Chapter One: Theorizing Trauma

Romantic and Postmodern Perspectives on Mental Wounds

> "[T]he subject of trauma attracts passionate advocacy and passionate skepticism in a quite disproportionate measure."
> (CHRIS BREWIN, *POSTTRAUMATIC STRESS DISORDER*)

> "Trauma has become a paradigm because it has been turned into a repertoire of compelling stories about the enigmas of identity, memory and selfhood that have saturated Western cultural life."
> (ROGER LUCKHURST, *THE TRAUMA QUESTION*)

Any attempt to define and theorize "trauma" involves a struggle to make sense of the confusing array of current conceptualizations of trauma, ranging from PTSD to cultural trauma. Any attempt to write a history of trauma faces further challenges in trying to find a way through the jungle-like complexity of the historiography of psychiatry. Roy Porter and Mark Micale emphasize the highly controversial nature of the history of psychiatry and conclude that "it has thus far proved impossible to produce anything like an enduring, comprehensive, authoritative history" (6).[1] Within the contested field of psychiatry, trauma is, in turn, a particularly controversial subject. The history of trauma is a history of repeated gaps and ruptures, with cyclical periods of attention and neglect, of fascination and rejection (van der Kolk,

1 According to Micale and Porter, the reasons why it is and has been especially difficult for the discipline of psychiatry to find a common ground for its history are that its "disciplinary origins lie scattered in a multitude of areas of past activity and inquiry" and that its subject matter has often been heavily politicized (5).

"Preface" xi). The amnesia and dissociations typically produced by trauma are, in this sense, also crucial characteristics of the psychiatric history of trauma.[2]

Originally situated in the domain of medicine and then psychology, the study of trauma has, over the last few decades, become relevant in literary and cultural studies. Indeed, as trauma has become a prominent topos in life writing[3] and fiction, trauma studies has emerged as a new field within the humanities. Landmark publications in the field in the 1990s, such as Cathy Caruth's essay collection *Trauma: Explorations in Memory* (1995) and her monograph *Unclaimed Experience* (1996), were rapidly followed by a number of studies on trauma in fiction, non-fiction, film, and culture. As Laurie Vickroy emphasizes, the growing attention devoted to trauma in academic discourses is closely intertwined with its rising recognition in general and media discourses (2). Both trauma and memory have emerged as key cultural categories and concerns: Roger Luckhurst identifies trauma as an "exemplary conceptual knot" in contemporary networks of knowledge (*Trauma Question* 14), while Anne Whitehead speaks of a "memory boom," diagnosing widespread "cultural obsessions" with both individual and collective memory (*Memory* 1-2). The obsessions with memory and with trauma reinforce each other; a mania for memory is particularly likely to arise at moments of crisis, at times when memory comes to be felt as fragile and threatened – a frequent after-effect of trauma.

The concept of trauma has departed from its original disciplinary ground and crossed boundaries between various fields and discourses; as a result, it has become increasingly, even notoriously, complex and slippery. Like many trauma critics, Dolores Herrero and Sonia Baelo-Allué conceptualize trauma as inherently "open and undecidable," asserting that we should never think of trauma as a "stable and immobile notion[]" ("Between the Urge" 12-13). The aim of this chapter, then, is to construct a theoretical and historical framework for investigating Romantic and postmodern trauma fiction, always remaining alert to the slipperiness of trauma definitions. First, I discuss the key concerns of literary trauma studies and outline

2 Ruth Leys also emphasizes the strangely cyclical nature of the history of trauma in her justification of the approach she chose in *Trauma*: "The linear approaches that had been attempted in the past did not and could not do justice to what I saw as the structural repetitions that have characterized the successive theorizations of psychic trauma, the tendency for certain theoretical and indeed empirical difficulties and tensions to surface again and again at different historical moments or cruxes" (Leys and Goldman 657).

3 On life writing, see for example Sidonie Smith and Julia Watson's *Reading Autobiography*. Smith and Watson define the term "life writing" as follows: "An overarching term used for a variety of nonfictional modes of writing that claim to engage the shaping of someone's life" (197). "Life writing" is, thus, used in a more inclusive sense than "autobiography." On life writing and trauma, see Roger Luckhurst's *The Trauma Question*, especially chapter 3.

relevant developments in the field. Examining what I see as the main limitations of influential theoretical approaches, I explore further what interdisciplinarity can bring to the study of trauma in literature. The second, longer part of the chapter is devoted to psychological and psychiatric perspectives. After a short overview of the history of trauma, the chapter proceeds to a more focused historical contextualization of trauma. To shed light on my corpus of texts, I investigate relevant contexts of Romantic-period psychiatry and psychology on the one hand and contemporary traumatic stress studies on the other. The primary goal of this overview is to frame the dialogue between Romantic and postmodern literary voices speaking about childhood and family trauma with a dialogue between related psychological and psychiatric discourses from both periods. Throughout, I aim not at *closing* the gap between disciplines and time periods but at *bridging* that gap; the idea is to listen for resonances and dissonances in order to do justice to the subject of trauma, whose inherent openness calls for a crossing of boundaries.

TRAUMA IN LITERARY STUDIES

Why does literary trauma writing matter? – In answering this question, it is crucial to emphasize that, as Vickroy asserts, "literary and imaginative approaches [to trauma] provide a necessary supplement to historical and psychological studies" (221). The literary imagination, with its ability to fictionalize and symbolize, can create a space in which experiences that appear to defy understanding and verbalization, that concern existential dimensions of the human condition – especially threatening experiences of vulnerability or mortality – can be explored from multiple perspectives. Literary texts and their fictional worlds allow for nuanced engagements with the subject of trauma, which is often personalized and contextualized, fictionalized and historicized, as well as psychologized and metaphorized at the same time. Literary approaches to trauma, then, have the potential to engage readers' powers of emotional identification and sympathy on the one hand and critical reflection on the other.

These texts also serve important socio-cultural and political functions. The contribution of trauma writers, as Vickroy stresses, is not only to "mak[e] terrifying, alien experiences more understandable and accessible" (222) but also to provide a means of "witnessing or testifying for the history and experience of historically marginalized people" (221). In a similar vein, Whitehead emphasizes that trauma fiction often thematizes "the denied, the repressed and the forgotten" (*Trauma Fiction* 82). The same may be said of much testimonial and life writing. Yet trauma

novels and "limit-cases,"[4] which explore self-narration and self-representation in the face of trauma within fictional and literary structures, allow authors to experiment with self-reflexivity in ways that non-fictional trauma writing may not permit, thus enabling writers to explore different perspectives on writing trauma and writing the self. Furthermore, as Hubert Zapf argues, literary trauma writing enables specific functions and effects that hinge on its fictionality:

> [Twentieth-century trauma narratives] remain connected, at least in principle, to a long tradition of literary representations of 'other people's pain', whose ethical implications are tied to their fictional status and to the fact that the other people and their fates whose pain the reader is witnessing or sharing are the fates of imaginary people in a depragmatized and metadiscursive space of textuality, which however may paradoxically enhance its communicational intensity and its signifying power towards a collectively experienced historical reality. (166)

According to Zapf, then, literary trauma texts may have a particular impact on readers precisely because they operate in an imaginary and textual realm. While the specific functions of trauma fiction may, of course, vary from text to text depending on each text's depiction of individual trauma history, socio-cultural context, and political agenda, literary trauma writing is an important form of engagement with trauma that stands alongside psychological and historical approaches as well as non-fictional trauma narratives.

Literary trauma texts often expose and work with the essential paradox that characterizes trauma narratives in general: the attempt to communicate that which resists ordinary processes of remembering and narrating, of representation and comprehension. Trauma narratives raise important questions about the possibility of verbalizing the unspeakable, narrating the unnarratable, and making sense of the incomprehensible. Trauma, as Luckhurst puts it, "issues a challenge to the capacities of narrative knowledge" (*Trauma Question* 79) or, more generally, a challenge to language, narrative, and understanding. Most trauma texts, in one way or another, point to the "narrative/anti-narrative tension at the core of trauma," that is, to the tensions between "narrative *possibility*" and "*impossibility*" (80, 83). The texts explored in this study negotiate these tensions, placing varying degrees of emphasis on the potentials or limitations of language and narration in relation to trauma.

Literary trauma writing performs a complex balancing act regarding the (un)speakability, (un)narratability, and (in)comprehensibility of trauma, and trauma

4 Leigh Gilmore defines "limit-cases" as "contemporary self-representational texts about trauma [that] reveal and test the limits of autobiography" (*Limits* 14). Calling attention to the porous generic boundaries of much recent trauma writing, Gilmore asserts that "[t]he limits tell us what the genre alone cannot" (10).

theory displays an equally strong concern for the interrelations between wounds and words, between wounds and signification. These interrelations, however, have been theorized in significantly different ways. Caruth's highly influential publications *Trauma* and *Unclaimed Experience* initiated a paradigm of theorizing trauma marked by scepticism towards narration. Caruth allows for the possibility of trauma being transformed into a narrative that tries to make sense of the incomprehensible but claims that such a narrative is likely to distort the "truth" of trauma and weaken its impact:

> [T]he transformation of the trauma into a narrative memory that allows the story to be verbalized and communicated, to be integrated into one's own, and other's knowledge of the past, may lose both the precision and the force that characterizes traumatic recall. ("Recapturing" 153)

For Caruth, it is crucial that cultural representations preserve the full force of trauma, especially its incomprehensibility: "The danger of speech, of integration into the narration of memory, may lie not in what it cannot understand, but in that it understands too much" (154). According to Caruth, trauma demands a mode of representation that textually *performs* trauma and its incomprehensibility through, for example, gaps and silences, the repeated breakdown of language, and the collapse of understanding (see "Recapturing" 153-55; *Unclaimed* 115).[5] Similarly, Geoffrey Hartman emphasizes how words are inadequate or even fail in the face of trauma, but he also grants that "[l]iterary verbalization, however, still remains a basis for making the wound perceivable and the silence audible" ("Trauma" 259). Whitehead and Vickroy also explore how trauma narratives do not merely represent but also perform trauma, that is, how they "incorporate the rhythms, processes and uncertainties of trauma within [their] consciousness and structures" (Vickroy xiv). Yet these critics' main focus differs from Caruth's in that they place less emphasis on the incomprehensible and unspeakable aspects of trauma. What they both highlight is that trauma narratives do have the potential to represent traumatic experiences and to illuminate the complexities of trauma, at least to some extent. They acknowledge that trauma resists being fully remembered, represented, and grasped, but they also assert that writers have, in fact, found means to represent trauma in

5 Leys goes as far as to claim that Caruth defines the "truth of trauma" as an "incomprehensible event that defies all representation" so that trauma "in its literality, muteness and unavailability becomes a sacred object or 'icon'" to such an extent "that it would be a 'sacrilege' to misappropriate or tamper with [it] in any way" (*Genealogy* 253, 269). While I generally agree with Leys' critical reading of Caruth, I find that, in this respect, she tends to overstate and somewhat misrepresent Caruth's arguments.

fiction in a way that conveys these challenges and, at the same time, facilitates understanding.

Trauma theory that focuses on narrative impossibility rather than possibility, in Luckhurst's terminology, tends to be critical not only of the idea of integrating and understanding trauma but also of healing and recovery. In other words, anti-narrative theorizations of trauma tend to be "anti-therapeutic." In *Unclaimed Experience,* Caruth conspicuously marginalizes the topos of recovery, focusing on what she describes as "the new mode of reading and listening that both the language of trauma, and the silence of its mute repetition of suffering, profoundly and imperatively demand" (9). Her readings of both theoretical and literary texts are centred on this "new mode," a mode defined by aporias and incomprehensibility, by fragmentation and acting out. In a fatalistic gesture that recalls Shoshana Felman's approach to trauma in *Testimony*,[6] Caruth highlights how trauma victims may pass on their trauma to others. Moreover, throughout the text, Caruth emphasizes repetition as a crucial feature of trauma writing, one that expresses ideas of compulsion and acting out, of being caught up in endless cycles of suffering, and of a fatalistic sense of doom. From a metaperspective, the text of *Unclaimed Experience* itself performs the fixation on a "repetition compulsion" by expressing again and again the idea that repetition compulsion is one of *the* determining features of trauma. Hence, neither the trauma narratives Caruth chooses to discuss nor her theoretical narrative seem to allow for languages and visions of integration and healing. Whitehead reads Caruth's trauma theory in a similar way when she observes that Caruth "articulates concerns that the traumatic 'cure' implies a dilution of the experience into the reassuring terms of therapy" and concludes that "[t]here is, then, a distinct tendency in recent theorizations of trauma towards an anti-therapeutic stance, a scepticism regarding the inherent value of telling one's story" (*Memory* 116-17).[7]

The rejection of narration and recovery and the one-sided focus on the crises caused by trauma is problematic for a number of reasons. First of all, theorizations

6 In chapter one of *Testimony*, Felman discusses several interlinked levels of testimony: the videotaped testimonies of Holocaust survivors, her students' reactions to them, her own testimony as a teacher, the students' written responses and, finally, her chapter ("Education and Crisis" 1-56). Evoking the trope of contamination, Felman collapses the distinctions between victims and witnesses and readers/viewers of trauma (as well as between first- and second-hand experiences of trauma) to an extent that seems ethically problematic.

7 Another theorist who, like Caruth, discusses trauma especially in relation to narrative impossibility is Jean-François Lyotard. As Luckhurst writes, based on *Heidegger and 'the Jews,'* for Lyotard, trauma can "only be an aporia in narrative, and any narrative temporalization is an unethical act" (*Trauma Question* 81).

with too narrow an emphasis on how trauma *disrupts* and *hinders* narration risk overlooking the fact that trauma also has a strong tendency to *produce* narration. As Luckhurst stresses, "[i]n its shock impact trauma is anti-narrative, but it also generates the manic production of retrospective narratives that seek to explicate the trauma" (*Trauma Question* 79). Furthermore, a radically anti-narrative and anti-therapeutic stance produces ethical problems. It is problematic for trauma theory to insist on the preservation of the "truth" and full force of trauma while ignoring trauma victims' needs, especially their need for narration and desire for integration and recovery. While many literary trauma texts emphasize the characteristic tension between the urge to verbalize and narrate the trauma and the struggle to find a language to do so, trauma theory has tended to focus too narrowly on the latter. Historian Dominick LaCapra's criticism of Caruth's position regarding acting out, working through, and recovery is apposite here.[8] LaCapra claims that a response to trauma (in historiography, theory, or narrative) that narrowly focuses on "symptomatic acting out and the repetition compulsion" or even becomes "compulsively fixated" on the crisis caused by trauma is in danger of "intentionally or unintentionally […] aggravat[ing] trauma" (*Representing* 193). Trauma criticism that reads like "traumatic writing or posttraumatic writing in closest proximity to trauma" may push the intention of "keeping faith with trauma" too far and, as a result, risks perpetuating trauma (*Writing History* 23). However, LaCapra, like Caruth, also adopts a critical attitude towards the reverse approach to trauma, that is, towards what he terms a "fetishistic narrative" determined by "an imaginary, illusory hope for totalization, full closure, and redemptive meaning" (*Representing* 192-93). In *Writing History, Writing Trauma*, he criticizes trauma narratives for "prematurely (re)turning to the pleasure principle, harmonizing events, and often recuperating the past in terms of uplifting messages or optimistic, self-serving scenarios" (78). What LaCapra finds problematic, however, is the simplistic and value-laden binary that Caruth implicitly constructs in her theorization of trauma writing: narratives characterized by the "phantasm of total mastery, full ego identity, definitive closure," which Caruth rejects, versus writing marked by "endless mutability, fragmentation, melancholia, aporias, irrecoverable residues or exclusions" (*Writing History* 71), which is the main focus of her readings. LaCapra postulates that there is a kind of

8 Jean Laplanche and Jean-Bertrand Pontalis define "acting-out" as "action in which the subject, in the grip of his unconscious wishes and fantasies, relives these in the present," while "working-through" "is to be taken to be a sort of psychical work which allows the subject to accept certain repressed elements and to free himself from the grip of mechanisms of repetition" (4, 488). LaCapra, who takes these terms "away from a narrowly therapeutic framework," sees "acting out" as the posttraumatic state of being "haunted or possessed by the past," while "working through" enables the subject to break out of the tyranny of the past (*Representing* 210; *Writing History* 21-22).

trauma narrative that exists between these two poles, that acknowledges the tensions between narrative impossibility and possibility and between acting out and working through.

To some extent, a shift in focus within trauma studies has occurred since the 1990s: some studies after Caruth and Felman have engaged with narration and recovery with less scepticism. For example, in *Literary Trauma: Sadism, Memory, and Sexual Violence in American Women's Fiction* (2000), Deborah Horvitz's readings of women's trauma writings identify "the protagonists' varying capacities to use art, especially narrative, as a method of 'working through' or healing from trauma" as a recurrent trope (18). Horvitz ends her study with a powerful credo about the positive potential of narrating trauma, which significantly departs from Caruth's and Felman's pessimistic philosophies:

> As I hope my study illustrates, power lies in the capacity to find or *create* individual, personal meaning from a traumatized and tortured past. If traumatic events are not repressed, they can be *used*: victims remember and imagine stories to be repeated and passed on. That is, when the stories of the past are consciously recognized, the cycle of violence can end, because the *narratives*, not the sadomachism or the trauma, are repeated and passed on. (134)

Horvitz here distances herself from Felman's and Caruth's idea that narrating trauma tends to transmit it through a kind of contamination or contagion. Another case in point is Vickroy's *Trauma and Survival in Contemporary Fiction* (2002). Although survival cannot be equated with recovery, Vickroy's emphasis on survival does initiate a theoretical trajectory that moves beyond an exclusive focus on crisis, suffering, and acting out. Likewise, Ann Kaplan, in *Trauma Culture* (2005), distances herself from "Caruth's insistence on the 'unspeakability' and 'unrepresentability' of trauma" and asserts that "telling stories about trauma […] may partly achieve a certain 'working through' for the victim" and also "permit a kind of emphatic 'sharing' that moves us forward, if only by inches" (37). A more recent example is Jennifer Griffiths' *Traumatic Possessions* (2010), which explores processes of recovering from trauma and reconstituting the self, with a focus on the role of the body. While blind spots regarding the potential of narration and the importance of recovery persist in some strands of trauma theory, for critics like Horvitz, Vickroy, Kaplan, and Griffiths, literary trauma writing and the topoi of recovery and healing are not mutually exclusive.

In my analysis of literary trauma writing, I want to push this trajectory and the exploration of narration and recovery even further in several respects. One important way of further overcoming trauma theory's limitations regarding narration and recovery is to turn to psychological and psychiatric approaches to trauma. In particular, studies of traumatic stress have much to say to literary scholars' investigations of trauma writing. Indeed, processes of verbalization and narration have a

fundamentally different status and value in these studies than in Caruthian trauma theory. Traumatic stress studies, as I will show later in this chapter, force literary critics to rethink their assumptions regarding trauma and narrative, especially because, like literary trauma narratives, the studies deal directly with questions of how trauma can be integrated into a narrative, whether or not narrating trauma can be a way of working through trauma, and so forth – while they are, perhaps not surprisingly, hardly concerned with ensuring a "fidelity to trauma" (LaCapra, *Writing History* 22). Moreover, the comparison of trauma narratives from different time periods will cast new light on issues of recovery, especially because Romantic and postmodern trauma novels tend to approach recovery in rather different ways. Teasing out the complex relations between wounds and words and between speaking about the wound and healing is a core concern in my readings of all my chosen texts; broadly speaking, postmodern explorations of processes of recovery or partial recovery contrast with Romantic scepticism, ambivalence, and (in some cases) radical rejections of recovery.

In addition to the highly critical attitude towards narration and recovery prominent in literary trauma studies, there are other problematic aspects in the trauma theories of influential literary scholars. While clinical psychology and psychiatry use trauma as a distinct category of human experience for the diagnosis of mental, emotional, and physical health problems, literary studies tend to use trauma as a metaphor for diagnosing general characteristics of literature and culture. In other words, literary and cultural studies tend to argue for the pervasiveness of trauma, and this essential difference in perspective has far-reaching consequences. Once again, Caruth's trauma theory is a crucial point of reference. Caruth uses trauma to characterize a specific notion of history that has arisen in the postmodern age. She reconceptualizes history as, essentially, a "history of trauma" and as a history determined by "indirect referentiality" (*Unclaimed* 18): "Through the notion of trauma, I will argue, we can understand that a rethinking of reference is aimed not at eliminating history but at resituating it in our understanding, that is, as precisely permitting *history* to arise where *immediate understanding* may not" (*Unclaimed* 11). With this kind of universalizing gesture, Caruth repeatedly conflates history and trauma.[9] From an equally general perspective, albeit with a somewhat different focus, Hartman explores how trauma studies can inform the study of literary texts: "What is the relevance of trauma theory for reading, or practical criticism? [...] In short, we gain a clearer view of the relation of literature to mental functioning in several key areas, including reference, subjectivity and narration" ("Traumatic Knowledge" 547). Caruth uses trauma to illustrate allegedly universal characteristics of history; Hartman turns to trauma to discuss general issues of literature and

9 For a very similar criticism of Caruth, see for example Greg Forter: "She speaks at times [...] as if history and trauma were synonymous" (281).

literary study – both approaches exemplify how literary scholars engage in a cultural diagnostics centred on the notion of trauma. A more recent example of such an approach is found in Valentina Adami's *Trauma Studies and Literature* (2008), which foregrounds structural parallels between postmodernity and trauma:

> In our postmodern and post-Holocaust era, disorder is an integral part of life, meaning and coherence are systematically undermined, and reality is unstable. Recognizing the analogies between the postmodern condition, the structure of traumatic experiences, and that of literary texts may help us clarify the symbolic processes of signification that organize knowledge both in the individual's mind and in literary texts. (7)

While several of the analogies that Adami identifies are persuasive as such, her discussion repeatedly pushes these analogies so far as to collapse necessary distinctions. For example, while the experience of trauma intrinsically involves problems of memory and communication, not all problems of memory or communication necessarily involve trauma (Kansteiner, "Genealogie" 118). A memory crisis, an identity crisis, and an awareness of the limitations of language and communication have different meanings and intensities in different contexts – and trauma is not always the cause of them.

What Caruth's, Hartman's, and Adami's approaches have in common is that they voice – in somewhat different keys – the question of what trauma as a figure of thought, an image, or a metaphor can reveal about literature, culture, and history, respectively;[10] however, they remain silent on the question's logical and necessary counterpart: What can literary and cultural discourses reveal about trauma? It is only by taking into account both perspectives that we can do justice to the complex interrelations between trauma and literature as well as trauma and culture, and we also need both perspectives to investigate the manifold functions of trauma narratives. A one-sided approach that does not raise the latter question risks ignoring many layers of meaning; such a trajectory often results, as mentioned in the introduction, in a vague, universalizing conception of trauma, where the term is instrumentalized and used in such inflationary ways that almost anything qualifies as trauma. Wulf Kansteiner is right to point out that Caruth's generalizing approach has serious implications:

10 In this context, it should be mentioned that literary and cultural trauma theory emerged mainly from the deconstructionist school at Yale. As Luckhurst notes, "deconstruction, particularly in its American Yale School version, redirected its concerns with reference, representation, and the limits of knowledge, to the problem of trauma" ("Mixing Memory" 497).

Da sie sich nicht damit zufrieden gibt, die Grenzen des Wissens über vergangene Ereignisse katastrophaler Ausmasses zu erkunden, und stattdessen die vorgeblichen traumatischen Komponenten in allen Geschichtsdarstellungen betont, hat sie Traumata in eine alltägliche Erfahrung verwandelt. In ihrer Vorstellung sind wir alle Opfer und Überlebende des Traumas der Grenzen sprachlicher Abbildung. ("Genealogie" 117)

In other words, Caruth uses (or abuses, in Kansteiner's view) trauma to illustrate a specific notion about history and the limitations of language and representability.[11] Equating the suffering of trauma victims with the "traumatic" aspects of all human communication, Caruth both aestheticizes and structuralizes trauma. The roots of this "structural metaphor of trauma" can, in part, be traced back to the psychoanalytical notion of structural trauma, but Caruth uses this psychoanalytic legacy in an expansive way so that trauma becomes a pervasive "cultural metaphor" that "encompasses all of human history and culture" (Kansteiner, "Testing" 113).[12] On the continuum of trauma concepts, her approach can be situated at the pole of the abstract, tropological, and metaphorical; it is problematically devoid of any historical specificity, blurring the distinction between historical and structural trauma. One of the main dangers of this kind of structuralizing approach, according to Greg Forter, is that "the 'structuralization' of history itself" can be "a way of evading historical responsibility" (281). If trauma is not connected to specific traumatogenic events and circumstances (i.e., specific experiences at the level of the individual or specific historical events or conditions at the level of the collective) and instead treated as something inherent in the structures of human experience in general, trauma discourse risks losing its power to call for individual and political responsibility and action regarding various wrongs and traumatizing conditions.[13]

Hence, while the emergence of trauma studies in the humanities has often been seen in connection with the ethical turn,[14] the increasingly generalized usage of the

11 On the problematic implications of using trauma as the foundation for general theories of representation and signification, see also Susannah Radstone's "Trauma Studies."

12 Kansteiner paraphrases the psychoanalytical notion of structural trauma as a concept capturing the "ontogenetic challenges of childhood and adolescence that all members of our species have to master" ("Testing" 114).

13 For an excellent discussion of structural versus historical trauma, see LaCapra's *Writing History, Writing Trauma*.

14 In his 1995 article "On Traumatic Knowledge and Literary Studies," Hartman, like others, explicitly establishes a connection between the emergence of literary trauma studies and the ethical turn in the humanities: "Trauma studies provide a more natural transition to a 'real' world often falsely split off that of the university, as if the one were activist and engaged and the other self-absorbed and detached. There is an opening that leads from trauma studies to public, especially mental health issues, an opening with ethical, cultur-

term has, as Kansteiner stresses, resulted in a tendency to abandon "die historische und moralische Präzision […] deren Förderung das Konzept ursprünglich gedient hatte" ("Genealogie" 109). In contrast, many literary texts on trauma (and all of my chosen texts) explore what trauma signifies for an individual at least as much as they explore what trauma signifies for a culture or a cultural condition. These Romantic and postmodern novels, with their detailed explorations of specific traumatic incidents and their effects on individuals, call for approaches that do justice to trauma as a life-shattering experience and do not reduce it to a universal human condition. These texts ask for approaches that revalue and rethink the importance of ethics in the practice of trauma studies. A few recent publications in literary trauma studies do acknowledge the need for a more profound engagement with ethical concerns.[15] As Herrero and Baelo-Allué assert, "[t]rauma and ethics are two terms inextricably linked. In fact, it is difficult to deal with trauma without taking into account the relevance of ethical criticism" ("Introduction" 9). These approaches return to one of the founding impulses of trauma studies; however, at the same time, they reconceptualize it and push the commitment to ethics further, thereby functioning as a corrective to one of the problematic developments in the field. My readings of trauma novels are also intended to contribute to this renewed attention to ethical concerns. Novels such as *Fugitive Pieces* and *The Hiding Place* are deeply concerned with trauma and ethics, exploring issues of guilt, the relations between victims and perpetrators, as well as the ethical complexities of narrating and sharing trauma.

In addition, I contend that psychological and psychiatric trauma discourses can help literary critics counteract the tendency to adopt generalizing approaches. Traumatic stress studies strive to define the boundaries between traumatic and non-traumatic stressors as well as between healthy coping strategies and symptoms of Posttraumatic Stress Disorder. With the exception of some psychoanalytical approaches, psychological trauma discourses refrain from structuralizing trauma,[16] valuing the specificity of traumatic experiences and offering detailed and differentiated analyses of the complex short- and long-term effects of different kinds of

al, and religious implications" (544). On trauma studies and the ethical turn, see also Stef Craps' *Trauma and Ethics in the Novels of Graham Swift*.

15 See especially Herrero and Baelo-Allué's essay collection *Between the Urge to Know and the Need to Deny* (2011), as well as Martin Modlinger and Philipp Sontag's collection *Other People's Pain* (2011).

16 To some extent, expansive tendencies can also be observed in the empirical, historical model of trauma in psychological and psychiatric discourses, notably through the construction of intergenerational trauma reaching out to the third generation, but, as Kansteiner highlights, there is still a crucial "difference in scale" ("Testing" 113). For a more detailed discussion of the intergenerational transmission of trauma see Chapter Six.

trauma. The fictional texts discussed in this study share some of the concerns of these kinds of psychological studies, including a focus on intrapersonal processes, on the dynamics and crises of memory and identity, and on how trauma victims (re)construct their life-stories around or above the black hole of trauma. Hence, a two-pronged, interdisciplinary approach to reading fictional trauma narratives may help to bridge the gap between literary and certain theoretical trajectories, allowing us to redefine trauma less as a general cultural condition and more as a specific – if multi-faceted and complex – aspect of human experience.

While the main focus in my corpus of texts is individual rather than collective trauma, several of them also thematize the intersections between individual and collective aspects. Wollstonecraft's *The Wrongs of Woman*, for example, signals time and again that individual trauma cannot be separated from its collective dimensions, constructing the personal as inherently political. Michaels's *Fugitive Pieces*, moreover, explores in what ways historical trauma can affect a community and in what ways a traumatized individual interacts with different cultural communities. In trauma theory, collective dimensions of trauma have also received increasing attention in recent years. Consequently, it is important to discuss how collective dimensions of trauma have been theorized. Generally speaking, the tendency to structuralize and universalize trauma has been particularly prominent in treatments of the collective aspects of trauma. Some literary scholars have attempted to (re)introduce empirical and historical dimensions into their discussions of collective trauma, but they often seem to remain caught up in the structural paradigm popularized by Caruth. Kaplan, for example, discusses "trauma culture" in a manner unlike Caruth: she is not interested in the allegedly traumatic elements inherent in all communication, representation, and history but in the "cultural politics" of specific traumas such as colonialism, World War II, and 9/11.[17] Yet she allows a Caruthian gesture of generalization to enter through the backdoor when she claims that media consumers, readers of stories, or viewers of films about trauma often suffer from "vicarious or secondary trauma" (21, 39). Kaplan even maintains that "most people encounter trauma through the media" and, as a result, proposes to focus on "so-called 'mediatized trauma'" (2),[18] evading the question of whether or not the term

17 A critical and perceptive discussion of trauma in the context of 9/11 can be found in Marc Redfield's "Virtual Trauma." Redfield coins the term "virtual trauma" to capture how much this "cultural trauma" emerged as a "trauma of mediation and transmission" that revolved around a "hypermediated event" which developed its full force mainly through the pervasive media coverage and the "general commemorative frenzy" following the event itself (56-57, 61). On this subject also see Redfield's *The Rhetoric of Terror.*

18 A few years before Kaplan, Hartman (in his 2003 article) briefly discussed the idea of media consumers being traumatized by the flood of images of trauma: "A secondary traumatization threatens the bystander who views mechanically transmitted pictures of

"trauma" is still justified in this context.[19] It is through the lens of such a universalizing approach to trauma that Kaplan diagnoses "entire cultures or nations" as suffering from the impact of trauma (1). Kirby Farrell in *Post-Traumatic Culture* similarly argues that trauma and "posttraumatic *themes*" permeate whole cultures (7). His notion of a posttraumatic culture is based on the belief that "we are creatures susceptible to infectious fear and arousal" and on the assumption that "contagiousness" is a "significant quality of post-traumatic stress" (12):

> Because of our capacity for suggestibility, post-traumatic stress can be seen as a category of experience that mediates between a specific individual's injury and a group or even a culture. […] In cultural applications, then, it is useful to see post-traumatic experience as a sort of critically responsive interface between people. (12)

As Kansteiner rightly points out, Farrell defines trauma "both empirically-historically as well as structurally" and thus, like Kaplan, exemplifies the tendency to "interpret[] more and more aspects of human existence under the sign of trauma" ("Testing" 117). Both critics put the focus on what should be termed "cultural trauma" rather than "collective trauma."

Approaches to collective dimensions of trauma that are less universalizing and more historically oriented can be found in the field of sociology. The sociologist Kai Erikson was one of the first to explore in depth how trauma can affect communities. In his seminal article "Notes on Trauma and Community" (1995), he discusses how trauma can disrupt and damage a community but also hold the community together: "So communal trauma, let's say, can take two forms, either alone or in combination: damage to the tissues that hold human groups intact, and the creation of social climates, communal moods, that come to dominate a group's spirit"

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violence and sorrow from all over the world" ("Trauma" 258). At the same time, Hartman speculates that the "routinization of shock" produced by the media may not always lead to "post-traumatic stress" but can instead have the effect of "desensitization" (269). Yet even though Hartman's perspective is in some ways more critical than Kaplan's, the use of the term "post-traumatic stress" in the context of media consumers is still a problematically broad application of the notion of trauma. For a detailed and perceptive criticism of the idea that media and film can produce trauma see Kansteiner's "Genealogie" 129-33.

19 The notion of vicarious trauma was first discussed in the context of psychiatry, in terms of the psychiatrist's response to his or her patient's trauma (see for example Laub's "Bearing Witness"). However, as Modlinger and Sonntag rightly assert, while this notion may be appropriate to the study of psychiatric listening, "it becomes ethically problematic when transferred imprudently and without distinction to literature and literary and cultural criticism" ("Other People's Pain" 8).

(190). Examining several incidents of historical trauma – including a devastating flood in Buffalo Creek, a mountain hollow in West Virginia – Erikson explores the complex dynamics of "traumatized communities." Other sociologists, for example Iwona Irwin-Zarecka, have also investigated the impact of historical traumatic events on collectives and communities, often in connection with the textures and ruptures of "collective memory." In *Frames of Remembrance* (1994), Irwin-Zarecka argues that traumatic experience is a common catalyst of "communities of memory." Although "it is often the victims of traumas who most immediately and most 'naturally' bond together," Irwin-Zarecka also emphasizes that for the construction of memory communities, "personal relevance of the traumatic memory" can be more important than "personal witness to the trauma" (49-50). Because the meaning ascribed to an historical event (not the actual event and its witnesses) defines communities of memory, their boundaries can shift considerably over time (48). Like Caruth, Kaplan, and Farrell, then, Erikson and Irwin-Zarecka investigate collective dimensions of trauma – but with fundamental differences. The discrepancy between them reveals once more that the parameters of individual versus collective do not necessarily coincide with the two poles on the continuum of trauma concepts: these sociological approaches investigate collective aspects of trauma in empirical, historical, and, thus, specific and concrete rather than structural and abstract terms. Here, interdisciplinary perspectives can help us (re)assess recent developments in the field regarding collective dimensions of trauma.

In the remainder of this chapter, I want to build the framework for an interdisciplinary study of my corpus of Romantic and postmodern trauma novels by bringing into dialogue the voices of literary trauma writing, literary trauma studies, and psychological and psychiatric studies. As I have tried to signal in the preceding pages, it is precisely the juxtaposition of literary trauma theory with psychology and psychiatry that allows us to see the problematic aspects of influential theorizations of trauma and allows for a rethinking of the field's basic tenets. The idea is not to treat traumatic stress studies as the master discourse that can answer all questions and resolve the cruxes of literary trauma writing. Rather, the purpose of the dialogue is to discover what a listening across disciplinary boundaries, what a mutual listening to the various kinds of testimonies in different disciplines has to offer – in the same spirit as Hartman's original characterization of the general impulse behind literary trauma studies: "There is more *listening*, more *hearing* of words within words, and a greater openness to *testimony*" ("Traumatic Knowledge" 541).

HISTORICAL PERSPECTIVES ON TRAUMA: A SHORT INTRODUCTION

In order to contextualize key notions from Romantic-period and contemporary mental sciences, a short overview of the history of trauma is apposite. Historical investigations of trauma are usually structured as a chronological series of milestone events that attracted particular attention to the phenomenon of trauma and as a succession of physicians, psychiatrists, and psychologists who engaged in significant ways with the traumas resulting from these events. Commonly, the milestone these studies begin with is John Erichsen's diagnosis in the 1860s of a condition caused by railway accidents known as "concussion of the spine" or "railway spine." While Erichsen held that "disturbance to the nervous system might be physically produced in railway accidents," succeeding investigations of railway spine symptoms shifted the focus from organic and pathoanatomical to more psychological and psychosomatic explanations (Brown, "Posttraumatic" 502). Trauma here emerges as a product of the railway age; it is commonly associated with the rise of "technological and statistical society that can generate, multiply and quantify the 'shocks' of modern life" (Luckhurst, *Trauma Question* 19). Trauma's aetiological roots, then, are sunk in similar soil to those of Romanticism: industrialization. The emergence of Romanticism was fuelled by the wave of industrialization several decades earlier; the Romantics criticized the societal transformations and value shifts driven by the industrial revolution. Thomas Pfau implicitly calls attention to these connections when he diagnoses the period between 1800 and 1815 as a time where "trauma" was the dominant "mood," concerned with the "traumatic shock of economic, political and cultural modernity" (17). Yet, as Pfau also acknowledges, his discussion of trauma favours a "trans-individual and structural-discursive" conception (21), which differs considerably from the notion of "railway spine," which identified the concrete impact of a specific "shock" of modern technology on individual subjects. The appearance of the notion of "railway spine" is a seminal moment in the history of psychological trauma; however, as Esther Fischer-Homberger asserts, it was not until later in the century that the term "traumatic neurosis" came into use ("Railway Spine" 98). A crucial example is the 1889 study *Die traumatischen Neurosen* by German neurologist Herman Oppenheim, which focused mainly on changes in the central nervous system of railway spine sufferers (van der Kolk, "History" 20).

Pierre Janet, Jean-Martin Charcot, and Sigmund Freud, who explored hysteria and located its roots in childhood sexual trauma, are the next key figures in the history of trauma.[20] With these theorists, the focus of trauma theory shifted to the pri-

20 For an overview of how Charcot, Janet, and Freud investigated trauma and hysteria, see for example Bessel van der Kolk's "History."

vate and domestic realm, the sphere of the family. However, as Adami notes, general "interest in trauma declined" at the beginning of the twentieth century (9). It seems that another historical event, one that affected society on a larger scale, was needed to reawaken interest in the phenomenon of trauma: the First World War, with its trench warfare, where the horrors of war reached a previously unimaginable intensity. The sufferings of a significant number of soldiers were diagnosed as "shell shock," a condition that was first thought to be a physical affliction caused by exploding shells but that gradually came to be reinterpreted as a psychological affliction (Brown, "Posttraumatic" 505). The evolving notion of "shell shock" also had a considerable impact on Freud's theoretical link between hysteria and sexual childhood trauma. As Harold Merskey stresses, during and after the war, so many individuals suffered from symptoms closely resembling "hysteria" that it became impossible to locate its cause chiefly in childhood sexual experiences and to see "hysteria" as an illness of women only (493).[21]

After the First World War, however, the study of trauma was again neglected until the outbreak of the Second World War; the considerable number of individuals suffering from either battle neurosis or concentration camp syndrome generated renewed attention (Merskey 494).[22] The Holocaust has since played a pivotal role in the discussion of trauma, to the extent that it often figures, in the words of Whitehead, as "a universal trope for traumatic history" or even as "a universal cipher of suffering" (*Memory* 151).[23] The Vietnam War was the next milestone event that significantly contributed to a growing awareness of traumatic stress and its profound impact on individuals; it played a pivotal role in convincing the medical and psychiatric professions to officially recognize the effects of trauma. By 1980, Posttraumatic Stress Disorder (PTSD) was incorporated into the main psychiatric handbook, the DSM, which triggered a wave – an "explosion," according to Bessel van der Kolk (" History" 31) – of publications on the subject. Finally, the False Memory Debate in America in the 1990s brought to the fore, for the first time since Freud's theory of hysteria, issues of childhood, sexual, and family trauma, which were now, under the influence of the feminist movement, heavily politicized and discussed on a larger scale.

21 In this context, see also Freud's *Beyond the Pleasure Principle*, where he discusses dreams in relation to traumatic neuroses and war neuroses.

22 According to van der Kolk, much of the work of psychiatrists who were active during WWI was largely forgotten by the time WWII broke out, an important exception being the work of Abram Kardiner, which proved influential "for the remainder of the 20th century" ("History" 26).

23 For a perceptive criticism of rhetorics of "singularity" and "uniqueness" regarding the Holocaust, see Michael Rothberg's *Multidirectional Memory*.

This sequence of events is, in a nutshell, the common framework of historical conceptualizations trauma. The synopsis is relevant both as general background and as an illustration of the marginal position children's and women's traumas have occupied in the field in relation to historical traumas. In general, historical events, notably war and genocide, have been the major drivers of the study of traumatic stress; it has taken much longer for the significance of individual, private traumas to be widely acknowledged. As Edward Brown asserts, while the impact of deeply distressing experiences has always been recognized, specific concepts and theories emerged only when traumatic injury involved "social conflict over the responsibility of corporations and nations," as was the case with victims of railway accidents or shell-shocked soldiers ("Posttraumatic" 501, 507). Between 1895 and 1974, as Fischer-Homberger stresses, the investigation of trauma focused almost exclusively on its impact on white men, while male violence towards women and children was generally neglected ("Medizingeschichte" 290). Concepts like "rape trauma syndrome" (first described in 1974), "battered woman syndrome," and "abused child syndrome" (which were identified soon after) paved the way for a gradual shift in thinking (291), a shift that is also reflected in the literary discourses on trauma. Through its thematic focus on childhood and family trauma, this study aims to contribute to raising awareness about these long-neglected types of trauma and signals that further attention to children's and women's traumatic experiences is a political and ethical necessity.

To a large extent, the inclusion or exclusion of certain kinds of trauma in scientific, public, and literary discourses is a political issue. From a political perspective, however, a different dimension of generalizations in relation to trauma comes into view: while the generalizations prominent in the work of Caruth and others are problematic in the way they turn trauma into an omnipresent metaphor for a cultural condition, some generalizations regarding trauma are politically necessary. A rhetoric of singularity, which validates only a limited number of specific kinds of experiences as traumatic, is politically and ethically dangerous. In this respect, a certain level of generalization – "inclusiveness" might be the more appropriate term – is required to prevent trauma discourses from perpetuating a "hierarchy of suffering" (Rothberg, *Multidirectional* 9). Indeed, it took some time for existing hierarchies of suffering to be recognized, especially those between the Holocaust and other genocides, between 9/11 and other historical events with wide-ranging collective effects, and between trauma in a non-domestic versus domestic context. The acknowledgment that domestic traumas like sexual abuse can cause symptoms similar to those caused by experiences of war was a seminal moment in trauma history, made official by the inclusion of PTSD as a psychiatric category in the DSM-III in 1980. Interestingly, the founding figures of literary and cultural trauma theory initially pursued a non-inclusive approach and focused almost exclusively on trauma in the context of the Holocaust (e.g., Caruth, Langer, Laub, Felman, Hartman, and LaCapra) –

and used this specific type of traumatic experience as the basis on which to establish their notions of the inherently traumatic nature of culture, history, postmodernity, and so forth. It is here that the complex and paradoxical relation of trauma to the rhetoric of generality versus singularity manifests itself *par excellence*.

While the historical outline of trauma sketched above constitutes a significant point of reference for my analysis, I want to depart from this traditional trajectory and relate a version of the history of trauma that is tailored to my corpus of texts. Bearing in mind that there seems to be a general consensus about starting the history of psychic trauma with Erichsen's "railway spine," I shift the starting point backwards in time in order to contextualize Romantic trauma fiction within the mental sciences of the period. The flourishing field of contemporary traumatic stress studies constitutes the second main point of focus.

Trauma psychology is not only important for contextualizing postmodern trauma novels; it also serves as a crucial reference point for a fuller understanding of Romantic trauma fiction. While Romantic-period discourses allow us to understand the novels' conceptualizations of trauma within the context of contemporary views on mental illness, trauma psychology offers important insights into Romantic literary psychologies of trauma for which the mental sciences of the time did not yet have the vocabulary and conceptual framework. As William Brewer rightly emphasizes, although writers like Godwin and Shelley wanted to make contributions to the "science of man" in their "psychological fiction," believing that "the mind can be observed, anatomized, and experimented with," we should not forget that "many of its 'enigmas' cannot be explained by late eighteenth- and early nineteenth-century philosophy and science" (19-25). Consequently, I choose an approach to Romantic trauma writing that is essentially two-pronged, and thus, in the terminology of Peter van Drunen and Jeroen Jansz, neither purely "historicist" nor "presentist" ("Introduction" 4). My approach is "historicist" in the way it anchors Romantic trauma novels in their historical background; at the same time, I strive to make elements of what van Drunen and Jansz derogatorily label "presentism" fruitful – not by uncritically superimposing a mindset of the present on texts of the past but by being consciously and self-reflexively anachronistic in order to reveal resonances between the two.[24]

The dialogue between contemporary trauma psychology and Romantic-period psychological and psychiatric discourses in fact reveals a surprising overlap of cen-

24 In this respect, my approach bears a certain resemblance to the methodology Alan Richardson uses in *British Romanticism and the Science of the Mind*. In the introduction, Richardson writes: "I have become convinced that informed comparison with models, findings, and controversies from the present are needed to help bring certain Romantic-era developments and debates into focus. It is less a matter of insisting on resemblance than of listening for resonance" (3).

tral concerns. Such concerns, which will be explored in more detail later in this chapter, include the following: how and why strong affects and experiences with exceedingly high levels of emotion can lead to mental illness; how body and mind are interrelated in the genesis and pathology of psychic disorders; in what ways characteristics of individuals and environments influence the genesis and the course of mental disorders, recovery processes, and so forth. As this recurrence, or perhaps even continuity, of concerns suggests, it would be problematic to position contemporary psychiatry as the master discourse holding all the answers about mental illness or trauma. As Porter asserts in *A Social History of Madness*, "even today we possess no rational consensus upon the nature of mental illness": "Madness has been and remains an elusive thing" (8). Porter wrote this in 1987, but even now, more than twenty years later, his statement has not lost its validity, despite continuous and impressive advances in the field. From this perspective, we may well assume that Romantic-period and contemporary discourses can illuminate each other and help elucidate the mental topographies of Romantic and postmodern trauma fiction.

One last introductory point regarding my approach to trauma and psychology is required. Given that "Sigmund Freud remains at the centre of psychological approaches to Romanticism" (Wilson 420), it is important that I clarify what the status of Freud and psychoanalysis is within my theoretical framework. While I agree with Joel Faflak (whose investigation of Romantic poetry and Freudian psychoanalysis in *Romantic Psychoanalysis* is one important example here) and others that Freud's writings, in some ways, remain a significant theoretical point of reference, I draw on a larger, richer, and more current body of psychological and psychiatric studies of trauma, giving space to voices that are not usually heard in literary criticism and showing what directions the investigation of traumatic stress has taken since Freud. This diverse, flourishing field is inspiring in its contemporariness, currency, and highly dynamic nature. Importantly, traumatic stress studies have developed conceptions of trauma considerably and, on the whole, moved away from Freudian psychoanalysis. As Luckhurst emphasizes, there is a remarkable "disjunction between the emphasis on Freud in cultural theories and the complete absence of any psychoanalytic influence on contemporary psychiatric definitions of trauma. Whatever one thinks of the steady wane of the influence of Freud on psychiatry, this situation has at least to be acknowledged – yet rarely is in cultural and literary theory" ("Mixing Memory" 504).[25] In addition, psychological approaches to trauma

25 On the need to rethink the status of psychoanalysis for literary studies, see also Richardson, who critiques the value of psychoanalysis to cognitive and neuroscientific approaches, maintaining that the psychoanalytical (and post-structuralist) assumptions "currently underwriting much work in literary studies are wearing thin and need, at least, to be supplemented by new models and theories" ("Cognitive" 533).

other than psychoanalytical ones are more in line with my general theoretical disagreement with approaches that generalize and structuralize trauma, especially given that Freud can, in fact, be seen as the initiator of structural perspectives on trauma.[26] Thus, while cross-references to Freud's writing and theorizations of trauma will be provided where relevant, the historical and theoretical framing of Romantic and postmodern trauma fiction that I undertake primarily relies on Romantic psychology and psychiatry on the one hand and on contemporary traumatic stress studies on the other.

A STAGE OF TRANSITION: ROMANTIC-PERIOD MENTAL SCIENCES

The trauma novels of Wollstonecraft, Godwin, and Shelley were written during an important period of transition in the fields of psychology and psychiatry, one characterized by significant expansions as well as considerable changes and advances. In the eighteenth century, as Michael Stone emphasizes, the study of the mind was shaped by the interlacing of philosophy and psychology, and "[i]t was not until the nineteenth century that the two disciplines were teased apart, with psychology more allied with physiology" (54). There was, in the words of James Goodwin, a "shift from a philosophy of the mind to a science of the mind" (49).[27] This trend towards scientification and specialization was contingent on the "advent of medical specialism," which was "a phenomenon of the nineteenth century" (Shorter 1). Despite the development of more specialized mental *sciences*, however, the exchange across

26 As Forter emphasizes, there is a significant shift from Freud's early trauma writing, where he shows a concern with the specificity of trauma, to his late trauma writing, which "seeks instead to make ungendered human misery at once historically inexplicable (that is, insusceptible of historical analysis) and ontologically ineradicable" (269).

27 Philosophical speculation was increasingly complemented and/or replaced by physiological research and experimental study; the "Scientific Method" rapidly gained influence, driven by a "passion for measurement" and aimed at a more objective and systematic analysis of the human brain and consciousness (O'Boyle 148). Another example to mention in this context is the work of Franz Gall, a German physiologist dedicated to the study of the brain, who asserted that "the differences in the size of the cortical organs might be determined by examining the shape of the head" (O'Boyle 155). The idea that measurements of head size and shape could be related to underlying cortical structures and brain functions was quickly popularized and developed as "phrenology." Phrenology, as Cherie O'Boyle observes, "for those living in the 19th-century era of scientific progress […] seems like science" (155).

disciplinary boundaries remained important. While psychology gradually freed itself from its status as a branch of philosophy, different schools of philosophy continued to have a powerful impact on the different strands of psychology and psychiatry (Weckowicz and Liebel-Weckowicz 108). These lines of influence across disciplinary boundaries ran not in unilateral but in bilateral ways: "[A] distinctively international scientific culture […] seeped readily into the philosophical and literary discourses of the age" (Richardson, *British Romanticism* 7). This kind of interdisciplinarity is important to keep in mind when studying trauma novels by writers like Godwin, whose "intellectual milieu in the 1790s situates him as an intimate of medical men" (Monsam 110). As Brewer emphasizes, Godwin as well as Shelley displayed a strong interest in texts concerned with the science of the mind, including those by John Locke, David Hartley, and Robert Burton (23-26). Unlike today, scientific texts were accessible to readers beyond a narrow circle of specialists; medical texts were, as Peter Logan highlights, "accessible to any well-educated reader" (11).

Besides the flourishing of psychological discourses in general, one important development in the field of the mental sciences is crucial to consider as a context for Romantic trauma narratives: the development of psychiatry. It was not until the Romantic period that the field of psychiatry began to establish itself as a discipline:

> Before the end of the eighteenth century, there was no such thing as psychiatry. Although individual doctors had occupied themselves with the care of the insane and had written manuals about it since the time of the ancient Greeks, psychiatry did not then exist as a discipline to which a group of physicians devoted themselves with a common sense of identity. (Shorter 1)

Edward Shorter here locates the birth of psychiatry and its increasing institutionalization in the late eighteenth and early nineteenth centuries.[28] Historians of psychiatry generally agree that this era was characterized by a new and particularly strong interest in pathological forms of the human mind and psyche, which came to be fundamentally reconceptualized. As Ruud Abma highlights, "it was only from the late eighteenth century onward that insanity became a medical issue" (94). In other words, the Romantic period was when the vocabulary of mental disease, of mental *illness*, was introduced into discourses about insanity.

This reconceptualization of insanity in medical terms had far-reaching implications, representing a move away from the classicist notion of madness as outlined by Michel Foucault in *Madness and Civilization*:

28 On the institutionalization of psychiatry, see also Porter: "In all the advanced nations, psychiatry gained a public face (if little prestige and much distrust) after 1800, and psychiatrists found public employment in universities, especially in Germany, and in asylums" (*Madness* 153).

> For classicism, madness in its ultimate form is man in his immediate relation to his animality, without other reference, without any recourse. [...] at this extreme point, madness was less than ever linked to medicine; nor could it be linked to the domain of correction. Unchained animality could be mastered only by *discipline* and *brutalizing*. (75)

In seventeenth- and eighteenth-century discourses of insanity, the prevailing view was that "in losing his reason, the essence of his humanity, the madman had lost his claims to be treated as a human being" (Scull 86).[29] It was only during the Romantic period that the "ontological status" of the madman moved from animality to humanity; after this shift, the lunatic "remained in essence a man; a man lacking in self-restraint and order, but a man for all that" (Scull 87). Released from notions of animality, mental disorders were reconceptualized as treatable and curable; mind doctors began to dedicate themselves to an evolving therapeutic project. The conceptual shift from madness to mental illness and from the madman as a beast to the madman as a human being went hand in hand.

In the process, the mind of the madman became increasingly worthy of investigation, at least in some branches of the newly emerging field of psychiatry. Porter describes this "psychological turn" that occurred in Britain in the second half of the eighteenth century (*Madness* 127): "This emerging model of madness as a psychological condition pointed to an alternative target for psychiatric enquiry: rather than the organs of the body, the doctor had to address the patient's psyche, as evidenced by his behaviour" (129). Dedicated to psychological analysis and increasingly interested in treatment and therapy, physicians and alienists of the time started to explore the causes of mental disorders and attempted to classify different types of disorders systematically. In the course of this development, severe forms of mental illness as well as milder forms of mental disturbance gained increasing attention. This shift was closely connected to the belief that "the madman does not constitute a separate category from the sane individual," but that, as Allan Ingram emphasizes, "[h]is mind, rather, stands towards one end of a spectrum of human minds, sharing many of the mental features and processes of other minds, and sharing, too, their uniqueness" (61).

The shift to more fluid boundaries between sanity and insanity that the transition from classicist to Romantic views of madness precipitated is reflected in the Romantic trauma novels discussed in this study: these texts are concerned not only with madness in a narrow sense but also with a range of manifestations of the

29 Andrew Scull asserts that in this period, "the lunatic occupied a wholly unenviable ontological status"; he illustrates this ontological status by quoting Richard Mead's assertion in 1751 that there is "no disease more to be dreaded than madness" and Samuel Johnson's statement in 1753 that madness brought "the mighty reasoners of the earth, below even the insects that crawl upon it" (58).

pathological. The protagonist-narrators in Wollstonecraft's, Godwin's, and Shelley's novels are all traumatized in one way or another and suffer from different mental disturbances; however, the severity of the disruptions of their "wounded mind," in Wollstonecraft's words (74), varies considerably. For example, the eponymous narrator of Godwin's *Mandeville* and Beatrice in Shelley's *Valperga* suffer from severe fits of madness, while Maria in *The Wrongs of Woman* displays a number of posttraumatic symptoms but only momentarily seems on the verge of madness proper. Shelley's *Mathilda*, moreover, explores disorders that present a number of mental and bodily symptoms but that, for the most part, cause no radical breakdown of cognitive and intellectual capacities. These texts, then, resonate with the idea that the "difference between the sane and the mad is not qualitative but quantitative" (Faubert 88) – an idea which, as Michelle Faubert also points out, is encapsulated in the following statement by asylum keeper Thomas Bakewell: "[L]et it be observed in this place, that perhaps every human being possesses the seeds of this disease, and that it is possible to excite it in every individual" (*Domestic Guide* 25).

The conviction that the mentally ill are human beings whose mental disruptions merit systematic psychological observation underlies the emergence of case histories as an important method and genre in the field in several European countries. The Frenchman Philippe Pinel, who was widely read and influential at the time, "described in great detail and with great compassion the personal histories of the mentally ill" (Stone 62). A particularly noteworthy example from the German context is Christian Spiess' *Biographien der Wahnsinnigen* (1796), containing "10 extensive case histories, each 30 to 70 pages long – the first detailed accounts of individual patients to have appeared in the literature," which demonstrate how "the tenets of both Enlightenment and Romanticism – close observation of, and sympathetic interest in, the individual – were united" (Stone 56). In addition, British mental scientists such as Thomas Arnold, William Perfect, and Joseph Mason Cox wrote case histories of their patients (see Hunter and Macalpine 468-71, 502, 594). Important figures in the field, such as Erasmus Darwin and Alexander Crichton, explicitly emphasized the importance of psychological observation and close analysis in their writings, thereby enacting a shift not only towards perceiving the mentally ill as human beings but also, at least to some extent, towards engaging with them as individuals. As Richard Hunter and Ida Macalpine emphasize, "Darwin was one of the first medical men who tried to take a serious interest in his patients' minds and discover how they came to feel, think and act" (547). Similarly, Gerold Sedlmayr asserts that the practice of case studies "involves an acknowledgment not only of the uniqueness of each case, but also of the respective patient as a distinct (human) subject" (53).

This awakening clinical gaze, with its attention to patients, their symptoms and reactions, their individuality and life-stories, constitutes an important context for

Godwin's and Shelley's texts. In the 1832 preface to *Fleetwood*, where he gives an account of the composition of *Caleb Williams*, Godwin highlights the idea that psychological exploration is at the heart of his fictional writing: he states that he is dedicated to "the analysis of the private and internal operations of the mind," using his "metaphysical dissecting knife" (*Fleetwood* 10). As Brewer rightly suggests, Godwin's poetical credo resonates powerfully with Thomas Reid's philosophy concerning the importance of "dissecting" the mind: "All that we know of the body, is owing to anatomical dissection and observation, and it must be by an anatomy of the mind that we can discover its powers and principles" ("Inquiry" 431). Similar to Romantic-era case studies, a literary text like *Mandeville* examines in detail the dynamics of the disrupted psyche, with the view of contributing to a science of the mind.[30]

Yet I contend that Romantic trauma novels like *Mandeville* engage more fully with the subjectivity of the mentally ill than Romantic-era psychiatry. It is crucial that the author's "dissecting knife" operates in the background rather than the foreground. In first-person narratives like *Mandeville*, the psychiatrist's close scrutiny of the patient is refigured as a literary performance of self-scrutiny; the detailed description of a patient's current state and his or her biographical story (an element typical of case studies) is translated into the fictional self-narration of a mentally disturbed individual. In this way, literary texts push the shift to humanity and individuality, the interest in an individual's psyche and his or her life-story, to a different level: the subject with a disrupted mind is given a voice and permission to tell his or her story. Godwin's and Shelley's protagonist-narrators Mandeville and Mathilda are given room to tell their own life-stories and to perform the anatomy of their minds – without the mediating or controlling presence of a heterodiegetic or authorial narrator-figure. While the analytical, anatomizing gaze does remain present at the level of the implied author, it is nonetheless important that these texts are

30 In Freud's works and therapeutic practices, which circle around the patient's narration and the analyst's re-scripting of the patient's narrative, the two traditions outlined above – psychiatric case studies and literary psycho-analyses – seem to converge in an interplay of the scientific gaze and the literary imagination. Freud often turned to literature to illustrate and support his theories, discussing, for example, Sophocles' *Oedipus Rex* and Shakespeare's *Hamlet* in *The Interpretation of Dreams* (*Interpretation* I 261-66) as well as German novelist Wilhelm Jensen's story *Gradiva* in his essay "Delusions and Dreams in Jensen's *Gradiva*." Moreover, in *Studies on Hysteria*, Freud meditates that it "strikes [him] as strange" that his early case histories "should read like short stories and that, as one might say, they lack the serious stamp of science" (160). By comparing his case histories to literary texts, Freud, in the words of Faflak, "marks psychoanalysis as a seismic confrontation between the reason of philosophy and the phantasy of literature and the literary" (*Romantic Psychoanalysis* 7).

constructed around the illusion that readers are getting an internal rather than external picture of the disrupted mind. Through fictional acts of "dissecting," then, these literary trauma narratives not only endorse the belief that the life-stories and psychological characteristics of mentally unstable subjects matter, but they also push the emphasis on individual subjectivity further than the emerging psychiatric discourses and the genre of case studies. *The Wrongs of Woman*, which has a particularly complex narrative structure, provides a combination of external and internal perspectives, but through its long sections of first-person narration, the text, like *Mandeville* and *Mathilda*, dramatizes processes of self-narration and self-analysis.

In order to further substantiate the claim that Romantic-period literary texts take contemporaneous psychiatric trends to a different level, I want to discuss in detail two issues: language and the status of childhood. In *The Madhouse of Language*, Ingram discusses Foucault's exploration of classical-era concepts of madness in terms of two major theses: "that madness during the age of reason was subjected to an increasingly rigorous physical confinement, and that what madness had to say for itself was effectively reduced to silence" (5). Like Porter, Ingram emphasizes that Foucault's "great confinement" thesis needs to be relativized: the term "great" suggests much higher numbers than historians have been able to prove.[31] Nevertheless, Ingram supports Foucault's "linguistic repression" thesis: "While the religiously inspired madman or woman, or the witty fool, of earlier periods was granted a privileged role within the social discourse of sanity, a more rational age heard nothing but the threat of impending 'unreason' in the unrecognised logic of the mad" (6). It is hardly surprising that at a time when madmen where denied the ontological status of human beings and the curability of their conditions was doubted, there was little motivation to listen to their words. In addition, as Ingram argues, the urge to restrain and silence the mad was also caused by "a very real fear of the terrifying proximity of insanity" and the "pressing need to distinguish between sane and insane" (12).

Did the Romantic-period emphasis on the mental and psychological in the aetiology and treatment of mental illness result in an increased interest in the language of the mad? To some extent, mind doctors who wrote case studies drew on what the mad themselves had to say, and the approach known as moral management – an approach to mental disorders that rejected cruelty and physical restraint in favour of a re-education of the patient in the spirit of moral discipline, philanthropy, and kindness (see Scull 89-90) – also relied, in part, on the use of language in the interaction with the mentally ill. As Faubert highlights, because moral treatment focused on the mind rather than the body, it entailed the "recognition that the psychologist and the

31 Porter judges Foucault's thesis of the "great confinement" of the mad as follows: "Though there is a certain plausibility in Foucault's interpretation, it is simplistic and over-generalized" (*Madness* 93).

patient could and should communicate" (83). Nevertheless, as Ingram cautions us, echoing Foucault's claims expressed in *Madness and Civilization*, the emergence of a "language of psychiatry" did not necessarily give a voice to madness; it often took the form of a "monologue of reason about madness" (16).[32] While moral treatment was generally celebrated for its humaneness and kindness, it is important to emphasize that the moral manager defined himself as a figure of authority, regarding his authority over the patient as "an essential aspect of his ability to treat him effectively" (Faubert 111). Sedlmayr similarly discusses the practice of the moral manager critically: "[T]he doctor-as-artist (re)creates a new human being out of the ruins to which madness has reduced him or her, and he does so by manipulating his patient" (52). As a result, in moral treatment, the physician primarily wielded the tool of language (in this case, to teach moral lessons); the treatment did not encourage the use of language as a medium for the patient's self-expression. While moral management placed more emphasis on the communication between physician and patient than most earlier and contemporary approaches to mental illness,[33] like case histories, it too was more concerned with the specialist's language than with the individual patient's language. In giving individuals with mental disorders a voice (even if only imaginatively), then, literary trauma narratives choose a more radical path. Even though moral managers advocated an egalitarian view, stressing "commonalities with the insane" (Faubert 88), it is in the fictional arena of literary texts, far more than in psychiatric discourses, that the language of the mentally ill was explored.

Another important area where literary texts of the period carry the logic of contemporary psychiatric trends further concerns the role of childhood. As early as 1764, Thomas Reid, in *An Inquiry into the Human Mind*, voiced a powerful plea for including childhood in studies of the "anatomy of the mind":

> Could we obtain a distinct and full history of all that hath passed in the mind of a child from the beginning of life and sensation, till it grows up to the use of reason; how its infant faculties began to work, and how they brought forth and ripened all the various notions, opinions and sentiments, which we find in ourselves when we come to be capable of reflection; this

32 Ingram explains the process of how psychiatry may silence the mad as follows: "The self-confidence of the professionals generated a new rhetoric for the expounding of theories about madness and its cure, but, in doing so, also helped to silence the spoken evidence of what the mad could have to say for themselves" (17).

33 According to Faubert, an important development of Romantic-period psychology was that it began to break up into several distinct approaches: "Romanticism, I contend, was synchronous with the reification of the discipline of psychology, which saw the field fragment into various schools, like moral management, nerve theory, and phrenology" (29).

would be a treasure of natural history, which would probably give more light into the human faculties, than all the systems of philosophers about them since the beginning of the world. (433)

This belief was endorsed by important Romantic-period scientists of the mind such as Alexander Crichton, who argued that a full understanding of the pathology of the human mind requires studying it in a state of sanity from childhood on. The mental scientist, he argued in *An Inquiry into the Nature and Origin of Mental Derangement* (1798), "should also be able to take a calm and clear view of every cause which tends to affect the healthy operations of mind, and to trace their effects. He should be able to go back to childhood, and see how the mind is modelled by instruction" (561).[34] Yet for both Reid and Crichton, the analysis of childhood is an activity to be pursued by mental scientists mainly with regard to their own mind, that is, as a study in self-observation and retrospective self-scrutiny – which they describe as a rather difficult undertaking. In their trauma narratives, Wollstonecraft, Godwin, and Shelley put the psychological ideal of analysing childhood into practice: childhood figures as one of the main pillars in the aetiology of the pathological mind; Maria, Mandeville, and Mathilda all devote considerable attention to their childhood. Indeed, in Mandeville's case, the act of retrospectively analyzing childhood experiences is extensive and detailed, meandering over hundreds of pages. Here again, the literary discourse endorses a few key ideas more fully than the psychiatric discourse with which it resonates.

While it is essential to situate Romantic trauma writing within the specific context of Romantic psychiatry, it is also important to explore more general psychological and cultural discourses of the era, especially relating to the Romantic "birth of childhood." At the same time as Romantic writers were exploring their fascination of childhood and methods for representing the child's psyche, pedagogical and psychological discourses also began to focus on the child, redefining childhood as a distinct and special phase in the human life-cycle (van Drunen and Jansz, "Child-Rearing" 46-55). As Richardson emphasizes, the idea of an "extended, protected" and "educative" childhood became prominent during the Romantic period ("End of Childhood" 179). The child "took on a virtually unprecedented significance," and "[e]ducation was one of the most hotly contested and frequently discussed topics of what is often called the Romantic age" (Richardson, *Literature* 9, 2).[35] It was in the

34 According to Fritz Breithaupt, similar ideas regarding the long-term impact of childhood begin to emerge in Germany around the same time, notably in the writings of Joachim Heinrich Campe and of Karl Philipp Moritz, whom he discusses as an early representative of empirical psychology (85-86).

35 Richardson's *Literature, Romanticism and Education* offers a detailed discussion of Romantic-period notions of the child and childhood, debates between important educational

"spirit of the Enlightenment" that an increasing number of "secular treatises about child-rearing" began to appear, and from the end of the eighteenth century onwards, Jean-Jacques Rousseau's notion of childhood, as expressed in his 1762 treatise *Émile, ou de l'éducation*, became highly influential (van Drunen and Jansz, "Child-Rearing" 50). Wollstonecraft, Godwin, and Shelley were profoundly interested in thinkers such as Locke, Hartley, and Rousseau and in issues of education in general, and they believed that a subject's experiences and environment had a deeply formative impact on his or her personality. The emphasis on childhood in their texts, then, needs to be understood in connection with more general discourses of education. A crucial example in this context is the prison guard Jemima in *The Wrongs of Woman*, a character whose psychology Wollstonecraft portrays especially through Jemima's detailed account of her bleak childhood. Jemima's discussion of her childhood and her ensuing life-story of hardship and social adversity are in line with a powerful assertion voiced by medical practitioner James Parkinson a few years after the novel's publication: "On the treatment the child receives from his parents, during the infantine stages of his life, will, perhaps, depend much of the misery or happiness he may experience, not only in his passage through this, but through the other stages of his existence" (616). Jemima's life-story dramatizes such a close, seemingly inevitable causal connection between her childhood experiences of motherlessness and homelessness and the suffering that followed.

The characterization of Jemima also exemplifies which aspects of Romantic-period approaches to the child are foregrounded in trauma novels of the time. As Richardson emphasizes, the "Romantic child" is an "overdetermined construction" and somewhat incoherent:

> [T]he Romantics, particularly Wordsworth, Coleridge, Lamb, and De Quincey, succeeded at popularizing an image of the child which was no less powerful for being somewhat incoherent, intermingling the sentimentalism of eighteenth-century verse, the transcendentalism of Vaughan, a Lockean emphasis on the child's malleability, and a Rousseauvian faith in original innocence and 'natural' principles of growth. ("End of Childhood" 171-72)

Wollstonecraft's, Godwin's, and Shelley's trauma fiction resonates mainly with Locke's developmental model, but it also reveals a Blakean emphasis on "the child's implication in a social net of oppressive discourses" (Richardson 181); in this way, the texts largely avoid idealizing, sentimentalizing, and transcendentalizing the child. As an important counterpoint to Wordsworth's celebrations of child-

thinkers of the time, controversies about schooling, as well as trends in the emerging field of children's literature.

hood,[36] the investigation of trauma narratives brings into focus another side of Romanticism and childhood: its dark face, its horrors and tragedies. Literary depictions of childhood trauma thus illustrate, from a different angle, the pivotal position childhood assumed both in the cultural imaginary and the socio-cultural fabric of the Romantic period. These texts offer an extensive study of childhood in the light of education in general and of the severely disruptive impact of harrowing childhood experiences in particular.

Related to the pivotal role of childhood on the one hand and to the emphasis on self-narration and self-analysis on the other, there are also important overlaps between Romantic-period literary and psychological discourses relating to conceptualizations of memory. Whitehead highlights that in the Enlightenment and the Romantic period, there was a shift from a static "'retrieval' model" of memory to a "'textual' model," that is, to a more dynamic and "a more temporal, narrative conception" of memory (*Memory* 50-51). As Whitehead further emphasizes, there is a close connection between this paradigm shift in memory discourses and the flourishing of a "literature of the self" and "self-reflection" in the early nineteenth century (82-83). "Romantic memory," according to Frances Ferguson, is an individualized form of memory intimately connected to the self and "a sense of individual continuity over time" (509). It is more than a mere recording of past events; it crucially involves reflection and self-examination, that is, "the ability to see oneself in one's own past actions, to be able to recognize one's action most vividly in a redescription" (533). Ferguson convincingly connects the emergence of Romantic memory, whose roots she traces back to Locke, with literature, especially the genre of the novel (509-10). In the trauma novels of the period, Romantic memory (i.e., the re-examination and rewriting of the past in the light of later experience and reflection) is a prominent element in the literary enactment of self-analysis and self-narration – and it remains prominent in much post-Romantic trauma fiction.[37] Interestingly, Fritz Breithaupt in "The Invention of Trauma in German Romanticism" discusses the phenomenon that Ferguson labels Romantic memory under the heading of trauma. He argues that through the emergence of memory as retrospective analysis, the idea of trauma is invented as an important structure for conceptualizing the self. According to Breithaupt, the psychological forms of self-remembering and self-narration that become prominent at the time strive to "establish an institu-

36 Richardson argues along similar lines in *Literature, Education, and Romanticism*: "Godwin advances an explicitly anti-transcendental conception of childhood which contrasts starkly with that of Wordsworth" (108).

37 As both Ferguson and Whitehead emphasize, the Romantic notion of memory is not confined to the period of Romanticism but "was carried forward into the late nineteenth and twentieth centuries and became central to a key strand of the 'late-modern' discourse of memory" (Whitehead, *Memory* 83).

tion of the self that can monitor the past, repeat it, and thereby turn the past wounding and weakening into strength" (83). Drawing on texts by Karl Philipp Moritz, he assigns "trauma" an inherently positive and empowering function for the self: "Trauma is invented where it is needed, where it holds a promise. This promise, as we will see, is the promise to turn weakness into strength" (77). While Breithaupt's approach is thought-provoking, it is crucial to see that he conceptualizes trauma not as a specific psychological phenomenon but rather as a general conceptual structure for thinking about selfhood. In his approach, trauma signifies little more than psychological retrospection and remembering as a form of repeating the past: "Trauma (that is, repetition) is what enables one to become oneself" (99). Moreover, trauma is figured as something the subject *resorts* to or even instrumentalizes when in need of a source of strength, while in Romantic trauma fiction, trauma functions as something that the subject is *forced* to cope with. Hence, Breithaupt's notion of trauma as a teleological structure of repetition differs fundamentally from the notion of mental wounding as involving compulsive and destructive forces that I focus on. In the following subsection, I will attempt to provide a different perspective on the idea that trauma was "invented" in Romanticism.

As we have seen so far, Romantic trauma novels engage with the psychological and psychiatric discourses of their time in multiple ways. These texts participate in Romantic psychology's focus on childhood as well as its conceptualization of memory as closely connected to identity and self-reflection; they resonate with Romantic psychiatry in their strong interest in the pathologies of the psyche and their emphasis on the fluid boundaries between sanity and insanity. However, as I have repeatedly signalled, psychological and literary discourses do not necessarily write parallel histories: the literary psychologies performed by Romantic trauma fiction move beyond contemporary psychiatry in their powerful emphasis on the language, the individuality, and the life-stories, especially the early life-stories, of mentally unstable subjects.

THE PATHOLOGICAL NOW AND THEN: ROMANTIC PSYCHIATRY AND TRAUMATIC STRESS STUDIES

In *A Social History of Madness*, Porter calls attention to the contingent nature of the meaning of mental illness:

> [T]he language, ideas and associations surrounding mental illness do not have scientific meanings fixed for all time, but are better viewed as 'resources' which can be variously used by various parties for various purposes. What is mental and what is physical, what is mad and what is bad, are not fixed points but culture-relative. (10)

In other words, psychiatric theories and concepts are not timeless constants; they are cultural constructs that depend on cultural-historical frames of reference (Baer, "Geschichte" 43), and they, in turn, reveal a lot about the culture and society in which they emerge. As psychiatry started to establish itself as a discipline in the late eighteenth and early nineteenth centuries, nosology became increasingly important, that is, there were a number of attempts to classify mental disorders. Early classification systems were far less standardized than those found today in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM),[38] published by the American Psychiatric Association, and its European equivalent, the *International Classification of Diseases* (ICD), and some terms have undergone significant changes of meaning.[39] However, I am not concerned here with translating Romantic-period nosologies into contemporary terminology; rather, I want to outline the central ideas and concerns of late-eighteenth- and early-nineteenth-century mental sciences that can be related to the figure of the mental wound in Romantic literature as well as to contemporary notions of the psychopathology of trauma. After discussing the general conceptual framework relating to trauma in both periods, I will investigate a few particularly contentious areas: the interrelations between the physical and the psychological, moral and ethical questions of guilt and responsibility, as well as debates about nature versus nurture or genes versus environment.

In the age of Romanticism, the concept of trauma did not yet exist in psychological and psychiatric discourses. This is not to say, however, that the term "trauma" did not exist at all: Fischer-Homberger quotes a number of German medical handbooks from the 1730s to the 1830s where the term trauma, used synonymously with the Latin term *vulnus*, denotes a physical wound, involving an injury to the skin, and thus remains situated in the realm of surgery ("Medizingeschichte" 263; "Haut" 58-59). The same use of the term can be found in English handbooks, including John Barrow's *Dictionarium Medicum Universale* (1749).[40] It is not until

38 As Sedlmayr observes, Romantic-era psychiatry can be characterized by a general "aetiological confusion" (58) because older nosologies were being questioned while new ones were difficult to establish (see 36-40, 58-59).

39 Rolf Baer emphasizes the difficulty of relating the nosological units of individual mind doctors to late-twentieth-century diagnostic units, stressing that the same terms (e.g., "melancholia") had several meanings that differ considerably from their contemporary meanings ("Entwicklung" 11). Foucault also highlights the broadness of the term "melancholia": "At the end of the eighteenth century, all forms of madness without delirium, but characterized by inertia, by despair, by a sort of dull stupour, would be readily classified as melancholia" (124).

40 Barrow's dictionary contains an entry for "trauma" that defers to *vulnus*, defined as "a wound, or a recent and bloody solution of the union of a soft part, by a hard and sharp body in motion pressed against it, or resisting it."

roughly the middle of the nineteenth century that injury of the skin no longer appears as a defining characteristic of trauma and that the notion of an interior rather than exterior wound – though still an essentially physical one – starts to appear ("Haut" 60). Prior to the medical establishment, the literary imagination of the Romantic period, with its recurring image of a wound of the mind, dissociated the idea of a wound from physical injury. Romantic trauma novels display early figurations of the concept of psychic trauma, which in the course of the nineteenth and twentieth centuries become, by definition, disconnected from external and visible traces. The term "wound" in the sense of a mental wound appears in many Romantic trauma narratives, including not only *The Wrongs of Woman*, *Mandeville*, and *Mathilda* but also Wollstonecraft's *Mary*, Mary Hays' *Memoirs of Emma Courtney*, Godwin's *St Leon* and *Fleetwood*, and Shelley's *Frankenstein*, *The Last Man*, and *Falkner*.

While several of these texts use the term "wound" in relation to the mind, some of them also use it in reference to the heart. Mathilda emphasizes how profoundly she suffers from her "wounded heart," lamenting that her "heart was bleeding from its death's wound" (44-45). In *St Leon*, the narrator sorrowfully meditates: "My family was blasted; my wife was struck to the heart, and no mortal skill could restore the wound she had suffered" (191). Another example is found in Hays' *Memoirs of Emma Courtney*, where one of Montague's letters contains the following passage: "I found your heart wounded – and into those festering wounds I infused a venom – curse not my memory – *We meet no more*" (217). In *Falkner*, the narrator first refers to the "rankling wounds of Falkner's mind" (31) but later also uses the image of the wounded "heart": "He spoke in disjointed sentences – a cold dew stood on his brow – and Elizabeth, who knew that a mysterious wound rankled in his heart, more painful than any physical injury, was eager to calm him" (73). There are, thus, certain differences among and within individual texts regarding the extent to which the "wound" is conceptualized as a *mental* and/or as an *emotional* injury.

How, then, does this idea of a mental or emotional wound, which is so prominent in literary discourses, relate to discourses of Romantic psychology and psychiatry? In psychological discourses, associationism (a theory based on the tenet that the fundamental principle structuring mental processes is the association of ideas) constitutes an important context for these literary psychologies of the wound. According to Richardson, most educational writers of the period "begin from associationist premises which render early experience and education all important" (*Literature* 52). As has repeatedly been emphasized, Wollstonecraft and Godwin were both "working from associationist premises" (12), and Shelley was, in turn, exposed to associationism through her parents. Important associationist ideas – such as the openness of the mind and the crucial impact of childhood experiences and education – constitute a general framework for understanding these writers' literary trauma narratives. This framework, constructed on the formative role of experiences

and the environment, helps explain why these writers focus on the impact of particularly intense and painful emotional experiences and emphasize the possibility that adverse life events can have a powerful impact on an individual – a central idea that later trauma theory responds to.

In addition to associationist psychology, Romantic-era psychiatry provides a discursive context for understanding literary psychologies of the wounded mind and heart. It is important to note, first of all, that a number of Romantic-period aetiologies categorize powerful emotions caused by particularly distressing experiences as one important source of mental illness. In *Zoonomia* (1796), Erasmus Darwin summarizes the three main causes of madness as follows:

> Madness is sometimes produced by bodily pain, particularly I believe of a diseased liver, like convulsion and epilepsy; at other times it is caused by very painful ideas occasioned by external circumstances, as of grief or disappointment; but the most frequent cause of insanity arises from the pain of some imaginary or mistaken idea. (158)

Darwin's second cause of madness, ideas arising from "external circumstances," is the one most closely related to trauma. Another revealing source is physician and medical statistician William Black's *A Dissertation on Insanity* (1810), which includes "*A Table of the Causes of Insanity* of about one third of the Patients admitted into Bedlam" (646). Resembling Darwin's discussion, Black's table lists a number of different physical and psychical causes. It is remarkable, however, that the number of cases of insanity caused by "Misfortunes, Troubles, Disappointments, Griefs" by far exceeds all the other categories (e.g., "Fevers," "Childbed," "Family and Hereditary"). The idea that intensely negative emotions can trigger mental disorders underlies this category – and it is this idea that serves as a general framework for the notion of a mental or psychic wound. Literary trauma writing, then, may be said to choose a more specific focus for mental illness than these early psychiatric aetiologies: while Black's and Darwin's lists of the causes of mental disorders imply a general concern with the impact of adverse experiences, Godwin's, Wollstonecraft's, and Shelley's literary texts revolve around the effects of especially powerful, distressing, and painful experiences.

Like Darwin and Black, William Perfect, physician and owner of a private madhouse, compiled a list of the causes of madness. His list of non-hereditary causes includes "Child-birth, Fevers, Anxiety, excessive Grief, Frights, Intenseness of Study, irregular Living, or strong or ungoverned Passions," as well as "chronical congestions, occasioned by gluttony or idleness'" (2-3). This aetiological list reflects more closely the modern idea of trauma, both through the phrase "excessive Grief" and through its emphasis on "Anxiety" and "Frights." Moreover, Perfect's list calls attention to another widespread Romantic-era psychological notion: "the

passions." In *Observations on Insanity* (1782-86), asylum owner Thomas Arnold describes the dynamics of a mind disrupted by a powerful passion as follows:

> In this species of Insanity some One Passion is in full, and complete possession of the mind; triumphs in the slavery, or desolation, of reason; and even exercises a despotic authority over all the other affections, which are rarely permitted to exert themselves but in the aid, or to appear but in the train, of this master passion. (471)

According to Hunter and Macalpine, the passions were a key element in Romantic-period views on mental illness: "[I]t was generally accepted that 'the passions' played an important part in causing disease" (552). Both Crichton and Pinel, for example, emphasize the impact of the passions in their writings. Pinel's foregrounding of "an ungovernable ambition for fame, power of glory" as a prime example of a "violent, but unfortunate passion" (607) is reflected and refigured in different ways in literary texts such as Godwin's *St Leon* and Shelley's *Frankenstein*, both of which feature protagonist-narrators whose powerful ambitions increasingly dominate their minds and lives, alienating them from their fellow human beings and resulting in their psychological disintegration and social decline. More generally, the notion of the passions is relevant to Romantic trauma novels insofar as these texts repeatedly depict how particularly violent, distressing, or shocking experiences cause or significantly contribute to the development of an ungovernable passion. A prime example is Godwin's *Mandeville*, which, influenced by Joanna Baillie's *Plays on the Passions*, repeatedly draws on the terminology of the passions and depicts the protagonist-narrator's maddening passions as connected to his traumatic childhood experiences. This kind of dialogue between the psychiatric and the literary discourses of the time raises interesting questions about the causal relationships between traumatic experiences, the passions, and the psychopathological.

In Romantic-period psychological and psychiatric discourses, then, a threefold context emerges as framing the psychology of the "wounded mind" or "wounded heart": a powerful emphasis on the formative role of environmental factors (expressed especially by associationist psychology), the psychiatric idea that adverse life experiences can cause mental disorders, and the idea that the passions have a pathological dimension. While these ideas are important to a psychology of trauma, a specific psychiatric concept, focusing on the effects of exceedingly distressing or shocking experiences and discussing these under the label of trauma, was developed only quite a bit later. And while the notion of psychological trauma first became prominent through thinkers such as Janet, Charcot, and Freud, it is important to stress that it took even longer for the psychopathology caused by traumatic stress to be officially recognized by the psychiatric professions and enshrined as a diagnostic concept.

How can this delay be explained? Logan asserts, "[i]nterpreting psychological disorders had always presented a major difficulty for the physician because of the indefiniteness of their signs" (20), and in the case of posttraumatic symptoms, the boundaries between normal and pathological reactions tend to be particularly fluid. Chris Brewin emphasizes that the mental disorder now classified as PTSD "is not a qualitatively distinct response to extreme stress but reflects the upper end of a stress-response continuum" and further specifies that "[i]t is not the symptoms themselves, but rather their frequency, their persistence, their intensity, and their failure to become more benign with time that define the disorder" (*Posttraumatic* 42). In other words, the boundaries between a normal coping reaction and a mental disorder are here marked by a difference in degree and length rather than quality, which might be one reason why psychiatric discourses did not develop a diagnostic concept based on traumatic stress earlier. In this context, it is also crucial to note that, as recent epidemiological studies reveal, "the majority of people will experience a traumatic event at some point in their lifetime; however, only a minority of individuals will develop PTSD symptoms severe enough to meet criteria for a diagnosis" (Afifi et al. 108). Why a specific traumatic event leads to pathological and persistent symptoms in some individuals while others are able to cope more easily remains a pressing question for traumatic stress studies.

What, then, characterizes the official psychiatric category of Posttraumatic Stress Disorder? The current version of the DSM, the DSM-IV-TR,[41] defines PTSD in terms of three elements: the traumatic incident, the individual's immediate response, and the subsequent pathology (463, 468). Criterion A1 (stressor) defines the kinds of events that can be classified as "traumatic," namely, "an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self and others" (467). Criterion A2 (subjective emotional response) specifies that the event must also have been experienced with "intense fear, helplessness, or horror" to qualify as traumatic. The fact that the DSM-IV defines the traumatic event both through the objective characteristics of the event and through the subjective reactions to it points to an essential paradox inherent in conceptualizations of trauma: while "trauma" refers to an external event, it seems that it, paradoxically, cannot be adequately defined through the inherent structures of that event; it gains its meaning from the individual response a given event produces. Yet the history of the DSM alerts us to the difficulties of defining trauma and approaching precisely this paradox. The changes in the DSM's definition of PTSD from the DSM-III (1980) to the DSM-IV (1994) reveal a shift from an event-based to a more

41 The fourth edition of the DSM, the DSM-IV, appeared in 1994 and was republished with a text revision in 2000 as DSM-IV-TR. Unless specified otherwise, I draw on the revised version but I will, for the sake of simplicity, use the term "DSM-IV" for subsequent references.

response-based notion of trauma, the latter constituting "a more psychological definition of a traumatic event" (Brewin, *Posttraumatic* 8). To be precise, the experts of the American Psychiatric Association originally assumed that PTSD was a normal reaction to extraordinarily stressful life-events, to which most people would react with similar symptoms.[42] However, this assumption had to be abandoned, which is why in the DSM-IV, the A2 criterion regarding subjective emotional responses was added. Yet the proposed changes to the definition of PTSD for the DSM-5, scheduled to appear in 2013, shift the emphasis back in the opposite direction. The APA work group has omitted the A2 criterion in the currently proposed definition, adding instead more specifications to the A1 criterion regarding events that qualify as "traumatic."[43] These shifts back and forth between more event-based and more response-based definitions illustrate that the aetiology of PTSD has been and still is a contentious subject. The most pressing question raised by the proposed DSM-5 definition is, indeed, whether or not it is justified to base the distinction between traumatic and non-traumatic events exclusively on the specific nature of the event itself without also taking into account the individual's subjective responses. Literary trauma texts tend to offer different answers to this question than the forthcoming DSM; they often put particular emphasis on the individual's specific reactions, feelings, and thoughts in response to a traumatic experience.

What the DSM-IV and DSM-5 definitions still have in common is the conceptualization of what constitutes the core feature of a traumatic event: an intense confrontation with one's own or someone else's vulnerability and mortality. As manifold as the faces of trauma may be, they mostly share one underlying characteristic – they involve a powerful "threat to life" (Brewin, *Posttraumatic* 48). For the sake of terminological clarity, it is important to emphasize that psychiatric and clinical languages use the term "trauma" to denote the *event* that is experienced as highly

42 The DSM-III introduces the concept of Posttraumatic Stress Disorder as follows: "The essential feature of this disorder is the development of characteristic symptoms following a psychologically distressing event that is outside the range of usual human experience (i.e., outside the range of such common experiences as simple bereavement, chronic illness, business losses, and marital conflict). The stressor producing this syndrome would be markedly distressing to almost anyone, and is usually experienced with intense fear, terror or helplessness" (247).

43 The work group's justification for omitting the A2 criterion simply reads: "DSM-IV A2 criterion has no utility" ("G 03 Posttraumatic Stress Disorder"). One of the particularly noteworthy changes regarding the A1 criterion is that the DSM-IV phrase "threat to the physical integrity" is replaced by "actual or threatened sexual violation," which signals an increasing awareness of sexual traumas in the field of psychiatry. The site "G 03 Posttraumatic Stress Disorder" (a sub-site of "DSM-5 Development") contains an overview of all the proposed changes to the PTSD definition and the rationale behind them.

distressing, painful, or shocking; the *effect* of this event, the complex and lasting impact it may have on an individual, is described in terms of "posttraumatic" symptoms and classified in terms of the diagnostic category PTSD. Whether or not the experience of trauma does, indeed, lead to PTSD strongly depends on a number of factors, including the individual's predispositions, the specific context of exposure, and the posttraumatic environment. PTSD, as van der Kolk highlights, is the "result of a complex interrelationship among psychological, biological and social processes" ("Preface" xi). The DSM-IV distinguishes between three main symptom clusters of PTSD, which can be subsumed under the headings of "reexperienc-[ing]," "avoidance," and "arousal" (468). Each cluster (listed as "diagnostic criteria" B-D) comprises several specific symptoms. The persistent re-experiencing of trauma, for example, can manifest itself in recurrent "intrusions" (intrusive memories or flashbacks of the event), nightmares, as well as in strong emotional or physical reactions to anything that resembles the traumatic event (464, 468). The "avoidance" cluster comprises different ways of evading stimuli associated with the trauma, often combined with psychic numbing, while "arousal" refers to various symptoms of anxiety or hyperarousal (464, 468). The symptoms of all three clusters can vary in severity and frequency, and they can occur in different combinations, but a diagnosis of PTSD requires several symptoms of each category to manifest and persist longer than one month. Hence, the clinical definition reinforces the aspect of temporality in demarcating the boundary between normal and pathological reactions to traumatic stress.

The psychiatric concept of PTSD is not only situated at the intersection of the normal and the pathological, but it also challenges distinctions between the physical and the psychological. According to Fischer-Homberger, a full understanding of trauma and its psychophysical effects requires abandoning conventional dichotomies like body-psyche, exogenetic-endogenetic, and so forth ("Medizingeschichte" 293). The current debate about which clustering of mental disorders is most appropriate for the DSM-5's entry for PTSD illustrates the complex position of this disorder. As the respective APA work group emphasizes, opinions are divided about whether PTSD should be classified as an anxiety disorder (as in the DSM-III and DSM-IV), an internalizing disorder, or a stress-related fear circuitry disorder (see Friedman et al.) – each option weights the psychological and neurophysiological aspects of the disorder differently.[44] It would seem, then, that both the genesis and symptomatology of PTSD challenge distinctions between the physical and the psychological. Recent studies investigating the aetiology of PTSD have, according to

44 The solution proposed by the work group is to base the definition of PTSD less on symptom description and more on aetiology, thus making PTSD one psychiatric concept in a new cluster of disorders labelled "Trauma- and Stressor-Related Disorders" (Friedman et al. 741).

Brewin, faced the "uncertainty about whether [their findings] should be interpreted as showing the effects of a vulnerability that is psychological or biological or both" (*Posttraumatic* 50). Moreover, the symptomatology of PTSD, as outlined by the DSM, shows that the disorder manifests itself heavily in both physical and psychological ways. Beyond that, even the discussion of individual posttraumatic symptoms suggests that the distinction between the two cannot be upheld. The specificity of trauma memory, for example, can be explained equally well in terms of cognitive structures or neurophysiological processes.[45] Trauma memories, especially intrusive memories, also tend to be so powerful that they involve an intense mental *and* bodily experience, making trauma victims feel as if they were literally reliving the past in the present (Ehlers and Clark 334).

These contemporary discussions about the psychological and the physiological resonate with Romantic psychiatry and some of its central concerns. Porter even argues that the question of mind versus body in the discourse on madness can be traced back as far as Greek antiquity and has persisted throughout the history of psychiatry: "The inheritors of the Greek legacy – and in the end that means us – never resolved the Sphinx' riddle of the divide between the psychological and the somatic theories of madness" (*Social History* 13). A significant manifestation of this riddle appears in the psychiatric debates of early-nineteenth-century Germany. Psychiatric historiography conventionally conceptualizes this period in terms of the debates between the so-called *Psychiker*, who advocated a psychogenic view of mental illness (i.e., they claimed that mental disorders originated from the psyche or the soul), and the *Somatiker*, who located the causes for mental illness primarily in the body (Stone 75).[46] While the *Somatiker*, who researched the biology of the brain and the heritability of mental illness, can be regarded as pioneers of biological psychiatry, the *Psychiker* advocated introspection and psychological approaches to mental illness (Weckowicz and Liebel-Weckowicz 126). It is important to note that "fierce theoretical controversies between rival organic and psychological camps" dominated the scene mainly in German psychiatry, which, in contrast to France or Britain, "was chiefly associated with the universities and their research mentality" (Porter, *Madness* 139). In other words, in France and Britain, positions were less polarized, and, as we have seen, English mental scientists like Darwin, Black, and Perfect combined psychological and somatic factors in their lists of the causes of insanity. Nevertheless, the position of the *Psychiker,* often also labelled "Romantic

45 For a cognitive approach to PTSD, see Anke Ehlers and David Clark; on the neurobiology of PTSD, see Steven Southwick et al.

46 It should be noted, however, that overly rigid distinctions between the *Psychiker* and *Somatiker* have repeatedly been challenged in recent years. Among others, Udo Benzenhöfer and Michael Kutzer convincingly show that there are more overlaps between these two strands of early psychiatry than has commonly been argued.

psychiatrists," functions as an interesting point of reference for Romantic trauma narratives. The *Psychiker* propagated an "individual-centered psychology" (Stone 75) and were heavily influenced by the philosophical atmosphere of the time, which was "permeated by interest in the irrational" and by the "preoccupation with matters pertaining to the *individual*, such as dreams, sexuality, and hidden desires (for which the term unconscious came into use)" (Stone 72). In this respect, they share central concerns with the psychological frameworks of Romantic trauma fiction.

Interestingly, while the agendas of the *Psychiker* and *Somatiker* differed significantly, leading figures of both camps, as Michael Kutzer emphasizes, advocated a holistic view of human beings, including the idea that body and mind are closely interrelated in manifold ways (35). According to Richardson, in Romantic-era Britain, dualist and anti-dualist models of the mind and mind-body interactions also coexisted: "Anti-dualist psychologies grounding the mind in the body and seeking to account for the pervasiveness of mind-body interaction, in fact represented the cutting edge of Romantic-era scientific and medical thought" (*British Romanticism* 132).[47] The interrelatedness of body and mind is a crucial recurring topos in the novels of Wollstonecraft, Godwin, and Shelley (as well as an important parallel to postmodern trauma novels). These texts suggest that in the experience of trauma and posttraumatic suffering, distinctions between physical and mental injury as well as bodily and emotional pain are difficult to uphold. The central topos that emerges in this corpus of texts is that of a wound cutting deeply into both body and mind, cutting across both spheres and through the boundaries between the two. The narrator of Shelley's short story "The Mourner" – which, similar to her novella *Mathilda*, explores death and pathological mourning within a complex father-daughter relationship – paradigmatically describes the trauma victim's suffering as "so great as to confuse the boundary between physical and mental sensation" (89).

Conceptualizations of the interrelations between the physical and the psychological have further implications in the context of mental illness. As mentioned earlier, studying the mind of the mentally ill became important in Britain during the Romantic period, and this practice often implied a belief in the curability of mental disorders. The flipside of this view, however, is that emphasizing the mental over the physical tends to place the burden of responsibility for mental illness on the individual: an individual can more easily be held accountable if the source of a mental disorder is located in the emotional or moral realm rather than in the body. Thus, the debates within the eighteenth- and early-nineteenth-century mental sciences ex-

47 Richardson is especially interested in the anti-dualist notion of the "brain-mind," which became increasingly prominent in the course of the Romantic period. Richardson's *British Romanticism and the Science of the Mind* provides a detailed discussion of Romantic-period brain science and its complex intersections with the literary discourses of the time.

emplify the tensions between moral and medical theories of mental illness[48] – tensions that have a long heritage. The question of whether we should interpret "madness as badness" or "as sickness" already concerned the ancient Greeks (Porter, *Social History* 13). The moralizing trajectory of Romantic psychiatry is particularly prominent in the writings of one of the most famous German *Psychiker*, Johann Christian August Heinroth, who unequivocally took a moral and religious stance. Heinroth's psychogenic theories closely associate mental illness with sin, "attributing madness to passions arising from guilty and sinful behaviour" (Weckowicz and Liebel-Weckowicz 142). Heinroth's approach exemplifies how madness, in Foucault's words, can become part of a scientific territory occupied by both "psychology and morality," being conceptualized as "*the psychological effect of a moral fault*" and identified with "a new content of guilt, of moral sanction, of just punishment" (158).

Because of their tendency to "confound […] moral degeneration and madness" (Marx 20), the works of *Psychiker* such as Heinroth are considered controversial in the history of psychiatry. However, the question of morality is even harder to assess within the moral management approach popular in Britain and France. As Faubert emphasizes, opinions are divided about whether the attribute "moral" should, in this context, be understood the way we understand it today, whether it had moralistic or even religious connotations, or whether it primarily denoted an approach focused on the mind rather than the body (80-82). A moralistic slant can certainly be identified in its central goal of re-educating the patient to apply self-restraint and self-control (see Scull 90). Moreover, the line between a potentially beneficial attempt to assign more responsibility to the patient in an effort to cure illness and the problematic act of morally judging and even blaming an individual for a mental disorder is difficult to draw. In contrast to Heinroth, whose moralistic trajectory has been subjected to much negative criticism, both by his contemporaries and by later generations of psychiatrists,[49] moral treatment tends to be celebrated by historians of psychiatry for its progressiveness. Yet Scull warns us that moral treatment has its progressive *and* repressive sides (80-81), and Faubert describes the figure of the moral manager as "Janus-faced" and ambiguous, "a liberator and democrat, and a tyrant" (111). This ambiguity, as we will see, is also reflected in the literary texts of the time.

48 One important example here is the distinction common in Enlightenment Britain between "moral" madness, where "delusional ideas arose in the mind, and by definition remained within the moral province of the individual" as opposed to "real" madness, where "the sufferer was the passive recipient of body-based sickness" (Laffey 377).

49 Otto Marx, for example, maintains that Heinroth's writings "had been a true disservice to psychological research which already had a bad reputation among physicians" (20). Yet this exceedingly negative judgment has been relativized to some extent by some more recent critics. See for example Heinz Schott and Rainer Tölle as well as Luc Cauwenbergh.

Romantic trauma novels in fact raise questions about the interrelations between psychology, mental illness, and morality in several ways. Many of these texts foreground guilt, depicting traumatized individuals as figures burdened with a strong sense of guilt. Trauma and guilt seem so closely connected in the sufferings of characters like Mathilda, Falkner, and St Leon that, in the context of the novels, we may even speak of a trauma of guilt. With these texts, boundaries between moral guilt and a subjective sense of guilt become blurred; rigid categories of victim versus perpetrator often cannot be upheld. The novella *Mathilda*, for example, calls attention to the complexity of guilt in the context of trauma by showing how much Mathilda struggles to assess her own position regarding victimization, complicity, and guilt, oscillating between defining herself as the object and the subject of incestuous desires. While Mathilda tends to internalize moralistic views, the text as a whole suggests that her deeply distressing experiences rather than her moral weaknesses and sins account for her psychopathology. A text like *Mathilda*, hence, departs from moralistic perspectives that regard the individual as morally responsible for his or her mental disorder; its agenda seems to be to explore the disturbed psyche and its complex dynamics, not to evaluate moral guilt. This example illustrates that the Romantic vision of mental illness, which may be said to span an array of more or less overtly moralistic perspectives, is complexly reflected and refracted in Romantic literary psychologies.

The moralistic views on mental disorders that Romantic-period theorists of the mind explicitly or implicitly express may seem highly problematic and clearly outdated to contemporary readers. However, clashes between "moral" and "medical" theories are apparent and significant throughout the history of trauma: the controversies surrounding hysteria and shell shock and the False Memory Debate reveal a cyclical revival of moralistic arguments in the shape of recurring tendencies to question the genuineness of a trauma or posttraumatic suffering and to locate the disorder within the individual's sphere of responsibility. The debates between theories of exogenetic and endogenetic trauma crucially involve questions of responsibility (Fischer-Homberger, "Medizingeschichte" 279-85). In the controversy around shell shock, opinion was divided on whether to assign primary responsibility for the soldiers' symptoms to the atrocities of the war or to explain them through internal factors – as "war hysteria" with a psychic aetiology ("Medizingeschichte" 280-81) or even as an act of malingering. Freud's notorious shift in position in his approach to hysteria is another case in point. In his 1896 paper, "The Aetiology of Hysteria," he maintained that the origins of hysteria can be ascribed to childhood trauma in the form of unwanted sexual assaults.[50] However, Freud abandoned this theory, often

50 In "The Aetiology of Hysteria," Freud concludes his discussion with the following statement: "Whatever case and whatever symptom we take as our point of departure, in the end we infallibly come to the field of sexual experience" (199).

called "seduction theory," soon afterwards and claimed that infantile sexuality and sexual fantasies rather than an actual trauma were the sources of hysteria.[51] Many of these issues reappeared in the 1990s in the False Memory Debate, a heated controversy about recovered memories versus false memories of childhood trauma (mainly sexual abuse). The clash between the two opposing positions caused a violent debate about whether abuse victims needed support in their re-confrontation with the past or whether falsely accused parents needed to be protected against the dangerous or even wilful imaginings of their own children.[52] The issues of female trauma, simulation, and suggestibility in the context of hysteria and the False Memory Debate suggest that vestiges of the tension between "madness as sickness" and "madness as badness" (Porter, *Social History* 13) can be traced up to the twentieth century.

Smiley's *A Thousand Acres* is one of a number of postmodern novels that respond to and engage with this debate in manifold ways. Smiley's novel problematizes issues of blame and guilt by highlighting the decidedly negative and disparaging response female trauma victims are exposed to after the revelation of incestuous sexual abuse. The novel further complicates issues of guilt by representing the first-person narrator Ginny – like Godwin's Mandeville – not only as a trauma victim but also as a scheming would-be murderer. Hence, Smiley's novel exemplifies that postmodern trauma novels, like their Romantic predecessors, tend to create spaces of moral and ethical complexity, instability, and uncertainty.

Any discussion of theoretical and/or cultural approaches to trauma reveals that "[i]t is hard to escape the conclusion that the subject of trauma attracts passionate advocacy and passionate skepticism in a quite disproportionate measure" (Brewin, *Posttraumatic* 15). As Brewin further emphasizes, "[i]n no other area of mental health are the debates so public or so bitter, or the scientific credibility of experienced and committed practitioners impugned in such a forthright manner" (15). Are the debates surrounding trauma so violent because trauma always, in some way, in-

51 Freud explicitly states this shift in position, which he had first announced in a letter to Fliess in 1897, in "My Views on the Part Played by Sexuality in the Aetiology of the Neuroses" and in "An Autobiographical Study." In the latter text, he writes: "I was at last obliged to recognize that these scenes of seduction had never taken place, and that they were only phantasies which my patients had made up" (34). On Freud's much-discussed theoretical shift and its impact see for example van der Kolk's "The History of Trauma" 24-25. Van der Kolk asserts that "[t]he acceptance of psychoanalytic theory went hand in hand with a total lack of research on the effects of real traumatic events on children's lives. From 1895 until very recently, no studies were conducted on the effects of childhood sexual trauma" (26).

52 On the False Memory Debate, see for example Brewin's *Posttraumatic Stress Disorder*, chapter 7.

volves a violation of boundaries (Fischer-Homberger, "Medizingeschichte" 261)? According to Fischer-Homberger, a traumatic situation also typically unsettles and disrupts boundaries insofar as that which violates ("das Verletzende") is perceived as foreign and yet, simultaneously, as almost inseparable from the self. Because of this tension, trauma raises particularly pressing questions regarding cause and effect as well as responsibility and guilt, which, as the example of shell shock demonstrates, are often intertwined with political and economic issues (280).

The complexity of issues of causality in the context of trauma manifests itself not only in the intricate entanglement of hurt and guilt but also in a significantly different context, namely, in current debates about gene-environment interaction in relation to traumatic stress and PTSD. Assessing the impact of genetic factors and environmental factors continues to present a considerable challenge for trauma researchers. Tracie Afifi et al. offer an overview of the current state of affairs in the field, reporting that PTSD symptoms seem to be "moderately heritable," and, more strikingly, that even the exposure to certain kinds of traumatic events (notably "assaultive trauma," i.e., robbery, being held captive, being beaten up, sexual assault, and so forth) "has been found to have a heritable basis" – through genetic factors that increase the risk of being exposed to certain kinds of environments (103-04, 110).[53] However, they repeatedly emphasize that the present understanding of genetic and environmental factors remains "limited" in a number of areas. They argue that further research is needed that investigates the *interaction* between genes and environment rather than focusing on one of the two factors only and that integrates different approaches (notably, behavioural genetics and molecular genetics) in order to overcome current limitations in the field (104, 108). Only through such new directions in research, the authors conclude, will it be possible to "deepen our understanding of the complex links among genes, brain, cognition, emotion, and the environment" (110).

The complexity of causal relationships manifests itself in a particularly striking way in the debates among researchers who explore correlations between the traumatic event itself and PTSD. For example, Matthew Friedman et al. argue that the traumatic event(s), the "stressor(s)," should be regarded as the key factor in the aetiology of PTSD: "Some would like to base most diagnoses, even PTSD, upon genetic, developmental, and personality differences, although data suggest that the severity and frequency of trauma exposure is the most important variable" (738). In

53 As Afifi et al. specify, "[t]he gene-environment correlation estimates the degree to which individuals are exposed to certain environments as a function of their genes" (103). Murray Stein et al. express the same idea as follows: "Genetic factors can influence the risk of exposure to some forms of trauma, perhaps through individual differences in personality that influence environmental choices" (1675).

contrast, Afifi et al. hypothesize that, due to genetic factors, PTSD symptoms might also be produced by a stressor that is *not* necessarily traumatic:

> Given that PTSD symptoms are heritable, the question arises as to whether PTSD symptoms are the products of gene-environment interactions, whereby trauma exposure activates the genes involved in producing PTSD symptoms. It may also be the case that such genes interact with lesser (non-traumatic) stressors to yield symptoms similar to those of PTSD. (107)

In this aetiological model, Posttraumatic Stress Disorder would, paradoxically, not necessarily be tied to trauma. If further data should corroborate this thesis, it will have important implications for the way we think about trauma.

The current debates about the causal relationships between internal and external factors in the psychopathology of traumatic stress resonate with negotiations of nature versus nurture in trauma fiction and also refer back to Romantic-era concerns about mental illness. A key example in this context is the way Godwin uses and reconceptualizes Baillie's theory of the passions in *Mandeville*. His text is ambiguous about whether Mandeville's condition should be regarded as mainly the effect of, in Baillie's terminology, "terrible tyrants" and "disturbers of the human breast" that are nourished from within or of external "enemies" in the form of traumatic experiences and distressing circumstances ("Introductory Discourse" 95, 91, 103). This example further illustrates that Romantic-period and contemporary discourses on psychology and mental illness have a number of central concerns in common, concerns that have continued to reappear in new shapes and contexts. Why do powerful emotions and overwhelming experiences have such a powerful and lasting impact on some individuals? How crucial is the environment for the genesis of mental disorders? What mental and physical factors are involved, and how are they interrelated? Where should the final moral responsibility for such mental disorders be located? What kind of ethical responses do pathological reactions to traumatic stress require? The trauma narratives told by Romantic and postmodern literary texts, narratives that the following chapters explore in depth and in further dialogue with trauma psychology and theory, will provide polyphonic answers to these questions.

TRAUMATIC STRESS STUDIES: A FEW KEY AREAS

Contemporary traumatic stress studies have plenty of insights to bring to a dialogue between literary, psychological, and theoretical voices. Although specific concepts and issues will be explored in detail in the chapters on individual trauma novels, some areas of the field are important to discuss as general background. For one, although the diagnostic concept of PTSD outlined in the DSM acts as the official

point of reference in the field, research has provided numerous specific and additional – and sometimes diverging – insights.[54] The inclusion of PTSD in the diagnostic canon was aimed at promoting a general awareness of the effects of trauma, encompassing different kinds of traumatic experiences and highlighting the parallels between the posttraumatic reactions of different types of survivors. Since then, much research on traumatic stress has followed a trajectory of specialization: many studies explore PTSD in one specific group of trauma survivors, defined, for example, along the parameters of type of traumatic experience, age, gender, or national and cultural context. Within this body of research, there are some areas that are particularly relevant to the investigation of novels on childhood and family trauma.

One key area is the relatively young field of child trauma studies. Traumatic childhood experiences, as is often emphasized, tend to have a particularly severe impact, leaving scars that cut deep into the psyche as well as the body. In the words of Judith Herman, "[r]epeated trauma in adult life erodes the structure of the personality already formed, but repeated trauma in childhood forms and deforms the personality" (*Recovery* 96). The psyche and brain of children are particularly vulnerable to traumatic and chronic stressors.[55] As John Fairbank et al. report, recent research in the field of child traumatic stress studies has found that exposure to trauma in childhood tends to result in a range of consequences: trauma has a "dramatic impact on the development of children," including their "emotional, social, and cognitive growth," and it leads to poorer physical health, problems with school performance, low IQ, and so forth (239). Yet, as Markus Landolt cautions us, further research is needed to examine which findings on PTSD apply only to adults, only to children, or equally to both (*Psychotraumatologie* 57, 70). In other words, traumatic stress in children has been a relatively neglected field, partly because of the difficulties of developing adequate research methods.[56] Moreover, some trauma

54 It should also be emphasized that the DSM does not function as an unquestioned psychiatric master discourse; it too has been subjected to repeated criticism. Among others, Kansteiner critically remarks that "the APA is certainly not a disinterested party": "By administering the flow of patients and experts and constructing a compelling, efficient, and affordable description of the population's mental health, the organization exerts control over a significant cultural and economic infrastructure" ("Testing" 102).

55 According to Robert Pynoos, Alan Steinberg, and Armen Goenjian, research has long neglected the crucial fact that – besides seriously affecting personality formation – childhood trauma can also result in various developmental disturbances (331-58).

56 There are obvious practical difficulties in assessing the epidemiology of PTSD in children that was caused by trauma in the familial context: children's difficulties in judging the traumatic events adequately, double bind situations, the lack of witnesses, and so forth. On the problems faced by the field of child traumatic stress epidemiology, see Fairbank et al. 229 and Landolt 12.

experts argue that there are also socio-political explanations for why it has taken particularly long for childhood trauma and its impact on mental health to be generally recognized: traumatic experiences that happen in childhood and in the contained, supposedly safe, or even nearly sacred space of the nuclear family seem even more socially unspeakable and taboo than other traumas. Accepting the unacceptable, long buried in the silence of shame or hidden in the blindness of unbelief, is an ongoing process. However, while the studies of PTSD in adults still far outnumber those of PTSD in children, researchers have recognized that PTSD in children needs to be investigated in its own right.[57] An important indication of the increasing attention that PTSD in children is receiving in the field of psychiatry is that the DSM-5 will, according to the current proposal, feature a specific diagnostic category called "Posttraumatic Stress Disorder in Preschool Children." According to Charles Zeanah, the rationale behind adding this diagnostic category is to do justice to "age-related manifestations" of the disorder (1).[58]

Besides child trauma studies, another related area that is particularly relevant as a context for novels on childhood and family trauma is research on what has come to be called "complex PTSD." As Fairbank et al. write, "[t]ypically, complex trauma exposure involves the simultaneous or sequential occurrence of child maltreatment, including psychological maltreatment, neglect, physical and sexual abuse, and domestic violence that is chronic, and that begins in early childhood and occurs within the primary caregiving system" (231). Thus, this research revolves around the idea that childhood traumas occurring in the interpersonal, familial sphere and over a lengthy period of time are likely to produce a symptomatology whose severity and complexity far exceed the frame of PTSD. Herman, who introduced the notion of complex trauma to describe the results of prolonged or chronic exposure to interpersonal stress, maintains that such forms of traumatization severely disrupt an individual's perception of self and others and shake personal systems of meaning, leaving deep marks in the shape of lasting identity crises and ruptured relationships (*Recovery* 119-21). The typical constellation of symptoms further includes self-injury, suicidal tendencies, amnesia, various forms of somatization, and, especially in cases of childhood trauma, dissociative disorders (van der Kolk, "Adaptation" 202-03; Maercker 12).[59] However, it remains to be seen if and

57 As Friedman, Patricia Resick, and Terence Keane emphasize, the field of traumatic stress studies has recently witnessed a turn to a more "developmental perspective," based on increasing evidence that "[e]ach age group appears to respond differently to exposure to traumatic events" ("Key Questions" 549).

58 Zeanah also provides an overview of the research that has been done recently on PTSD in preschool children and school-age children ("Proposal").

59 "Dissociation" denotes experiences of depersonalization and derealization, i.e., states in which individuals perceive the reality of their self and of their environment in abnormal

how "complex PTSD," which is acknowledged as an important part of clinical reality but currently not included as a diagnostic subcategory in the DSM-IV, will feature in the DSM-5.

Childhood trauma and complex trauma have also emerged as pressing concerns in mental health research in relation to the long-term impact of these types of trauma exposure. As Fairbank et al. emphasize, "[s]tudies have identified childhood trauma and adversity as a major risk factor for many serious mental and physical health problems" (239). One key study in this area is the well-known ACE study ("The Adverse Childhood Experiences Study"), which advertises itself as "the largest scientific research study of its kind, analyzing the relationship between multiple categories of childhood trauma (ACEs), and health and behavioral outcomes later in life" (see Anda and Felitti). This study, which draws on an impressively large sample of 17,000 adult participants, seeks to corroborate the thesis that traumatic childhood experiences are "a common pathway to social, emotional, and cognitive impairments that lead to increased risk of unhealthy behaviors, risk of violence or revictimization, disease, disability and premature mortality" (Anda and Brown 4). Findings so far include a strong, graded relationship between the number of ACEs and increased risk for alcoholism, drug abuse, smoking, poor physical health, depression, and suicide (see Felitti et al.). Pursing a perspective that encompasses the whole lifespan, this research group continuously reveals and documents further facets of the multiple long-term effects of childhood trauma.

Novels featuring childhood and family trauma explore the complex short- and long-term impact of trauma exposure in multiple ways. For one, the child's perspective on childhood trauma is at the heart of several postmodern and contemporary novels, including Ian McEwan's *Cement Garden,* Jonathan Safran Foer's *Extremely Loud and Incredibly Close*, Clare Sembrook's *Hide and Seek*, and John Boyne's *The Boy in the Striped Pyjamas*. Yet many novels on childhood trauma, and definitely the majority of texts in the present study's corpus, explore childhood trauma both from the child's perspective and from the retrospective view of the grown-up survivor. These texts are, thus, profoundly concerned with the idea that childhood trauma, as documented from a medical perspective by the ACE study, tends to reach far and deeply into adulthood. With their focus on the protagonists' severe and often chronic exposure to interpersonal trauma and on their intricate and persistent web of symptoms, the texts resonate with notions of "complex trauma" and "complex PTSD." Two very different but equally relevant examples in this context are Shelley's *Mathilda*, which records in detail Mathilda's reaction to incest and a series of traumatic losses, and Azzopardi's *The Hiding Place*, where the protagonist Dolores experiences her familial environment as a minefield of physical and emo-

ways (Herman, *Recovery* 109). A very common manifestation of dissociation is the experience of a split between body and consciousness (102-03).

tional violence. Disrupted and fragmented selves and identity crises that determine the life of an individual long after the traumatic experience(s) are central topoi in these trauma novels.

One aspect of the long-term impact of trauma that has emerged as a particularly pressing concern in both literary and psychiatric discourses is how trauma affects memory. Much research on traumatic stress investigates the complexities of remembering and forgetting trauma, and PTSD, as Brewin stresses, is "often described as a disorder of memory" ("Remembering" 116). While the workings and processes of traumatic memory and the nature of trauma memories in contrast to ordinary memories have been a matter of controversy for over a century (van der Kolk, " Memory" 279), it is generally recognized that trauma survivors experience two kinds of memory phenomena: flashbacks of the traumatic past and the lack of conscious recall. Flashbacks or intrusive memories, often called "intrusions," are an especially common manifestation of remembering trauma. Intrusions can be described as images and other sensory impressions that appear suddenly and involuntarily, with striking intensity and immediacy, making trauma survivors feel as if they were re-experiencing the traumatic event (Ehlers and Clark 324).[60] In contrast, amnesia denotes the difficulty or inability of intentionally recalling memories of a traumatic event; it refers to a "loss of memory" that, as Ronald Comer stresses, cannot be explained in terms of ordinary processes of forgetting and is "not caused by organic factors" but by the effects of traumatic stress (177). Some trauma specialists maintain that intrusions and amnesia are caused by specific forms of encoding and processing, arguing that, unlike ordinary memories, trauma-related memories tend to resist being integrated into the existing structures of autobiographical memory (van der Kolk, "Memory" 282). As Anke Ehlers and David Clark assert, trauma memory is "poorly elaborated and inadequately integrated into its context in time, place, subsequent and previous information and other autobiographical memories" (325). As a result, victims often cannot recall traumatic experiences intentionally, although the experiences continue to haunt them through sudden, uncontrolled intrusions. It should be noted, however, that there is no agreement about whether or not traumatic memory differs fundamentally from other types of memory. Brewin, for example, postulates that "[f]urther research is needed to find out what, if anything, is unique about memories associated with trauma" and concludes that "[i]t seems fairest at present to conclude that traumatic memory is *unusual* rather than *special*, and becomes increasingly unusual with greater severity of PTSD" ("Remembering" 123, 127).

60 See also Brewin, who describes intrusions as "memories characterized as being triggered spontaneously by exposure to trauma cues, as being fragmented, as containing prominent perceptual features, and as involving an intense reliving of the event in the present" ("Remembering" 116).

The nature of traumatic memory – be it "unusual" or "special" – is a recurring theme in literary representations of trauma. Wollstonecraft's Maria, Godwin's Mandeville, and Shelley's Mathilda all experience different kinds of intrusive memories or flashbacks. Through the depiction of these memories, the texts express how profoundly the past holds the traumatized protagonists in thrall. *The Wrongs of Woman* stages these memories in a Gothic mode, thereby giving them an uncanny quality, while *Mandeville* represents intrusions of the protagonist's main childhood trauma, in combination with previous amnesia, as at the heart of a violent fit of madness. In postmodern trauma novels, disruptions of memory are emphasized even more as one of the most powerful repercussions of trauma. Besides exploring memory phenomena such as intrusions and amnesia, *A Thousand Acres* and *The Hiding Place* – similar to other recent trauma novels such as Margaret Atwood's *Cat's Eye* and Helen Dunmore's *Talking to the Dead* – frame the protagonist-narrators' quest to cope with the traumatic past as a struggle to confront and deal with the complexities of remembering trauma. These literary explorations of trauma memory, as will be investigated further in subsequent chapters, engage in different ways in a dialogue with contemporary psychiatric discourses. Smiley's novel participates in the 1990s False Memory Debate, while also exploring the notion of trauma and body memory; Michaels's *Fugitive Pieces* is concerned with the contentious idea of intergenerational transmission of trauma memory and, at the same time, develops an idiosyncratic philosophy of interpersonal memory sharing; and Azzopardi's novel both thematically and structurally revolves around the often-emphasized interrelations between processes of remembering, narrating, and working through trauma. As this brief overview indicates, different aspects of traumatic memory, in addition to the specificities of childhood trauma and severe forms of interpersonal trauma, will be core concerns in the subsequent dialogue between literary and psychological voices on trauma.

HEALING THE WOUNDS: PSYCHIC INJURY AND WAYS TO RECOVERY

One final general issue that requires attention concerns recovery. The dynamics of fragmentation and restoration, disintegration and reintegration, disruption and healing are prominent topoi in most literary texts on trauma, and they are negotiated in different ways at the levels of plot, text, and narration. What are possible ways and means of surviving and confronting a traumatic past and of overcoming a trauma-related crisis? How can the wounds of trauma survivors be healed? How do different individuals experience processes of working through and recovery? Is recovery after shattering life-events even possible? Can experiencing the extremities of hu-

man existence and confronting the dark abyss of the psyche possibly give birth to something positive? Trauma novels explore these and related issues with varying degrees of optimism and pessimism. Most novels in one way or another evoke therapeutic or self-therapeutic scenarios and are profoundly concerned with the (im)possibility of recovery. Postmodern trauma novels in particular tend to stage trauma survivors' individual quests for recovery in much detail. While recovery, as discussed earlier, long had a neglected status in literary trauma studies, its status in the field of psychiatry is fundamentally different; it is, in fact, situated at the very core of the psychiatric discipline. As Porter writes, "[p]sychiatry has typically pursued twin goals: gaining a scientific grasp of mental illness, and healing the mentally ill" (*Madness* 183). I now want to explore how traumatic stress research and Romantic psychiatry pursue the second of these "twin goals." Contemporary psychiatry provides detailed investigations not only of the psychopathology and more general symptomatology of trauma but also of the psychology of recovery, treatment methods, and therapeutics, thereby constituting a pertinent background for literary negotiations of recovery. Examining how Romantic psychiatry engaged with questions of treatment and therapy is also important for understanding the approaches Romantic trauma novels take to healing and recovery within their historical framework.

A significant aspect of Romantic-era psychiatry is the institutional context of the asylums for the mad, which underwent a significant transformation roughly during the time of the Romantic period. As the discipline of psychiatry established itself, the purpose of asylums was fundamentally redefined: "During the 'cult of curability' in the nineteenth century, asylums for the insane in western countries were transformed into therapeutic institutions" (Abma 99). Before the nineteenth century, asylums had mainly served the purpose of custody and confinement rather than cure.[61] In the English national consciousness, Bethlehem Hospital, also called Bethlem Hospital or simply Bedlam, played an especially important role. On the one hand, as Ingram asserts, Bethlehem can be seen as the embodiment of traditional attitudes to madness, that is, "restraint, confinement, evacuative remedies and a dynasty of secretive physicians in the Monro family" (44). On the other hand, Bethlehem was also the place where madness could be viewed as a public spectacle; it thus, as Porter highlights, shaped views about madness: "And largely because Bethlem housed the only collection of mad-people in the nation, it achieved a sort of concentrated notoriety; it became an epitome of all that people fantasized about madness itself" (*Manacles* 123).[62] In terms of numbers, however, private asylums

61 On seventeenth- and eighteenth-century asylums, see Foucault's *Madness and Civilization*, especially chapter 2.

62 For a good discussion of the significance of Bethlehem Hospital, see also Porter's *Madness* 70-75.

were, in fact, more important; around the year 1800, the mad were still mostly housed in private asylums, in institutions "operating for profit within the marked economy in what was frankly termed the 'trade in lunacy'" (Porter, *Madness* 95). The reputation of these private asylums, which were known for their secrecy and "discreet silences," was generally bad, remaining "tainted with accusations of neglect and corruption" throughout the century (Porter, *Manacles* 137, 148).

The general reputation of and changes to the institution of the asylum are pertinent to discussions of Romantic trauma novels. The pre-nineteenth-century asylum and the discourses on private asylums and their corrupt practices and abuses serve as important contexts for *The Wrongs of Woman* and *Mandeville*. Both novels foreground the protagonists' experiences at an asylum and depict these institutions in a critical light. Given that the bad reputation of asylums tends to be associated with a pre-Romantic age, this criticism might seem surprising. And, indeed, passing the *Act for Regulating Private Madhouses* in 1774 was a landmark event in the history of the private asylum: private asylums became licensed, and the practice of confinement based on a medical certification was introduced (Porter, *Manacles* 152). However, as Porter states, "how far the 1774 Act provided real safeguards is hard to say" (152). Faubert also emphasizes that, around the turn of the century, asylums still attracted a lot of negative attention; public discourse "framed the asylum-keeper as a sadist who preyed on some of the most helpless members of society" (76). It is, then, probably no coincidence that the "first major parliamentary inquiries into madhouses" were undertaken in 1807 and 1815 (Faubert 76). These historical parameters indicate that some of the negative aspects of eighteenth-century asylums persisted into the early nineteenth century. Hence, the conditions that the inmates of asylums were exposed to was a concern not only at the time Wollstonecraft was writing *The Wrongs of Woman* but also when Godwin was writing *Mandeville* – which was, after all, only shortly after the second parliamentary inquiry. Even though *Mandeville* is set in the seventeenth century, its criticism may not be directed exclusively at the asylums of an earlier period.

Even though the conditions in some asylums seem to have remained bad well into the first decades of the nineteenth century, there were, nevertheless, fundamental efforts to reform or even revolutionize the institution. Probably the most famous of these reformers is Pinel, who advocated "individualized moral treatment in place of routine coercion by hunger and cold, chains and stripes, and the formidable bleedings and physicking of older times" (Hunter and Macalpine 603). In other words, Pinel "abolished brutal repression and replaced it by a humanitarian medical approach" (603). His treatise entitled *Traité médico-philosophique sur l'aliénation mental, ou la manie* (1801) was translated into several languages and "proved highly influential" (Porter, *Madness* 132). According to Hunter and Macalpine, his treatment ideas "found an echo in the minds and hearts of all who were concerned with social and humanitarian reforms and there were many in early nineteenth cen-

tury England" (603).[63] Around the same time, moral treatment developed in Britain; it was made famous through the York Retreat, an asylum that opened in 1796 and was founded by William Tuke, a Quaker. As in France, moral therapy was "justified in England on the twin grounds of humanity and efficacy" (Porter, *Greatest Benefit* 498).[64] Counting on the beneficial effects of "kindness, reason and humanity," moral therapists transformed the madhouse from an institution of confinement to something like a "reform school" (Porter, *Manacles* 19).

Many of these reformers spread a message of optimism with regard to the curability of mental disorders and the effectiveness of their treatment methods. As Porter asserts, "the decades around 1800 brought surging faith in the efficacy of personal treatment in sheltered asylum environments" (*Madness* 102). The moral managers, those who believed that the sufferer's "moral and psychological faculties needed to be rekindled" and that psychiatry should try to foster "inner self-control" and "reanimate reason or conscience" (*Madness* 105), advocated this kind of optimism most strongly: "[I]n the late eighteenth century the most confident of those specializing in handling the mad were not the somatists but the proto-psychiatrists, those practicing the arts to be dubbed 'moral medicine', 'moral management' and 'moral therapy'" (Porter, *Manacles* 187). Tuke is a prime example in this respect: his patient statistics suggest the efficacy of his methods (Scull 130). Other asylum keepers who claimed high cure rates were Thomas Arnold, William Perfect, and Thomas Bakewell (see *Manacles* 147). As these examples illustrate, the Romantic period was a time of increasing optimism in the treatability and curability of mental disorders.[65]

How, then, do literary trauma narratives of the time respond to the emergence of moral treatment and its therapeutic optimism? Both *Mandeville* and *Mathilda* can

63 Porter summarizes Pinel's approach as follows: "Pinel embraced the progressive thinking of the Enlightenment. If insanity was a mental disorder, it had to be relieved through mental approaches. Physical restraint was at best an irrelevance, at worst a lazy expedient and an irritant. Treatment must penetrate to the psyche" (*Madness* 105).

64 Scull emphasizes that although Tuke was the one to make moral management known in England, this was clearly not an "isolated achievement"; among the progenitors of moral treatment are William Pargeter, John Ferriar, and Joseph Mason Cox (81). Moreover, an important and well-known early precursor of moral treatment was William Battie, whose 1758 text *A Treatise on Madness* was, as Ingram notes, based on an "attitude towards madness that embraced both openness and humane concern for the welfare of patients" (45).

65 One factor that must have contributed to this climate of optimism was the case of George III. Francis Willis' handling of George III's first bout of madness "brought the management of madness to the very centre of national consciousness" (Ingram 5), and, as Porter asserts, "the recovery of the 'mad king' bred optimism" (*Madness* 129).

be said to reflect on moral treatment in complex ways. First of all, even though *Mandeville* deals with issues of asylum treatment, the novel explores the approach of moral management only in a private, domestic context – and so does *Mathilda*. Mandeville's sister Henrietta and Mathilda's friend and companion in her self-imposed exile, the poet Woodville, can be read as different versions of a moral manager. However, while moral management and institutions such as the York Retreat were celebrated as "symbol[s] of progress" (Porter, *Greatest Benefit* 497), these literary texts represent moral treatment in an ambiguous light. Interestingly, in the case of both Mandeville and Mathilda, the treatment is not successful.

A further difference is that these literary versions of moral treatment put more emphasis on language and narration. What role language played in moral treatment, though, is difficult to assess. Faubert identifies a partial turn to communication and interaction in the relationship between patient and moral manager (83), while Porter more pessimistically asserts that "even the advocates of 'moral therapy' [...] were not interested in listening to what the mad had to say for themselves, or in direct, person-to-person verbal communication" (*Social History* 34). If we look at some of the relevant sources, we find references to talking not only in Tuke's works but also in, for example, the works of William Saunders Hallaran, the owner of a private asylum. In his 1813 *Description of the Retreat*, Tuke stresses the importance of "treating the patient as much in the manner of a rational being, as the state of his mind will possibly allow" and claims that this is a crucial point to be observed in "conversation[s] with the patients" (690). Three years earlier, Hallaran praised the beneficial effects of conversation:

> I have in consequence made it a special point on my review days, to converse for a few minutes with each patient. [...] The mental exertion employed amongst the convalescents by this species of address is very remarkable, and the advantages flowing from it are almost incredible. (655)

Some moral managers thus used verbal interaction as one means of strengthening patients' mental faculties. Yet it is important to understand that the primary goal behind this practice was re-educating the patient in self-restraint. Moral treatment was based on "a deliberate system of persuasion and influence, centred around the moral authority of the doctor, and located in a well-organized institution" (Abma 96). To solidify their authority, some moral managers relied on the power of words; others, notably Francis Willis and William Pargeter, relied more on the power of their eyes.[66] According to T. Rechlin, the "psychological" and "moral" treatment

66 In *Observations on Maniacal Disorders* (1792), Pargeter describes a number of attempts at managing the patient by catching his or her eyes (538-40). This practice resembles that of Willis, who famously practiced it on George III. Willis, as Porter highlights, was "re-

methods generally pursued empathic treatment styles, but they offered no individual psychotherapy (130). Hence, it seems that moral treatment relied on language in the sense of *conversation* intended to re-educate the patient, not in the sense of an actual therapy based on verbal *self-expression*.

Through the way they imagine victims speaking and/or writing for themselves, Romantic trauma novels explore the therapeutic potential of language further than contemporary psychiatric discourses. However, the novels not only give those suffering from mental disturbances a voice for telling their personal histories and individual tragedies, but they also investigate in detail the therapeutic power of oral and written self-expression. In foregrounding this kind of (self-)narration, which is also at the heart of many postmodern trauma novels, Romantic trauma novels move beyond the therapeutic project of Romantic-era psychiatry, while they also explore issues that were to become crucial in both psychoanalysis and contemporary trauma therapy, notably, the interrelations between trauma, self-narration, and recovery, which were first articulated by Freud and his contemporary Pierre Janet.[67] In this context, Faflak's notion of "Romantic psychoanalysis" is relevant.[68] The "scene of Romantic psychoanalysis" that Faflak focuses on is the "metaphorical and seemingly *un*clinical terrain of poetry" (*Romantic Psychoanalysis* 5). With Tilottama Rajan, he reads Romanticism as a body of literature "involved in the restless process of self-examination" and highlights how a number of canonical Romantic poems feature subjects who "spend a lot of time talking to themselves and to others about the trauma of who they are" and who struggle to "make sense of this subjectivity" (8). In the present study, I want to identify other scenes of psychoanalysis and argue that Romantic trauma fiction also tends to revolve around a "psycho-analytical" frame. The "anxiety about articulating a language of the psyche that resists articulation," in Faflak's words (6), runs as a central concern through texts such as Godwin's *Mandeville*.

Trauma, psychological analysis, therapy, and narration also intersect in contemporary trauma psychiatry, which investigates these intersections extensively and from a range of new angles. There seems to be general agreement that trauma ther-

nowned for a piercing stare which imposed mastery, and many mad doctors at this time learned a trick or two from actors and Mesmerists" (*Greatest Benefit* 496).

67 The "talking cure" famously advocated by Freud relies heavily on the beneficial effects of oral self-expression in a therapeutic framework. One of Freud's core ideas was that "free association," that is, the patient's spontaneous rather than rigidly guided verbal expression, should enable the uncovering of unconscious, repressed material and help unearth a buried trauma (see for example *The Psychopathology of Everyday Life*).

68 As is often noted, Coleridge is credited with the first use of the term "psycho-analytical" in an 1805 entry in his notebooks. For a more detailed discussion of this first usage of the term see Faflak's *Romantic Psychoanalysis* 31-32.

apy revolves around two basic approaches: exposure therapy and cognitive therapy.[69] Stacey Welch and Barbara Rothbaum summarize the present state of the practice: "It is widely thought that two main factors are necessary to treat PTSD successfully through psychosocial therapies: habituation to aversive stimuli, achieved by some kind of exposure to the traumatic or avoided stimuli […] and cognitive reappraisal of the traumatic experiences" (475). Exposure therapy is based on the idea that (repeated) confrontation with the trauma is vital to recovery, while cognitive therapy aims at reorganizing the patient's cognitive structures that have been affected by trauma, that is, to overcome posttraumatic patterns of negative perceptions and destructive thoughts.[70] Depending on the individual patient, his or her current life situation, and the severity of PTSD, these psychotherapeutic methods are combined with pharmacotherapy, hypnotherapy (Maercker 31), or with other therapeutic formats like family therapy and group therapy (Comer 144). According to Comer, a combination of approaches is common, "as no one of them successfully reduces all symptoms" (144).

Exposure therapy, which occupies a key position in the field, is also the type of trauma therapy most relevant to the study of literary texts. Essentially, exposure techniques fall into two categories: "in vivo exposure" and "imaginal exposure." In vivo exposure refers to a direct and physical form of confrontation with the trauma, as in, for example, a return to the site of trauma or exposure to closely related situations and objects. Imaginal exposure, also called "in sensu exposure," refers to a confrontation that takes place in the patient's mind, in the sphere of memory and imagination rather than in material reality (Rothbaum and Foa 494-96). However, no matter how patients are re-exposed to their traumatic experiences – through physical confrontation, verbal confrontation (talking or writing about the trauma), or visual confrontation (painting and drawing the traumatic scene) – the idea is that through a controlled re-experiencing of the traumatic event, with temporal and spatial distance and under the guidance of a therapist, the trauma should gradually lose its overwhelming and threatening power.

Verbalization and narration are at the heart of many types of exposure therapy. According to numerous psychiatrists, the act of putting the traumatic past into words and creating a narrative is of crucial importance to processes of recovery.[71]

69 See for example Andreas Maercker's *Therapie der Posttraumatischen Belastungsstörungen* 28-32 and Brewin's *Posttraumatic Stress Disorder* 180.

70 According to Ehlers and Clark, typical negative thoughts observed in trauma victims are, for example, "Nowhere is safe," "I attract disaster," "My life will never be the same again," or "It was my fault." Such negative appraisals, in turn, produce negative emotions, thereby exacerbating the destructive impact of trauma (322-23).

71 An extensive overview of different treatments of PTSD is the collection *Effective Treatments for PTSD*, edited by Edna Foa, Terence Keane, and Matthew Friedman. A number

Repeated as often as necessary, narrative exposure is meant to enable patients who are compulsively absorbed by their trauma to put their experiences into context, that is, to integrate them into autobiographical memory, into their life-stories. In other words, the interrelations between narration and recovery are closely connected to the specificities of traumatic memory. Trauma memories, in contrast to other types of memories, are not only typically de-contextualized and disconnected from other autobiographical memories, but they also tend to be largely non-verbal. As van der Kolk asserts, trauma memories "may have no verbal […] component whatsoever"; they are mainly organized on "somatosensory or iconic levels" ("Memory" 287). The visual and sensory quality of trauma memories, in combination with their striking vividness, intensity, and strong "'here and now' quality," often precipitates a state of "speechless terror" (Ehlers and Clark 327): trauma victims find themselves at a loss for words to describe what happened. This crisis of language goes hand in hand with a crisis of time perception. Trauma memories cause the distinction between past and present to collapse and, thereby, produce a different sense of time, a sense of being "frozen in time" (Ehlers and Clark 334). As a result, individuals suffering from PTSD often do not experience trauma memories as graspable connections to their past. Rather, these memories possess a perplexing, elusive, or haunting quality and make trauma victims feel locked up in the past. "To undo this entrapment," Laub claims, a narrative needs to be constructed about the traumatic past ("Bearing Witness" 69). In a similar vein, van der Kolk states that people seem to be unable to live with experiences that have no meaning to them ("Memory" 269) and asserts that an essential step to recovery is "the integration of the alien, the unacceptable, the terrifying, and the incomprehensible; the trauma must be 'personalized' as an integrated aspect of one's personal history" ("Preface" xvi). In other words, trauma memory needs to be transformed into narrative memory so that the spectres of the past can be tamed and become part of the individual's life-story.

The process of confronting and (re)integrating the traumatic past through narrative can happen in oral or written form; the exposure to trauma through cycles of speaking, listening, and writing, in which patient and therapist collaborate to script and rescript the survivor's life-story around the trauma, often forms the foundation of trauma therapy.[72] In other words, different forms of self-narration and/or life

of survey articles in this collection show that narrative techniques are widely used in the treatment of children and adults and in both acute interventions and the treatment of chronic PTSD.

72 "Narrative exposure therapy," for example, is based on a combination of oral and written narration. Starting with a rough "lifeline" that chronicles major positive and negative life-events in chronological order, patient and therapist step by step produce a "complete written document of his biography" (Onyut et al.). In the more famous testimony method, the starting point is the patient's eyewitness account, which is recorded and turned into a

writing are central aspects of trauma therapy. According to Herman, therapy should provide an environment where trauma victims can speak about their distressing experiences and be heard: "The therapist plays the role of a witness and ally, in whose presence the survivor can speak of the unspeakable" (*Recovery* 175). As is often observed, many trauma victims are torn between the urge to talk and a powerful sense of speechlessness – and to relieve this agony is a crucial objective of a number of therapeutic practices. Yet in an increasing number of trauma therapies, the verbalization and narrativization of trauma happens through the act of writing rather than speaking – or through a combination of the two. One reason for this could be that the medium of writing allows for the creation of more concretely visible and tangible forms of narrative than oral speech. Furthermore, the elements of ordering, contextualization, and integration probably play, due to the inherent characteristics of written discourse, a more prominent role in writing about trauma than in speaking about it. Consequently, writing can help trauma victims regain a sense of control over their lives. As Michèle Crossley puts it, psychotherapy and narrative both help patients overcome the "threat of chaos, of meaninglessness" produced by trauma and help them to reconstruct a meaningful self and life (57, 62).

Processes of narrating the self and trauma, as well as their potentials and limitations in aiding recovery, are at the core of much trauma fiction. Locked up in the asylum-prison, Maria in *The Wrongs of Woman* strives to ease her agony and reconfront her past by writing her memoirs for her lost daughter; Mandeville is torn between the urge and the inability to talk about his traumatic past and, finally, turns to written self-narration; *Fugitive Pieces* explores the functions of different forms of narrating trauma; and *The Hiding Place* is structured around the protagonist-narrator's life-story and quest for recovery. These literary scenarios reflect, in complex ways, the therapeutic scenarios mapped out in psychiatric discourses. One aspect regarding the processes of self-narration and recovery that the literary trauma narratives emphasize in particular is the dynamics between writer and reader or teller and listener. *The Wrongs of Woman* and *Fugitive Pieces* are two examples of trauma novels that foreground the specific situational frame of the narrative, the re-

transcript, on which patient and therapist work together to produce a written testimony (see Herman 181-83; Turner, McFarlane, and van der Kolk 552). In the more recently developed "Integrative Testimonial Method" by Christine Knaevelsrud, Maria Böttche, and Philipp Kuwert, the process of writing is even more important. The central idea is to write a "Lebenstagebuch" (which literally translates as "life diary") and to share this diary with a therapist – not in person, however, but exclusively in the virtual, anonymous space of the internet. The diary is written at home, in the individual's familiar environment. The essence of the Integrative Testimonial Method is, similar to the testimony method, a therapeutic form of life writing.

lation between narrator and addressee, the context, space, and time of narration, and so forth.

What these texts signal, then, is that recovering from trauma tends to have important interpersonal dimensions. They resonate with Herman's claim that recovery is a process of several stages, and learning to tell the "story of the trauma" serves as an important part of individuals' more general challenge of "rebuilding" their life (*Recovery* 175, 195). In conceptualizing the process of recovery in three stages – "establishment of safety," "remembrance and mourning," and "reconnection with ordinary life" (155) – Herman makes clear that the significance of interpersonal, social dimensions should not be underestimated. She stresses that in later stages of trauma therapy, the patient requires support and guidance in the process of social reintegration. To overcome isolation and "engage more actively in the world," to "reconnect with others" and build new relationships is essential to recovery and to the process of moving from a life determined by the shadows of the past to one facing the future (196-207). In contrast to Herman's conceptualization of recovery, research on trauma therapy tends to emphasize intrapersonal processes over interpersonal and social ones. Yet, as Welch and Rothbaum observe, new treatments that capitalize on "social support, including group therapy, family or couple therapy" (469) are demonstrating results and beginning to gain credibility. In literary trauma writing, the interpersonal aspects of trauma have tended to receive considerable attention: most Romantic and postmodern trauma novels foreground the interpersonal factors affecting the protagonists' pre-, peri- and posttraumatic lives. These texts call attention to how strongly the environment influences the subjective meanings that trauma takes on for the individual, while also exploring in detail how trauma survivors try to connect to their fellow human beings – in spite of or precisely through their traumatic past. For Dolores in *The Hiding Place* and for Ginny in *A Thousand Acres*, for example, their changing relationships with their sisters, who are also their fellow victims, play a vital role in the way they experience, remember, and retrospectively confront their traumatic past. In *Fugitive Pieces*, trauma is even depicted as capable of leading not only to processes of personal growth but also to particularly intense and fulfilling relationships.

In literary discourses, as we will see in more detail in the following chapters, trauma takes on a number of shapes and meanings, many of which differ in nature or emphasis from their meanings in trauma's home disciplines of psychology, psychiatry, and psychoanalysis. The aim of a dialogue between literary and psychological discourses is not to collapse their differences, not to construct parallel histories, but to reveal the dynamics of their intersecting histories. Being a fundamentally different way of organizing knowledge and interpreting the world than psychology, with its roots in medicine, biology, and empiricism, literature tends to produce what Wolfgang Iser terms gaps and indeterminacy (*Prospecting*) and to raise questions, challenge assumptions, and destabilize certainties. In multiple

ways, literature engages with the scientific discourses of its day, but it has the freedom to draw on these selectively, to escape or challenge scientific positions, to remain in between or beyond them. Transcending the laws of the empirical and factual and exploring the realm of the imaginary and textual, literature has the potential to elucidate the human psyche from different perspectives – and these specifically literary perspectives can be brought into relief by drawing on the background of scientific discourses. What I have attempted in this chapter, however, is not only to show the importance of contextualizing Romantic and postmodern trauma novels within the mental sciences of their time but also to demonstrate how the psychiatric discourses of two historical periods can mutually illuminate each other, especially because they negotiate a series of similar concerns in different ways.

Moreover, the field of contemporary traumatic stress studies also provides a crucial theoretical counterpart to literary trauma theory in my approach to trauma fiction. It is precisely because of the inherent tensions between these disciplines that an interdisciplinary dialogue is fruitful – and this applies especially to a notoriously slippery, complex, and controversial subject such as trauma. More specifically, as outlined above, an interdisciplinary approach constitutes a crucial pillar of my theoretical trajectory for several reasons: exploring trauma through the lens of psychiatry and psychology allows me to move away from the paradigm of literary and cultural studies that conceptualizes trauma in metaphorical and aestheticized as well as abstract and ahistorical terms. Indeed, the corpus of Romantic and postmodern trauma texts I have chosen for this study, with their emphasis on individual psychological trauma in childhood and the family, calls for an approach that focuses not on structural and cultural trauma but on the personal, specific, and concrete dimensions of trauma – and it is with regard to these dimensions of literary trauma writing that trauma psychology has a lot to bring to literary studies. Psychological and psychiatric approaches to trauma also complement literary trauma theory in important ways because they offer significant perspectives on areas the field has unconsciously eclipsed or consciously excluded, including processes of narration, recovery, and healing. In the following chapters, the dialogue across periods and disciplines is continued and deepened in multiple ways. I investigate in detail the specificities of individual literary voices on trauma and also explore recurring concerns, themes, and frames, with the overall aim of revealing the shapes, textures, and meanings of wounds and words in the Romantic and postmodern literary and cultural imagination.