

Sigmund Freud's Psychoanalytic Perspectives on Trauma Theory with Special Reference to Hysteria

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Abstract

Trauma literature analyzes the influence of trauma on individuals and society by exploring the numerous arenas related to it. It explains the effects of traumatization on the individual and collective psyche. It also elucidates releasing these psychic conflicts and tensions in literature for catharsis to accomplish a better self-identity. Trauma literature also studies its psychological, linguistic, cultural, and social importance. It ably points out the tasks which memory plays in molding personal and social identities. However, recent researchers concluded that trauma dissociation is not analogous to repression, but new researchers could not go far beyond Freud's interpretations despite technological advances in research. O'Sullivan writes that: for all the shortcomings in the concepts proposed by Freud and Breuer in 'Studies in Hysteria', the 21st century has brought no significant advances to a better understanding of the mechanisms for this disorder. This is acknowledged more publically now that Freud still "Looms quite large in our repertoire of explanations." His insight and intuition in understanding subtle patterns of hidden traumas in the complex human psyche would still contribute to those working with hysteria which is now known as conversion disorder.

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Trauma literature analyses the influence of trauma on individuals and society by exploring the numerous arenas related to it. It explains the effects of traumatization on the individual and collective psyche. It also elucidates releasing these psychic conflicts and tensions in literature for catharsis to accomplish a better self-identity. Trauma literature also studies its psychological, linguistic, cultural, and social importance. It ably points out the tasks which memory plays in molding personal and social identities. The basis of trauma studies was the Freudian theory when it initially got developed in the 90s. Trauma could be defined as a 'psychic wound' caused by undesired events through someone's unpleasant thoughts, words, and actions. This unacceptable memory is stored in our consciousness layers, carrying a volatile quality. It splits the self and separates mental processes resulting in functioning independently. It sometimes leads to disorders such as split personality. When people get dissociate, they get disconnected from their environment. It can happen during

the event or later when reminded of the trauma. That is why dissociation goes hand in hand with post-traumatic stress disorder.

In the 1990s, Cathy Caruth and Shoshana Felman, and Geoffrey Hartman revolutionized the concept of trauma and its depiction within language and experience in her 'Unclaimed Experience': Trauma, narrative, history (1996) takes complete cognizance of Freud's theories on the same. Caruth puts forth the view that the "rhetorical potential" of recurring figures in texts that capture splintered referentiality that points to the "knowing and not knowing" of the traumatic past, which in turn reveals the "traumatic nature of history" itself (1996: 4,18).

Nasrullah Mambrol in his article "Literary theory and criticism" quotes Caruth who argues that trauma is, "not locatable in the simple violent or original event in the individual's past but only identified in the way it is precisely not known in the first instance

returns to haunt the survivor later on” (Caruth 1996: 17,4) Caruth further explains that “traumatic experience beyond the psychological dimension of suffering it involves, suggests a certain paradox: the most direct seeing of a violent event occur as an absolute inability to know it; that immediacy, paradoxically may take the form of belatedness” (Caruth 1996: 92,7).

The French neurologist Jean-Martin Charcot first probed the kinship between this trauma and psychological sickness, whose central study area was hysteria. Hysteria could be termed as an uncontrollable outburst of emotions or unnatural excitement. This is a psychological disorder that carries the symptoms like anxiety, nervousness, insomnia, irritability, screaming, fainting, weakness, obsession, convulsions, etc. He states that traumatic occurrences could instigate hypnotic symptoms to “describe both the problems of suggestibility in these patients and the fact that hysterical attacks are dissociative problems resulting from having endured unbearable experiences. Freud also was influenced by Charcot and implemented some of his ideas. In “Studies on hysteria” (1893), co-authored with Joseph Breuer, Freud suggested that “we must point out that we consider it essential for the explanation of hysterical phenomena to assume the presence of a dissociation, a splitting of the content of consciousness”.

Freud and Breuer called this fragmentation of the psyche “hypnoid hysteria” and established its connection to a traumatic stimulus that indicates an organism performs a learned behavior, maximizes reinforcing consequences, and minimizes punishing consequences. In 1896 Freud maintained that “a precocious experience of sexual relations...resulting from sexual abuse committed by another person ... is the specific cause of hysteria, not merely an agent provocateur”. He further says that not the external traumas but rather the unrepresentable nature of erotic, dominating, and suppressed desires from past experiences cause hysteria. When Charcot, Breuer, and Freud were meditating on mental illness, most psychiatrists and physicians viewed it as the bi-product of heredity and degeneration of the nervous system. However, Freud and Breuer enlightened this theory by pointing out the

social cause of hysteria (Breuer and Freud, 1895). Janet had concluded that the traumatized mind undergoes a “feebleness” of hereditary origin (Janet, 1907). While Freud stated that the defense against the traumatic impact was not only in our inner genes but also when the dynamics of the mind were at work”.

Freud insisted that there is no one-to-one connection between the traumatic event and memory. It is dependent on both the internal and external state of affairs. These experiences are stored at our particular consciousness level and compulsively repeated without any verbal expression. When he distinguishes between anxiety, fear, and fright, he reflects that trauma is a state of panic and could be reverted in the form of horrible interruptions and traumatic nightmares. Freud figured out that the mind is genetically metaphorical as it binds our energy. Later on, he perceived that the mind continually tries to hook and connect on a symbolic level. This connection ultimately provides meaning to the traumatizing experience in which memory plays a very crucial role. When post-traumatic stress disorder is diagnosed, it could pave the way for constructing traumatic memory. Freud’s conception was that it was not the traumatic incident, but their remembrances are viewed as infectious memories. These memories were later seen in a new context and then accomplished their recognition as traumatic. He thus concludes that “Hysterics suffer mainly from reminiscences” (Breuer and Freud p.7).

In their ‘Studies on Hysteria’, Freud and Breuer describe the memory of the mental trauma ‘as a foreign body that must continue to be regarded as an agent that is still at work’ (Freud and Breuer 1955, p.6). He further argues that in traumatic neurosis, the operative clause of the illness is not the trifling physical injury but the effect of fright (Freud and Breuer pp.5-6). Freud advocated that the retained memory traces are unconscious, whereas its memories are conscious. Each memory is organized into three layers. Initially, it is binding of documents. Secondly, it is divided around an infectious nucleus. Freud puts it that it consists of those recollections in which the traumatic moment is at its ultimate purity. On a third point, there is an order that is located at which

two or more threads meet, then continue as a single group... several impressions, either running independently or in places connected by side paths, flow into the nucleus. In other words, often ... a symptom is multiply determining or over determines". Therefore, Freud's conception of memory incorporates a complex network of associations, dissociations, and representations, a part of which is sometimes active and sometimes sluggish. He then adds, "A failure of translation- this is what is known clinically as 'repression' the motive for it is always a release of the unpleasure that the translation would generate".

In the first set of conditions, the nature of the trauma does not include a reaction. In the second group, situations are determined by the psychic state. So Freud concludes that traumatic memories are more robust than other typical memories, difficult to forget, and are not included in the activation by retrieval. Earlier Freud had developed the idea that the study of the causes of hysteria was based on his concept of trauma dissociation, upon which he had built his first theory of neurosis. Soon he realized that trauma is caused chiefly due to sexual abuse in childhood. Then he put forward his Libido theory, based on his research on infantile sexuality. After encounters with his patients, he observed that repression was closely associated with hysteria.

However, recent researchers concluded that trauma dissociation is not analogous to repression, but new researchers could not go far beyond Freud's interpretations despite technological advances in research. O'Sullivan writes that: for all the shortcomings in the concepts proposed by Freud and Breuer in 'Studies in Hysteria', the 21st century has brought no significant advances to a better understanding of the mechanisms for this disorder. This is acknowledged more publically now that Freud still "Looms quite large in our repertoire of explanations". His insight and intuition in understanding subtle patterns of hidden traumas in the complex human psyche would still contribute to those working with hysteria which is now known as conversion disorder.

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