

Segue

Writing  Writing

THE NARRATIVE VOICE OF TRAUMA

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My character was sexually abused as a child. How would that affect his/her relationships?

One of my characters has a bad car accident in the middle of my novel. How can I describe the psychological responses of this character and make it believable?

My character is just beginning to think about traumas that occurred many years ago. How would s/he experience these memories?

When I began writing seriously again, after several years of focusing on my career as a trauma therapist, I naturally included traumatic events in my stories. I didn't realize how much my background as a trauma therapist and my knowledge of trauma theory informed my writing until other writers began asking me questions like these. Many novels or stories include characters who experience or have experienced some form of trauma in their lives. The traumatic event may be the catalyst that sets the story in motion, or it may be the crisis that ultimately changes a character. Sometimes the trauma is part of the back story that informs a character's choices and relationships, and sometimes it is the story itself—what is happening now. Writers are often successful in their depictions of traumatized characters, relying on instinct and on their own life experiences. However, a solid understanding of trauma theory and a close study of writing in which traumatic events occur can enhance a writer's ability to portray characters who are coping with trauma.

What is trauma?

According to the *Diagnostic and Statistical Manual* (DSM IV), a diagnostic tool developed by the American Psychiatric Association, a person with Post-traumatic Stress Disorder (PTSD) has “experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others,” and “the person’s response involved intense fear, helplessness, or horror” (209-10). This might be a single incident—a car accident, a mugging, a rape—or it might be a series of recurrent experiences, such as multiple battles in a war or multiple incidents of sexual abuse or domestic violence. Some therapists even differentiate between what they call “Big T” trauma (rape, physical violence etc.), and “small t” trauma (Nuttall 23). A series of events that alone might not be traumatic, but taken together leave an impact, such as a parent who repeatedly criticizes a child, would fall into the category of “small t” trauma. For the purposes of this paper, I will be focusing only on “big T” traumas.

What is post-traumatic stress disorder?

The DSM IV criteria for Post-traumatic Stress Disorder (PTSD) includes the following: A person has experienced a traumatic event. The event is persistently re-experienced, and/or persistently avoided. Re-experiencing or flooding may include intrusive and distressing recollections, recurrent distressing dreams, acting or feeling as if the traumatic event were recurring, distress at exposure to triggers, and physiological reactivity.

Avoidance, or numbing may include efforts to avoid stimuli associated with the trauma, numbing of general responsiveness, inability to recall an important aspect of the trauma, diminished interest or participation in significant activities, feeling of detachment or estrangement from others, restricted range of affect, and an expectation of foreshortened future.

Finally, an individual with PTSD may have symptoms of increased arousal including difficulty falling or staying asleep, irritability or outbursts of anger, difficulty concentrating, and exaggerated startle response. Many people experience decreased arousal to stimuli not associated with the trauma and increased arousal to any triggers (209-10). This frequently leads to childhood diagnoses of Attention Deficit Disorder and other learning disabilities (van der Kolk). For instance, a child may appear distracted and unable to focus on anything being taught in the course, but may be overly focused on the child in the back of the room who keeps tapping a pencil on the desk in the same way the traumatized child’s father taps a fork on the table before becoming violent.

Bennet Braun’s BASK model of dissociation provides a useful framework for considering the way trauma is experienced and how it can be described in writing. The four letters in the acronym represent Behavior, Affect, Sensation, and Knowledge. In normal daily events, humans are generally aware of their specific behaviors, the feelings related to the behavior, and the bodily sensations associated with the behavior, and they have the knowledge and ability to describe their activities. This knowledge is stored in existing schemas in which other related knowledge exists. Preexisting schemas are likely to determine to what degree this new information is absorbed and integrated (van der Kolk

425-454). Braun suggests that trauma can disrupt this parallel integration of awareness and cause a “break of all BASK processes across the time continuum” (5). An example of how this might look in a therapy room is the following experience of a young woman who participated in a trauma group. In one group session she talked at length about an incident in which her father hit her because she got between him and her mother, his true target. She related this experience with no evidence of affect and sat calmly in her chair throughout the subsequent discussion. One week later, another group member indulged in a temper tantrum during group. The woman who had recalled being hit the week before became extremely anxious and agitated and commented to group members, “I don’t know why I’m so upset, it isn’t as if I’ve ever been hit.” She had no narrative memory of the incident she had related one week earlier. The affective piece of the memory was not accessible at the same time as the knowledge piece.

Behavior

Many writers instinctively integrate the behavioral elements of BASK into their traumatized characters’ lives. Sometimes this may be a conscious choice growing out of the author’s understanding of trauma’s impact on a human being; other times it may be the unconscious generation of repetitive imagery, as if the writer him/herself is engaging in behavioral reenactments of trauma.

The concept of behavioral reenactments of trauma goes all the way back to Freud and his repetition compulsion (Feluga). Lenore Terr, a California-based psychiatrist, coined the term “post-traumatic play” after studying a group of children who had been kidnapped while riding in a school bus in Chowchilla, California. She states:

Post-traumatic play does not stop easily when it is traumatically inspired. And it may not change much over time. As opposed to ordinary child’s play, post-traumatic play is obsessively repeated. It is grim. Furthermore, it requires a certain set of conditions in order to proceed—a certain place, a certain assortment of dolls, certain playmates, or a certain routine. It may go on for years. It repeats parts of the trauma. ...It can be dangerous, too. The problem is—post-traumatic play may create more terror than was consciously there when the game started. (238-39)

Terr describes her experience watching Leslie Grigson, one of the children abducted in the Chowchilla kidnapping, engage in post-traumatic play. Leslie was playing a game she called “Busdriver.” The game involved balancing chairs on a kitchen table, sitting herself and her toddler sister Margie on the chairs and pretending to be on a bus: “We just go somewhere and I call off stops, ...Marjorie is the passenger, but I pretend there are other kids too” (241). When Terr comments that it sounds like the kidnapping, Leslie disagrees, stating that her game is “safe” because nobody ever gets kidnapped on her bus. However, the chairs are precariously balanced, Margie is a toddler who has only recently learned to walk and must steady herself on one of these chairs, and the game is repetitive and serious, unlike normal play. There is very little about it that is safe.

In another book, *Unchained Memories*, Terr focuses on examining the controversy around dissociated traumatic memories. She suggests that a traumatized person will have symptoms or

behavioral cues, what Jan Hindman calls “footsteps” in her book about childhood sexual abuse, *Just Before Dawn* (13). These footsteps would validate the memories, even if they lack a narrative memory of the events. Terr states that “Symptoms are the subjective feelings and signs are the objective findings that confirm terrible memories. If a person has endured horrible moments in life, these moments should leave a scar...Symptoms and signs operate even when a memory is entirely repressed” (*Unchained Memories* 33).

One example is Gary Baker, who passed out in his car and nearly crashed when he suddenly remembered his mother trying to drown him in the bathtub on three separate occasions (96-7). Gary states: “I was terrified of water. Absolutely terrified. When I was in high school I would run seven miles a night. Yet I couldn’t swim fifty feet without feeling totally exhausted. In hindsight, I realize my exhaustion came from being so frightened” (98).

Gary took up scuba diving as an adult in an attempt to get over his fear of water, and became so involved in the sport that he spent nearly every weekend doing it. (97) He discovered an unusual talent during his first scuba lesson: “One of the things you have to do in scuba class is hold your breath for a minute...When I was timed, I did it for two and a half minutes. The very first time! I was amazed. And so was my instructor” (101). While Gary’s conscious reason for taking up scuba diving was to challenge his fear of water, his choice of water sport had an important side benefit for someone who fears drowning—he could practice holding his breath for long periods of time on a regular basis. Gary never actually forgot the attempted drownings. He simply dissociated the Knowledge part of BASK, while at the same time he behaviorally reenacted elements of the memories, both in his fear of water and in his compulsion to scuba dive. This also demonstrates one of the ways a trauma survivor might display both intrusive and avoidant symptoms of PTSD.

Dorothy Allison provides a dramatic example of how behavioral reenactments can be used in fiction in her novel, *Bastard Out of Carolina*. Bone is physically and sexually abused by her stepfather, and begins reenacting this trauma in her sexual fantasies:

My fantasies got more violent and more complicated as Daddy Glen continued to beat me with the same two or three belts he’d set aside for me. Oiled, smooth and supple as the gristle under chicken fat, those belts hung behind the door of his closet where I could see them and smell them when I helped Mama put away his clothes. ...Sometimes I would make myself go in that closet and wrap my fingers around those belts as if they were something animal that could be tamed.

I was ashamed of myself for the things I thought about when I put my hands between my legs, more ashamed for masturbating to the fantasy of being beaten than for being beaten in the first place...I couldn’t stop my stepfather from beating me, but *I* was the one who masturbated. *I* did that, and how could I explain to anyone that I hated being beaten but still masturbated to the story I told myself about it? (112-113)

Later, her masturbation becomes more violent and painful:

...I curled up tighter still and thought about that, the way he beat me, the way I felt jammed against him and struggling, the smell of him and the feel of his sex against my belly. He had been pinning me against his thigh when he beat me. Had he come? Had he been beating me until he came in his trousers? The thought made me gag. I pushed my wrists harder and harder against my own sex until I was hurting myself. I could remember his smell, the sound of his breath above me, the hot sweat falling off his face onto my skin, the way he had grunted and shaken me. (253)

Bone is reenacting previous abuse, much in the same way Leslie Grigson reenacted the school bus kidnapping.

Terr concludes her chapter on post-traumatic play with a look at some authors she believes are engaging in post-traumatic play with their audience. Stephen King, for instance, saw a friend killed on a train track when he was four years old. He has reported that he remembers only his mother's version of his story, but Terr points out several passages in his work in which trains appear directly (e.g. *The Body*, which was made into the movie, *Stand By Me*) or in which monsters, with glowing eyes that resemble the headlights of an oncoming train, devour or destroy the people in their paths (e.g. *Cujo*, *Christine*). Consider this event from *The Stand*, as described by Terr:

King's monster of *The Stand*, Flagg, a kind of devil, has a black visage, beacon eyes, and can run faster than cars. When Flagg unmask himself to a woman, she sees 'the searchlight of his face bear down upon her in the gloom.' When a crowd sees Flagg unmasked, an instant before they are all vaporized in a nuclear explosion, he is 'something monstrous...something slumped and hunched almost without shape—something with enormous yellow eyes.' For King, I think, the devil looks like a locomotive. (258-259)

Another traumatized author who gives us a recurrent image that probably comes from his own background as a child in Europe during World War II, is Jerzy Kosinski. Within the first ten pages of *The Painted Bird*, we are presented with two images of burning. First the narrator watches some boys burn his pet squirrel: "One of the boys took a piece of smoldering wood out of the can slung over his shoulder and touched the animal with it. Then he threw the squirrel to the ground where it immediately burst into flames. With a squeal that stopped my breath it leapt up as if to escape from the fire. The flames covered it; only the bushy tail still wagged for a second. The small smoking body rolled on the ground and was soon still" (6).

Shortly after this incident his caretaker dies in her sleep and the narrator accidentally sets the hut on fire: "The flames started to lick her dangling hands as might an affectionate dog. They now left purple marks on her hands and climbed higher toward her matted hair. The flames sparkled like a Christmas tree, and then burst into a high blaze, forming a peaked hat of fire on Marta's head...I could see under the flames patches of her wrinkled, sagging skin and whitish spots on her bony arms" (10).

Not long after the narrator flees this scene and is taken in by a series of individuals and families he experiences another fire—this time when a barn is struck by lightning. The narrator's graphic attention to the details of what the squirrel and Marta looked like while they were burning is striking. In the barn incident, nobody dies, but an interesting image appears almost immediately after, when the

boy pushes his captor into a pit that is swarming with rats. Clearly Kozinski does not intend to use a fire image here, but the description seems similar to that of somebody perishing in fire:

Suddenly the shifting sea of rats parted and slowly, unhurrying, with the stroke of a swimmer, a bony hand with bony spreadeagled fingers rose, followed by the man's entire arm. For a moment it stood immobile above the rats scuttling about below; but suddenly the momentum of the surging animals thrust to the surface the entire bluish-white skeleton of the carpenter, partly defleshed and partly covered with shreds of reddish skin and gray clothing. (64)

Another behavioral element for fiction writers to consider is the importance of action during and immediately after the trauma. For instance, in an interview with Mary Sykes Wylie, Bessel van der Kolk describes his experience in Puerto Rico after Hurricane Hugo in 1989. "I arrived in the middle of this devastation, and what I saw were lots and lots of people working with each other, actively putting their lives back together—carrying lumber, rebuilding houses and shops, cleaning up, repairing things" (Wylie 4). However, the FEMA officials told everybody to stop what they were doing so damage could be assessed. When people were forced to sit and do nothing "an enormous amount of violence broke out—rioting, looting, assault... Preventing people from moving when something terrible happens, that's one of the things that makes trauma a trauma" (4).

Claudia Brenner offers an example of how action affected her experience of trauma in her memoir, *Eight Bullets: One Woman's Story of Surviving Anti-Gay Violence*. Brenner was hiking with her significant other, Rebecca, on the Appalachian Trail in Pennsylvania in May, 1988, when a man with a gun stalked and shot them multiple times. Claudia's partner was killed and Claudia walked several miles out of the woods with gunshot wounds to her neck, head, and arm. She coped amazingly well until she was forced onto a stretcher in an ambulance: "They wanted me to lay down on it and all I wanted to do was go and look for Rebecca. My neck had started to hurt badly on the car ride to Shippensburg, but even then I still thought I would just be stitched up and return to the campsite. Now, for the first time, I considered the possibility that I wasn't going to get to go back and look for her" (41). And later: "I wanted to go back and look for Rebecca. I wanted Rebecca to be okay" (45).

This becomes a refrain until Claudia finally accepts that Rebecca is dead. I believe the trauma became cemented for Claudia in the moment when she understood that she could not return to look for Rebecca. Until that moment she had consistently taken action, trying to stop the bleeding in her wounds and in Rebecca's, covering Rebecca with blankets, walking out of the woods, finding help, telling the police to look for her friend. After she is strapped onto that stretcher, Claudia repeatedly mentions her need to control things. For instance: "This terror turned me into a control freak. I would insist that the clock on the windowsill be turned exactly—*Five Degrees more to the left, no the left, the left!*—as I wanted it" (78).

Understanding the behavioral elements of human response to trauma can help fiction writers create believable characters and can also make for interesting writing. Fiction writers can be alert to pieces of a trauma that might be reenacted throughout the text and recurrent scenes that might create brief flashes of trauma imagery, and they can emphasize the impact of action or inability to take action on a traumatized character.

Affect and sensation

I chose to explore affect and sensation together, as they are often experienced together. Recent technological advances, such as Positron Emission Tomography (PET) machines, have enabled researchers to study the brains of individuals suffering from PTSD. Bessel van der Kolk and other Harvard researchers made PET images of people's brains while they deliberately evoked flashbacks of traumatic memories (van der Kolk, "Exploring the Nature of Traumatic Memory" 18). Their findings included a significant increase in activity in the part of the right hemisphere associated with emotional states and autonomic arousal, and overstimulation of the amygdala, the part of the brain that plays a role in attaching emotional meaning to events. The intense activity of the amygdala can actually overwhelm the brain's normal functioning, preventing relevant information from getting to the prefrontal cortex—the part of the brain responsible for working memory and for bringing a more analytical and rational response to events (van der Kolk, "The Body Keeps The Score" 15).

The PET studies also indicated a decrease in oxygen use in Broca's area, a region in the left frontal cortex responsible for generating words to attach to internal experience, when flashbacks were induced. Broca's area is the part of the brain that is often damaged in strokes, causing people to lose words or use incorrect words for familiar objects. van der Kolk suggests that these findings can account for the "observation that trauma may lead to 'speechless terror,' which in some individuals interferes with the ability to put feelings into words, leaving emotions to be mutely expressed by dysfunction of the body" (van der Kolk, "The Complexity of Adaptation" 193). We saw how this is expressed through behavioral reenactments of trauma and how that can be used in fiction. It may also be expressed through physical sensations, smells, taste, sounds and emotions. For instance, a sexual abuse survivor might suddenly experience tremendous sadness or fear following a seemingly positive sexual experience with a partner. A car accident survivor may experience pain in the injured leg every time he sees a blue Jeep Cherokee heading in his direction on the road. A mugging victim may panic every time he approaches the place where the mugging occurred.

Another important part of the brain that is affected in trauma is the hippocampus. The hippocampus plays a central role in retrieving and organizing memory of events, objects, words and other types of information, and allows an individual to distinguish threatening objects or events from non-threatening objects or events and historical events from those that are recent. It "recognizes the different significance of a bear in the zoo versus one in your backyard," and "differentiates the significance of events that happened long ago from those that are recent" (Bergmann 2). A colleague who is a neuropsychologist refers to the hippocampus as "the secretary" of the brain (Rieger). We experience events and the secretary organizes them into relevant categories much in the way many of us organize documents into file folders on our computer. Because the hippocampus plays a part in explicit or narrative memory, a functioning hippocampus is necessary for an individual to learn from experience (van der Kolk, "The Body Keeps the Score" 14). When stress suppresses hippocampal functioning, "context-free, fearful associations which are hard to locate in space and time may occur" (van der Kolk, "The Intrusive Past" 442). An example of this would be the war veteran who reacts to a car backfiring as if it were a gunshot. He is unable to differentiate between a loud noise that is a gunshot or bomb and a similar loud noise that is a car backfiring. Another example would be the sexual

abuse survivor described earlier, who was able to describe a traumatic event with absolutely no expression of affect in one group and a week later experienced very intense fearful feelings, but was unable to attach those feelings to the event.

Since the parts of the brain that are activated when a survivor is exposed to traumatic stimuli are largely in the right hemisphere, trauma survivors may avoid accessing those parts of the brain in everyday life or when attempting to talk about the trauma without re-experiencing it (van der Kolk, "The Psychobiology of Traumatic Memory" 108). The impact may be similar to that of an injury to the right hemisphere of the brain, which may leave capacity for language untouched, but impairs an individual's ability to attach emotional significance to the words. Consider this example from my friend the neuropsychologist: A man with an injury to the right hemisphere of his brain was told that he would be leaving the hospital and going home. He was asked if he understood and he said, "Yes, I'm going home." However, he was unable to alter the tone of his voice to indicate whether he was excited or unhappy to be going home (Rieger).

All of this suggests that a character remembering or experiencing trauma is likely to either narrate the events in a flat, understated tone, or is likely to describe a jumble of emotions and/or physical sensations connected to particular images, without a straightforward linear narrative. My grandmother, Sophie Ostrov, wrote her memoir before she died. Her life was filled with trauma, including a frightening boat ride from Europe when she was very young, seeing her father in a mental institution (summarized in two sentences: "I remember seeing all those people hanging out of windows screaming and yelling. I have never forgotten that incident."), being placed in an orphanage where she "cried continuously" and "took at least two years before I was finally adjusted to my life in the Home," and her younger brother's suicide when she was pregnant with her oldest child. The first time I read this memoir and she asked me what I thought, I said, "Grandma, you don't talk about your feelings. You describe terrible events then just go on to the next thing. What did you feel? What was it like for you?" She reacted with anger and I put the memoir away and didn't read it again until after she died. I decided to revisit it for this paper. Here is the section in which she describes her brother's suicide:

I heard from Abner at that time quite a bit. He started college, but was not doing very well. He visited my mother and Mr. Zapiler for a bit, then asked to visit us. He came to visit us at our small apartment. He slept on the couch. It was during the depression. He tried to find a job. But nothing was available. It was a long Christmas weekend. He was waiting for the mail, hoping he would hear from the Yassenoff's. I received a call to come to the Mines at once. We found That Abner had committed suicide. He was only 19 years old. I was about six weeks pregnant with Charlie. By the time we arrived in Duluth to the cemetery I had started to hemorrhage. Mrs. Yassenoff flew in to Duluth from Columbus, Ohio. My mother and my brother Mack never showed up. ...I had to eat steak one day, and drink liquids the next day. Thank God, I was able to carry my baby. Dad came back for me in about a week. After a few months Grandma decided to buy a duplex, so that I could have my baby downstairs. That was our eighth street house where Charlie was born August 20, 1937. He was born on a Friday night and weighed 8 3/4 pounds...I forgot to tell that the letter with a nice check arrived the day after Abner's funeral. He thought they had forgotten about him. Charlie was a beautiful baby and everybody enjoyed seeing him.

Sophie uses short concrete sentences to describe these events. She avoids specific images, she avoids sensations, she avoids any discussion of her feelings. When she comes close to an emotion, for instance when she suddenly remembers the irony of the letter arriving the day after Abner's death, she quickly changes the subject, focusing on the birth of her baby. Sophie was able to provide the narrative of her experiences through random facts and by avoiding the affect and sensations.

Consider this example from a more polished narrative, Anna Heilman, in her Holocaust memoir: "We were first in *Lager* (Camp) A which was called the quarantine camp. There were all kinds of rumors flying. We heard it was good to say that you are a metallurgist. So we did. We were transferred to *Lager* B and from *Lager* B we were assigned to the Union Werke, a German munitions factory...Two shifts worked in the factory, one night shift and one day shift" (131-32).

Anna Heilman provides an excellent example of the trauma survivor's tendency to provide a narrative that is completely detached from any feelings. Everything is written in short, emotionally flat sentences. I suspect that if she were to begin identifying her feelings while telling the story of her trauma, she would no longer be able to provide a coherent linear narrative about those experiences. In addition, as the emotions became more intense and the images began to trigger stronger feelings, her hippocampus, which normally allows her to separate past from present, would cease to function properly. She would very likely shift into present tense as does Charlotte Delbo, another Holocaust survivor:

A capo came along, shouting. She signaled to my companions to get out, and marched them off. The ditch was deep enough, not sufficient work for three. My friends knew well the fear each and every one of us feels when we're separated from the rest, when we're left alone. To hearten me, they said: "Come on, hurry up. You'll join us." I'm alone at the bottom of the ditch, desperate. The others' presence, their words made a return possible. They've left and I'm afraid... (101)

While describing the digging with her friends and the stories they told each other, Delbo remains in past tense. When the friends are removed and she begins to remember and experience the fear of being alone, she switches to present tense. Perhaps this is a carefully thought out decision, but I suspect it is unconscious. It mirrors the experience of entering a flashback and no longer separating past from present—the affect and imagery associated with the trauma overwhelming the brain and preventing the hippocampus from separating then from now.

Ian McEwan understands something about trauma's impact on emotions and sensations. He provides an example of how a writer can turn this information into compelling fiction in his novel, *Enduring Love*. McEwan's narrator Joe is picnicking with his girlfriend when a large hot air balloon careens out of control in the wind. He joins with several other men in attempting to help the driver of the balloon secure it and rescue a boy who is trapped in the basket. The boy is ultimately fine, but one of the men involved in the rescue attempt clings to a dangling rope when the balloon is blown over an open field and finally falls to his death. McEwan begins the novel with a description of the moments before the traumatic events unfold:

The beginning is simple to mark. We were in sunlight under a turkey oak, partly protected from a strong, gusty wind. I was kneeling on the grass with a corkscrew in my hand, and Clarissa was passing me the bottle—a 1987

Daumas Gassac. This was the moment, this was the pinprick on the time map: I was stretching out my hand, and as the cool neck and the black foil touched my palm, we heard a man's shout. We turned to look across the field and saw the danger. Next thing, I was running toward it. The transformation was absolute: I don't recall dropping the corkscrew, or getting to my feet, or making a decision, or hearing the caution Clarissa called after me. (1)

He proceeds with a partial description of the trauma, loaded with imagery and emotion. Then he backs up and tells us of the events leading up to this trauma—picking Clarissa up at the airport, some of the history of their relationship, the conversation they had, the decision to picnic. Unlike the opening trauma memory, he offers these events with straightforward detailed descriptions of the people he observes at the airport, his thoughts and feelings while waiting for Clarissa, and the conversation about Clarissa's research into Keats. Then he circles back around to the trauma, gets a little bit into it and literally “freezes the frame”:

I heard what was coming two seconds before it reached us. It was as though an express train were traversing the treetops, hurtling toward us. An airy, whining, whooshing sound grew to full volume in half a second. At the inquest, the Met office figures for wind speeds that day were part of the evidence, and there were some gusts, it was said, of seventy miles an hour. This must have been one, but before I let it reach us, let me freeze the frame—there's a security in stillness—to describe our circle. (12)

He continues on, providing information about the other people involved, their names, what they did, who they were. He provides these details in a detached manner, almost like a reporter. For instance: “To my right the ground dropped away. Immediately to my left was John Logan, a family doctor from Oxford, forty-two years old, married to a historian, with two children” (12). He pulls back and observes from a distance. Then, finally, he once again connects with the imagery and the emotion. And he no longer sounds like a reporter: “We watched him drop. You could see the acceleration. No forgiveness, no special dispensation for flesh, or bravery, or kindness. Only ruthless gravity. And from somewhere, perhaps from him, perhaps from some indifferent crowd, a thin squawk cut through the stilled air. He fell as he had hung, a stiff little black stick. I've never seen such a terrible thing as that falling man” (17).

Later McEwan describes the separation from emotion that so often occurs during trauma: “Like self in a dream, I was both first and third persons. I acted, and saw myself act. I had my thoughts, and I saw them drift across a screen. As in a dream, my emotional responses were nonexistent or inappropriate. Clarissa's tears were no more than a fact, but I was pleased by the way my feet were anchored to the ground...” (21). In this passage Joe is disconnected from his feelings and is able to observe and narrate all that is happening. Yet further in, when he is trying to cope with the memory of this event, he has a different experience: “I couldn't find the word for what I felt. Unclean, contaminated, crazy, physical but somehow moral. It is clearly not true that without language there is no thought. I possessed a thought, a feeling, a sensation, and I was looking for its word” (46). Here Joe was aware of his sensations and his feelings, but could not find a narrative to express them. We might assume that in the height of his emotional memory of the trauma, his Broca's area has ceased to function properly.

Knowledge

Just as trauma jumbles the BASK continuum, making it difficult to develop organized and clear cut schemas of events, I have found it difficult to separate out each element of the BASK model of dissociation for this paper. Remember that the hippocampus is like the secretary of the brain. The secretary takes in information, organizes it, determines what file it belongs in, and stores it. When it is functioning properly, normal non-traumatic events are integrated into a linear narrative that a writer might think of as summary. We can recall all the general elements of those events, but are unlikely to remember each separate moment. For instance, I frequently go out to restaurants to eat, and I can offer you many details about the sights, sounds, smells, and typical behaviors that I associate with going out to eat. However, multiple similar experiences blend together, making it nearly impossible to describe one specific moment. Because these memories are integrated, I can easily write a scene in which I include the experience of going out to eat and I can provide many concrete details about that—the entire BASK—what I did, how I felt about it, what sounds and images were around, and my knowledge that all of this occurred while I was at a restaurant. This narrative will not accurately describe one particular meal. It will be a composite of many moments, written in summary or scene.

Traumatic events, as we have learned, remain unintegrated. The amygdala reacts intensely and emotion overwhelms the brain and stops the hippocampus from doing its job. It's as if the secretary—trying to deal with multiple phone calls, people stopping in to drop off notes, bosses demanding that something be done NOW, and packages being delivered—misfiles everything. Sometimes, as in the case of my grandmother, the story comes out jumbled, with the narrator flitting from one topic to another. Sometimes, as with Stephen King, the memory of what actually occurred never emerges in a story form, but the images are recreated over and over.

Occasionally the trauma is remembered, but the time sequences get confused. Terr identifies this in several of the children in her study of the Chowchilla kidnappings who reorganized time and “invented omens.” They took events that had occurred after the kidnapping and inserted them into their memories as having occurred before the kidnapping. For instance, one girl had a phone conversation about the kidnapping after it happened, but remembered it as having occurred earlier. She therefore believed someone had tried to warn her (Terr, *Too Scared* 160). Since the hippocampus plays a significant role in separating past from present, it seems likely that these events are literally remembered out of sequence. These mixed up memories often become deeply embedded. For example, when I was ten years old I was bucked off a horse and I broke my ankle. I later remembered that my mother had told me to “be careful” when she dropped me off at the horse ranch. She probably said this every time she brought me to the ranch, and probably more so *after* I broke my ankle. But I was convinced she said it that day only and, what's more, I remembered experiencing an unusual feeling of anxiety when she said it. I decided it had been a warning. To this day, if somebody tells me to “drive carefully,” I immediately panic and must consciously remind myself of the numerous times people have said this and nothing bad happened.

We see this at play in McEwan's novel. In attempting to analyze the balloon experience his narrator states: "I know that if I had been uncontested leader the tragedy would not have happened. Later I heard some of the others say the same thing about themselves" (11).

And:

In the second or two it took for Logan to reach the ground I had a sense of *deja vu*, and I immediately knew its source. What came back to me was a nightmare I had occasionally in my twenties and thirties...I found myself in a prominent place watching from far off the unfolding of a disaster...I could see helpless people, reduced by distance to an undifferentiated mass, scurrying about in panic, certain to die...thousands of screaming individuals, no bigger than ants were about to be annihilated, and I could do nothing to help. I did not think about the dream then so much as experience its emotional wash—terror, guilt, and helplessness were the components—and feel the nausea of a premonition fulfilled. (20-1)

In the first example McEwan's narrator assigns himself retrospective power and responsibility. In the second example the narrator attaches extra meaning to a dream, making himself responsible, because it was *his* premonition being fulfilled. Since trauma disrupts the survivor's ability to believe that the world is safe, this feeling of responsibility can be comforting. Unfortunately, with the power comes self-blame: I caused or failed to prevent this event, therefore if I change something (e.g. always make sure I am the leader), I can prevent future tragedies. But this means the bad thing that already happened was my fault. Therefore, I am bad.

Sometimes the trauma story comes out in pieces—an image first, a few words later, and an emotion at some other unrelated time. Tim O'Brien demonstrates this in "How to Tell a True War Story," when he describes Curt Lemon's death. He tells a piece of the story, branches off into philosophical comments about telling a war story, describes an incident that was told to him by one of the men who was present during Lemon's death, then a story about an incident that occurred shortly after Lemon's death. But the images of Lemon's death keep intruding. For instance, he initially describes the moment just before Lemon died and tells us Sanders was there, "playing with his yo-yo, dancing it with short, tight little strokes of the wrist" (72).

Shortly after this he is philosophizing and telling the story Sanders once told him, and the yo-yo intrudes:

You can tell a true war story by the way it never seems to end. Not then, not ever. Not when Mitchell Sanders stood up and moved off into the dark.

It all happened.

Even now, at this instant, I remember that yo-yo. In a way, I suppose, you had to be there, you had to hear it, but I could tell how desperately Sanders wanted me to believe him, his frustration at not quite getting the details right, not quite pinning down the final and definitive truth. (76)

The narrator is discussing the story Sanders told, the story Sanders so much wanted him to believe, but his association with Sanders is the yo-yo, just before Lemon died. Telling about Sanders

triggers the memory of the yo-yo, telling about the yo-yo triggered the memory of Sanders and his story. We are never given a straightforward beginning-to-end scene. Instead we get the images, the moments, the sensations. The narrator moves back and forth in time. He changes tense. In fact, he describes the experience of attempting to offer a narrative about trauma:

In any war story, but especially a true one, it's difficult to separate what happened from what seemed to happen. What seems to happen becomes its own happening and has to be told that way. The angles of vision are skewed. When a booby trap explodes, you close your eyes and duck and float outside yourself. When a guy dies, like Curt Lemon, you look away and then look back for a moment and then look away again. The pictures get jumbled; you tend to miss a lot. And then afterward, when you go to tell about it, there is always that surreal seemingness, which makes the story seem untrue, but which in fact represents the hard and exact truth as it *seemed*. (71)

This small quote beautifully summarizes many elements of trauma theory. When the BASK is disrupted because of trauma, the events are impossible to remember and impossible to forget. For the writer, as for the survivor, the task is to create a narrative from what is impossible to describe accurately and just as impossible to stop describing.

Suggestions for writers whose characters have experienced trauma

- Give your character a post-traumatic game. Make it literal and concrete, as in Leslie Grigson's bus driving game, or make it symbolic. For instance, a sexual abuse survivor, who as a child was forced to perform oral sex, may later develop Bulimia. An accident survivor may begin taking unnecessary risks.
- Describe images through the lens of trauma. Trauma survivors project their trauma onto things that seem innocuous to others. A picture of a family in which the father is holding out his hand may look inviting to one child. A child who is living with domestic violence will see the same picture and become frightened, convinced the father is about to hit somebody. Be aware of the triggers and change your tone to reflect the character's increased anxiety when s/he encounters them.
- Use flat unemotional language to describe horrific experiences.
- Use intense visceral language, but mix up the details and time frame of the event.
- Shift from past tense to present tense when describing particularly upsetting moments.
- Describe a memory or experience exclusively in body sensations, sounds, and smells.
- Change the subject: have your character begin describing a traumatic event and suddenly veer off into a different, less upsetting, story.
- Give your character a memory of some sign or forewarning of the trauma. Give him/her the belief that s/he could/should have prevented the traumatic event.

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