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Telling Trauma: Studies in Trauma Theories*

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[Abstract]

Most literary trauma scholars have depended exclusively on the psychological theory of trauma, which was developed by Freud, and have interpreted trauma, from a homogenous and one-dimensional perspective, as unrepresentable, inherently pathological, timeless, repetitious, unknowable, and unspeakable. This traditional interpretation has served as a dominant, popular model of trauma. However, expanding beyond traditional, essentialist concepts of identity, experience, and remembering, trauma scholars are producing alternative, pluralistic theories of trauma. Given this, this paper first will introduce the traditional psychological model of trauma. To deepen and enrich the discussion of trauma beyond that of the disease-driven paradigm based on pathological essentialism, it will also introduce more recent, detailed, and sophisticated trauma theories. This study is expected to help us better understand the multifaceted functions and effects of traumatic experiences occurring at both the personal and the societal levels.

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I. Introduction

Trauma studies first emerged in the early 1990s, influenced by the psychological interpretation of trauma, in which trauma is generally understood as a severely disruptive, unsettling experience, which causes dissociation or a hole in the psyche and profoundly impacts one's identity, memory, perception of the external world as well as emotional organization. This model claims that traumatic memory is inaccessibly frozen and inherently unnarratable, and is not properly registered in one's memory and integrated in one's consciousness, which pathologically fragments the self.

Most literary trauma scholars have depended exclusively on the psychological theory of trauma, which was developed by Sigmund Freud, and have interpreted trauma, from a homogenous and one-dimensional perspective, as unrepresentable, inherently pathological, timeless, repetitious, unknowable, and unspeakable. This traditional interpretation has served as a dominant, popular model of trauma.

However, expanding beyond traditional, essentialist concepts of identity, experience, and remembering, trauma scholars are producing alternative, pluralistic theories of trauma. They claim that the dominant conceptions of trauma are not culturally sensitive or inclusive since they are based only on white, male, and western experiences, and treat trauma solely as an individual matter, ignoring the fact that various traumatic experiences in fact occur in secret, every day, at the societal level, as seen in the case of racism, sexism, classism, ableism, sexual abuse, and

other kinds of structural and political oppression.

Considering this, this paper first will introduce the traditional psychological model of trauma. Yet, to deepen and enrich the discussion of trauma beyond that of the disease-driven paradigm based on pathological essentialism, it will also introduce more recent, detailed, and sophisticated trauma theories. Indeed, everyone experiences trauma. Trauma is a part of life. Given this, this study is expected to help us better understand the multifaceted functions and effects of traumatic experiences occurring at both the personal and the societal levels.

II. The Psychological Model of Trauma

It is Freud who “developed a theory of psychological trauma that has become a major source for the practice of traditional literary trauma theory” (Balaev 4). In *Beyond the Pleasure Principle* (1920) written during the events surrounding World War I, he gives us a profound explanation of the complexity of trauma in our century. Exploring a direct relationship between trauma and historical violence, Freud formulates a nascent theory of trauma based on the peculiar incomprehensibility of human survival.

Freud regards the mind as an organism shielded by a protective barrier. This barrier protects the mind from any upsurge of large quantities of harmful stimuli from the external world, which threaten to shatter the psychic organization. He thus offers a definition of trauma as a situation in which the mind cannot handle a stimulus in the normal way since it is too powerful: “the concept of trauma necessarily implies a connection ... with a breach in an otherwise efficacious barrier against stimuli” (*Pleasure* 46).

Freud explains that trauma is “powerful enough to break through the protective shield” (*Pleasure* 45). In such cases, harmful stimuli can intrude into the mind, which is unprepared for such an attack, thus causing unexpected emotional shocks to the individual (*Pleasure* 49). In other words, a traumatic event, which is not registered by the conscious mind at the moment it takes place, can appear to pose a bodily threat, but actually, causes psychological harm. It is repressed, but repeatedly comes back in the form of recurring dreams and repetitive behavior to haunt the survivor. As Cathy Caruth puts it, Freud’s notion of trauma is “the response to a sudden or unexpected threat of death that happens too soon to be fully known and is then endlessly repeated in reenactments and nightmares that attempts to relive, but in fact only miss again, the original event” (*Experience* 139).

In the third chapter of *Beyond the Pleasure Principle*, Freud states that psychic disorders result from the overwhelming imposition of historical events on the individual psyche. Witnessing the striking occurrence of war neuroses in the wake of World War I, Freud asks why repetitive nightmares and relivings of battlefield events occur in traumatic neurosis. For Freud, the reason that war survivors repetitively dream about the traumatic events of the war needs to be explained further since it is contrary to his previous idea that “dreams are fulfillments of wishes” (*Pleasure* 51). Freud wonders why war survivors uncannily and compulsively experience painful and repetitive flashbacks, i.e., repeat the life-threatening, catastrophic events of the war in their dreams. In *Inhibitions, Symptoms, and Anxiety* (1926), he also mentions this compulsion to unconsciously repeat and reenact trauma: “[H]e repeats [trauma]; without knowing, of course, that he is repeating, and in the end, we understand that this is his way of remembering” (qtd. in van der Kolk and van der Hart 167).

Freud then explains why his patients are unwittingly and unwillingly fixated on their trauma in *Beyond the Pleasure Principle*. According to Freud, human beings

have a strong instinctual tendency to seek pleasure and avoid pain in order to immediately satisfy biological and psychological needs. As Freud points out that “unpleasure corresponds to an *increase* in the quantity of excitation and pleasure to a *diminution*” (*Pleasure* 3, italics original), the pleasure principle is related to the basic needs to reduce pain, anxiety, fright, and discomfort caused by extra stimuli. In short, the pleasure principle is a theory that can illuminate why people have a basic tendency to reduce an unpleasurable tension or anxiety and seek stability or equilibrium.

In Freud’s view, the case of war survivors does not seem to fit the pleasure principle because they ignore their instinctual needs to pursue pleasure and stability. Repeating what’s been repressed inside, they seem to increase the quantity of unpleasurable tension and fear. According to Caruth, Freud argues that “unlike the symptoms of a normal neurosis, whose painful manifestations can be understood ultimately in terms of the attempted avoidance of unpleasurable conflict,” the repetition of painful experience hints at “the absolute inability of the mind to avoid an unpleasurable event that has not been given psychic meaning in any way” (*Experience* 59). It seems to Freud that what war survivors do to themselves displays “masochistic trends of the ego,” because they put themselves, seemingly compulsively, into uncomfortable, anxious situations that are reminiscent of the painful trauma (*Pleasure* 14). Freud thus assumes that the tendency to compulsively repeat or reenact traumatic experiences might be caused by what is independent/transcendent of the pleasure principle whose purpose is simply to experience pleasure and avoid displeasure. In other words, Freud believes that there might exist a more primitive, elementary, and instinctual principle beyond the pleasure principle (*Pleasure* 27).

Freud explains what is beyond the pleasure principle by telling the story of the

first game invented by a little boy of one and a half. Living under the same roof with the child and his parents for some weeks, Freud observed “the puzzling activity” that the child constantly repeated after his mother left him alone (*Pleasure* 15). When the boy was alone, he repeatedly threw a wooden reel with a piece of string tied around it over the edge of his curtained cot. Whenever he saw the reel disappear into the cot, he gave vent to a loud, long-drawn-out “o-o-o-o” (interpreted by Freud as meaning “*fort*,” the German word for “gone”). The child then pulled the reel out of the cot again by the string, hailing its reappearance with a joyful “*da*” (the German word for “there”) as an expression of interest and satisfaction (*Pleasure* 17). Freud’s interpretation of the game is as follows: the wooden reel symbolizes the boy’s mother, his repeated activity of throwing the reel over the cot and pulling it again by the string represents “the disappearance and return of his mother” (*Pleasure* 17). The child was repeatedly reenacting the departure and return of his mother with the wooden reel. Freud describes this very early child’s game as “a game of departure or of return,” regarding it as evidence to show the repetition compulsion. Stressing that the *fort* (departure) part of the game was repeated untiringly by the child although it reminded him of the traumatic event of mother’s absence, Freud raises this question: “How then does his repetition of this distressing experience as a game fit in with the pleasure principle?” (*Pleasure* 17).

Freud introduces the reality principle to explain what is beyond the pleasure principle. According to Freud, “from the point of view of the self-preservation of the organism among the difficulties of the external world, [the pleasure principle] is from the very out-set inefficient and even highly dangerous” (*Pleasure* 6). Comparing the pleasure principle with the reality principle, Freud expatiates on the reason why we need to defer the immediate gratification of our desires. If, driven by the id, we act only on the pleasure principle and seek the immediate gratification of all needs,

demands, and urges for pleasure, we might find ourselves out of control. For this reason, as we grow up, we learn the necessity of delaying the immediate gratification of our desires and enduring the pain caused by the constraints and obstacles of reality. In other words, the reality principle, which is the exact opposite of the pleasure principle, and which is ruled by the ego rather than the id, leads us to act according to the rules of proper social action and engagement. The ego acts to ensure that the demands or needs of the id are satisfied in safe, realistic, and appropriate ways.

Freud insists that there is another kind of pleasure derived from obeying the reality principle and specifically, from postponing the immediate gratification of needs. Applying the two principles to the child's *fort/da* play, which is "re-experienced under the compulsion to repeat what is repressed into unconscious," Freud highlights that the child's play in fact demonstrates "unpleasure for one system and simultaneously satisfaction for the other" (*Pleasure* 27). Freud's answer to the question of how "a compulsion to repeat overrides the pleasure principle" (*Pleasure* 32) is that "the child may, after all, only have been able to repeat his unpleasant experience in play because the repetition carried, along with it, a *yield of pleasure* of another sort" (*Pleasure* 20, emphasis added). According to Freud, the child felt pleasure when he saw that which he had thought to be gone forever return from the void (*Pleasure* 18). His pleasure was derived from making it possible to tolerate the disappearance of the other and expect its reappearance. By repeating unpleasant experiences, the child could better "master a powerful impression by being active than they could by merely experiencing it passively" (*Pleasure* 57). Regarding the question of how the child can draw satisfaction from repeating the actions that have caused unpleasant feelings, Freud thus concludes that "each fresh repetition seems to strengthen the mastery they are in search of" (*Pleasure* 58).

Going back to the case of the war survivors, Freud finds out that the survivors had not fully understood the traumatic events at the exact moment they occurred in the past. The traumatic events are not completely experienced by them until it is over. They must endure “the repeated confrontation with the necessity and impossibility of grasping the threat to one’s own life” after the event (Caruth, *Experience* 62). Freud’s concept of *Nachträglichkeit*, translated as “deferred action,” “belatedness,” or “afterwardness,” refers to this peculiar temporal structure of trauma (“one moment too late”), “which implies a recurrent tension between the traumatic impact and its delayed response” (Nadal and Calvo 3). Owing to trauma’s unfinishedness or belatedness, the survivors are to confront the primary shock over and over again, and eventually, they are fixated on the trauma.

Yet, like the child who succeeded in transforming trauma into pleasure, the war survivors’ repetitions of the traumatic events in their dreams can be understood as a means of achieving mastery over the feelings of shock, fear, anxiety, fright, and apprehension aroused by the flood of stimuli which have broken through their defenses. Freud states that “these dreams are endeavoring to *master* the stimulus retrospectively, by developing the anxiety whose omission was the cause of the traumatic neurosis” (*Pleasure* 32, emphasis added). Caruth explains that what Freud sees in people’s suffering from war neuroses is the intricate relationship between trauma and survival. By repeating the threat of death in the past, the survivors confront “the necessity and impossibility of grasping the threat to [his/her] own life,” which Caruth interprets “as the act of survival” (*Experience* 60). According to Caruth, in Freud’s work, the endless return of traumatic experiences in dreams and flashbacks of neurotics mirrors their desires to “master” what has never been completely understood or completely integrated into the self in the first place (*Experience* 60). In a word, due to the very incomprehensibility of trauma, trauma

survivors return to the overwhelming experiences that disturb them, and they desire to master them.

Anne Whitehead explains in *Trauma Fiction* that “repetition works as a process of binding, which seeks to create a constant state of energy and which will permit the emergence of mastery and the restored dominance of pleasure principle” (125). The reason the individual continually returns to the traumatic situation is to gain the energy needed to master the amount of stimulus that has breached their defenses, simultaneously establishing a protective shield against trauma after the event (Whitehead 119). To use Caruth’s words, for Freud, “the trauma consists not only in having confronted death but more importantly, in having *survived, precisely, without knowing it*” (*Experience* 64, italics original). Freud ultimately sees the repetition of trauma as a way to survive, i.e., achieve a cathartic recovery. He thus suggests that a patient should constantly “abreact” the traumatic experience in hypnosis or “talk” to a therapist (Balaev 4). Stressing the importance of presenting the traumatic material in verbal form, Freud believes “recovery of traumatic memories to be both possible and necessary for healing” (Reviere 11).

Influenced by Freud’s theory, literary trauma scholars have defined the traumatic event or experience “as a timeless void” that shatters/fragments one’s identity. According to these scholars, the traumatic event is never fully incorporated into consciousness and registered as a memory. It eventually leads to “a fractured pathological self and memory” (Balaev 6). These scholars claim that people who develop problems after trauma are likely to be enervated, debilitated, or incapacitated, not because of the traumatic experience itself, but because of their inability to integrate it properly into their consciousness of self and their sense of reality. Pierre Janet, who specializes in the field of dissociation and traumatic memory, argues that as cited by van der Kolk and van der Hart, traumatic memory is different from

narrative memory: traumatic memory unconsciously repeats the past, while narrative memory narrates the past as past (160). Janet argues that in order to make sense out of experience, people use ordinary or narrative memory. Familiar and expectable experiences can be integrated into the existing mental structures of which ordinary or narrative memory consists (160).

However, frightening experiences are not easily and entirely integrated into the existing cognitive schemes (Janet 160). In this case, the memory of these unintegrated experiences “becomes dissociated from conscious awareness and voluntary control” (Janet 160). This memory is thereby “not available for retrieval under ordinary conditions,” and is thus what Janet calls traumatic memory (Janet 160). Janet argues that the dissociation caused by traumatic experiences prevents the ego from binding psychic elements “in a single, integrated flow of consciousness” (Reviere 15). That is, the traumatic experiences overwhelm one’s ability to take adaptive and effective action, obstruct verbal understanding/processing, and fragment the normal ego (Reviere 13). Just as Freud believes that, to use Bessel A. van der Kolk and C. R. Ducey’s words, “the presence of mute, unsymbolized, and unintegrated experiences” results in the repetition of trauma (271), Janet also holds the view that the failure of proper integration of frightening/overwhelming experiences into the narrative memory scheme leads to the formation of traumatic memories.

Janet assumes that “intense emotional reactions to traumatic events” are caused by “the severing of the normal connections of memory, knowledge, and emotion” (Herman 35). For Janet, the traumatic event/moment, which is stored in a different part of the brain and “encoded in an abnormal form of memory” (Herman 37), can never be properly incorporated into consciousness or registered as a normal memory until traumatic memory is transformed into narrative memory. Janet suggests that

“patients must be helped to dissolve their amnesia by telling the story of the traumatic event in order to be cured” (Leys 111). Like Freud, Janet also claims that accessing traumatic memories through a verbal narrative is key to recovery. Emphasizing that trauma recovery requires an assimilation/integration of the traumatic memories within oneself, Janet insists on the need to narrativize/verbalize the traumatic experiences in order to integrate these events into “normal/narrative memory” (Balaev 5). To sum up, in Janet’s view, therapy should aim to help the patient talk about his/her painful past.

In *Trauma and Recovery* (1992), Judith L. Herman explores the evolution of the psychological definition of trauma and the stages of recovery. Herman’s definition of trauma is built upon Freud’s view of trauma as something unexpectedly breaking through the protective barriers of the mind. According to Herman, traumatic events “shatter the construction of the self that is formed and sustained in relation to others” (51). Herman defines trauma as an extraordinary event which “generally involves threats to life or bodily integrity, or a close personal encounter with violence and death” (33). She says, “[trauma] overwhelms the ordinary human adaptations to life” (33). When one confronts this kind of event, one would experience extreme and overwhelming helplessness, fear, loss of control, and terror. Traumatic events or experiences fragment one’s identity in relation to others, and shatter basic human relationships, i.e., the attachments of family, friendship, love, and community. In other words, trauma calls into question “the ordinary systems of care that give people a sense of control, connection, and meaning” (Herman 34). In addition, according to Herman, trauma dismantles/destroys one’s fundamental assumptions or belief systems about “the safety of the world, the positive value of the self, and the meaningful order of creation” (51). In short, trauma “casts the victim into a state of existential crisis” (Herman 51).

In *Trauma and Recovery*, Herman proposes three stages of trauma recovery: “safety,” “remembrance and mourning,” and “reconnection” (155, 175, 196), and this approach is indebted to the work of Janet. In the first stage, one identifies the problem. In the second stage, the work of reconstruction occurs, which involves delving into and confronting whatever remains in the psyche of the traumatic experience. At this stage, the victim must be encouraged to speak the horrifying truth of her past, i.e., “speak of the unspeakable” in depth and in detail in order to reconstruct or reorganize what happened in the past (Herman 175). In the process of reconstruction, the trauma story undergoes a transformation, becoming “more present and more real,” which proves “the restorative power of truth-telling” for the survivor (Herman 181). In the third stage, the traumatic memory is assimilated or integrated into the mind and life of the trauma survivor (Herman 205). Herman sees the third stage as an opportunity to discover new meaning in one’s traumatic experience, which transcends the limits of personal tragedy. Although the survivor has mourned the old self that trauma destroyed, at this stage, he/she can create a new identity and future (Herman 196). The rebuilding of a new self and the restoration of human connections occur in the third stage.

Although Herman acknowledges that “the impact of a traumatic event continues to reverberate throughout the survivor’s life cycle” (211), she underscores the fact that the ultimate goal of psychotherapy is to help the survivor recount the trauma story so that he/she can integrate it into his/her normal life. Herman considers narrative reconstruction to be the most important way for the survivor to overcome trauma (Hawkins 121). In Herman’s view, narrative recall is the essential key to unlocking the memory frozen by trauma. Placing great emphasis on narrative recall, i.e., the talking cure, she asserts that the adverse effects of trauma on the survivor can be reversed “through the use of words” (Herman 183). Herman argues that narration of

the remembered trauma has not only a personal therapeutic value but also a public or collective value, since personal testimony is inherently political and collective (181). With regard to this, she states that “remembering and telling the truth about terrible events are prerequisites both for the restoration of the social order and for the healing of individual victims” (2). Although Herman believes that putting the story into words is “a necessary part of the recovery process” (196), she concludes that “resolution of the trauma is never final; recovery is never complete” (211). To put it differently, “to some degree, everyone is a prisoner of the past” and accepts his/her limitation as part of the human condition (Herman 235).

In line with Herman, Kali Tal claims in *Worlds of Hurt: Reading in the Literatures of Trauma* that a life-threatening event “displaces [one’s] preconceived notions about the world”; the responses to trauma include cognitive chaos and the possible division of consciousness (15). Tal suggests that since trauma lies outside of the bounds of “normal” human experience, representing trauma accurately/perfectly is not possible without recreating the very event (15). That is, “since the traumatic experience precludes knowledge and hence representation,” trauma is only “an approximate account of the past” (Balaev 6). In Tal’s view, the creation of a story to be told to others is not only helpful for the trauma survivor, but also beneficial for the larger society (21). Out of the need to retell/repeat the story of the traumatic experience, the trauma survivor writes a literature of trauma, making trauma “real” to the victim, the community, and the larger public (Tal 21). In this respect, Tal says that a storyteller has a mission or a responsibility as a survivor to bear the tale in his/her society: “Each one also affirms the process of storytelling as a personally (re-)constitutive act, and expresses the hope that it will also be a socially (re-)constitutive act” (121). For Tal, the whole point of trauma testimony is to “change the order of things as they are,” as well as to “prevent the enactment of

similar horrors in the future” (121).

Psychiatrist van der Kolk, who is noted for his research in the area of post-traumatic stress, upholds the concept of trauma as prelinguistic and unspeakable. According to van der Kolk, since the traumatic event is so catastrophic and overwhelming, the memory of trauma is radically dissociated from symbolization, meaning, and the usual processes of integration and normal recollection (“Trauma and Memory” 281). The traumatic memory belatedly returns as fragmented sensory or motoric experiences. It possesses the patient in the form of nightmares, flashbacks, and other reenactments (van der Kolk and van der Hart 176). Like Freud, Janet, and Herman, van der Kolk also claims that since traumatic memories are dissociated from consciousness, they cannot be arranged/organized in words, which gives them their unspeakable quality.

In “The Intrusive Past: The Flexibility of Memory and the Engraving of Trauma,” van der Kolk and van der Hart argue that the traumatized live in two different worlds: the realm of the trauma and the realm of their current, ordinary life. This condition often drives them to commit suicide or perform other self-destructive behaviors (176). van der Kolk and van der Hart insist that “traumatic memories are the unassimilated scraps of overwhelming experiences, which need to be integrated with existing mental schemes, and be transformed into narrative language” (176). Underlining the importance of narrativization of trauma for complete recovery, they suggest that the traumatized should look back at what happened and complete it through storytelling so that they can successfully integrate the traumatic memory into their ordinary lives (176). van der Kolk and van der Hart argue that the person who achieves whole recovery suffers no more from the reappearance of traumatic memories, since this person “has given it [trauma] a place in his life history, his autobiography, and thereby in the whole of his personality” through storytelling (176).

III. Trauma as Unclaimed Experience

In the chapter “Introduction” in *Trauma: Explorations in Memory* (1995), Caruth remarks that trauma is “experienced not as a mere repression or defense, but as a temporal delay that carries the individual beyond the shock of the first moment” (10). In this chapter, Caruth introduces the definition of trauma, which originates from the diagnostic category of PTSD: “The pathology consists ... solely in *the structure of its experience* or reception: the event is not assimilated or experienced fully at the time, but only belatedly, in its repeated *possession* of the one who experiences it. To be traumatized is precisely to be possessed by an image or event” (Introduction 4-5, emphasis added). According to Caruth, a traumatic event is not fully known and not available to consciousness, since it is experienced too soon, too unexpectedly at the moment it takes place. Trauma is an experience which no one can claim as his or her own. That is why Caruth refers to trauma as unclaimed experience. As a traumatic event is not experienced at the time it occurs, Caruth says that “it is fully evident only in connection with another place, and in another time” (*Experience* 17), which indicates one’s necessarily delayed/belated response to trauma. Based on Freud’s concept of *Nachträglichkeit*, translated as “deferred action,” “belatedness, or “afterwardness,” Caruth focuses on “the paradoxical temporality of trauma, which implies a recurrent tension between the traumatic impact and its delayed response” (Nadal and Calvo 3). In a word, defining trauma as “stand[ing] outside representation,” Caruth observes an epistemological fissure between traumatic experience and its representation (*Experience* 17).

Reconfiguring Freud’s concept of *Nachträglichkeit* as deferred action, Caruth exclusively emphasizes the *temporal* aspect of trauma, i.e., the idea that a threat to life is experienced by the mind one moment too late because of “the individual’s

lack of preparedness” (Leys 271). Reworking Freud’s “deferred action” as “belatedness” (Whitehead 6), Caruth’s understanding of trauma is founded on a non-linear temporal relationship with the past. Arguing that “the experience of trauma ... consist[s] ... in an inherent latency within the experience itself” (*Experience* 8), Caruth contends that “the traumatic re-experiencing of the event thus carries with it what Dori Laub calls ‘the collapse of witnessing,’ the impossibility of knowing that first constituted it” (*Experience* 10). This experience can only be perceived as a fissure, gap, hole, or an absence of any direct representation in the “collapse of understanding” (Caruth, Introduction 7). In fact, “the collapse of understanding” is situated at the heart of Caruth’s understanding of trauma.

Caruth’s interest lies in the unassimilated/unclaimed nature of trauma that belatedly returns to haunt the trauma survivor. Regarding the unassimilated nature of trauma, Caruth mentions that “trauma is not locatable in the simple violent or original event in an individual’s past, but rather in the way its very unassimilated nature — the way it was precisely not known in the first instance — returns to haunt the survivor later on” (*Experience* 4). To borrow Deborah M. Horvitz’s phrase, Caruth thinks that “to assimilate completely the full impact of trauma contemporaneous with its occurrence defies its very nature” (16). To put it another way, portions of trauma will always remain unassimilated and trauma memories will turn up in the forms of symptoms such as anxiety or depression: “trauma’s reverberations [will] persist” (Horvitz 17).

According to Caruth, the traumatic experience is unrepresentable because the brain, as the carrier of coherent cognitive schemata, cannot properly process the traumatic event at the very moment the event takes place. Since the experience of trauma has not yet been fully assimilated by the individual, it cannot be possessed in the forms of memory or narrative. As Whitehead argues, “[Caruth’s] trauma represents a mode of haunting” (13) because, for Caruth, trauma, with its constant repetitions and

returns, possesses the subject. Trauma is ever-present and never-forgotten. It always comes back to the survivor. The traumatic event is experienced only belatedly in its insistent and intrusive return. Because of its haunting quality, trauma is only known/understood through its repetitive flashback.

For Caruth, trauma is not just a symptom of the unconscious, but of *history* itself. Caruth argues that trauma is not just a pathology or “a symptom of the unconscious,” but it can reveal a profound crisis of history.

It is indeed this truth of traumatic experience that forms the center of its pathological symptom; it is not a pathology, that is, of falsehood or displacement of meaning, then it is not so much a symptom of the unconscious, as it is a symptom of history. The traumatized, we might say, carry an impossible history within them, or they become themselves the symptom of a history that they cannot entirely possess. (Introduction 5)

Caruth’s idea mentioned above “becomes an important source for the theorization of trauma in literary studies, especially as a source to support the notion of intergenerational or transhistorical trauma” (Balaev 13). In regard to the trans-disciplinary nature of trauma theory, Caruth remarks, “[t]he history of trauma, in its inherent belatedness, can only take place through the *listening* of another. The meaning of the trauma’s address *beyond itself concerns*, indeed, not only individual isolation but *a wider historical isolation* that, in our time, is *communicated on the level of our cultures*” (Introduction 11, emphasis added).

Whitehead points out in *Trauma Fiction* that “Caruth knowingly risks the accusation of losing the specifics of an event in a generalizable condition, but far from seeking to minimize or downplay suffering, her work represents an important attempt to think through the hiatuses and dislocations which necessarily inhabit

trauma” (5). As Whitehead says, in Caruth’s view, trauma, beyond its concerns, serves as a link between cultures. Considering that “the impact of the traumatic event lies precisely in its belatedness, in its refusal to be simply located, in its insistent appearance outside the boundaries of any single place or time,” Caruth believes that trauma and its memory can be transhistorically passed across generations through acts of remembering based on a shared ethnic, racial, national, or cultural background (*Experience* 9). The impossibility of verbalizing trauma in a comprehensible, graspable narrative form does not exclude the possibility of a transmissible truth. Rather, Caruth argues that by refusing a coherent, logical narrative, a space can open for “a testimony that can speak beyond what is already understood” (*Trauma* 155).

For Caruth, trauma is transhistorical and intergenerational. Trauma experienced by one individual can be passed on to another individual one or more generations later through verbal or written acts of remembering. The effect of trauma leaks across generations, affecting racial or cultural identities of contemporary individuals. Trauma experienced by a group in the historical past can be experienced by an individual who lives centuries later, owing to the everlasting, overarching, and universal characteristics of traumatic experiences. In short, collective trauma can be experienced by an individual and individual trauma can be experienced by a group, due to transhistoricity and intergenerationality of trauma. In other words, to Balaev’s words, “narratives can re-create and abreact the historical traumatic experience for those who were not there” (13).

Transhistoricity and intergenerationality of trauma necessitate a particular kind of listening and collaboration between the speaker and the listener. Trauma does not require a simple understanding of the pasts of others, but requires of the listener the responsibility of listening not only to an account of the event, but to the speaker’s traumatic departure from it: “to listen through the departures we have all taken from

ourselves” (Caruth, Introduction 11). Caruth maintains that “this speaking and listening — a speaking and a listening from the site of trauma — does not rely on what we simply know of each other, but on what we don’t yet know of our own traumatic pasts” (Introduction 11). Indeed, the listener should assume the ethical responsibility of bearing witness to what testimony cannot represent directly, and of overcoming the isolation/gap generated by the nature of the traumatic event. Caruth believes that in this way, traumatic history can exceed the individual’s concerns and become everyone’s. According to Whitehead, although Caruth’s trauma theory risks making everyone a victim of trauma by suggesting that all history is trauma and that we share a pathological “wounded culture” (14), a range of contemporary novelists use Caruth’s notions of belatedness and transgenerational haunting “as a powerful and effective means of representing, the lasting and ongoing effects of traumatic events” (29).

Based on the psychological research of experts such as Herman and van der Kolk, who examine the link between trauma and dissociation, Caruth agrees that trauma leads to the abnormal division of consciousness (called dissociation) and induces fragmentation of one’s identity. As other trauma theorists have suggested, she also stresses the necessity of re-creating the traumatic event through narration as a way of assimilating trauma into normal memory.

Influenced by the psychoanalytical tradition, trauma studies have long upheld the idea that trauma is defined as a sudden event that afflicts the subject from without, an unexpected and catastrophic event, a single devastating blow which shatters the protective shield of the psyche. Trauma is also thought to resist immediate understanding, integration, and representation. This idea has been regarded as universally true for any individual and applicable to another culture and society, even though it fails to explain the destructive effects of the ongoing dynamics of social

injuries such as racism, sexism, misogyny, ableism, and homophobia. For example, as examined in detail above regarding the transhistoricity of trauma, Caruth, supporting the traditional definition of trauma, famously claims that we cannot think of trauma in terms of singular historical or cultural contexts. Caruth maintains in her highly influential work of trauma, *Unclaimed Experience*, that by listening to the trauma of another, new forms of community, as well as cross-cultural solidarity between disparate historical experiences, can form (56).

As an example of this, Caruth discusses *Hiroshima mon amour*, a film about a casual romantic encounter between a Japanese architect and a French actress. The actress meets the Japanese man while working in Hiroshima on a film about peace. Transcending the boundaries of race, class, gender and ethnicity, their relationship is based instead on traumatic experience. They share their different perspectives on war and explore the nature of memory, experience, and representation (*Experience* 56). Caruth explains that the story in the film disseminates the idea that trauma can play a significant role in building a bridge between cultures. This film shows how a new mode of seeing and of listening from the site of trauma opens up “the very possibility, in a catastrophic era, of a link between cultures” (*Experience* 56).

According to Petra Kuppers in *Disability and Contemporary Performance: Bodies on the Edge*, Caruth’s thinking about trauma and its disruptive psyche “open up a path for difference” (89). Kuppers points out that we cannot speak for the Other. Doing so might be to engage in a form of epistemological violence against the Other by pressing them into dominant schemes of thinking (88). When we speak for the Other, we are likely to regard the Other as penetrable, knowable, perceivable, inferior, and voiceless objects, and interpret/explain their stories from our perspectives, which, in Kupper’s view, helps reinforce the imbalanced us-and-them binary power relationship and further otherize the Other. Yet, as Kupper points out,

Caruth's explorations of trauma and memory, which "detail trauma's status in relation to reference, namely the relationship between immediate experience and language," can provide a key to solving the epistemological problems raised by political and ethical paralysis (Kuppers 89).

Caruth stresses that in the trauma narrative, "the story is not fully there, not fully owned by discourse, and is not within the mastery of the individual" (Kuppers 89). According to Kuppers, Caruth, with this idea, analyzes the film *Hiroshima mon amour* "as narrative of missed immediacy, of translation, passings and misunderstandings" (89). She believes that this film shows how "a new communication can emerge in and through the sites and bodies of trauma, a communication in which shared distances, not sameness, act as points of connection" (89). Quoting Caruth's argument in *Unclaimed Experience* that "a rethinking of reference is aimed not at eliminating history but at resituating it in our understanding, that is, at precisely permitting history to arise where immediate understanding may not" (11), Kuppers thus argues that Caruth shows that the halting narrative/story of the Other cannot be fully owned and claimed immediately. In Kuppers's view, stressing the processes of "meditation, distance, repetition," which intervene in the immediate understanding of the event, Caruth asks us to think about a different path towards the Other and their stories (89).

IV. Redefining Trauma beyond Eurocentrism

Stef Craps, who attempts to expand trauma theory beyond Eurocentrism in the global age, emphasizes that Caruth's idea of cross-cultural encounters in this film might reaffirm/reinforce Eurocentrism. Craps correctly points out that in the film, only the

French woman's traumatic story of Hiroshima is heard, while the story of the Japanese man remains largely untold. Craps thus considers this film problematic in that it describes the non-white man as the racial or cultural Other who is destined to listen to the European woman's struggle to come to terms with her trauma, all while functioning as a catalyst for and facilitator of this process (48). Although Caruth takes the interaction between the French woman and the Japanese man as an exemplary model of cross-cultural witnessing theory, this film in fact fails to give the Japanese man a chance to articulate his trauma. It seems to Craps that the Japanese setting and character are not endowed with a certain degree of substantiality, but serve merely as foils for the French woman's trauma. From Craps' perspective, Caruth's interpretation of trauma "gloss[es] over the lop-sided quality of the cross-cultural dialogue established in *Hiroshima mon amour*" (48).

Craps explains that while literary scholarship is accused of being indifferent or oblivious to "what goes on in the real world" (the world outside the text: history, politics, ethics), "particularly in its deconstructive, poststructuralist, or textualist guise," trauma theory is acclaimed as "an essential apparatus for understanding the real world and even as a potential means for changing it for the better" (45). She goes on to say:

[t]he founding texts of the field largely fail to live up to this promise of cross-cultural ethical engagement. They fail on at least three counts: they marginalize or ignore traumatic experiences of non-Western or minority culture: they tend to take for granted the universal validity of definitions of trauma and recovery that have developed out of the aesthetic of fragmentation and aporia as uniquely suited to the task of bearing witness to trauma. As a result of all of this, rather than promoting cross-cultural solidarity, trauma theory risks assisting in the perpetuation of the very beliefs, practices, and structures that maintain existing injustices and inequalities. (46)

Craps states that by focusing too much on the Holocaust as the paradigm for understanding individual and communal trauma, trauma theorists or scholars have excluded or marginalized other ongoing and atrocious events, which contributes to the perpetuation of existing injustices and inequalities faced by non-Westerners. Criticizing the existing tendency not only to view the traumatic experiences in the non-Western world as invisible and trivial, but also to understand non-Western events in terms of the Western model of traumatic suffering, Craps suggests that we should not only break with this Eurocentric approach to trauma, but also broaden the spectrum of trauma theory by paying attention to various traumas that non-Western or minority populations go through every day (48). That is, Craps argues that as a way of making trauma theory more inclusive and less Western-centric, traumatic experiences occurring in non-western cultures should not be marginalized, and that the definition of trauma and recovery developed in the West should not be uncritically assumed to be universal and self-evident.

Regarding this, Michelle Balaev claims that Caruth's transhistorical theory of trauma "tends to produce a reductive view of the variety of responses to trauma and the processes of memory and identity formation found in literary representations" (19). An abreactive model of trauma established by such claims — "traumatic experiences become encoded in an abnormal type of memory," or "some traumatic experiences produce disruption and discontinuity in the perception of self and reality" — endorses the idea that the terror of trauma causes the temporal-linguistic gap, i.e., "speechlessness," and that this speechlessness is the universal response to trauma (Balaev 14-15). This model of trauma, upon which Caruth's theory is founded, simplifies the notion of trauma as "a literal, repetitious event that is imagined as a disease that can be transmitted to others" (12). In a nutshell, the problem in Caruth's model of trauma is that it characterizes a traumatic experience as pathological and

infectious (Leys 271), implying that the pathological, infectious qualities of trauma risk making everyone a passive victim of historical trauma.

According to Balaev, even though “the notion that trauma shatters identity and pathologically divides consciousness has become a popular trope for the scholar to define trauma” (23), this notion is problematic since it “privileges the view that all emotional responses to a traumatic event are similar and primarily pathological,” while ignoring the diversity of responses to trauma (26). For example, overlooking the diverse responses to (and consequences of) traumatic experiences, van der Kolk’s characterization of trauma indicates that terrifying events affect all people in the same fashion due to the neurobiological basis of trauma. Balaev strongly asserts that “although trauma may disrupt an individual’s sense of an integrated self” (36), a “breakdown” in identity and speechlessness cannot be the “direct” and “only” response to trauma (11). Balaev suggests that we should understand that “people react differently to traumatic events” (10) and “different types of traumas produce different responses” (15). In a word, the unspeakable quality of trauma should not be taken as an irrefutable scientific truth.

Regarding this, Balaev maintains that the pluralistic trauma model “involves a reordering of perception, [which is] a process that does not necessarily produce an epistemological void” (26). Citing Laurence Kirmayer’s claim that “the direct linkage of trauma and dissociation appears simplistic in the face of research demonstrating the effects of temperament, family history, psychopathology, and current context on dissociation” (180, qtd. in Balaev 11), Balaev avoids using dissociation or psychic splittings as a shorthand for traumatic experience. He makes it clear that defying all representations is not an intrinsic or inherent quality of a traumatic experience.

Many literary critics have looked upon *silence* as a proof of the unspeakability of trauma, as examined above. They have insisted that the self should be verbal in order

to be known and cured. In “Truth and Testimony: The Process and the Structure,” Laub stresses the need for survivors to tell their stories “in order to continue and complete the process of survival after liberation” (70). Laub says that if the stories are not told/reclaimed, the traumatic events “become more and more distorted in their silent retention” and their untold stories “pervasively invade and contaminate the survivor’s daily life” (64). As survivors repress their stories and leave them distorted in their unconscious memory, they come to wrongly believe that they were also accountable for the atrocities they witnessed (Laub 65). For this reason, highlighting “the human will to live and the human will to know even in the most radical circumstances designed for its obliteration and destruction” (69), Laub asks us to give testimony to the event even though we have to face loss and pain again and again (74). Holding the idea that the traumatic event “plays a decisive formative role in who one comes to be, and in how one comes to live one’s life,” Laub believes that “repossessing one’s life story through giving testimony” can be “a form of action, of change” (70).

Similarly, in *Opening Up: The Healing Power of Confiding in Others*, James W. Pennebaker argues for translating traumatic experiences into language. He explains that trauma can shatter and threaten people’s basic beliefs about the world (193) and that traumatized individuals go through intense anxiety, fear, depression, or denial, even after the event (194). As a way to recover from trauma, Pennebaker suggests that “writing or talking about upsetting experiences produces improvements in physical and psychological health” (112). He claims that not talking/writing about distressing experiences is psychologically and physically unhealthy and undesirable. If traumatized people resist translating their thoughts and feelings into language, i.e., fail to resolve their traumas, they continue to be haunted/overwhelmed by them. In Pennebaker’s view, confronting traumas through narrativization can not only lower

the mental and physiological stress levels of the traumatized, but also allow the traumatized to assimilate the disturbing events into their existing belief systems or world views (194).

According to Pennebaker, writing and talking about frightening experiences helps the traumatized “organize and structure the seemingly infinite facets of overwhelming events,” and in this way, the events ultimately become controllable and manageable (Pennebaker 112). In Pennebaker’s view, by breaking the silence and writing/talking about one’s thoughts and feelings about major upheavals, the traumatized can more clearly understand and deal with many facets of overwhelmingly complicated events. Highlighting the therapeutic value of writing/talking about traumatic events, Pennebaker stresses that “once people can distill complex experiences into more understandable packages, they can begin to move beyond the trauma” (193).

In contrast to these scholars, Balaev claims that the “talking cure” is not the only avenue for understanding the traumatic experience (28). Since the use of talk therapy is founded on a Eurocentric concept of the person as an independent individual isolated from social context (Summerfield 24), he argues that narrative recall or talk therapy might not always be effective for treating people from non-European or non-Western cultures (28). He further explains that silence or speechlessness does not represent an epistemological void or passiveness of the traumatized. Instead, it can work as a strategy for the survivors to obtain agency or authorship over their traumatic experiences (20). He emphasizes that through the omission of detail and the emphasis on silence, trauma narrators make their listeners or readers imagine the fear of trauma.

V. Understanding Trauma from a Feminist Perspective

Many feminists have insightfully pointed out that the Western-focused definition of trauma as an unexpected experience “outside the normal range” of human experience tends to overlook the quotidian, insidious, private aspects of trauma that are found in the everyday lives of many marginalized people. According to Horvitz in *Literary Trauma: Sadism, Memory, and Sexual Violence in American Women’s Fiction*, feminists launched a public awareness campaign about the regular sexual and domestic violence faced by women and children in the 1960s, when “the progressive political climate of the most recent women’s movement” was established (11). As one of these feminists, in “Not Outside the Range: One Feminist Perspective on Psychic Trauma,” Laura S. Brown tries to destabilize the male-centered notion of normality and abnormality. She puts stress on the necessity of looking beyond white, able-bodied, able-minded, young, educated, middle-class, Christian, male experiences of trauma to the many non-western, female experiences that have not been regarded as truly traumatic. Supporting “a feminist vision of right relationship, in which mutuality and respect are the norm rather than power and dominance” (109), Brown argues in her article that “traumatic events do lie within the range of normal human experience,” and thus the presence of daily, subtle, and insidious trauma should be also considered “real,” “true” trauma (110).

According to Brown, the distressing events that girls and women of all colors, lesbian and gay people, people with disabilities, men of color in the United States, people in poverty encounter in their daily lives have been treated as invisible and regarded as “not really” traumatic (102-03). In other words, “[t]he private, subtle, secret, and insidious” events occurring in the daily lives of women and other

non-dominant groups have been marginalized and excluded from the definition of trauma in society (102), “regardless of their felt and lived impacts” (105). Brown accentuates that in order to have a broad understanding of trauma, we should ask questions about “how we have understood that which constitutes a traumatic event, how some experiences have been excluded and turned inward upon their victims, and who are then blamed for what has happened to them” (102). Examining how our images and concepts of trauma as an out-of-the-ordinary event such as war, genocide, natural disasters, and airplane crashes, are narrowly constructed within the experiences and realities of dominant groups in cultures (102), Brown urges us to “change our vision of what is ‘human’ to a more inclusive image and move to a radical revisiting of our understanding of the human condition” (110).

Brown’s perspective on trauma helps us not only to acknowledge that we might be next, i.e., that we are all vulnerable to trauma, but also to “move out of our comfortable positions — as those who study trauma, or treat its effects, or categorize its types — to a position of identification and action” (108). She believes when we acknowledge the imminence of trauma in our daily lives in relation to social context (108) and accept many layers and different types of traumatic experiences, we not only destabilize our status quo, but also become more actively involved in the process of social change (111).

To sum up, the dominant conceptions of trauma, influenced by white male western Eurocentrism, treat trauma as an individual/personal matter, turning a blind eye to the wider social context/situation in which the individual is placed. Concentrating too narrowly on the level of the individual psyche, the existing definition of trauma does not include various experiences taking place every day at the societal level, such as racism, sexism, homophobia, classism, ableism, sexual abuse/harassment, economic domination, and other forms of structural, political oppression: the psychological

model of trauma based on pathological essentialism is not culturally sensitive or inclusive, since it lacks detailed and sophisticated political/cultural analyses on trauma. Due to the failure to see these problems within their larger social and political contexts, people affected by these events are generally pathologized as helpless victims, and believed to be curable only through psychological counseling and narrativization. In a word, instead of the transformation of a wounding political, social, and economical system, the psychological recovery of the traumatized individual is emphasized. If this is the case, we should remember that the hegemonic trauma discourse can “serve as a political palliative to the socially disempowered” (Craps 50).

VI. Conclusion

As seen above, the traditional, event-based model of trauma, which characterizes trauma as a single, extraordinary, overwhelming, catastrophic, unrepresentable, inescapable, and unassimilable event, has established a reductive, incomplete view of trauma. But we should remember that this model is to some extent valid and relevant to our discussion of trauma today. In addition, the therapeutic benefits of the talking cure for trauma should also be recognized as important and valuable for the traumatized individual. Although the traditional model of trauma and the use of talk therapy for recovery might not offer a broad theoretical framework to help us understand various traumas that non-Western and minority groups suffer in their daily lives at a societal level, it should not be considered outdated and unusable.

Nevertheless, we should be cautious about assuming “the direct causality between a traumatic event and pathologic dissociation [which] is based upon the idea that

there exists a structural deformation” caused by trauma (Balaev 36). That is to say, we should not uncritically accept the idea that a traumatic experience is dichotomously stored in a separate area of the brain, which justifies the view of the traumatized subject as a passive victim or carrier of disease, who has a problem of recalling and possesses symptomatic behaviors.

In conclusion, we should validate pluralistic theories, not depending solely on the traditional model, and respect the contribution that each model has made to our deeper, broad understandings of trauma. By not preferring one approach over the other, but being fully open and attentive to the psychoanalytic, postcolonial, feminist, and other alternative perspectives of trauma, we can achieve an enriched understanding of the heterogeneity, mutiplicity, multi-dimensionality, and complexity of traumatic experiences.

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국문초록

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서구 남성 중심의 트라우마 이론에 의하면 트라우마는 2001년 9/11 테러, 홀로코스트, 세계 대전 등 대재앙적, 예외적인 사건들로 정의되고, 이러한 모델에 근거하여 서구권 국가의 백인 계층 피해자들에게만 관심이 모아져 왔던 것이 사실이다. 하지만 최근 들어 기존의 서구 남성 중심의 트라우마 이론이 비서구권 국가의 구성원들 및 다양한 소수 집단의 만성화/일상화된 폭력, 억압, 갈등, 착취 등의 개인적, 집단적 트라우마 경험을 반영하는 데 한계가 있다는 비판이 일어나고 있다. 본 연구는 먼저 기존의 트라우마 모델을 소개하고 이 모델의 한계와 문제를 고찰한다. 나아가 본 연구는 탈식민주의, 페미니즘의 관점을 반영한 최신 트라우마 이론을 소개하고 이것이 기존 트라우마 이론 연구의 지평을 확장하고 다면화/다각화하는 데 어떻게 기여하고 있는 지 살펴보는 것을 목표로 하고 있다.

주제어: 트라우마, 트라우마 이론, 탈식민주의, 페미니즘, 소유되지 않는 경험

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