"Trauma," from the Greek for *wound* originally connoted physical injury. Today, the category of "trauma" is far more expansive, and includes psychological wounding under its diagnostic umbrella. The language we use to understand trauma, however, is still quite indebted to the word's origins. Despite the proliferation of trauma theory in the humanities and social sciences, understandings of trauma still carry strong traces of this original, medicalized language. Our notions of trauma have expanded to consider many human experiences traumatic, and we continue to use the language of symptoms and pathology to describe them. Trauma theory's interdisciplinary nature has helped to give it ethical and political force, but it has also contributed to its casual deployment. The result has been a categorical entanglement of trauma's defining features that may no longer be doing productive work.

Contemporary theorizing of trauma has been heavily influenced by psychology, psychoanalytic theory, studies of Vietnam War veterans, and feminist consciousness-raising about sexual violence (Herman 3). Trauma theory is now used as an analytic lens for a variety of disciplines including psychology, literary studies, sociology, anthropology, and ethnic and women's studies. This theory tends to characterize trauma by its symptoms, as an event that cannot be fully experienced in the moment, but only belatedly. The belatedness of trauma's symptoms, has led theorists to use trauma as a limit case for the inadequacies of language and representation. Trauma theory has been particularly important for the Holocaust Studies' project of articulating the unique aesthetic, ethical, and psychic dimensions of the Final Solution.

Contemporary trauma theory also builds on late Nineteenth-Century theories of psychic trauma. Early psychologists such as Jean-Martin Charcot, Pierre Janet, and William James argued that while memory is quite flexible, certain events can lead to indelible memories that often return to torment the sufferer (van der Kolk and van der Hart 383). Freud picked up some

of these themes, particularly the role of dissociation in traumatic memory, although he remained more concerned with repressed wishes and instincts than actual memories of specific events (van der Kolk, Weisaeth and van der Hart). It was not until 1980 that the American Psychiatric Association officially named the condition resulting from "trauma" post-traumatic stress disorder, providing scholars with a clinical definition to support readings of "trauma" in history, literature, and culture. Since then, the diagnostic criterion for PTSD has grown significantly more expansive, as have the ways "trauma" is defined and deployed.

Autobiographical narration is central to our understanding of trauma as both a clinical condition and an aesthetic, political, and ethical trope. We have come to expect survivor subjects to enter into the project of cure via first person witnessing. It is logical, then, to turn to literary studies to consider how "trauma" is being defined and deployed. Reading first person witnessing through the lens of trauma theory can be compelling in the case of certain narratives; however, in generically deploying trauma theory we run the risk of eliding other, crucial readings of witness narratives.

Trauma theorists are invested in the slipperiness of definitions. "Trauma" can be understood as some or all of the following: the event, the experiencing of the event, the re-experiencing of the event, and representations of all these. Contemporary trauma theory allows these various features of trauma to remain entangled in order to build ethically forceful arguments against forgetting. I explore first the ways in which the categorical entanglement of "trauma" has been productive for psychoanalysts and Holocaust Studies theorists. Next, I untangle each of trauma's defining features to understand the work done by current conceptualizations of trauma. I demonstrate that the event of trauma is understood as a break in history; the experiencing of trauma is rendered pathogenic; the re-experiencing of trauma is

conceptualized as dis-integrated subjectivity; and representations of trauma are aestheticized as "unrepresentable."

Categorical Entanglements of Trauma

Unusual among the syndromes defined in the Diagnostic and Statistical Manual of the APA, PTSD is characterized by both its causes and symptoms (J. McNally 231). In order to be diagnosed with PTSD a person must have experienced an: "Event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others or if the person's response [to an event] involved intense fear, helplessness, or horror" (DSM – IV). Diagnosis also requires symptoms such as nightmares, flashbacks, disturbed sleep, hyper vigilance, or the markers of psychic numbing (DSM-IV). Even for clinicians, the nature of the event, the experiencing of the event, the re-experiencing of the event, and the patients' representations of his or her symptoms all hold a place in the diagnostic criteria for trauma. In other words, diagnosis cannot be made merely based on symptoms. These symptoms must attach themselves to a specific event and the literal re-experiencing of the event. None of this information can be conveyed to a clinician, however, without the survivor narrating these experiences.

Much has been made of the relationship between the event of trauma and it's re-experiencing. Cathy Caruth argues that trauma cannot be defined by the event itself, nor can it be defined "…in terms of a *distortion* of the event, achieving its haunting power as a result of distorting personal significance attached to it" (Caruth "Trauma and Experience " 4). Rather, trauma exists "…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" (Caruth "Trauma and Experience " 4). PTSD's belatedness and literality work to mix the boundaries between the event, its experiencing, and its re-experiencing. For Caruth, "trauma" is located in neither the event nor its re-experiencing; instead, trauma is characterized by the way the inscription of the experience belatedly possesses the one who experiences it.

Part of what is at stake for Caruth is the recuperation and extension of Freud, Lacan and psychoanalysis; if she can suggest that latency, repression, and the unconscious hold the keys to theorizing trauma, than she can suggest that psychoanalytic theory still has important theoretical and practical work to do. She uses psychoanalytic theory to suggest that the inscribed trauma - which possesses the carrier of that experience through belated amnesiac[1] reenactment - holds the ethical force of genocidal remembrance. The need for an ethics of genocidal remembrance emerges from the realities of historical amnesia; as soon as the traumatic event is assimilated into a unified personal and cultural history, according to Caruth, it loses the force of its affront to human understanding. The bearer of trauma carries the undiluted inassimilable reality of the event in the "surprising literality and nonsymbolic nature of traumatic dreams and flashbacks" (Caruth "Trauma and Experience " 5). Because traumatic memory – in the clinician's definition - refuses assimilation into personal memory, traumatic reenactment functions as a crucial trope for Caruth. The very symptoms of trauma force us to recognize the atrocities that created them, for amnesiac reenactment forces the literality of the horror on survivors far after the atrocities are said to have ended. Trauma, then, gathers its ethical force from its symptoms; the belatedness that categorically entangles event, experience, re-experience, and representation in theoretical terms, also holds the ethical force of trauma theory.

[1] This is Van der Kolk and Van der Hart's term for the disruptive traumatic memory, including flashbacks and nightmares. In their theorizing, amneasic reenactment is not recalled memory, but the emotive and sensory experiences of the original event recurring unsymbolically.

Positions like Caruth's make use of entangled notions of trauma to build ethically forceful arguments against forgetting, and in doing so, put "trauma" at the center of witness bearing. Concerned about the excessiveness of the term "trauma," Alan Feldman takes up several critiques of trauma theory in his essay "Memory Theaters, Virtual Witnessing, and the Trauma Aesthetic." He argues that the problem with the non-medical use of trauma "…is its general lack of specificity. It is generically deployed as a description and as a diagnostic tool, and viewed as a pathogen – trauma is both an object and a method of analysis" (Feldman 184). The multiple meanings of "trauma" allow it to be used to simultaneously analyze and describe events, experiences, symptoms, and texts. "Trauma" can become read as the defining feature of specific historical moments, individual subjects, and narratives of witnessing. When, in these cases, trauma is read as a pathogen, and the survivor and her narrative as disordered, "trauma" itself becomes the agentic entity, rather than the survivor.

The Event: Trauma as a Break in History

We'll begin where Caruth has already said we cannot, with the event itself. If trauma is characterized by belatedness we cannot ever comprehend the event, nor should we ethically attempt to. Claude Lanzmann, director of *Shoah*, makes a related claim about the incomprehensibility (and therefore, the unrepresentability) of the Holocaust. In a speech before the Western New England Institute for Psychoanalysis he supplies an example of what he terms "the obscenity of understanding." Lanzmann describes interviews with former members of the SS explaining that "[t]hey talk very much about their parents, about their childhood, about their schooltime. And there is a gap, and they know perfectly well that they cannot bridge it…It would become obscene to try, precisely, to bridge the gap" (212-13). For the field of Holocaust Studies, it has been useful to think of the Holocaust as a gap or break in history. It is an apt metaphor for

the absences created by the Final Solution, like the loss of Yiddish language and culture, or of entire families and towns. Imagining the Holocaust as a break in history also helps to reinforce the notion that there is no possible explanation for such an atrocity. Like traumatic memory, the event of the Holocaust is characterized as inassimilable into a coherent understanding of history; it is seen as a gap that cannot ethically be bridged. Caruth also finds it useful to characterize trauma as a break in history, because it helps to enforce the belatedness of traumatic memory. In this way, trauma becomes both an explanation of and metaphor for a break in history.

As notions of trauma become deployed in a variety of contexts, we can begin to imagine some of the risks connected with viewing all traumas as signifying a break in history, including: the presumption that structural violence is an aberration; an elision of the structural forces that lead to violence; the reification of human evil; and the exclusion of repetitive interpersonal violence in understandings of trauma.

Structural Violence as Aberration

We know that human history - such as colonial and postcolonial histories and the structural violence experienced as a result of racial, gender, and ethnic inequities - is riddled with violence. To suggest that trauma signifies a break in history is to suggest that the rest of history is somehow coherent. For the dispossessed – if not all – people this is simply untrue. Feldman quotes Serematikis explaining, "[t]he experience of discontinuity and break prevails on the margins. The myth of holism and continuity is the ideological creation of 'centers' and of dominating groups (Feldman 185). The risk is not simply that trauma theory imagines a coherent narrative interrupted by trauma; in characterizing trauma as a break in history we reinforce a project of historical continuity and erasure by suggesting that structural violence resulting in trauma is an aberration.

Eliding the Structures of Violence

Feldman claims that because South Africa's Truth and Reconciliation commission focused on individual memory rather than social memory it "failed to develop a self-reflexive relationship to its own technologies of memory and failed to confront the human rights danger in not recalling the disproportionate character of so-called politically motivated institutional violence" (181). The TRC's "technology of memory" privileges the "data" embedded in individual stories, but does not attempt to contextualize that data into the larger "institutional procedures that reproduce and bureaucratically routinize such violence" (182). The TRC worked to document violence, but its structure treated the victims and perpetrators of that violence as individual agents, rather than part of an institution produced by and producing violence. By not examining and transforming those structures, South Africa is still enmeshed in them despite the reconciliatory project of the TRC.

Imagining trauma as a break in history is another "technology of memory." It is not possible to attend to institutions produced by and producing structural violence, when that violence is imagined as a gap or rupture. If, as is the case with Lanzmann, it is actually unethical to consider the structures that lead to genocide, contextualizing becomes not only psychologically impossible, but also morally suspect. When the structural conditions of atrocity are subsumed into a traumatic break, they are inaccessible for critique or transformation.

The Reification of Human Evil

Another effect of ignoring the imbedded national, social, and political forces, which contribute to structural violence, is the reification of human evil. By insisting on an understanding of trauma as a break in history, trauma theory cannot attend to the circumstances

that create and support perpetrators. In his speech to the WNEIPA, Lanzmann discusses the obscenity of a psychoanalytic book about Hitler's childhood:

> Maybe we will discover that Hitler had some problems with his mother, or father, and this will permit us to *engender* – harmoniously, if I can say so – the killing, the mass murders, the destruction of six million people, and many others. Well this is what I call obscenity, because there is such a discrepancy, such a *gap* between the ordinary scene in Hitler's life and the result. (206)

We are not permitted to fill in the gap between Hitler's childhood and his responsibility for the Holocaust; to do so would be obscene. It may well be; it is difficult to imagine what a psychoanalyst could say that would explain the reality of the Holocaust. However, I am concerned that this moral rigidity leads to a reliance on notions of human evil to explain all acts of violence. We fill Lanzmann's gap with a sense that violence can never be explained - that evil must be resisted, but cannot be interrogated. It may be impossible to fully explain acts of human evil, but that does not mean they cannot be contextualized. The risk of decontextualizing human evil is its reification. We can deplore the evil-doers, but we cannot consider the structural forces that produce and support them. The perpetrator, then, is beyond critique, elevated by the notion of trauma as a break in history.

Repetitive Interpersonal Violence

When we understand trauma as a break in history, we are forced to imagine a single disruptive event. This is how the APA defined trauma until 1994. In "Not Outside the Range," Laura Brown, a feminist clinical psychologist, argues against the APA's 1987 definition of trauma. In this definition, the survivor must have "experienced an event that is outside the range

of human experience" (DSM III). This definition of trauma maps neatly onto the one deployed in the humanities. An event "outside the range of human experience" is necessarily uknowable.

Brown argues that the APA's definition of trauma excludes populations who exhibit PTSD symptoms as a result of frequent stressors. As a result, women and children who have experienced rape or incest were denied legal recourse because their experiences were not unusual (Brown 101). Later, the APA removed this language, allowing for rape and incest to be recognized as traumatic. Yet, the definition still fails to "provide us with a diagnosis to describe the effects of exposure to repetitive interpersonal violence" (111).

Characterizing traumatic events as breaks in history does not speak to experiences of "repetitive interpersonal violence and discrimination." This is particularly true in cases of acquaintance rape and incest, where the perpetrators are part of the fabric of survivors' daily lives. According to the APA's original definition, an earthquake is traumatic, but repeated incest is not. In thinking about trauma as a break in history, we limit our understanding of psychic trauma to single moments of historical importance.

By imagining the event of trauma as a break in history, we cannot attend to the social, political, and structural realities that reproduce power and violence. In doing this, we presume that structural violence is an aberration and reinforce projects of historical continuity and erasure. The experiences of repetitive interpersonal violence and discrimination are elided, for traumas within the range of human experience do not break history.

Responding to some of these concerns in "Genealogy of a Category Mistake: A Critical Intellectual History of the Cultural Trauma Metaphor," Wulf Kansteiner recommends differentiating between "extreme trauma" and what he calls "low density" violence (Kansteiner

195). Doing so, he argues, would "help us better understand our emotional engagement and investment in violence and let us map out the vast, uncharted psychological territory that lies between the experience of extreme trauma on the one hand and the much more frequent encounter with representations of violence on the other" (Kansteiner 195). We can parse Kansteiner's argument into several points. First, psychology can help us understand our own investment in violence and reproductions of power; for this to happen, however, we must separate psychological readings of violence from those of extreme trauma. Second, the moral and existential excesses of the "trauma claim" do not allow us, as we saw with Lanzmann, to attend to the social, cultural and structural realities that reproduce power and violence. Finally, in disentangling "low density" violence from "extreme trauma" we might better understand the relationship between the two psychological, cultural, and structural experiences.

Kansteiner is right to suggest that trauma theory's psychological orientation and sensitivity can be useful in understanding many forms of structural violence. What he might also have pointed out is that understandings of structural violence can also improve our understanding of trauma, forcing us to see traumatic events not as breaks in history, but parts of much larger systemic reproductive structures of power. We do not need clinical or theoretical distinctions between "extreme trauma" and "low density" violence, a project that seems reductive and ethically problematic. Rather, we might consider "extreme trauma" and "low density violence" together, in order to better understand structural violence experienced as a result of racial, gender, sexual, and ethnic inequities.

The Experience: Trauma as a Pathogen

When the experiencing of a specific traumatic event becomes a metaphor for the event itself, it can be quite difficult to talk about the in-the-moment experiencing of trauma without

connoting the entangled categories of "trauma." Recalling Feldman's claim that trauma is "generically deployed as a description and as a diagnostic tool, and viewed as a pathogen" (184), we might consider these terms in relation to the categorical entanglement of trauma. "Trauma" is descriptive when it is used to describe a specific event. When used to understand particular symptoms "trauma" is a diagnostic tool. At the moment in which trauma is experienced, however, "trauma" is understood as a pathogen. Given this frame, we might think of trauma as a germ, infecting the experiencer and altering – if not shattering – the subject that (in Caruth's words) it possesses.

Understanding trauma as a pathogen has some important benefits, particularly for the purposes of recognition and redress in public discourse and juridical spheres. In the case of redress for Japanese American Internees during World War Two, many Japanese Americans testified to the psychological - as well as economic and social - impact of internment. However, the same award was given to every former internee whether or not they claimed psychological consequences of their experiences. Approaching the trauma of internment as a pathogen, the assumption is that each internee was infected by the experience and therefore, was deserving of redress. It is important that we move away from a juridical process that requires survivors to perform their symptoms in order receive redress. Conceptualizing traumatic experience as pathogenic does allow individuals to receive redress without exposing individual psychological experiences.

Conceptualizing trauma as a pathogen has also been beneficial in cases of incest and rape. Especially when there is no physical evidence of abuse, lawyers can correlate social science research that "has demonstrated patterned behavioral reactions among victims while the abuse is happening and later in their lives" with symptoms exhibited by their clients in order to prove that

trauma has occurred (Doan 298). If we understand trauma as a disease, originating with a single pathogen, PTSD symptoms can prove that trauma occurred.

While conceptualizing trauma as a pathogen may be useful in legal processes, this conceptualization also reifies a normative experience of trauma that relies on pathology as a defining feature. As a result, we presume an original orderly subject in contrast to the posttraumatic disordered survivor. Rather than allowing for multiple post-trauma subjectivities - each culturally and contextually constituted - the conceptualization of trauma as a pathogen reinforces normative trauma storylines.

Disordering Survivors

In a qualitative study of undergraduate student writing about sexualized violence, Michelle Payne observed that students who write about sexual abuse "are often constructed as both vulnerable and in need of protection (especially from professors) …" (11). These professors tended to see student texts through "psychotherapeutic discourse" "only seeing the students as vulnerable and unstable" (11). As a result, the instructors were unable to see the other important discursive and rhetorical moves these students were making. Payne reports that students wrote to "argue for the choices they have made and hope others will make upon reading their essays" (22); they wrote to present an identity that is not deserving of abuse (22); "they engaged in sophisticated analyses and critiques of the social and institutional contexts within which they lived" (24). Most often, Payne notes, students reported writing these essays to normalize their experiences. Rather than looking for therapeutic support, these women writing about sexual abuse are insisting that their experiences have a place in normative, public spaces and should not be read or responded to differently than other student texts. As Payne importantly argues, "we do students a disservice to see them as psychologically unstable, as ill, and as vulnerable" (24).

When we read survivors only through a medicalized or psychotherapeutic lens, "we are in danger of further infantilizing them, turning their victimization into an illness" (Payne 24).

No matter what their stage of recovery, each of women in Payne's study was read by instructors in the same way - as a vulnerable and unstable victim. By assuming that the experience of trauma is automatically pathogenic, we run the risk of pathologizing entire groups of people, thereby further dying them agency. To suggest, for example that all Comfort Women will share the same pathological symptoms, because we know rape is pathogenic, is to turn trauma into a single normative experience; by insisting that survivors are always disordered, we ignore the fullness of their lived experiences.

Presuming an Orderly Subject

Many of the women in Payne's study reported that they wrote about traumatic experiences in order to make their experiences normal. Payne argues that while students may adopt some rhetorics and strategies that affirm a unified curative narrative, they are also "continually in the process of accepting fragmentation, otherness, and difference" and insisting that their readers accept that identity as well (44). We can extrapolate from this example that it might be quite harmful to survivors of trauma to suggest that the experience of trauma is a pathogen. The writing of the women in Payne's study demands that we reconceptualize the experiencing of trauma as a normal, lived experience and the symptoms of PTSD as healthy responses, not pathological ones.

This is related to Feldman's concern that "traumatic intrusion presumes a non-traumatized prior self that was not disfigured' (185), and that the trauma aesthetic works to erase experiences on the margins, where trauma may well be normative. Brown puts it even more clearly in her critique of APA's DSM III-R definition of PTSD. She argues that this definition

"sends a message that oppression, be it based on gender, class, race, or other variables, is to be tolerated; that psychic pain in response to oppression is pathological, not a normal response to abnormal events" (105). Not only, then, are some traumatic experiences deemed more traumatic then others, but juridical and public discourses continue to focus on the pathologizing affects of trauma, rather than the trauma's root causes. Finally, in presuming an original non-traumatized subject, trauma symptomology is seen as aberrant rather than a normal response to abnormal – but all too frequent – events.

The Cultural Constitution of Trauma

One of the reasons that the experiencing of trauma continues to be pathologized and considered aberrant is that psychiatry is imbedded in social forces that shape trauma's defining features (Van der Kolk, Weisaeth and Ven der Hart 66-7). According to Brown, nontraumatized experience

> becomes the range of what is normal and usual in the lives of men of the dominant class…Trauma is thus that which disrupts these particular human lives, but no others. War and genocide, which are the work of men and male-dominated culture, are agreed upon traumas; so are natural disasters, vehicle crashes, boats sinking in the freezing ocean (101).

The effects of a culturally and contextually determined definition of trauma are multiple. Certain groups or individuals have been deemed traumatized and pathologized who may not self-identify as traumatized. For example, a high percentage of Khmer refugees present with PTSD symptoms. Culturally, however, they do not consider their symptoms to be posttraumatic. For Khmers, "thinking too much" can lead to *kyol goeu* – or, "wind overload" – characterized by

dizziness or other somatic symptoms. Khmers believe that *Kyol goeu* is predictive of dire consequences and can produce a great amount of anxiety. Psychiatrists treating Khmer refugees have not been successful when they have read their patient's symptoms through the western category of PTSD only (Hinton, Um and Ba 405-6). If some groups' subjectivity is over-determined, others are ignored. Certain groups and individuals – like the rape survivors Brown cites – have experienced violence that contemporary cultural forces render invisible and unintelligible.

Reinforcing Victim/Perpetrator Dichotomies

When traumatic experiences are characterized as pathogenic, thereby rendering the victim of trauma pathological and disordered, we force the trauma survivor into a single and limited subject position. Not only does the victim/survivor position not contain all of the experiences of personhood (Feldman 196), but it requires a perpetrator for its intelligibility. In this way, the pathologizing effect of trauma's deployment reinforces victim/perpetrator dichotomies.

A victim/perpetrator dichotomy individualizes not only the victim, but the perpetrator, as well; thereby, allowing blame for atrocities to be attached to individuals, rather than structures or institutions. Saddam Hussein, for example, is named as the perpetrator of political terror in Iraq while the American officials who armed him are given no responsibility (Feldman 198). Second, "the rigidified subject position of the assaulted and aggrieved can readily serve as the ontological ground for justifying and replicating renewed violence" (Feldman, 196). Israeli political rhetoric, for example, often relies on tropes of victimhood to justify military action. The victim/perpetrator dichotomy does not leave room for multiple or alternative subject positions. There is no space to theorize the victim who is also a perpetrator, a common duality in wartime;

it also does not make a space to consider the witness, bystander, or beneficiary or the ways that a person could inhabit each and all of these subject positions.

The dangers inherent in understanding trauma as a pathogen are apparent; it is a trend that encourages us to see trauma survivors as unified, singular pathologized subjects. As a result, we reinforce victim/perpetrator dichotomies, reify trauma survivors as disordered, presume a non-traumatized subject as normative, and ignore the ways in which trauma is culturally and contextually constituted. Anne Cubilie´ and Carl Good argue that testimonial studies is at times "rigidly divided between two poles, emphasizing either the politically interventionist aspect of the testimonial articulation (*testimonio*, subaltern studies, human rights discourse) or the aporetic unrepresentability of traumatic experience (Holocaust studies and the psychoanalytic dimension of trauma studies)" (Cubilie and Good 5). We might say a similar divide exists in the exploration of the traumatic experience as a pathogen. The psychotherapeutic discourse on trauma suggests that trauma be viewed as a pathogen, while those responding to trauma from a critical theorist or feminist perspective will insist that we consider the cultural, social, and structural contexts that overly determine some trauma survivors as pathological and ignore others.

Payne encourages us to resist a medicalized, psychoanalytic lens when responding to student survivors of trauma, explaining that "to see these students only as egocentric, psychologically unstable, or reenacting America's obsession with victims, is to elide the rhetorical, social, and sometimes critical strategies they use in an effort to be visible, normal, and heard" (Payne 116-7). She argues that instead of relying on a psychotherapeutic perspective that pathologizes trauma survivors and renders them vulnerable and disordered, we should reflect critically on our own responses to survivors. We must ask "who is benefiting from the

dichotomies we set up between the healthy teacher and the ill student, situate them historically and culturally, and assume responsibility for the responses we offer" (120-1). Payne's solution to the psychoanalytic/interventionist debate is to insist that we do not immediately take up a therapeutic lens. Instead, we should take up the lens most appropriate to the experience and address of each survivor. Therapy, intervention, or social action might be called for, but we cannot predetermine a survivor's positioning based on a generic understanding of trauma. In the simplest terms, we must constantly and actively resist assuming that trauma is correlated with pathology.

Speaking to a different community, Laura Brown insists that psychotherapy must adopt an interventionist, activist perspective in addition to the therapeutic one. Calling mental health providers "secular high priests," Brown highlights the power and inherent social responsibility of the mental health disciplines. Insisting that we change the frame of psychotherapy to include an awareness of reproductive power structures she explains: "A feminist perspective on the trauma of war is different because it includes a knowledge of the social context and because it factors the presence of daily and insidious trauma into an analysis of what is now the only "real" trauma" (Brown 110-1). While Michelle Payne differentiates between therapeutic, interventionist, and activist approaches to trauma and argues that we not always privilege the therapeutic one, Brown is arguing for the necessity of combining epistemologies. For both, the privileging a traditional psychotherapeutic perspective on trauma encourages us to believe that every traumatic event is a pathogen and every trauma survivor is a disordered, pathologized subject.

Re-Experiencing Trauma: The Dis-Integrated Subject

In the psychotherapeutic understanding of trauma, disassociation and repetition are trauma's primary characteristics. To illustrate this point, van der Kolk compares traumatic memory with nontraumatic memory. In ordinary memory, remembered aspects of experience are integrated into a cohesive personal narrative. "The core pathology of PTSD is that certain sensations or emotions related to traumatic experiences are dissociated, keep returning in unbidden ways, and do not fade with time" (van der Kolk 382). For van der Kolk, the re-experiencing of trauma begins to blend with the experiencing of trauma and the event. Because PTSD is defined by both its causes and symptoms, dissociation becomes a critical element of the psychoanalytic understanding of trauma.

Caruth focuses on flashbacks to illustrate the ways in which traumatic memory is "fitful, incomplete, and belated, caught in a 'dialectic between disassociation and compulsory repetition' (Ball 2)" (Schaffer and Smith 20). She explains that "…what returns in the flashbacks in not simply an overwhelming experience that has been obstructed by a later repression or amnesia, but an event that is itself constituted, in part, by its lack of integration into consciousness" (Caruth "Recapturing the Past" 152). For Caruth then, there is no traumatic event until it returns, unbidden, in the form of the flashback. Dis-integration becomes the aesthetic trope, medicalized symptom, and ethical purveyor of trauma.

Centering an understanding of the traumatic on dis-integration has some useful therapeutic implications, at least for the primarily white, western, patients. Van der Kolk reports**,** "if the problem with PTSD is dissociation, treatment should consist of association… There is widespread agreement that, without being able to put what happened into words, traumatized persons have a tendency to react to subsequent stress as if the trauma were still going on" (van

der Kolk 383). The ability to create a cohesive life narrative apparently has curative potential for some patients.

Caruth is more interested in what dissociation suggests about the ethics of historical understanding. She argues:

> [Trauma] requires integration, both for the sake of testimony and for the sake of cure. But on the other hand, it is the transformation of the trauma into a narrative memory that allows the story to be verbalized and communicated, to be integrated into one's own, and others', knowledge of the past, may lose both the precision and the force that characterizes traumatic recall… beyond the loss of precision there is another, more profound disappearance: the loss, precisely of the event's essential incomprehensibility, the force of its *affront to understanding*. (Caruth "Recapturing the Past" 153-54)

This passage illustrates the way that trauma studies often finds itself paralyzed by its own ethical imperatives. In this case, the health of the individual is positioned opposite ethical representations of history. If the individual creates an integrated personal memory and is cured of her post-traumatic symptoms, there will be no more amnesiac reenactments to remind us of the trauma. If we encourage the individual to reintegrate her traumatic memory, society is no longer forced to face the event's essential incomprehensibility. For Caruth, this is a productive dilemma. It helps extend the metaphor of trauma as a failure of representation: once a traumatic memory is integrated, it no longer contains the ethical force of its "affront to understanding;" therefore, true, dissociated trauma can never be represented.

The notion that trauma is characterized by symptoms of dis-integration results in many of the problematic scenarios that I have already identified. Here I want to point to the way that trauma theory implies that dis-integration is an aberrant state, and privileges a coherent sense of self. This dichotomy contains several problematic assumptions: It insists that survivors need repairing; it justifies the talking cure which is culturally specific and contextually constituted; and it promises a cure than may be impossible or politically irresponsible in situations of ongoing trauma.

Repairing the Survivor

If the ways trauma theory characterizes the experiencing of trauma pathologizes survivors, the notion that trauma necessarily results in psychic dis-integration, anticipates the move to repair broken victims. Despite the lip service given to the interesting ways that trauma destabilizes our notions of subjectivity, language and truth - the single, unified, subject is still upheld as the normative subject against which the trauma survivor is compared. The message is: If the trauma survivor wants to emerge from the margins, she must work toward a coherent self-concept, a self-concept that may not be possible for her, or any of us.

Susan Najita, in her reading of *Waimea Summer*, compellingly posits that "in its pathologizing gestures, the clinical language of trauma tends to mirror the victimization that is itself pathological" (63). Arguing that it is not "disordered" to experience some disassociation after a traumatic experience, she asks: "Are the individuals and the society that condones and perpetrates such atrocities not "disordered" (63)? Najita's reading of *Waimea Summer*, through the lens of what she calls, "traumatic realism" forces us to confront the psychoanalytic investment in totality: "To create narrative cure under these conditions [of ongoing colonization] would involve reconciling oneself to the fundamental lack of transformation within disturbed

political and social relations" (Najita 63). We must ask ourselves why we are so fixated on the reincorporation of the survivor, rather than the transformation of society. If we accept that it is society that is disordered and not the survivor, then asking the survivor to reincorporate herself into that disordered and personally damaging society is fundamentally irresponsible. Insisting that survivors work toward a re-integration of the self, supports projects of colonization, discrimination, and violence, allowing us to imagine that we can recuperate lost pasts without social transformation.

Limits of the Talking Cure

The talking cure begins with Freud, Breuer and Anna O investigating the mystery of Anna O's "hysteria." In their meetings, Anna O and Breuer would engage in long dialogues, in which "the collaborations between doctor and patient took on the quality of a quest;" in the process of reconstructing Anna O's past, "the uncovering of recent traumas gave way to the exploration of earlier events" and Anna O's symptoms improved (Herman 12-13). Anna O termed this quest via one-on-one dialogue, "the talking cure."

Just one of the ways in which the talking cure is culturally constituted is in its insistence on full disclosure for a full cure. Gilmore argues that Rigoberta Menchú is misread as untrustworthy, because rather than grounding her "status as a subject committed to honoring a code of truth" in full disclosure, she grounds it "in the capacity to keep a secret" (Gilmore "Jurisdictions" 705). "As Menchú describes it, the capacity to tell the truth is predicated on following cultural protocols related to secrecy and speech" (Gilmore "Jurisdictions" 705). Menchú's cultural protocols affirm secret keeping and conflict with western expectations of full disclosure; as a result, she is rendered untrustworthy. The conflict between secrecy and speech does not only have juridical implications. The "talking cure's" success is also predicated on full

disclosure and therefore, privileges the coherent western subject as normative. Not only, therefore, is Menchú's story doubted, but her very subjectivity is negated. If non-western witnesses refuse the full disclosure of the "talking cure" they are rendered unintelligible in both psychological and cultural terms.

The Promise of a Cure

The most troubling element of the dialectic of dis-integration and coherence might be the very promise of a cure. Even Judith Herman, a proponent of "the talking cure" explains that "resolution of the trauma is never final; recovery is never complete. The impact of a traumatic event continues to reverberate throughout the survivor's lifecycle" (211). In fact, Herman describes a patient who "was humiliated by her need to return to psychotherapy. She feared that the return of symptoms meant that her early therapy had been a failure and proved she was 'incurable'"(212). The totalizing progressive nature of psychotherapeutic discourse not only suggests that trauma can be cured, but that it is humiliating and pathological to remain "uncured."

In the post/colonial context, the impossibility of cure takes on political implications. Najita argues that the traditional psychoanalytic cure is not sufficient in the case of Hawaii because the past has not actually been repressed; rather, "the social, political, and economic reality of life in Hawai'i today is one of ongoing colonization (Najita 63). A "cure," if it is ever possible, can only be achieved if the trauma has ended. In cases of ethnic, racial, sexualized, and post/colonial violence, a specific trauma may cease, but the structures that allow and reproduce the opportunity for such violence remain a part of the survivor's life. In these cases – which are most cases of trauma – the trauma isn't over and full recovery is not possible. When we insist that a dis-integrated self should and can be cured, we place the potentially impossible burden of

re-integration onto the survivor. We suggest that humiliation, alienation, or marginalization are her only options if she turns out to be "incurable."

In fixating on trauma's belated symptoms, we emphasize the dis-integrated nature of survivor subjectivity. However, we are still unable to accept a dis-integrated subjectivity as potentially normative. Instead, survivors are expected to conform to western notions of cohesive selfhood, via the "talking cure." Implicating Western readers, Feldman argues:

> We all participate in ethnocentrism when we confuse the individual testifying voice – whether in a truth commission forum from a South African black community, or from a Guatemalan Indian collective, or from many other post-colonies – with the juridical monadic subject of the West. (179)

This monadic subject of the West is not only constituted juridically, but psychotherapeuticly. We also participate in ethnocentrism when we insist that the post-colony survivor testify to re-integrate traumatic memory and achieve psychic coherence. The "talking cure," which promises resolution via psychic re-integration is just another tool used to silence survivors of structural violence, by calling into question the very terms of their subjectivity.

Nonetheless, Feldman argues that while projects like the TRC "may not be successful in reconstituting national community, they do offer performance sites through which anti-statist, kinship-based bereavement breaks into public culture and into the space of the nation-state as a critical political discourse" (170). We silence these dissonant discourses when we render all speech acts curative and misread non-western modes of truth-telling. Unfortunately, silencing might be the ultimate project of western psychotherapeutic discourse. By making dis-integration

the defining feature of traumatic memory, trauma theory may problematically suggest that is the survivor not society that requires repair.

Representations of Trauma: Unknowable, Unspeakable, Unrepresentable

The notion that a traumatic experience results in dis-integration, mirrored by the dis-integration of history itself, is discursively connected to the notion that trauma is unrepresentable, unknowable, and unspeakable. Dori Laub, a Holocaust survivor, psychiatrist, and co-founder of the Fortunoff Video Archive for Holocaust Testimonies at Yale University, describes the "inner speechlessness" of the Holocaust survivor, explaining that survivors are often silent because "they had no tellable story inside themselves…the traumatic event became an "absent" experience…The internal other, the "Thou" to whom one can address one's plea, tell one's story, no longer exists. Therefore the "story is never known, told or remembered." (Laub 257). Descriptions like this, of the psychic experience of trauma, help to create a crisis of representation for trauma memoirists, testifiers, and historians, sometimes going so far as to suggest that the most ethical and appropriate representation of trauma is silence.

While there is been much theorizing about the responsibility of the survivor to speak, psychiatrists like Laub make quite clear that elements of the survivors stories will be absent; memory itself can produce silence in the trauma survivor. Silence then, becomes both a psychological reality and a rhetorical tool of the trauma survivor. Negotiating representations of trauma that simultaneously testify to traumatic realities and point to the unspeakableness of trauma becomes one way in which survivors communicate the incomprehensibility of trauma.

The silence of the survivor is often at odds with the politics of witnessing: To not speak is interpreted as denial of the event, as well as a denial of personal and societal healing. Yet, to speak is to suggest that trauma can somehow be known, thereby softening the ethical force of trauma's

"affront to human understanding." The ethical incompatibility of silence and speech in the face of atrocity makes trauma an ideal category through which to theorize the limits of language and representation. Attempting to articulate trauma, however, is also often – if not always - a political act. We must consider the efficacy of aestheticizing speech acts that have specific rhetorical purposes.

We return once more to Feldman's notion that trauma is "generically deployed as a description and as a diagnostic tool, and viewed as a pathogen – trauma is both an object and a method of analysis" (Feldman 184). We can take "analysis" to have a double meaning here: "analysis" is the mode through which the analyst makes a clinical diagnosis of PTSD, but it is also the mode of the literary theorist who analyzes self-writing and speech. If trauma is treated as an aesthetic category, one that has its own tropes and themes, identifiable in written and spoken texts, then "trauma" has yet another layer: as a mode of representation characterized by tropes of the unspeakable, unknowable, and unrepresentable. Discursive conventions of accepted trauma narratives played out in the law, media, and marketplace, structure the genre; in turn, representations of trauma are expected to conform to these generic constraints. When trauma narratives do not conform to expected conventions they are rendered untrue; when they do conform, they run the risk of eliding counternarratives of trauma and contribute to a simplified and dominating historical narrative. When trauma narratives conform to the genre of the curative narrative, they are even more troubling, for they suggest that it is the duty of the survivor to cure, through her testimony, the society that contributed to her trauma. Tropes of the unrepresentable also run the risk of dominating the survivor herself, turning her into a living metaphor for the limits of language.

Generic Constraints

Even though trauma narratives are expected to simultaneously cure and witness, all while respecting the unspeakableness of trauma, they are deployed in a variety of – sometimes competing – genres. This is to say nothing of the constellation of rhetorical situations, cultural, gendered, and political contexts in which trauma narratives emerge. Despite this variety, trauma narratives are expected to conform to limited generic criteria. Some discursive move granted to acceptable trauma narratives include confession and catharsis (Gilmore "Jurisdictions") "identification of pathogenic situation," "an inventory of symptomology," and "a set of prescriptions to effect redress, cure, and historical completion" (Feldman 170).

Gilmore argues that memoirs and *testimonios* that do not conform to generic expectations of trauma narratives "are more likely to elicit skepticism or condemnation than to invite sympathy or vindication, form a resistant discourse or secure alternative meanings about contested events" (Gilmore "Jurisdictions" 699). Not only is the dissident trauma narrative not read as a contribution to a more nuanced or alternative version of events; it is criticized for not conforming to expected generic constraints. Self-writing that might have expanded both the genre of trauma narratives and understandings of events are silenced. Gilmore cites both *The Kiss* and *I Rigoberta Menchú* as texts that have been dismissed and criticized for their refusal to conform to the expected strategies of the trauma narrative.

The criticism and scandal that is elicited by generically dissident trauma narratives may result in the further silencing of these writers. "When the contest is waged over who can tell the truth, the risk of being accused of lying (or malingering, or inflating, or whining) threatens the writer into continued silence" (Gilmore "Limit-Cases" 129). As such, the generic pressures that emerge from of trauma theory - demanding sensitive representations of the unrepresentable for the sake

political witness and cure – irresponsibly work to increase the tensions between speech and silence, rather than problematize or resolve them.

Erasure of Trauma Counter Narratives

While the generic constraints on the trauma narrative may manifest in reader expectations, they are affirmed, disseminated, and reproduced by global and national structural forces. This is not to say that readers do not play an important role in both constraining and liberating trauma narratives. However, structures of power are implicated in dissident trauma narratives that attempt to disrupt our understandings of truth and seem invested in limiting the rhetorical and discursive strategies witnessing. “The legal formalization, media virtualization, and commodification of witnessing constitute cultural-economic formations, rehabilitation agendas, and patterns of denial and forgetfulness that can foreclose our recuperation of historical depth and complexity” (Feldman 170). The construction of a normative trauma narrative affirms the ethnocentric talking cure, pathologizes survivors, and reifies the place of a coherent, integrated subject; as such, it also participates in a process of erasure. Legal discourse and capitalist commodification are not interested in dissident narratives, but instead those narratives that prove injury, sell well, and do not disrupt contemporary structures of power. As a result, traumatic counternarratives are censored or ignored.

The creation of a normative trauma narrative and erasure of competing narratives, limits public critique of forces that reproduce structural violence. As Gilmore explains, “when the claims of the private (or prepoliticized) person impinge on dominant cultural narratives, however, or when the “I” in its witnessing politicizes both the “I” and “we,” memoir and *tesimonio* exceed the tolerance they are accorded in liberal discourse and become something much more dangerous” (Gilmore "Jurisdictions" 700). If these “dangerous” narratives are erased, we will never know the

damage caused by the implicated "we." The erasure of counternarratives also makes possible the alteration of history. If we hear only a single, coherent narrative, our memories and representations of violent events conform not to the truth of the events themselves, but the generic requirements of trauma narratives. Finally, we should be suspicious of any one (trans)national way of remembering; nationally mourning is troublingly connected with nationalistic memory practices. No matter how ethically and politically sound the national modes of remembering might be, single renderings of any event have the capacity to erase competing narratives and experiences.

The Healing Narrative

In her analysis of Australia's *Bringing Them Home* report, Rosanne Kennedy argues that the report "…insisted upon the importance of a testimony both for personal healing, and for the reconciliation process, imagined in the report as the healing of the nation" (Kennedy 54). For Kennedy, personal and national healing can only be achieved through a dialogic approach; one in which the inheritor of colonial power and privilege recognizes his or her "own collusion and complicity" (Kennedy 68). Kennedy offers little evidence, however, that giving testimony - particularly in a post/colonial context - does result in personal healing. By imagining that testimony resolves personal and national trauma, Kennedy runs the risk of doubly using Indigenous people; they are used first in the colonizing process and used again to heal a national culture damaged by colonization.

The move toward reconciliation, toward a cure, may be a mere continuation of violent colonial projects. Resolution is the provenance of the dominant narrative, which, in the case of The Stolen Generation uses that mode to tell a recuperative story about the moral, missionary project of saving Aboriginal children. Reconciliation suggests a healing of the traumatic wounds. More appropriate might be a mode of listening that acknowledges the ways in which traumatic

wrongs can never be righted. In her reading of another colonial story, *Waimea Summer,* Najita argues that a different sort of ending may be required in cases of post/colonial trauma. She explains:

> The truncated story that Holt tells presents a radical alternative to the fetishized narrative of complete recuperation and recovery of a lost past, or even of the protagonists healing testimony of his experiences, which psychoanalysis tends to uphold as cure. Such historical narratives create phantasmatic investments in totality, as sense that the ravages of colonialism can be made good, that history can be, to some degree made whole, put aside, forgotten, and eventually erased. (62)

To insist on recuperation then, is not only to find meaning in the colonization, but also to participate in the erasure of the colonizing history. At the end of the telling process, the perpetrator and the victim remain in the very same subject positions.

A Living Metaphor

When the defining features of trauma are entangled, one result is the textualization of the survivor. In clinically analyzing the survivor and textually analyzing her self-representations, we run the risk of making the survivor and her text indistinguishable from one another. Critiquing the ways in which "unrepresentability" is gendered, Gilmore argues that "[i]n many studies of trauma, female sexuality and the experiences of women provide both the content of trauma studies as well as a metaphoric and theoretical language that does not translate clearly to experience" (Gilmore "Jurisdictions" 702). Trauma theorists are interested in female sexuality because of its possibilities for categorical entanglement. Women's bodies and psyches can be the actual sites of physical and

structural violence. The actual experiencing of this violence can seem difficult or impossible to represent. At the same time, in psychoanalysis, women's sexuality and bodies are often associated with the unrepresentable, becoming a way to talk about the limits of language and representation. The trauma theorists' multi-layered understanding of unrepresentability as a lived reality, historic reality, and expression of the limits of language, turns the trauma survivor into a living metaphor for trauma itself.

When the survivor and her speech are interchangeable, we make both the survivor and her speech vulnerable. If, as in the case of *The Kiss,* biographical details about the testifier do not conform to our notions of a trauma survivor's life history, it is not just the testifier who is made unreliable, but also her text. If a text does not conform to the generic constraints of the trauma narrative, both the survivor and her text are questioned. We run the risk of further silencing survivors when we demand that their textual and actual selves be identical.

Disentangling Trauma

American culture has been criticized for creating a cult of the victim. Talk shows, commodified memoirs, and self-help genres may contribute to a confessional culture, but this is not where the real damage is done. Stories of survival are not the problem. The problem is the work we expect these stories to do. In naming the event, its experiencing, its re-experiencing, and its representations "trauma," we place trauma at the center of witnessing. When we read or listen to first person witnessing, we are not reading to understand the nuances of the survivor's experience. We read to understand "trauma."

While some witness narratives deliver uncomplicated descriptions of trauma - within the constraints of the normative curative trauma narrative - others can be quite resistant. Of the black

African testifiers at the TRC, Feldman writes, “they also navigate, and unavoidably open for potential critical inquiry, an ambiguous and often horrific historical terrain that is not easily contained by legal rationality, curative resolutions, and consumer desires” (Feldman 170). In resisting the normative trauma narrative, first person witnesses can speak back to the state sponsored structures that constrain their speech. These are often the same structures that allowed the original violence to occur in the first place. Unfortunately, by witnessing through a trauma coutnernarrative, survivors run the risk of remaining unintelligible. The state apparatus heightens this risk because it continues to be the granter of legal, political, or economic redress.

Trauma theory, with its ethical orientation, has the potential to render intelligible survivors who refuse conformity. Instead, trauma theory remains heavily invested in medicalized and aestheticized notions of trauma that pathologize survivors, rather than attending to the forces that produce and reproduce structural violence. For trauma theory to deliver on its ethical promise, it will need to make space for trauma counternarratives. While these narratives may disrupt characterizations of trauma as a break in history or notions that trauma is unrepresentable, they also have the potential to make change. As genocide and structural violence continue to produce atrocity around the globe, we should be careful not to silence those witnesses willing to challenge such dangerous and reproductive systems of power.

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