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**Sweet repose: uncovering a language and new perspectives on the representation of trauma in life writing**

Abstract:

Close reading of narratives produced by traumatized subjects, in conjunction with reflection on research by trauma theorists, reveals a poetics quite different from the literary conventions taught in many creative writing classes. Study of trauma theory, theories of witness and subject position can remind us though of the meaningfulness of the gap between lived experience and conventionally approved narrative forms, and suggest ways of making narrative that reflect the experience of marginality.

Trauma theory is in the process of uncovering a language of trauma, e.g. dysphasia- or impaired language function- as a common effect of shock. Does the apparent “failure” of writing better convey the reality of its author’s experience? Creative writing pedagogy might benefit from a study of current developments in this area, that include aesthetic forms and cultural practices of traumatic life-writing. What do these language studies mean for the person on the periphery of trauma, for the relative, nurse or carer of those who are damaged by traumatic events? This paper focuses on the representation of trauma, demonstrating commonalities between the writing of a primary trauma victim, and narratives by writers who experience secondary trauma through an empathic relationship with the victim and who bear witness to their experience.

Biographical note:

Judyth Keighran completed the Diploma of Professional Writing and Editing at Chisholm College, and the Masters in Creative Writing by course work at Melbourne University. She is currently studying for a Ph.D in Creative Writing at La Trobe University. Her research area is in women’s life writing, including the diaries and memoirs of nurses in World War One.

Keywords:

Identity—Voice—Agency—Trauma—Witness

From Freud's experiments with 'the talking cure', there has been ongoing study by psychoanalysts who began to ask, 'Is talking really necessary for the talking cure to cure?' (Henke 1998:xi). In recent decades, in treatment of traumatized persons, the construction of healing narratives has come to the fore. A more recent turn has been the identification of secondary trauma experienced by the person on the periphery of trauma, the lose relative, nurse or carer of the victim of traumatic events, and of the suffering they experience through an empathic relationship with the victim. Through their close proximity to the sufferer they become witnesses to the aftermath of trauma and sufferers themselves.

This paper focuses on what happens when these primary and secondary trauma subjects *bear witness*, the discursive manifestation of their relationship to the traumatic event. It is informed by psychoanalytical research about the benefits of disclosure and through the common ground of narrative in Creative Writing pedagogy. It is important to remember though, that when we read an autobiographical account of traumatic experience, we have no certain way of verifying whether the author-narrator occupies the same psychological state as the narrative's protagonist and is writing through her own trauma, or whether she is creating an artful representation of traumatized subjectivity.

In the first section of the paper I look at recent developments and claims in connection with narrative therapies for victims of trauma. The hypothesis underlying recent research in this area is that inhibition takes up energy; talking and/or writing releases energy.(Pennebaker 1997) This raises aesthetic and therapeutic issues for teachers of life-writing: does the recourse to literature as a source of healing, wisdom or survival enhance the work by providing exemplary tools for writers? The second section is a close reading of two books by experienced writers, Janet Frame and Joan Didion, as examples of the representation of trauma. I have chosen the first book *Towards Another Summer* by primary trauma sufferer, Janet Frame, as an exemplary text in order to locate a language of trauma. The second text, *The Year of Magical Thinking* (Didion 2006) was written by Joan Didion after the death of her husband. Both Frame and Didion claim a life-time habit of looking to literature in troubled times. What might creative writing students learn from this practice? Thirdly, I look at the position of the nurse/carer in Helen Garner's *The Spare Room* (Garner 2008). In this analysis I focus on the subjectivity of the writer as carer as she negotiates the space between her real-life supporting role and her role in the narrative as protagonist. Garner's narrative has been chosen because it goes against the grain of other narratives that portray the carer as a 'guardian angel'. Garner bears witness to the complexity of emotions that her protagonist experiences.

One of the techniques that I employ in this selection of trauma stories is to focus on similar symptoms of dysphasia that can be observed in the expression of the three writers I have chosen to study. Their writing shows characteristics of Post Traumatic Stress Disorder (P.T.S.D.) such as avoidance, emotional numbing, repetition compulsion and increased hypervigilance. They exhibit 'complex ways of knowing and not knowing' (Caruth 1996 p5), which are the common ground of literature and psychoanalysis. Also parameters of time are stretched through the writers' attempts to understand and reprocess the trauma by trying to change the outcome, or at least

reframe it to make it less violent. Witnesses to trauma also show signs of distorted perceptions of chronology. Secondary trauma theorist Charles Figley describes an affective process in which ‘an individual observing another person experiences responses parallel to that person’s actual or anticipated emotion’ (Figley 2002). Images of death haunt the writers’ imagination. Textual analysis reveals examples of these complex ways of inscribing trauma. In the hands of experienced writers though, these characteristics may not be manifestations of unconscious processes. They might well be stylistic features chosen by the writer to reach the reader on a sensory or emotional level.

According to psychoanalyst critic, Suzette Henke, most psychoanalysts agree that ‘traumatic experience generates considerable psychic fragmentation’ (Henke 1998 p40). ‘Life writing,’ she claims, ‘provides a way to generate a healing narrative that temporarily restores the fragmented self to an empowered position of psychological agency’. The therapeutic effects of writing by the person who cares for the one who is traumatized have been less attentively studied though studies in compassion fatigue show the need for debriefing to avoid burnout. These subjects undergo a double disenfranchisement: their trauma is less easily recognized because it’s not the primary trauma, they are not centre stage; and they are not encouraged –as much– to testify. If they do bear witness, as Garner does in “The Spare Room”, they run the risk of being judged for (selfishly or egotistically) interpolating themselves into someone else’s drama.

But many trauma stories are not penned by writers who have honed their skills through traditional pathways of study or practice. In the last two decades readers have shown an appetite for a genre of books which have been labeled by some critics as ‘misery memoirs’? (Adams 2006 p1) In *Ethics of Reading* Kate Douglas states, ‘Autobiographies of childhood provide a difficult challenge for professional reviewers who are bound by the conventions of reviewing and the expectations of literary culture (Douglas 2010 p157). One solution, she suggests, is to position them in terms of their sociological value. Douglas cites ‘public interest’ and ‘good taste’ as criteria for the professional reader as a protection against journalistic hyperbole and salacious disclosure.

Suzette Henke in *Shattered Subjects: Trauma and Testimony in Women’s Life-Writing*, describes the emergence of survivor discourse and narratives of recovery as causing ‘a virtual explosion of critical interest’ by therapists, literary critics, mental health workers and narratologists alike’ (Henke 1998 pxiii). Cathy Caruth in ‘The Wound and the Voice’ speaks of ‘the sorrowful voice that cries out, a voice that is paradoxically released through the wound’ (Caruth 1996 p2). But literary critics want to know how the witnesses’ bearing witness tests and enlarges our ideas about ‘good writing’. In her review of Henke’s book, Ann Kaplan says, ‘it occurred to me that trauma theory may open up a new, more viable way of linking the life and the text’ (Kaplan 2000 p223).

My paper focuses first on the writing of ‘primary’ traumatic subject, Janet Frame, as an exemplary text showing how traumatic experience in conjunction with traditional writerly skills can be shown to conduce to experimental poetics. My contention is

that there is no reason why the same dynamic shouldn't be at work in the writing of 'secondary' traumatic subjects.

### **What does a traumatised subject's writing look like?**

Janet Frame's *Towards Another Summer* (Frame 2007) was published posthumously, as Frame considered it 'too personal to publish in her life time' (Frame 2007). Within the novel she consciously uses fictional devices to cloak her identity, such as distancing herself from the protagonist by choosing the name Grace, and by writing in the self-othering third person pronoun 'she'. These strategies enable her to represent the otherwise unrepresentable story of her life. Grace's feelings of isolation are expressed in her writing about the geraniums in her garden:

Were the geraniums dead? Every time she looked at them she asked were they dead, for in her own country she had never known geraniums not to be in blossom, they possessed too much fire to let themselves lie dormant, 'banked' during the long winter night with their own death-grey ashes. (TAS p4)

The image of the dormant geraniums is an apt reflection of the emotional state of an expatriate from the Antipodes for whom Christmas is usually a time of warmth and growth. The discrete sentence, 'In my own country', signals the sadness of Grace's exile, through her choice of the first person pronoun "my", but she then distances herself by using the third person, 'She didn't use that phrase as much now as when she had first arrived' (TAS p4). Juxtapositions and denials such as this allow the reader who is familiar with the evasions of traumatized writers to question these assertions. But is this sadness only the tip of the iceberg of an even more distressing situation to which Grace only briefly refers directly throughout the novel? She tells interviewer Philip Thirkettle that she has been in hospital for a month. In Frame's later memoirs *To the Is-Land*, *An Angel at My Table* and *The Envoy from Mirror City*, which she does publish, she reveals that her own psychiatric sessions in England helped her to recover from the misdiagnosis of schizophrenia which had led to her being an involuntary patient in a psychiatric hospital in New Zealand for seven years.

When Grace tries to talk to an American couple who visit her in London she admonishes herself:

I must try to listen, to concentrate, to make some intelligent remark...didn't I manage quite successfully with those tests at the hospital, matching patterns, fitting blocks together, emptying and filling five and seven pint vessels, striking out words and ideas which did not apply? (TAS p26)

Grace is relieved to let go of her false label as schizophrenic but she is still unable to identify herself as a newly acclaimed author. She tells Thirkettle: '—I'm sorry, I'm sorry. I've never been interviewed before'( p15). Through her character Grace the author bears witness to the distress of a woman who is trying to piece together the fragments of her life story.

To escape from her fear about the upcoming interview, and to protect herself from homesickness, Grace imagines herself to be a migratory bird, quoting an extract from

Charles Bracsch's poem, 'The Islands' (Frame 2007 epigraph). She pictures herself examining the sky for signs that it is the season to return home. Suzette Henke speaks about a similar strategy of seeking comfort in the literature of her home country that Frame employs after the death by drowning of her sister Myrtle. 'In the grip of traumatic constriction, Janet feels numb and emotionally anaesthetized. Once again she seeks comfort in the literature that she loves.' (Henke 1998 p88) In the guise of a migratory bird Frame revisits her childhood in New Zealand. She escapes her dysphoria through the fluid discourse of autobiographical writing.

From my reading of this book I argue that in Frame's hands, traumatic experience gives rise to experimental poetics. Frame's narrative representation of time and of the experience of time, which mimics the temporal affect of trauma, takes her narrative away from Aristotelian unities of time and place and normal narrative pace. Although in reality the story took place during a single weekend, the reader perceives it to be much longer, through Frame's imaginative excursions into her childhood. These memories, in Part Two of the book, are vivid and fluid in contrast with her dialogue in Part One with Philip and his wife, which consists of short sentences, merely polite answers to questions.

Joan Didion's language in *The Year of Magical Thinking*, written within a year of her husband's sudden death, shows similarities with the language that can be observed in other books written in response to trauma. Roger Luckhurst, author of *The Trauma Question*, says that 'in the 1990s, life writing was partially re-oriented to pivot around the intrusive traumatic event that, at a stroke, shattered narrative coherence' (Luckhurst 2009 p92). While he describes some of these memoirs as "just plain tiresome and narcissistic," he claims that "Didion's memoir about the death of her husband, John Gregory Dunne, assumed an impressive gravitas given Didion's status as (a) pre-eminent practitioner of literary journalism" (Luckhurst 2009 p92). Didion tells her story in a dispassionate, apparently controlled way:

December 30, 2003, a Tuesday.

We had seen Quintana in a sixth floor ICU at Beth Israel North.

We had come home. (Didion 2006 p9)

In three short sentences Didion sets the scene, which is already painful, as a result of her daughter Quintana's brain hemorrhage. In subsequent sentences in which she adds some details to create a very prosaic domestic scene, the writing becomes more fluent, followed by a return to the style that she uses to convey the most salient points of her story. "We sat down. My attention was on mixing the salad. John was talking, then he wasn't" (Didion 2006 p10).

Luckhurst says that her 'repetitive syntactical structures convey both a sense of magical incantation to keep him alive, but also a kind of post-traumatic automatism', tropes which he claims 'are at the foundation of literature's elegiac function' (Luckhurst 2009 p93). Her memoir is both an act of witness to a traumatic event and an artistic representation of secondary trauma of a grieving subject after the loss of her husband. Didion who had been taught from an early age 'to go to the literature in time of trouble' (YMT p1), read everything she could get her hands on about grief, from memoirs and inspirational books as well as the writings of Freud and Klein. At

critical points in her narrative she distances herself from events. At the hospital, she meets her husband's doctor.

“He's dead isn't he,” I heard myself say to the doctor. The doctor looked at the social worker. “It's okay,” the social worker said. “She's a pretty cool customer” (p15)

Didion's consciousness is split between the person who is speaking and the one who doesn't believe her husband is dead. The tension between acknowledgment and denial forms the core of her story. Later in the book she writes that when she arrived at the hospital that night, she had given the receptionist an address where she and her husband had lived when they were first married in 1964. There are other examples of her cognitive dysfunction in regard to the chronology of events in the aftermath of her husband's death, what trauma theorists call the initiating event. In these circumstances, the brain is unable to accept the full force of events which are emotionally disturbing.

At other difficult moments she recalls passages from literature. One of the most confronting events was when she received a phone call from the hospital asking her to donate his organs. She recalls a line from an E.E Cummings poem:

and what I want to know is  
how do you like your blueeyed boy  
Mister Death

Didion, the memoirist, writing about this experience months later, remembers thinking, ‘How would he come back if they took his organs, how would he come back if they took his shoes?’ Her citing of the poem is effective in conveying her reaching for understanding. The phone call from the anonymous caller had stirred her anger and ‘a primitive dread’. These emotions are validated by the lines from the poem. Her actual response to the caller is more controlled:

I heard myself saying to the man on the phone that my husband's and my daughter was unconscious. I heard myself saying that I did not feel capable of making such a decision before our daughter even knew he was dead.’ (Didion 2006 p40)

When she uttered these words, Didion did not know that she would need to repeat this news to her daughter several times because Quintana kept forgetting due to her illness. This second tragic event was to end her daughter's life within two years, thus ‘this already fragile narrative is therefore over-shadowed for the reader by the fore-knowledge of this second loss’ (Luckhurst 2009 p93). This repetition of the trauma mimics the flashbacks, and the compulsion to revisit the traumatic event, that characterize P.T.S.D.

In *The Spare Room* Helen, the narrator, bears witness to the traumatic story of a woman's final battle with cancer (Garner 2008). Helen is thrust into the position of a reluctant nurse, or witness, to her friend Nicola's desperate attempts to keep cancer at bay by undergoing a course of alternative therapy. Carla Joinson, a nurse, who identified the phenomenon known as ‘Compassion Fatigue’ quoted the words of grief counselor Glenn Ann Martin, concerning some of the unique demands on caregivers:

Caregivers are around people who have acute or chronic discomfort or stress. They've already lost their own ability to cope and come primed with anxiety, fear, and a lack of control. A nurse in this situation is constantly at center stage (Joinson 1992 p116).

In an interview on ABC Radio National, Garner tells Ramona Koval that her character Helen said,

"I was supposed to be good in a crisis." She thinks that she's the kind of person who can deal with what she's about to cop, but she finds out that she can't, and in a way that's what the book is about (Koval 2008).

Helen is torn between her desire to support Nicola's belief that she can recover, and her anger at disreputable therapists who take advantage of desperate cancer sufferers filling them with false hope. Helen transgresses the unspoken cultural convention in which the care-giver ignores her own emotional responses, foregrounding the traumatised other's so as not to seem insensitive to the other's superior suffering. She shows us that her ambivalent feelings are as real as the feelings of any protagonist.

When Helen and Nicola enter the doctor's building for the first time, Helen, the narrator, describes the 'grand mirrors, speckled and scarred'. She continues, 'As women in their sixties learn to do, we averted our eyes from our reflection' (TSR p27). Garner uses objects, in this case a mirror, to convey the characters' feelings about ageing. She chooses images of decay that are comparable to Frame's description of geraniums. Both Frame and Garner have evolved ways of avoiding what Gillian Whitlock calls the 'ongoing duress of "embodying" the autobiographical "I", (Whitlock 1996) and Garner also ignores the identification of author and textual 'I', despite calling her character Helen.

## **Conclusion**

The site of psychoanalytical theory, especially since the emergence of theories about primary, secondary and tertiary trauma, theories of witness and testimony, is the focus of disputes concerning literary theory and creative practice. The more trauma theory appears to be invading the curriculum in the Academy, the more it is obliged to acknowledge the power of writing the story of one's life. Murphy and Neilsen have drawn parallels between the practice and theory of therapeutic writing and the practice and theory of creative and life writing, stressing the importance of 'transformation in the writing over time' which has implications for short courses. (Murphy 2008 p1). The healing power of written expression through life writing is well documented but exactly why and how it works remains a mystery. However writing that heals might not be considered 'good' or aesthetically valuable writing.

Though the perspective of the witness to trauma is less frequently seen, this perspective is likely to have something new to offer to established and emerging fields such as literary studies, narrative therapy and testimony studies. My contribution to the discussion about the representation of trauma in life writing aims to show how accomplished writers shape their narratives around traumatic events in the lives. Their adaptation of some of the tropes of trauma enables them to take the

fragments of pain and shape them into a coherent narrative. Creative writing students might gain useful insights from writers such as those in my study who demonstrate the power of artful restraint without sacrificing an honest representation of their experience. Making room for marginal stories too, of those who bear witness to traumatic events, will ensure they will no longer be left out in the cold.

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