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Trauma Trouble

We increasingly inhabit, it would seem, what has variously been described as a 'trauma culture' or a 'wound culture',¹ just as, a century ago, 'hysteria' seemed to play an equally prominent role. The terms 'trauma' and 'wound' can both carry physical and emotional meanings, and the implication that their use points to some essential dynamic in modern culture is worth exploring. Mark Micale, indeed, goes so far as to suggest that 'more and more, trauma and modernity emerge as mutually constitutive categories'.² In exploring what this might mean, we will show how the articulation of sympathetic engagement can readily call on the language of trauma, a language that is readily sensationalized (and indeed can readily seem 'hysterical'). This suggests the possibility that trauma and hysteria can be seen as two relatively independent yet clearly related structures of feeling, and that, when examined further, they may reveal an underlying pattern, as manifestations of an underlying cultural configuration.

We can start to expand what the notion of a 'trauma culture' might entail by suggesting that the decay of the social as a basis for allegiance and cohesion finds individual identity moving towards a basis in traumatic abjection, the wound that can never heal because it is constantly recreated as the badge of individual difference. The internalized figure of the social, source of the superego, gives way to the amoral experience of the wound, the negating disfigurement that grounds identity as repetition, the craving for the proof, the ever-transient proof, of feeling in its sensational mode. The display of self through role, involving public projection through codes of civility, increasingly cedes place to the display of self in and as feeling, as sensation or impulse. Approbation in the displayed performance of role gives way to shock at the displayed intensity of the injured, traumatized self, secure only in its hurt, the melodramatic re-enactment of its flawed individuality. Mark Seltzer points to 'the public fascination with torn and opened bodies and torn and opened persons, a collective gathering around shock, trauma, and the wound'; in effect, a 'pathological public sphere'.³

In personal terms, trauma becomes the slash across the face of identity. When Audrey Jaffe refers to ‘desire for a self that isn’t picture perfect: a self that one can call one’s own,’⁴ one can see this as working in a circular way. A need for imperfection, as a badge of distinctiveness, a marker of individual difference, is followed by the rejection of this, a need to aspire to something better, to identify with the ideal; and then, an implicit realization that perfection is just too difficult, hence a flight back to the real. We can all be marked by inadequacy, pain, by the stigmata of experience; and, if strongly so, then our demands for attention and sympathy can be presented as all the greater, all the more legitimate. Excess of the one produces excess of the other. Trauma *makes* us real, dramatizes and projects the flaw that marks our identity, makes it ‘traumatic’. One could say that the flaw in identity culture is the flaw in identity itself, the imperative that identity *be* flawed. Not only do we thereby gain a sense of self in an era of individualism – my flaw is *my* flaw – but we gain a project, something to work at, both a source of, and imperative toward, self-improvement, coupled with the opportunity to blame others for our failings, and the implication that we are *entitled* to sympathy. My flaw can be a legitimate mark of my self-esteem; non-recognition of it by others is a lack of respect.

Thus does trauma culture emerge as a possible ‘structure of feeling’, a sensibility based on the isolating experience of the wound, of flawed identity, a sensibility that can nonetheless be an intriguingly *social* phenomenon. As such, it seems to have substantially replaced the more obviously other-directed sensibility of the ‘Age of Sensibility’ itself, operating as it did through a framework of civility and appropriate displays of concern, with a focus rather on the claim to authenticity of one’s own imperfect condition. If, in the eighteenth century, to be human was to be able to respond to the suffering of others, it can seem in the twenty-first century to be more a matter of the assertion of a claim *on* others, the ability to carry conviction as a bearer of trauma. To bear – and bare – the wound is to make a claim to status, to be a full stakeholder in the culture. No celebrity autobiography or interview is complete without the centrepiece story of ‘trauma overcome’, the wound displayed for all to see. Roger Luckhurst comments on how the revelation of a hidden trauma ‘organizes the autobiographical narrative, the revealed secret becoming the pivot for every public act.’⁵ Jill Matus suggests a comparison from a rather more recent period, that of George Eliot, to indicate the distance traversed here. In suggesting that, through her suffering and remorse, Gwendolen in *Daniel Deronda* can become a better person, Eliot emphasizes ‘the responsibility and agency of the wounded subject’, her obligations to others. It was ‘less a “wound culture” than a conscience culture.’⁶

But if we find ourselves here, in the culture of trauma, in the presence of abjection, whether of body or self, we also move in the opposite direction. Dominick LaCapra perceives a tendency 'to convert trauma into the occasion for sublimity, to transvalue it into a test of the self or the group and an entry into the extraordinary'.⁷ To survive abjection opens the portals of the sublime. In this context, an affirmation of identity becomes all the more effective, carried as it is by the scar of a trauma marked by this powerful fusion. We may encounter what he calls 'a fidelity to trauma, a feeling that one must somehow keep faith with it'.⁸ We can treat it with a degree of awe. And perhaps the combination of abjection and the sublime, in the context of suffering, points to another dimension too, for we have encountered it before: it can embody the sentimental. Through trauma, do we perhaps find ourselves in the presence of a sentimental attachment to the integrity of the body and the truth of personal identity, in a postmodern context of nostalgic mourning for the unattainable?

Just as the earlier periods raised questions of integrity and hypocrisy, of concern as 'real' or as 'feigned', of the possibility that the display of concern could become a form of self-serving self-indulgence, so similar concerns can be raised with the culture of trauma, but with a different focus, this time on the authenticity of one's proclamation of one's own suffering persona. Karyn Ball points to the way that suffering can be viewed as 'moral capital', and trauma thus becomes 'an envied wound because it is seen as vouchsafing moral authority', an envy that contributes to 'the banalization of trauma as a new kind of commodity fetish'.⁹ And we may also be able to share the experience vicariously; hence 'the reader or viewer of stories or films about traumatic situations may be constituted through vicarious or secondary trauma', as Ann Kaplan puts it.¹⁰ Thus we encounter the self-reinforcing link between trauma, status and identity in the apotheosis of an individualism based on powerful feeling, swinging between the priority of one's own feeling, and mimetic victim-identification: simultaneous extremes of sensation and sympathy, respectively. Individual distress and cultural anxiety fuse powerfully in a sensational context that casts doubt on the viability of any attempt to distinguish between 'real' and 'vicarious' trauma, just as it also pushes us into needing to make the attempt. When everyone becomes victim or survivor, what price the 'real' trauma of shell-shock victims, war disablement, serious sexual abuse? And how can any of this be rationally evaluated, when all we have are subjective feelings and the language of emotional hurt?

Shells, shards and shocks

At this point, it would seem useful to consider what could indeed be taken as paradigm cases of trauma. While the modern use of the term developed in the context of medical discussions of 'railway accident neurosis'¹¹ in the late nineteenth century, it is really with the epidemic of 'shell shock' cases in the First World War and the aftermath that the issues came powerfully into focus.¹² The general assumption that emerged was that soldiers who suffered from the condition had been unable to discharge powerful emotions directly, so these had been 'somatized', transformed into bodily symptoms, accompanied by mental dissociation or amnesia, with the result that the patient could not consciously remember the horrifying events that were at the source of the trauma; only their bodies 'remembered'. Controversies raged over appropriate treatment: was greater 'distancing' needed, hence cognitive control and conscious reintegration of the memory, or was emotional discharge, 'abreaction', more likely to lead to cure? Our central concern here, however, is with the condition itself, and we can draw on useful accounts left us by two of the doctors most involved at the time, William Brown and Charles Myers. They outline the symptoms and their own use of hypnosis to try to probe them more deeply.

Brown tells us of a case where a soldier/patient:

... begins to twist and turn on the couch and shouts in a terror-stricken voice. He talks as he talked at the time when the shock occurred to him. He really does live again through the experiences of that awful time ... In every case he speaks and acts as if he were again under the influence of the terrifying emotion.¹³

Myers noticed that patients might move in and out of these experiences, at times showing awareness that they were in hospital, but not when in thrall to the experience itself. When his attention was drawn to the resulting inconsistencies in his behaviour and responses, a patient replied: 'Can't help it. I see 'em and hear 'em (the shells).' Patients' thoughts repeatedly returned to the trenches, seeming to repeat the traumatic past in the present tense. Their attention could be gained for a few minutes, but then answers to questions seemed to become absurd. 'How old are you?' got the answer: 'It passed my right ear.'¹⁴

The reflections of Ruth Leys on these examples are helpful. She suggests they reveal 'an intensely animated, present-tense miming or emotional reliving of the alleged traumatic scene ... in the absence of self-observation and self-representation', so that the subject 'did not appear to be a spectator of the (real or fantasized) emotional scene but was completely caught up *in it*'. Indeed, there

seemed to be *no* 'subject', able to 'see or distance himself from his emotional experience by re-presenting that experience to himself as other to himself'.¹⁵ In effect, 'normal' spectatorial distance is not available to the traumatized subject, whether the distance that makes representation possible as such, or the ability to achieve such degree of distance from one's own experience as is inherent in reflexivity, in representing oneself to oneself. The experience of feeling, experience *as* feeling, flies into a relation of mutual exclusion with representation, with catastrophic implications for the coherence of the self. As LaCapra suggests, trauma 'brings about a dissociation of affect and representation: one disorientingly feels what one cannot represent; one numbingly represents what one cannot feel'.¹⁶ Neither experience nor representation can remain unaffected by this: given the impossibility of the distance that keeps them separate yet related, they collapse into each other, and the form this takes is *repetition*. Hence repetition emerges as the mode of existence of unrepresentable experience in its impact on body and self. Clearly the implications of this need further development.

For a start, this carries with it the collapse of any possibility of the subjective *integration* of experience – experience as the experience of a 'subject'. At this limit point, experience remains subjective, but 'subjective' becomes a strictly adjectival or functional term: subjectivity without a subject, so to speak; it is 'registered', there is awareness, but there is no clear sense of the subject as a continuous 'position', manifested in a relatively integrated sense of selfhood, as the embodiment of subjectivity, its experiential core. Hence the absence of reflexivity, of self-awareness. Luckhurst provides a useful formulation: 'The traumatic instant cannot be experienced as such, because the trauma both distends the subject and bursts the bounds of what constitutes "experience"'.¹⁷ *What* is registered here has two aspects: it is intensity, force, the purity of the impact, the shock of the alien; and it is what, in its later returns, manifests as *affect*, powerfully in and of the present. This, then, is the *difference* of force, what is ungraspable in impact in the form of representation – sensation in its pure state. Referring to the wound more generally, Sara Ahmed reminds us that it functions 'as a trace of where the surface of another body (however imaginary) has impressed upon the body, an impression that is felt and seen as the violence of negation'.¹⁸

Returning to the shell-shock victim, who 'sees' and 'hears' the shells, we can say that neither from his own point of view, nor from ours, is he referring to a *representation* of an exploding shell (like a picture of it, on the wall). Whatever *we* may think, it is experienced as 'real enough', for him, as manifest in his

dramatic responses. And as for the latter, we can recall that Leys referred to ‘present-tense miming’, the sense in which reality is being *enacted* here; but again, this may be our way of characterizing what is happening, but it wouldn’t be his. We need to remember that his *fear*, and any other emotions present here (such as surprise) are not ‘acted’ – they are real. If we call this ‘acting out’, it clearly incorporates real emotion. This also reinforces the suggestion of James and Claparède, mentioned in the previous chapter, that emotions exist *in the present*, however much we might legitimately say that they are activated by memories of the past, from the past. And this bifurcation is itself testimony to the ‘reality’ that is involved here, reality as experienced by a subjectivity that is split or fragmented, hence a ‘subjective experience’ that cannot be clearly located by or in a subject.

What most obviously distinguishes the flashback from ordinary memory is its *insistence*, its repetitive reappearance under its own volition, so to speak. Cathy Caruth suggests that the flashback, in its powers of return, cannot be thought of ‘simply as a representation’; it is an interruption to representation, rather than an instance of it. With the flashback, she adds, ‘the outside has gone inside without any mediation’. Hence trauma emerges as ‘the literal return of the event’.¹⁹ For Caruth, and others who share this perspective, Luckhurst suggests that the traumatic memory is ‘a shard of the event itself’, and trauma can be characterized as ‘that which cannot be processed by the psyche yet lodges within the self as a foreign body ...’²⁰ It constitutes an absence or gap at the heart of identity: that is, a terrible presence (the ‘shard’) that is also an absence (of sense, representation).

In exploring this, we enter highly controversial territory. In particular, Caruth’s repeated claims about the ‘literal return of the event’ in trauma, such that this ‘insistent return’ makes it ‘absolutely *true* to the event’,²¹ has been widely criticized, and it is not hard to see why. Most research suggests that flashback memories are not inherently more reliable than other kinds; and widely publicized controversy has swirled around so-called ‘recovered memory syndrome’ and the use of data based on this in court cases.²² For example, ‘flashbulb’ memories are often said to have a rather dramatic, highly lit quality, as if being not so much a literal representation of reality (which would mean what, exactly?) as a cinematic re-creation of it. And this cinematic quality reminds us that the fundamental epistemological quandary remains: the intensity of a ‘memory’ cannot guarantee its truth value; nor, if we take the statement literally, can there be any “literal” return of the [traumatic] event’.

And yet: there is that ‘shard’, the apparent dissociation that indicates the immediacy, the alien presence, experienced *as alien*, impossible to assimilate

but *there*, present *as if* a shard of reality. It is real, in that it occupies the place of the real, in the absence of the normal signifying, representational capacity of the subject; the real is present, all-too-present, in the absence of its normal distance. 'A shard, embedded in the mind': a powerful image, but the very language conveys the tension of our (in)ability to grasp what seems to be going on, for we seem to be firmly impaled on the horns of the classic mind/body distinction, not to mention the inside/outside boundary problem; and it is from this doubly impossible place that the trauma victim appears to address us. The shard, embedded, faces both ways: the outside becomes simultaneously inside; a channel of communication is set up, but in such a way that nothing, no message, can cross it – save only, perhaps, the 'message' of shock, of 'impact in itself', ungraspable and unrepresentable to the subject but present in its effect, its effect as affect.

Clearly the language here seems essentially causal, and one can understand the temptation to rewrite it in narrowly physical, ostensibly scientific, terms. Even contemporary neuroscientists who attempt this, however, still tend to resort to terms like 'mind' and 'consciousness',²³ and in this respect, they are, as we have seen, in an eminently respectable tradition, going back to the eighteenth century. There are both shifts and continuities in the scientific language, but what remains consistent is the apparent impossibility of fulfilling the aspiration of more positivist-oriented scientists to 'cleanse' this language of everyday 'impurities'. What we encounter here is the cultural reality of language: concepts that may appear flawed or contradictory, on reflective analysis, nevertheless have a dynamic life in their contexts of use. They *do* things, they blaze tracks and connections, and resonate with powerful imagery. In this case, what we find is the physical and figural power of the language and experience of sensation, reconfigured for the age of trauma. The language of the circuit of sensation helps us to grasp the sense of forces, intensities, of causes and effects, causes evident in affects, that draw mind, body and technology into chains of linkages *and* interruptions, shocks and traumas, that dramatize and energize the whole pattern of experience. And when he refers to 'a gap between impact and understanding, influx and assimilation', and hence 'a fundamental tension between interruption and flow, blockage and movement',²⁴ both presenting a challenge to coherent narrative and yet demanding it, Luckhurst pinpoints this very clearly.

Concepts like 'sensation' and 'trauma' indeed derive their power from the ambiguity of their 'place' or 'origin': mind or body, representation or reality, sign or substance. They remind us that the favourite dichotomies of Western culture are not so much boundaries to work within, as challenges to be overcome. This

boundary-crossing would conventionally be seen as the core of the figurative; but this is a feature of language, and to see it in these terms is to locate it *inside* one term of these powerful dichotomies, when the whole point of it is that the power is derived from the 'between', from the 'impossible place' between two incommensurables that can never, strictly speaking, be said either to 'meet' or to be 'separate' from one another, as two of a pair. In her discussion of American fiction, Laura di Prete hints at this when she argues that 'to represent trauma, language needs to be both literal and figurative and not either one or the other'.²⁵ This is the realm, or the power, of figuration, or the figural, as it both generalizes and grounds the figurative, trying to crystallize, to focus, the twin mysteries of difference and power, as a kind of action or gesture that uses figurative language, imagery, to map the impact of the difference of power itself. And of course all this remains theoretical, interpretive: the awareness of the traumatized victim cannot encompass it.

The shard, then, provokes crises at the boundaries, both inside/outside and active/passive. 'The problem that the trauma poses', suggests Seltzer, 'is a radical breakdown as to the determination of the subject, from within or without: the self-determined or the event-determined subject; the subject as cause or as caused; the subject as the producer of representations or their product ...'²⁶ The self-determined subject is able to make rational choices and realize them in action, achieving results: generalized, as the central value of a culture, we can see here the whole framework of the project of modernity. Yet this coexists in a state of some tension with what is also – in part – a product of that same orientation, namely the recalcitrance of experience, the insubordination of the event to the imperative to control, and the inevitable element of passivity, of receptiveness, in our orientation to the world. Hence the sense that there is 'always more causality than we can process', as Kirby Farrell puts it, so that we find 'a disturbance in the ground of collective experience'.²⁷ Once again we notice that recalcitrance of effect to cause that is one aspect of *shock* in the culture and experience of modernity. The self-determined subject becomes subject to circumstance, at the mercy of the unexpected which is nevertheless ever-present. If shock parries this, trauma capitulates to it, as it were, with the repetitive processes and unexpected effects of modern mechanisms of reproduction and representation inscribing the potential for trauma at the core of the experience of subjecthood.

This can lead us into a further consideration of the relation between trauma and time. A useful starting point is provided by Caruth's suggestion that consciousness works 'by placing stimulation within an ordered experience of time', so that, conversely, trauma is 'a shock that appears to work very much

like a bodily threat but is in fact a break in the mind's experience of time.²⁸ Certainly the idea that time has a close, indeed internal, relation to subjectivity – even though the latter is commonly figured as an 'inner space' – has been fundamental to Western culture as it has developed in recent centuries. Modern selfhood can be seen in terms of 'depth', integrated 'vertically' (consciousness, the unconscious), mapped into temporal succession and development; in effect, time is drawn on to provide internal coherence to the sense of self-identity. Experience, one might say, involves registration in time. Experience is 'of the present', the *now*; and being registered as 'now' constitutes it *as* experience, for me, just as it makes memory possible, memory as the registered images that, in being recalled, can stimulate affect in the present. This registration process, in the act of separating image from affect in sequencing, constitutes experience in its temporality, gives us what we mean by 'time' in this context: time as narrative. Hence time as registration has something abstract about it, and procedural: registration implies classification; experience is already registered *as* an experience of a particular type, place and time. This combination of attributes helps us grasp the way Proust and Benjamin can link this experience of time to features of modern life and, in particular, how they can present 'voluntary' memory as an attenuation, an impoverishment, of 'lived' experience. The process of registration of experience in a sense destroys it as lived experience; as experience minus affect, it becomes representation.

This registration process is what is disrupted by trauma: experience can no longer be known as such, as it cannot be comprehended in time. The Proust–Benjamin distinction between voluntary and involuntary memory collapses; as a necessary constituent of our normal sense of experience, the trauma blasts its way through this, too. Caruth suggests that what matters here is not so much the quantity of stimulus but 'fright', a stimulus that comes on too quickly; we are unprepared, so 'the threat is recognized as such by the mind *one moment too late*'. Hence the threat, not really 'experienced', lacks registration in time; and this grounds its return, in the form of flashbacks and nightmares.²⁹ We can go on from this to suggest that it is helpful to see trauma as a temporal dislocation that grounds not a literal return (*à la* Caruth) but the repetitive return of an inability to achieve distance, marked in the breakdown of the distinction between experience and representation. Leys expresses it thus: 'The experience of the trauma, fixed or frozen in time, refuses to be represented *as* past, but is perpetually reexperienced in a painful, dissociated, traumatic present.'³⁰ So the relation between past and present is crucial in trauma, as is the relation between representation and experience, the power of affect serving

as the linkage here. We encounter a simultaneous collapse of present into past (memory as flashback), and of past into present (affect can only be lived in the present), which is *also* a collapse of experience and representation into each other, together producing the powerful reality-effect, the sense of trauma as a 'shard' or fragment of the real. And trauma, destroying the experience of time, leaves us with its own eternal return, as repetition.³¹

From trauma to hysteria (and back again)

Freud's own direct response to shell shock emphasized an 'economic' conception – the quantity of shock overwhelms the defences – but also with hints of the 'time lag' conception just outlined, whereby the shock happens so suddenly that it catches the subject unaware.³² This is not, however, his only theory of traumatic neurosis, and the best-known of his earlier ones is not easily compatible with it.³³

This alternative model has become particularly influential through its association with the concept of 'deferred action', *Nachträglichkeit*, referring to the 'belatedness' of trauma, the delay between the original event and the onset of symptoms. This carries with it a 'retroactive' effect: only after these subsequent developments can the origin be seen as 'traumatic' at all, leading to the possibility of the endless, retrospective re-writing of life narratives. Trauma, on this model, is constituted by a particular relation between two events, neither of which is inherently traumatic in itself. A simplified version of a typical instance would run as follows. A young child either has, or fantasizes, a sexual encounter with an adult; at the time, this appears to have no significant effect, it leaves no residue. Much later, post-puberty, a second experience occurs, which may appear to have no relation to the earlier one, and may indeed have no apparent sexual connotation at all. It nonetheless evokes the first, through some more-or-less obscure association, and it is only now that a traumatic response kicks in, one that can indeed, through the workings of the unconscious, be subsequently repeated (and subject to symptomatic elaboration). The first event, subject to repression, can now become all the more difficult to retrieve, and traumatic 'memories' become all the more problematical.³⁴

It is not difficult to see why this account would present problems as a *total* theory of trauma. It never really fitted the railway accident trauma of the second half of the nineteenth century, but it was shell shock that produced the major crisis. In these cases, the element of belatedness may still be present,

but generally over a significantly shorter time scale, and is difficult to connect with issues of childhood sexuality and repression. Also, this earlier model implies a degree of internal complicity in the production of trauma, if only in the sense that it is the subject's own processes of repression and 'deferred reaction' that convert an experience into *trauma* in the first place. It is difficult to see any equivalent in the case of the shell-shock victim – or certainly not to anything like the same extent. Yet it is undoubtedly the case that both theories have not only been profoundly influential in our whole approach to trauma, but also seem to reflect some of the most fundamental problems of trauma itself. In short – and going beyond the details of Freud's own work – we can say that this matters because it presents us with the likelihood of an aporia, or structural tension, at the very heart of trauma theory. Seltzer has suggested that trauma functions as 'an internal alien entity within psychoanalysis itself: as an internal limit or boundary'.³⁵ What we find here may be two significantly different types of trauma, or perhaps two ends of a continuum, linked to different experiences, though both raising problems of time and representation, and therefore raising questions about memory, and history itself. But we also encounter the possibility that 'trauma' may not be a unitary phenomenon at all.

It is worth remarking here that there has always been an alternative tradition of thought in this area, albeit far less well known, or developed. This takes off from the concept of 'dissociation'.³⁶ The central claim, or implication, is that 'mind' and 'consciousness' have to be co-extensive; there is, in short, no place for an 'unconscious'. If a trauma is the consequence of the failure of the shock defence, then what happens here is that part of the mind is split away, 'dissociated' from the normally functioning part – or what is left of it – and takes up some of its 'space', bringing along its own fraction of consciousness. This could be said to present a 'horizontal', rather than a vertical, conception of mind, and clearly allows for the possibility of alternative or multiple sites of consciousness; these can be present alternately or collectively ('multiple personality disorder'), occupying the same body, hence as separate 'selves' or 'persons', linked only in this 'external' way, leading to this sense of fractured incoherence that incapacitates the victim and puzzles the spectator (or therapist).³⁷ It is as though the body has become the site of warring factions, rather than the active, coherent 'embodiment' of identity, and the trauma is manifest in the existence of time as repetition and recurrence, rather than continuity of development. All this seems to fit shell-shock cases well enough, just as it may seem less useful for the other end of the trauma spectrum. So let us now consider the possibility that different

theoretical perspectives do indeed address significantly divergent notions of 'trauma' itself.

On one model, then, trauma can be presented as potentially unknowable because endlessly displaced through symbolic representation, endlessly elaborated through the language of the unconscious, to the point where one can wonder whether it has an origin at all, indeed, whether it is really there; every apparent 'original cause' could turn out to be merely another elaboration. While, in theory, accurate recall may be possible, as a real discovery of origin, this postulate is continually subverted in practice by the interminable elaborations, transferences and deferrals. Trauma thus manifests *too much* distance: this is trauma as absence, manifest only in its effects. Indeed, it could even be that 'one of the signs of the presence of trauma is the absence of all signs of it', as Thomas Elsaesser suggests.³⁸ In effect, on this model trauma is supposed to ground or underlie hysteria and its diversity of symptoms, but all too often collapses into it. And running through this, the question of whether or not the victim is in any way implicated in the production of the condition, and in what sense, can always in principle be raised, since issues of guilt, shame and repression are always liable to be present. Empirically and therapeutically, this is the arena of the sexual neuroses and of sexual abuse scenarios, up to and including the contemporary cases of 'recovered memory'³⁹ and the controversies around this. Freud's earlier theory fits in with this tradition, the concept of the unconscious seeming to be highly appropriate for probing the phenomenon.

On the other model, though, trauma emerges as unknowable to the victim, as it blasts through the boundaries of mind and reality that make our normal faculties of cognition and memory possible; yet this can go hand-in-hand with a certain obviousness to therapist or theorist, precisely because it abolishes distance, refuses mysterious chains of symbolic association, and seems to allow no obvious place for an unconscious.⁴⁰ (This does not, of course, make it any the less recalcitrant to therapy.) In place of the unconscious, we find the phenomenon of dissociation, with an implied absence of any coherent, integrated sense of self. There is not normally, therefore, an intractable problem of locating a cause, an origin, since this is trauma as presence, the wound revealed, displayed and expressed, the wound as eternal return. There is no obvious sense in which we can say that the victim is implicated; indeed, the language of 'wound' may suggest an aetiology of accident or disease. If there is any relation to hysteria at all, it is expressed in affective numbness rather than a florid excess of symptoms; and indeed, any such relation seems to be accidental rather than inherent. This is the arena of railway shock, through shell shock,

to more recent cases of battlefield trauma (Vietnam, Iraq and 'Post-Traumatic Stress Disorder'⁴¹). Freud's later theory would fit in here.

As stated above, these are models: neither in theory nor in reality are matters so straightforward. Hysteria has raised its unruly head; and while further consideration of this, the twin that has always accompanied trauma, must wait a little longer, one can point to some obvious features of it that are relevant here. If the logic of hysteria is one of endless displacement of symptoms, including displacement into the social relations in which it is embedded, notably in 'transference' in the patient-therapist relationship, so that any original cause can become all the more obscure, then this can, in turn, easily 'infect' what lies beyond – including the second type of trauma. After all, shell shock was surrounded by medical, psychiatric and social controversy from the start; the complex dynamics between doctor and patient allowed plenty of scope for 'suggestion', and the possibilities of hysteria and hysterical simulation could never be ruled out. It was very difficult to be clear as to the 'objectivity' of the symptoms. In military hospitals, whether particular doctors and patients were of different ranks and from different class backgrounds could crucially affect interaction, diagnosis and therapy. One might suggest that even the most apparently physical of symptoms are always in some degree *learned*, even though that does not, of course, rule out the possible presence of an underlying trauma that might merit reference to psychological or neurological description.

Beyond that, the whole notion of a 'trauma culture' tends both to reflect and promote a tendency to assimilate the two models. Trauma can simultaneously be individualized and medicalized, while being embedded in networks of sympathetic engagement, spectacle and sensationalism. And we can note the range of terms used to characterize the symptoms and their potential for transmission, not just in the case of trauma, but in hysteria too. These range from infection and contagion, through imitation, mimesis and identification, with repetition playing a key part; these are terms that can overlap but nevertheless mark ends of a spectrum, terms that slip and slide in their usage, whether by doctors and patients, or in the culture more widely. Clearly these are in some sense distinct, even if frequently assimilated in the cultural imaginary. So a phrase like 'the contagious similarity of the crowd'⁴² can serve to characterize 'mass hysteria', including the possibility that cases of trauma can be seen in these terms, while simultaneously leaving pointedly obscure the dynamics of any possible process of transmission that could be present here (cause or copy; feeling or fashion).

We have in effect been sliding towards hysteria, and must now consider it more explicitly. These points about the terminological and conceptual fluidity

of the conditions being pointed to here, and their apparently easy capacity for transmission, can be amply illustrated from the period of a century ago when 'hysteria' had been the preferred, fashionable label for a range of apparently disparate conditions. A widespread middle-class fear of crowds, seen as embodying the ready communicability of currents of irrationality and emotional excess, can be exemplified in the psychologist Gustave Le Bon's claim that crowd sentiments could possess 'a contagious power as intense as that of microbes'.⁴³ Illness and suffering were constituted as a public spectacle that itself contributed, through a pervasive mimicry, to the spread of these conditions, implying 'a state of suggestibility in which viewing, hearing or reading about a disease aroused corresponding symptoms', as Angela Vrettos puts it.⁴⁴ The early sociologist Gabriel Tarde went so far as to proclaim in 1890 that 'Society is imitation'.⁴⁵ After all this, it is hardly surprising that hysteria comes into focus as 'the quintessentially contagious affliction', and that public spectacles were seen as 'breeding grounds for hysterical contagion'.⁴⁶ Pointing to its intimate connection with the culture of the time, and its relation to creativity in the arts, Mark Micale can even suggest, sweepingly, that 'Shapeless and ever-changing, unfixed and undefinable, open to interpretation, a signifier without a signified, hysteria is Modernism'.⁴⁷

Not surprisingly, the symptoms of hysteria provoked constant debate and controversy. It seemed endlessly protean, and as Freud and Breuer observed, no sooner has one symptom disappeared than another takes its place, though several can be present simultaneously.⁴⁸ And some of the symptoms seem contradictory. We can attempt to make some sense of their significance by suggesting that they occur in three registers, although any specific symptom may occur in more than one: (1) excess, volatility, hyperactivity, convulsions; (2) withdrawal, passivity, exhaustion, muteness; (3) duplicity, game playing, masquerade, apparent malingerer, mimesis. It will be apparent that the first and second registers are in some sense contrasted; and that the third could be seen as being on a different level, parasitic on the other two. It has something second-order, reflexive, about it. While the first two could be possible symptoms of 'real' illness, this is less obviously the case with the third. And it is an awareness of the implications of the third – particularly when taken in conjunction with the other two – that informs some of the most insightful remarks of commentators, past and present. From the eighteenth century, the physician Sydenham claimed, of hysteria, that 'few of the maladies of miserable mortality are not imitated by it',⁴⁹ and in 1875 Paget, another doctor, coined the term 'neuromimesis' for this aspect of it. This idea is also captured in Micale's

formulation, whereby hysteria is the ‘masquerading malady’, with no essence of its own; it is ‘an image made in the image and likeness of other images.’⁵⁰ For Elisabeth Bronfen, hysteria negotiates the interface between ‘mimesis, imagination, representation, and deception’, coming to be seen more and more, in the nineteenth century, as ‘the inextricable knot between an expression of passion and a simulation of passion, where the body reproduced the texts it read or converted itself into a text of sorts.’⁵¹ Showalter concludes: ‘Hysteria is a mimetic disorder; it mimics culturally permissible expressions of distress.’⁵² And it would be hardly surprising if something of this remains today, even if the label itself is no longer fashionable.⁵³

Thus the third register of hysteria presents it as unconscious mimicry, copying symptoms, as if to question its own status as illness, implicitly subverting it, perhaps even raising questions about ‘symptoms’ and ‘illness’ as such. It is the illness that parodies illness: mimetic illness that cannot be true illness but does not seem to be mere pretence or deceit, either. It *manifests* a condition – or, perhaps more accurately, a relationship – even as it comments on it, if only through mimicking it. It subverts its own ‘identity’ as something different, distinctive, and thereby questions identity as such. It suggests a sense in which the subject is *implicated* in the production of symptoms without, for all that, being *responsible* for them. It can serve as a paradigm instance of what Baudrillard calls simulation. This is not ‘dissimulation’; rather it ‘threatens the difference between the “true” and the “false”, the “real” and the “imaginary.” Is the simulator sick or not, given that he produces “true” symptoms? Objectively one cannot treat him as being either ill or not ill ...’⁵⁴ And it is important to maintain the rigour of this position: as also with trauma, unless the subject is reflexively unable to grasp their situation, so that no question of conscious intentions or motives can be raised, the question of deceit will inevitably be back on the agenda. Since the lines here are in practice very difficult to draw, the extent of controversy swirling around is hardly surprising.

Hysteria, then, is always dramatic, and shows a tendency to mimic ‘other’ patterns of behaviour, along with itself. It suggests, indeed, the possibility that a theatrical mimicry could be central to modern modes of self-construction and self-presentation. We can complement this, though, by introducing another emphasis. Referring both to stage and fiction, Vrettos remarks that audiences are ‘invited to participate vicariously in the drama of disease, negotiating the territory between sympathy and detachment’;⁵⁵ and Bronfen suggests that the hysteric fell ill ‘owing to an abundance of feeling, an excessive sympathy with her environment, an uncurbed empathy for all that would move her body and soul

– but a flow of organic and psychic energy that formed a closed circuit’ These uses of the language of sympathy and empathy are significant here; indeed, Bronfen characterizes hysteria as a disorder of ‘sympathy gone awry.’⁵⁶ But it is important to take the ‘closed circuit’ as referring to a *relationship*, not just to one person (indeed, ‘sympathy’ would seem to imply this). Thus Vrettos documents the way the relationships of care and nurturing (motherhood, nursing), very firmly institutionalized as feminine by the Victorian period, came to be seen as inherently liable to hysterical distress and excess, the skills of these emotional tasks being inseparable from their uncontrollable bodily manifestations in a circulating economy of feminine affect. Femininity itself always teeters on the edge of hysteria, threatening ‘a disconcerting emotional spectacle.’⁵⁷ Gender is clearly as central to the way the spectacle of sympathy has been reconstructed by the late nineteenth century as it was earlier, and hysteria comes clearly into view as its ‘pathological’ other face.⁵⁸

In its modern form, as a diagnostic category applied to a range of forms of distressed behaviour, characteristically gender-related, hysteria was indeed born as twin to sensibility and sympathy. It does indeed remind us of the problem of sensibility itself: ambiguously positioned as ‘feeling’, facing inwards to the self, its intentions and motives, and outwards, to the other, to the social world of convention and civility, with the body as the problematical boundary between these, sign as much as substance, manifesting ‘feeling’ as the repository of all these representations, signs and messages. Unable to stand outside this, hysteria explores the multitude of bodily significations – including the doomed attempt to withdraw from all embodied signification – available when the superimposed dualities of mind/body and self/other fracture and recombine in ways that defy conventional reading and yet must, for all that, be read. The other thereby speaks in and through the hysteric’s body, so whose body results – and whose voice? As we saw in the previous chapter, much the same could be asked of Gwendolen, after all, constantly haunted by fears and fantasies projected outwards, by images that can swing between inner and outer worlds, at the mercy of emotional currents that make her as unreadable to herself as she frequently is to others. In this context, then, the hysteric’s attempt to communicate, to relate to others, can manifest itself in ‘the hysterical tendency to experience and present oneself as other than one is’, as Bronfen puts it.⁵⁹ Hence the characteristically histrionic behaviour, and hysteria as mimesis, the other collapsing into the same, relationship into identity, identity as a parody of itself. Hysteria is an excess of sympathetic engagement, caught in the nets of identity as identification, swinging between mimetic excess, florid demonstrativeness

and an anti-mimetic refusal, frozen into withdrawal. The hysteric can be 'someone who imposes his or her presence, but also someone for whom things and beings are present, *too* present', and who communicates this 'excessive presence', as Deleuze adds.⁶⁰

We can also approach this from another direction. It is very easy to assume that sympathy for the other entails would-be identification with the other; that the sympathetic pole of sensibility requires this sharing of sentiment that would enable one to make this leap of identification. But while this has been central to assumptions about sympathy that have been widely held since the eighteenth century, we have seen that there is good reason to believe that it is, at best, only part of the picture, and misleading overall. Now we can be clearer about the problems that result. In the discussion of Adam Smith, it was suggested that sympathy is not about 'grasping the other', as identification, but rather 'imaginative engagement with the other's situation', involvement in the predicament of the other. Yet it is not easy to separate the two, and a resulting over-involvement, 'identifying' with the other, threatens a slide into hysteria, a transgression of boundaries, whereby the self simultaneously incorporates part of the other while simultaneously trying to defend itself against the threatened implosion. Sympathy *for* the other becomes confusion *with* the other.⁶¹ This produces a necessarily unstable series of oscillations between uncontrollable incorporation and expulsion – a point, or process, of incoherent identity that renders any consistent subject position impossible. To understand the other, on this model, is to translate bodily signs into language or text, into meaning; but these are then re-somatized, as it were: I can only grasp the other *as* other, as mind 'in' body, by reproducing it, in *my* body, where its alien presence can only be manifest as *symptom*, as illness or hysteria. And, in the effort to expel this alien intrusion, mimetic approximation produces hysterical excess: over-identification explodes into a reverse reaction, whether as withdrawal or attempted expulsion.

The issue of identification is also relevant in considering hypnosis, a much-favoured treatment for hysteria a century ago, an apparently appropriate therapeutic style that manifests both sympathy *and* power over the other, through suggestion.⁶² Just as the hysteric can seem to be taken over by voices and behaviours not her own, so in hypnosis she really *is* subject to such a takeover. Hypnosis undermines the self in its ability to exercise self-control, as an essential stage in the cure: the patient's ability to exercise judgement, gain perspective and distance, is lost. In this sense, hypnosis can be positioned as structurally equivalent to hysteria conceived as sympathy in its extreme mode, as identification with the other. This, too, could be said to involve a kind of

power, as subordination to the other: the aspiration to identify to the point of 'sharing the pain' involves a degree of collapse of self into other, a surrender of the capacity for judgement, vicariously *becoming* other. Here we encounter the grounds for drawing hysteria and hypnosis together, the structural foundation of their historical convergence: for the hysteric, whether or not subject to hypnotism, acts *as if* 'possessed', torn between active and passive, self and other, just as the hypnotized subject does. It follows that an element of splitting or dissociation is present in both, since there is both an identification with the other, *and* an obedience to the other's commands.⁶³ 'Identification' itself becomes tension-laden, conflictual.⁶⁴

So where does this leave hysteria – and its relation to trauma? Whatever the traumatic origin, this cannot account for the excess of symbolism, both in the elaborations of hysteria itself, and in its attempted appropriation by analyst or theorist: in this sense, hysteria and trauma are conceptually distinct, pointing in different theoretical directions, whatever their links in practice. Hysteria reminds us of the performative, the expressive, of the impulse to elaborate, endlessly defer and extend the initial cause – if indeed there is one. It invites controversy around simulation and fabrication, and places any original trauma firmly in a cultural context of personal interaction, of engagement with the other. And mimesis, raising the issue of identity, comes into focus as the danger at the extreme end of the sympathy continuum, where over-identification looms. Indeed, hysteria implicitly questions the cultural emphasis on identity itself, suggesting it is never a natural or unproblematical state, that perhaps statements or aspirations to identity are only ever panic affirmations, inherently hysterical. Worrying about identity, especially one's own, is always a move in the hysteria game ...

But we cannot leave it there. We must note Bronfen's claim that hysteria is 'not just an illness of imitation and of sympathy' but 'the somatic voicing of traces' of traumatic impact, whereby 'body symptoms *stand in for* a disorder that cannot be located in the body, even as its message can be articulated only by proxy in the register of the body'.⁶⁵ This is an intriguing claim, suggesting that recourse to trauma, in understanding hysteria, is both unavoidable and deeply problematical. This trauma, she argues, can be seen as 'a snarled knot of memory traces, which as a wandering foreign body haunts the psyche' – clearly an appropriate successor to the 'wandering womb' of ancient theories of hysteria – and hysteria itself emerges as a strategy of 'multiple self-fashionings' over this traumatic kernel or impact, in itself a 'figuration of nothing'. The memory traces of that impact can be endlessly elaborated, as though independent of

it. 'The implication is that the psychic gap, the nothing (of which the hysteric makes so much ado) is a representational impossibility even as it is precisely what makes representation possible ...'⁶⁶ The hysteric – and her doctors – can endlessly repeat the elaborations of this absence, this gap, even as they can never recover any 'primal scene'; for it is the very *gap* between any original sensation, the sensation *in its impact*, and its subsequent appropriation *as meaning*, within networks of representation and signification, that is what is 'repeated' here. Hysteria calls on trauma, even as it elaborates the impossibility of its access.

Hysteria, then, cannot just be about mind, language, imitation, communication. There was also the *globus hystericus*, a widely noted physical symptom at the time: the lump rising in the throat, threatening the capacity for speech; the very embodiment of unutterable sensation, the trauma as the ever-shifting source, present but never properly 'there,' defying articulation ...

Repetition, trauma and the time of modernity

It will be sufficiently clear from all this that the very language through which hysteria is constituted discursively both reflects and perpetuates fundamental uncertainties over its nature, its aetiology and its place in culture. And the latter is always basic to it: hysteria always seems inseparable from its mode of dissemination, its symptoms simultaneously referring to the body and communication with others. The problems here seem to coalesce round two terms in particular (and related synonyms): 'contagion' and 'imitation'. The former has connotations of physical immediacy, direct contact, and the involuntary; it can be used to refer to person-to-person transmission of disease, and the figurative extensions always carry something of this with them. 'Imitation', on the other hand, seems more to do with copying, role play, the activity of the imagination, with no physical contact at all. *Ideologically*, assimilating these perspectives frequently occurred, as we have seen, and could perhaps be convenient, enabling notions of danger, disease transmission, etc. to be combined with the more conscious, deliberate-sounding process of imitation so as to permit attributions of moral responsibility and blame; but conceptually, the tensions here have remained unresolved. The use of a term like 'mimesis' does not necessarily help, but it gives a clue to an underlying problem, in that both contagion and imitation can have what appears to be the same effect: namely, the reproduction of 'the same'. In this respect, hysterical mimicry seems to be undecidable between the two alternatives. But now, we can remember that the reproduction of 'the

same' is just as fundamental to trauma. This suggests that, just as contagion seems to place us in the circuit of sensation, and imitation, with its links to the imagination and to questions of identity and difference, suggests the realm of spectacle and the engagement with otherness, so their convergence on mimesis, the repetition of identity under the aegis of 'the same', hints at an ultimate point of fusion or indeterminacy.

Clearly this requires further discussion. In his thoughtful account, Seltzer notices a tension, a 'radical uncertainty', about 'the relation between repetition and representation – between the passive action of acting addictively and serially and the active passivity of deriving identity from repeated processes of identification ...'.⁶⁷ The active/passive dynamic, and the 'repeated identifications', might make this seem particularly relevant to hysteria, but less so for trauma; and anyway Seltzer is primarily mounting an analysis of serial killing. Nevertheless, he sees the latter, too, as an appropriate product of a 'wound culture' (and with a parallel chronology to trauma, both emerging with the late nineteenth century), and what he points to here may be relevant. There is, he suggests, a tension between identity as identification and as seriality. One can say that identification always involves images, of particular persons and places, and this appropriation as image involves a kind of spatialization: it sets a scene, positions identity *as* scene, as tableau. Conversely, seriality is a process of *repetition*: it occurs in time, and incorporates the event as its basic unit, positioning identity as reiterative; and for repetition to occur, scene has to be transformed into event. Identification, as a form of copying, inherently involves representation, and always, in principle, raises questions about copy and original; repetition involves doing the same thing again, uniformity of process, and is not a matter of 'copies' and 'originals', but of singularities and uniformities. Seltzer adds: 'the trauma is something like the compulsive return to the scene of the crime – not merely in that the trauma is the product of its repetition but also in that it is the product, not of the event itself, but of how the subject repeats or represents it to himself.' This, one could say, is the 'belatedness'. There is '*a binding of trauma to representation or scene*'.⁶⁸ Hence the way time and place, event and scene, cause and effect, perception and representation, can all appear either to change places, or, more accurately, blend into one another, problematizing the distinctions themselves. In particular, the 'binding' here has the effect of *fusing* event *into* scene, ensuring the occurrence of scene *as* event.

In a broader context, Seltzer writes that 'Seriality and repetition ... replace the singularity of the event'; but in trauma, repetition does not so much *replace* the singularity of the event as perpetuate it, *in* its very singularity. The event is

perpetuated in its intensity, *as* intensity; and it is this intensity that also denies the purely representational quality of the 'scene', which, in being *repeated*, rather than copied, is transformed into event. Here we find the 'flashback'. The traumatic 'real', the reality of trauma, is this collusion between identification or representation, on the one hand, and event, on the other, a collusion constituted as 'repetition'. Hence the status of both event and of representation is challenged here, in that the event remains unique, singular; yet paradoxically it is this unique identity that is repeated, that becomes serial, becomes traumatic figuration. Here, in the most 'traumatic' trauma, where the representation/reality distinction is confounded, it is frighteningly real figurations that return, and that undermine the capacity for self-awareness and any coherent subject position, any prospect that 'identifications' can coalesce tentatively in reflexive identity. Without this reflexive capacity, selfhood collapses into the endless repetition of addictive acts of identification. If, as Seltzer suggests, 'identity depends on the identifications that threaten to devour identity',⁶⁹ then the 'identifications' *forced* onto the trauma victim illustrate this well, as does the appearance of what he calls 'mimetic compulsion'.⁷⁰ This term neatly encapsulates the tension present in the phenomenon itself: mimesis, copying, the excess of identification that marks the 'hysterical' extreme of the spectacle of sympathy; and the insistent, persistent, repetitive aspect of trauma as a pathology of sensation, whether suggesting the possibility of a degree of subject complicity, as addiction, or a compulsion that is externally enforced, mapped into the self as seriality, as repetition, crippling it.⁷¹

All of this seems to have a further resonance in technology, representation and repetition, in relation to reality, as this relationship has developed over the modern period, particularly recently. As Seltzer observes, the notion of trauma is 'premised on a failure of distinction between the figurative and the literal, between the virtual and the real – representations, it seems, have the same power to wound as acts'. It became a commonplace argument in the 1980s that depictions of rape were also instances of it, and that to peruse pornography was itself to engage in a pornographic act. Since then, we have learnt to apply this same questionable logic to paedophilia, in the context of images of unclothed children. Images and representations have become not just depictions *of* the world but interventions *in* it, hence surrounded by powerful taboos. They can be dangerous; they can be traumatizing. Hence the central role of the 'flashback', in all its vividness and force, and its *repetitive* power. Images matter in their *effects* rather than their meanings, for *how they act* rather than what they represent. They become fragments of reality itself, 'shards', able to

operate across the boundaries, bring the outside inside. Likeness and analogy blend into cause and effect. The technology of image reproduction is thereby assimilated to the technology of reproduction more generally, and the mind, in turn, becomes a receiver and transmitter, in a circulation process in which we can never be sure whether the mind is itself an influencing machine or a machine subject to influence. Hence Seltzer's 'body-machine-image complex', a postmodern version of the circuit of sensation that nonetheless manifests significant continuities with its forebears. And we see what he identifies as the 'binding of trauma to mechanisms of representation and reduplication',⁷² adding that questions of identity and identification become 'inseparable from media-facilitated processes of imitation, simulation, and identity-contagion.' On this logic, trauma becomes merely a more extreme version of the repetition that characterizes identity as such, in a culture of 'similarity-effects' generated by the media, whereby 'discrete events blur into "like" events'.⁷³ Once again, we can see that when the 'scene' of identity threatens to blend into the 'event' of its own ostensible repetition, the potential for trauma becomes omnipresent.

Finally, if we reflect further on this notion of 'repetition', we can see how problematical it can be for a culture premised on notions of progress, whether individual or communal, of 'moving forward', of problems as 'opportunities' for 'self-improvement'. Trauma becomes not only a challenge to this, but can itself also serve as a powerful figure for those repetitive aspects of life that modern culture disavows in its pursuit of its own perfectibility – for the *recalcitrant*, even the potentially *unresolvable* in experience, what it is that may question, even defy, this whole orientation; perhaps even the possibility of identity itself as repetitive,⁷⁴ the nightmare of eternal recurrence, of death itself, as the 'unique' event of life that returns us to the fate of Everyman.

All this would imply that the 'culture of memory' as it developed with the nineteenth century would be in a state of crisis, for 'memory', as the orderly storage of the past, would no longer be enough; and this would be because the 'unconscious', as the store of 'deeper' memories, only accessible with difficulty, but nevertheless in principle still accessible, as a repository of *representations*, cannot be the key repository of trauma. And it is trauma that carries the danger of the return of the past in the present, simultaneously returning the present to the past, presenting an uncontrollable repetition of what cannot be remembered but only *re-enacted*, and hence can never be forgotten either, by (and in) the body that carries this 'shard' inaccessible to reflective consciousness. Might one also encounter, lurking here, the uncanny return of what in the nineteenth century troubled the optimistic linear narrative of modernity: the danger of

heredity? Doubtless this would take a different form, but one can recall the terror of 'return' itself, the atavism of the heart of darkness, the infernal dance of the primitive other ...

Cultures of trauma, narratives of origin

In the light of all this, we can return to trauma culture, and explore the sense in which that, like trauma itself, manifests a problematic relation to time. Let us start by observing that if you have to identify with your origin, so that it thereby becomes the source of your identity – origin as essence – and if this origin turns out to be flawed, even in some way catastrophic, then trauma becomes constitutive of your identity in the very process by which you recognize it, constitute it as such, this recognition being always and necessarily *belated*. (We weren't *there*, at the origin – only retrospectively can we have been there, 'origin' now constituted as *ours*.)

This origin, belatedly recognized as such, in turn involves its own origin, so to speak: a background against which it is emergent, or perhaps an other that can more actively stimulate it into existence. These features can be identified, obscurely but importantly – and with their own paradoxes – in Western myths of origin, including birth, whether of the individual, the subject or the group (nation), all attempting to show how identity can be conjured out of the undifferentiated, the in-different.⁷⁵ One might add that this state of unboundedness is not, of itself, inherently productive of trauma, and it can of course be a source of imaginative inspiration, or nostalgia, as a state that cannot be known as such and can only be 'realized' in affects and figurations that can mobilize considerable cultural power. Nevertheless, in that this is the source of a sense of belonging or embeddedness, a product of reflexive awareness in its inability to grasp the conditions, extent, and context, of its own being, it is not necessarily experienced as benign. It can be deeply disturbing.

But if such a postulated – imaginary – primal state is not inherently destructive, how would it become so? It could be that this very process of *origination* could be seen as traumatic, as entailing the loss of a primal unity or innocent wholeness. Hence, for example, the sexual abuse scenario, when taken to refer to supposed events from 'long ago', is readily available to be interpreted in these terms: the traumatic departure from innocent wholeness and purity into corrupted, crippled adulthood, the trauma repeating endlessly, disabling the capacity for normal relationships ... The traumatic 'wound', the

fundamental damage or inadequacy, the cruel hurt, would then indeed be identity-constituting. Furthermore, this trauma that wounds, separates, can also unify, can be a basis of group identity: trauma as absence or loss becoming a powerful vehicle for the presence of communal, affective ties. 'Identification' can involve a fantasy image, a stereotypical construct that can ground and reproduce group identity: hence 'identity politics', which can readily incorporate this sense of profound hurt, linked to past oppression, fuelling the grievances of social solidarity in the present.⁷⁶

Here we are approaching the apparently paradoxical utility of trauma for foundational narratives of identity, whether individual or social, and the way they challenge assumptions about history. If an origin is necessarily problematical and obscure, and if it can be readily simplified into a narrative of trauma, then this trauma of origin, of coming into being without realizing it, presents history itself as the departure from this origin that is doomed to endlessly repeat it, and time as lived (personal or social) becomes the elaboration of projects to defer, ameliorate or sublimate this trauma, but can never escape being structured by it.⁷⁷ 'Memory' becomes systematically over-determined, as it were; it becomes both a product of the originating trauma, and also belatedly, retroactively, it reproduces and strengthens it, triggering a repetition of its power *as* trauma. Hence can trauma always be guaranteed to be sufficiently 'traumatic', guaranteed to return, bringing with it the covert potential for investment by the subject and a denial of its own historicity, of the possibility of historical awareness. If this flawed sense of identity comes to be seen as constitutive of it, then this basic trauma renders history itself a repetition of these origins constituted in trauma, and of endless projects to defer, ameliorate or sublimate the trauma.

Magnified in the media and the cult of celebrity – for which trauma and its overcoming constitutes a defining part of the narrative – this all contributes to a crisis of identity, with 'self' and 'other' potentially available for reification through panic narratives of fear and aggression. Individualism encourages us to call on the personally tailored flaws in our identities to help us confirm our sense of ourselves as 'real' – and enable us to make claims on others for consideration and respect. This is virtually a reversal of those earlier eighteenth-century priorities: it is now us, we ourselves, who are entitled to sympathetic consideration, based on being able to establish the authenticity of our claims, rather than primarily owing such consideration to others. Thus trauma emerges both as a cultural resource for contemporary controversies over identity and responsibility, and an embodiment of crisis for the whole culture of memory,

progress and self-improvement that gave rise to it, along with its precarious – yet ever-present – potential for ‘fellow-feeling’.

Here we can see how the powerful myths of traumatic origin retain their power, and can thereby generate *interests*, among individuals and groups, in maintaining this. Such myths of origin, frequently linked to the doings of charismatic founders, ultimately reflect the contradictions in our thought about the notion of ‘origin’ itself, as suggested above, so that this element, apparently timeless and inevitable, can be mapped on to the historically contingent, obliterating the distinction between the two, to powerful ideological effect. Let us take one example. The fact that the Serbs were decisively defeated by the Ottoman Turks at the Battle of Kosovo in 1389 has been subsequently reinterpreted, through generations of Serbs, as the traumatic origin, the birthplace and birth event, of the Serbian nation. Here again we encounter the assimilation of time and place in the ritual intensity of repetition, and the use of the myth to serve the ideological interests of dominant groups in Serb culture, along with its role in outcomes such as the Balkan Wars of the 1990s that *reinforced* the sense of traumatized identity – while doubtless making it all the more likely that others, such as the relatives of the victims of the Srebrenice massacre (1995), will have opportunities to enact a similar traumatic cycle in the future. And behind this, of course, looms what has come to be seen as the ultimate horror in the European history of trauma: the Holocaust. As Leys puts it, ‘trauma has come to stand for an entire post-holocaust, post-Vietnam crisis of truth and history, in which not only the actual victim of trauma but everybody in the postcatastrophic condition is trapped.’⁷⁸ What price the optimistic promise of modernity when the catastrophe has always already happened, and all that remains is traumatic re-enactment, mournful resignation, or playing in the ruins (the postmodern option)?

Trying to get some critical leverage on all this, LaCapra argues that a trauma culture confuses two separate dimensions. He makes a distinction between a transhistorical or structural sense of trauma, and a historical one, or between what he calls ‘absence’ and ‘loss’ respectively. ‘Absence’ invokes a metaphysical sense of history as the absence of wholeness, a fall into imperfection, yet perhaps offering the hope of a utopian outcome in the future; conversely, ‘loss’, the historical sense of trauma, points to contingent specifics, to particular causes and effects, to rights and wrongs where there are victims and perpetrators – the arena of moral engagement and political intervention. Eliding one into the other, he argues, variously increases the likelihood of misplaced nostalgia, utopian politics, endless melancholy, or interminable mourning;

running specific individual or historical problems into timeless metaphysical ones confuses and inhibits the possibility of well-judged interventions in actual, concrete situations and problems.⁷⁹ This is a valid and useful distinction indeed; but the whole weight of the analysis developed here shows how difficult it is to make it in a culture of trauma in which powerful ideological currents conspire to obscure it and underlying structural factors question its absolute validity in the first place. So we need to pursue this further.

Referring to trauma as 'worryingly transmissible', Luckhurst reminds us of the way symptoms can appear to 'leak' not only between patients and doctors – again, like hysteria – but 'between victims and their listeners or viewers who are commonly moved to forms of overwhelming sympathy, even to the point of claiming secondary victimhood'.⁸⁰ Trauma can thus be diffused outwards, and witnesses themselves can appear to 'appropriate' it. Indeed, it is not difficult to think of cases where being present at terrible events could well leave a traumatic residue; but of course this can present severe moral and legal problems for any attempts to distinguish between more deserving and less deserving cases, as it were.⁸¹ In a culture of trauma, transmission can magnify the traumatic in trauma, sensationalizing even occurrences that might not have seemed intrinsically to be cases of 'trauma' at all. Clearly this illustrates the potential for over-identification in the spectacle of sympathy. But it also suggests that what is sometimes criticized as an allegedly 'superior' or excessively 'detached' position occupied by the spectator offering sympathy may also be a structural feature that enhances the possibility of effective assistance by maintaining a degree of distance, a certain kind of insurance against 'catching' the condition. And in a trauma culture, such a safeguard tends to get lost, particularly since a more participatory emphasis – 'we are all fellow-sufferers' – can work powerfully in the opposite direction. The tentative distinction between fellow-feeling as a necessary grounding for sympathy, permitting an active and specific engagement with others in particular situations where they may need help, and sympathy as a kind of automatic, unthinking identification, thus tends to be elided in the rush to share the pain ...

One might add that theorists, too, can be influenced by this. Here we can revisit the work of Cathy Caruth – but in this context, more critically. Trauma, she writes, is 'always the story of a wound that cries out', that 'simultaneously defies and demands our witness', hence showing that 'one's own trauma is tied up with the trauma of another'.⁸² So far, this might seem to be an eloquent summary of the moral and aesthetic challenges that trauma can pose to historical understanding and artistic representation, but not more than that. The drift of her argument goes further, however. In that it both 'defies' and 'demands' witness,

she concludes – crucially – that trauma poses a ‘danger’ of contamination of listeners or viewers and that this is ‘also its only possibility for transmission’.⁸³ Trauma defies representation, knowledge; in this sense it can only be ‘known’ as *shared*: to know the hurt is to feel it. We seem to be back with the over-identification pole of the sympathy dynamic. Bracketing her work with that of the neuroscientist Bessel van der Kolk, Leys argues, in her critique, that their theory is ‘designed to preserve the truth of trauma as the failure of representation – thereby permitting it to be passed on to others who can not only imaginatively identify with it but literally share in the communion of suffering,’ so that ‘the truth of the past will be performatively communicated to the collective through the suffering of those who “listen” but were not there.’ Thus Leys points to – and criticizes – the widespread assumption that ‘the trauma experienced by one generation can be contagiously or mimetically transmitted to ensuing generations’ so that ‘each of us can be imagined as receiving a trauma that we never directly experienced’.⁸⁴ This is important, because while nobody can deny the potential for – and indeed, the *need* for – sympathetic engagement with trauma, this does not have to be reduced to helpless immersion *in* it, or, in consequence, agonizing over the impossibility of representing it. Whatever the considerable merits of Caruth’s approach for probing the experience and ontology of trauma itself, her further explorations here do indeed seem to be less an analysis of ‘trauma culture’ than a symptom of it ...

What we can take from all this, though, is the implication that a ‘trauma culture’ does not thereby become a culture that lacks debate *about* trauma; on the contrary, debate and controversy are central to it, and always have been. Hysteria was accompanied by endless controversy over its meaning, causes, and significance, and this has been no less true of trauma, in all its forms. A culture of trauma can include copycat trauma, the ‘contagion’ of trauma as fashion, along with textbook cases of ‘genuine’ trauma – and all these have obscure boundaries, and provoke controversies, but none of it is all-conquering. Along with the sensationalism of trauma and the potential for its vicarious transmission comes an awareness of the essential *unreliability* of memory, the tension of the dual origin (‘belatedness’), the competing interests involved in trauma claims: all these can shift the terrain of debate, provide new challenges for feeling, judgement, and imaginative engagement with the plight of the other; and they do not inhibit such debate. And we have seen grounds for arguing that neither talking about trauma, nor representing it, are reducible to transmitting it, or sharing it, unsettling⁸⁵ though such engagement necessarily must be – and how could it be otherwise?

But let us end by pointing to another issue. The ‘sensational’ aspect of shock is always liable to shatter our defences. This may always, in principle, be liable to produce trauma (on the model of shell shock). But it may also be a resource for art. Benjamin refers to Baudelaire, who speaks of a duel in which ‘the artist, just before being beaten, screams in fright. This duel is the creative process itself.’⁸⁶ Proust had to search for inspiration; the trauma victim has it imposed on him. But Proust’s inspiration, like trauma, comes when *it* wants, not when *he* wants. Then, like hysteria, it reveals a process of working through, the elaborations and displacements of creativity. The original insight, like the origin of trauma, can get over-determined, overlaid, even lost, in the ‘work’. And if the trauma sufferer can be pushed this way and that, even incapacitated, in art it is perhaps the very tension *between* these dimensions – cause and meaning, origin and transformation, passive and active – that characterizes the myth of the creative, charismatic artist so central to the modern aesthetic tradition and that, in turn, drives the individual artist on. And if art, too, is not subject to conscious control, this could also plausibly apply to its effects – which might give modernists pause, in their obsessive quest to ‘shock’ their audience, suggesting questionable theories both of artistic creativity and of reception. Art and trauma both reveal the deep conflicts that characterize the modern world in its uncertainties about its own relations to what it is, its origins – and its results.