us to rethink our notions of experience, and of communication, in therapy, in the classroom, and in literature, as well as in psychoanalytic theory. In this introduction I will suggest briefly what I see as the challenges that trauma poses to psychoanalytic theory, as well as the possibilities it opens within psychoanalysis and more generally within contemporary thought.

While the precise definition of post-traumatic stress disorder is contested, most descriptions generally agree that there is 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.[2] This simple definition belies a very peculiar fact: the pathology cannot be defined 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 *distortion* 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 is not assimilated or experienced fully at the time, but only belatedly, in its repeated *possession* of the one who experiences it. To be traumatized 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 repression of what once was wished. Indeed, in 1920, faced with the onset of "war neuroses" from World War I, Freud was astonished at their resistance to the whole field of wish and unconscious meaning, comparing them to another long-resistant phenomenon he had dealt with, the accident neurosis:

> 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. . . . Anyone who accepts it as something self-evident that dreams should put them back at night into the situation that caused them to fall ill has misunderstood the nature of dreams. (*SE* 18:13)

The returning traumatic dream startles Freud because it cannot be understood in terms of any wish or unconscious meaning, but is, purely and inexplicably, the literal return of the event against the will of the one it inhabits. Indeed, modern analysts as well have remarked on the surprising *literality* and nonsymbolic nature of traumatic dreams and flashbacks, which resist cure to the extent that they remain, precisely, literal. It is this literality and its insistent return which thus constitutes trauma and points toward its enigmatic core: the delay or incompletion in knowing, or even in seeing, an overwhelming occurrence that then remains, in its insistent return, absolutely *true* to the event. It is indeed this truth of traumatic experience that forms the center of its pathology or symptoms; it is not a pathology, that is, of falsehood or displacement of meaning, but of history itself. If PTSD must be understood as a pathological symptom, then it is not so much a symptom of the unconscious, as it is a symptom of history. The traumatized, we might say, carry an impossible history within them, or they become themselves the symptom of a history that they cannot entirely possess.

Yet what can it mean that history occurs as a symptom? It is indeed this curious phenomenon that makes trauma, or PTSD, in its definition, and in the impact it has on the lives of those who live it, intimately bound up with a question of truth. The problem arises not only in regard to those who listen to the traumatized, not knowing how to establish the reality of their hallucinations and dreams; it occurs rather and most disturbingly often within the very knowledge and experience of the traumatized themselves. For on the one hand, the dreams, hallucinations and thoughts are absolutely literal, unassimilable to associative chains of meaning. It is this literality as we have

said that possesses the receiver and resists psychoanalytic interpretation and cure.[3] Yet the fact that this scene or thought is not a possessed knowledge, but itself possesses, at will, the one it inhabits, often produces a deep uncertainty as to its very truth:

> A child survivor of the Holocaust who had been at Theresienstadt continually had flashbacks of trains, and didn't know where they came from; she thought she was going crazy. Until one day, in a group survivor meeting, a man says, "Yes, at Theresienstadt you could see the trains through the bars of the children's barracks." She was relieved to discover she was not mad. (Kinsler, 1990)

The survivors' uncertainty is not a simple amnesia; for the event returns, as Freud points out, insistently and against their will. Nor is it a matter of indirect access to an event, since the hallucinations are generally of events all too accessible in their horrible truth. It is not, that is, having too little or indirect access to an experience that places its truth in question, in this case, but paradoxically enough, its very overwhelming immediacy, that produces its belated uncertainty. Indeed, behind these local experiences of uncertainty, I would propose, is a larger question raised by the fact of trauma, what Shoshana Felman, in her essay in this volume, calls the "larger, more profound, less definable crisis of truth . . . proceeding from contemporary trauma." Such a crisis of truth extends beyond the question of individual cure and asks how we in this era can have access to our own historical experience, to a history that is in its immediacy a crisis to whose truth there is no simple access.

I would suggest that it is this crisis of truth, the historical enigma betrayed by trauma, that poses the greatest challenge to psychoanalysis, and is being felt more broadly at the center of trauma research today. For the attempt to understand trauma brings one repeatedly to this peculiar paradox: that in trauma the greatest confrontation with reality may also occur as an absolute numbing to it, that immediacy, paradoxically enough, may take the form of belatedness. Economic and psychological explanations never quite seem to match the full implications of this strange fact. Henry Krystal, calling on the work of Cohen and Kinston, refers in his essay for this volume to the impact of an event in which "no trace of a registration of any kind is left in the psyche, instead, a void, a hole is found." Similarly, Dori Laub has suggested that massive psychic trauma "precludes its registration"; it is "a record that has yet to be made" (Laub, 1991). The peculiarity of an event whose force is marked by its lack of registration is developed in Dr. Laub's

piece for this volume, in which he suggests that the Holocaust involved a "collapse of witnessing":

> History was taking place with no witness: it was also the very circumstance of *being inside the event* that made unthinkable the very notion that a witness could exist. . . . The historical imperative to bear witness could essentially *not be met during the actual occurrence.*

While Dr. Laub's remarks define a specific quality of the Holocaust in particular which we would not wish too quickly to generalize, he touches on something nonetheless that seems oddly to inhabit all traumatic experience: the inability fully to witness the event as it occurs, or the ability to witness the *event* fully only at the cost of witnessing oneself. Central to the very immediacy of this experience, that is, is a gap that carries the force of the event and does so precisely at the expense of simple knowledge and memory. The force of this experience would appear to arise precisely, in other words, in the collapse of its understanding.

It is indeed the link between this inexplicable traumatic void and the nature of historical experience that is the focus of Freud's great study of Jewish history, *Moses and Monotheism,* in which he compares the history of the Jews with the structure of a trauma. What is striking, for Freud, is the return of the event after a period of delay:

> It may happen that someone gets away, apparently unharmed, from the spot where he has suffered a shocking accident, for instance a train collision. In the course of the following weeks, however, he develops a series of grave psychical and motor symptoms, which can be ascribed only to his shock or whatever else happened at the time of the accident. He has developed a "traumatic neurosis." This appears quite incomprehensible and is therefore a novel fact. The time that elapsed between the accident and the first appearance of the symptoms is called the "incubation period," a transparent allusion to the pathology of infectious disease. . . . It is the feature one might term *latency.* (Freud, 1939, 84)

In the term "latency," the period during which the effects of the experience are not apparent, Freud seems to describe the trauma as the successive movement from an event to its repression to its return. Yet what is truly striking about the accident victim's experience of the event and what in fact constitutes the central enigma of Freud's example, is not so much the period of forgetting that occurs after the accident, but rather the fact that the victim of the crash was never fully conscious during the accident itself: the person gets away, Freud says, "apparently unharmed." The experience of trauma,

the fact of latency, would thus seem to consist, not in the forgetting of a reality that can hence never be fully known, but in an inherent latency within the experience itself. The historical power of the trauma is not just that the experience is repeated after its forgetting, but that it is only in and through its inherent forgetting that it is first experienced at all. And it is this inherent latency of the event that paradoxically explains the peculiar, temporal structure, the belatedness, of historical experience: since the traumatic event is not experienced as it occurs, it is fully evident only in connection with another place, and in another time. If repression, in trauma, is replaced by latency, this is significant in so far as its blankness—the space of unconsciousness—is paradoxically what precisely preserves the event in its literality. For history to be a history of trauma means that it is referential precisely to the extent that it is not fully perceived as it occurs; or to put it somewhat differently, that a history can be grasped only in the very inaccessibility of its occurrence.[4]

Freud's late insight into this inextricable and paradoxical relation between history and trauma can tell us something about the challenge it presently poses for psychoanalysis; for it suggests that what trauma has to tell us—the historical and personal truth it transmits—is intricately bound up with its refusal of historical boundaries; that its truth is bound up with its crisis of truth. This is why, I would suggest, psychoanalysis has been beset by problems surrounding, precisely, the historical truth it accords to trauma, or whether it locates its ultimate origin inside or outside the psyche. On the one hand, many have noted in the debate surrounding the historical reality of trauma for Freud, that he was, from the beginning, always concerned with the relation between the occurrence of real traumatic events and the experience of pathology; many have pointed to the early *Studies on Hysteria* and "Preliminary Communication," but one could perhaps already see the beginnings of this interest in his first published book, *On Aphasia*, exploring physical trauma to the brain. On the other hand, many have suggested that Freud's apparent "giving up" of the reality of childhood seduction served—for Freud's followers, if not entirely for Freud himself—to relocate the origins of trauma entirely inside the psyche, in the individual's fantasy life, and hence to disavow the historical reality of violence (see, for example, Masson, 1984). While the insistence on the reality of violence is a necessary and important task, particularly as a corrective to analytic therapies that would reduce trauma to fantasy life or adult trauma to the events of childhood, nonetheless the debate concerning the location of the origins of traumatic experience as inside or outside the psyche may also miss the central Freudian

insight into trauma, that the impact of the traumatic event lies precisely in its belatedness, in its refusal to be simply located, in its insistent appearance outside the boundaries of any single place or time. From his early claims, in the *Project for a Scientific Psychology*, that a trauma consists of two scenes—the earlier (in childhood) having sexual content but no meaning, the later (after puberty) having no sexual content but sexual meaning[5]—to his later claims, in *Moses and Monotheism*, that the trauma occurs only after a latency period, Freud seems to have been concerned, as we have suggested, with the way in which trauma is not a simple or single experience of events but that events, insofar as they are traumatic, assume their force precisely in their temporal delay. The apparent split between external and internal trauma in psychoanalytic theory, and related problems in other psychiatric definitions of trauma—whether to define it in terms of events or of symptomatic responses to events, or the relative contribution of previous traumas to the present one—would all be a function, in Freud's definition, of the split within immediate experience that characterizes the traumatic occurrence itself. It is the fundamental dislocation implied by all traumatic experience that is both its testimony to the event and to the impossibility of its direct access. And it is the challenge of this paradoxical notion to any preconceived understanding of experience that permits what Laura Brown calls the "radical potential of psychoanalysis" to "retell the lost truths of pain among us."

This historical conception of trauma can also be understood as conveying the urgent centrality for psychoanalytic thinking of the relation between crisis and survival. Harold Bloom's essay for this volume, focusing on the drive's "nonlocation" and interpreting Freud's notion of the drive as a "borderland concept" in terms of "the contamination of drive and defense," raises this question by implicitly drawing on the central paradox of the theory of the death drive that arose in Freud's confrontation with the war traumas of World War I: the notion that in inanimate matter the drive originated as a defense, and specifically as a defense against the traumatic imposition of life; that life began as a struggle to return to death (Bloom, 1982). Understood as an attempt to explain the experience of war trauma, Freud's difficult thought provides a deeply disturbing insight into the enigmatic relation between trauma and survival: the fact that, for those who undergo trauma, it is not only the moment of the event, but of the passing out of it that is traumatic; that *survival itself*, in other words, *can be a crisis*.

With this insight psychoanalysis is no longer simply a statement about others, but is itself a complex act, and statement *of* survival. Robert Jay Lifton would seem to suggest this, indeed, when he implicitly characterizes late

Freudian trauma theory, and the theory of the death drive, as resulting from a struggle for survival with the traumas of World War I. Psychoanalytic theory, he would have us recognize, occasionally speaks its obscurist thoughts out of an intense and not fully assimilated confrontation with death. And Bloom's characterization of Freud also asks us to listen to him not as a mere theorist but as a witness who speaks, enigmatically, out of the crisis of his own survival: "Freud's peculiar strength was to say what could not be said, or at least to attempt to say it, thus refusing to be silent in the face of the unsayable." Psychoanalytic theory and trauma would indeed meet, in this perspective, on the grounds of this impossible saying.

If on the one hand the essays in this volume remind us of the inaccessibility of trauma, of its resistance to full theoretical analysis and understanding, they also open up a perspective on the ways in which trauma can make possible survival, and on the means of engaging this possibility through the different modes of therapeutic, literary, and pedagogical encounter. By turning away, as we have suggested, from a notion of traumatic experience as a neurotic distortion, the authors of these essays bring us back continually to the ever-surprising fact that trauma is not experienced as a mere repression or defense, but as a temporal delay that carries the individual beyond the shock of the first moment. The trauma is a repeated suffering of the event, but it is also a continual leaving of its site. The traumatic reexperiencing of the event thus *carries with it* what Dori Laub calls the "collapse of witnessing," the impossibility of knowing that first constituted it. And by carrying that impossibility of knowing out of the empirical event itself, trauma opens up and challenges us to a new kind of listening, the witnessing, precisely, *of impossibility.*

How does one listen to what is impossible? Certainly one challenge of this listening is that it may no longer be simply a choice: to be able to listen to the impossible, that is, is also to have been *chosen* by it, *before* the possibility of mastering it with knowledge. This is its danger—the danger, as some have put it, of the trauma's "contagion," of the traumatization of the ones who listen (Terr, 1988). But it is also its only possibility for transmission. "Sometimes it is better," Dori Laub suggests, speaking as a clinician, "not to know too much" (Laub, 1991). To listen to the crisis of a trauma, that is, is not only to listen for the event, but to hear in the testimony the survivor's departure from it; the challenge of the therapeutic listener, in other words, is *how to listen to departure.*

The final import of the psychoanalytic and historical analysis of trauma is to suggest that the inherent departure, within trauma, from the moment of

its first occurrence, is also a means of passing out of the isolation imposed by the event: that the history of a trauma, in its inherent belatedness, can only take place through the listening of another. The meaning of the trauma's address beyond itself concerns, indeed, not only individual isolation but a wider historical isolation that, in our time, is communicated on the level of our cultures. Such an address can be located, for example, in Freud's insisting, from his exile in England, on having his final book on trauma—*Moses and Monotheism*—translated into English before he died; or in the survivors of Hiroshima first communicating their stories to the United States through the narrative written by John Hersey, or more generally in the survivors of the catastrophes of one culture addressing the survivors of another.[6] This speaking and this listening—a speaking and a listening *from the site of trauma*—does not rely, I would suggest, on what we simply know of each other, but on what we don't yet know of our own traumatic pasts. In a catastrophic age, that is, trauma itself may provide the very link between cultures: not as a simple understanding of the pasts of others but rather, within the traumas of contemporary history, as our ability to listen through the departures we have all taken from ourselves.

Notes

1. This definition was used through DSM III-R. The phrase was eliminated from category A in the DSM IV definition, which appeared in 1994 (after the original publication of this introduction). The debate concerning what kinds of events may be considered potentially traumatizing nonetheless continues.

2. See for example the definition of PTSD in American Psychiatric Association (1987) and the discussion of PTSD in the introduction to van der Kolk (1984).

3. See Cohen, 1990a, 1990b.

4. See Caruth, 1991.

5. See Laplanche, 1970.

6. *Moses and Monotheism* tells not only about the ancient trauma of the Jews but about Freud's own unsettling departure from Vienna in 1938. On the circumstances of the book's translation, see Gay (1988), 637, 638, and 643. With regard to the Hiroshima survivors, the publication of Hersey's *Hiroshima* (1985), written in the third person but based on directly received first-person accounts, produced the first widespread reaction in the United States to the human effects of the bombing.

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Education and Crisis, or the Vicissitudes of Teaching

SHOSHANA FELMAN

I

TRAUMA AND PEDAGOGY

Is there a relation between crisis and the very enterprise of education? To put the question even more audaciously and sharply: Is there a relation between trauma and pedagogy? In a post-traumatic century, a century that has survived unthinkable historical catastrophes, is there anything that we have learned or that we should learn about education, that we did not know before? Can trauma *instruct* pedagogy, and can pedagogy shed light on the mystery of trauma? Can the task of teaching be instructed by the clinical experience, and can the clinical experience be instructed, on the other hand, by the task of teaching?

Psychoanalysis, as well as other disciplines of human mental welfare, proceed by taking testimonies from their patients. Can educators be in turn edified by the practice of the testimony, while attempting to enrich it and rethink it through some striking literary lessons? What does literature tell us about testimony? What does psychoanalysis tell us about testimony? Can the implications of the psychoanalytic lesson and the literary lesson about testimony *interact* in the pedagogical experience? Can the process of the testimony—that of bearing witness to a crisis or a trauma—be made use of in the classroom situation? What, indeed, does testimony mean in general, and what in general does it attempt to do? In a post-traumatic century, what and how can testimony teach us, not merely in the areas of law, of medicine, of history, which routinely use it in their daily practice, but in the larger areas of the *interactions between the clinical and the historical, between the literary and the pedagogical*?