

Stress Points

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**Australasian Society for
Traumatic Stress Studies**

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FROM THE PRESIDENT

The Summer 2007 edition of Stress Points included a short article on psychosocial rehabilitation in which the potential benefits of this approach in preventing or reducing disability associated with posttraumatic stress disorder was discussed. Since the release of that edition of Stress Points I have spent time working in the US and have learned more about the ways that a psychosocial / psychiatric rehabilitation approach is being advanced as an intervention for all forms of serious mental health conditions, including PTSD. In addition to specific psychosocial rehabilitation service delivery and research being undertaken by centres such as the Boston University Centre for Psychiatric Rehabilitation (<http://www.bu.edu/cpr>) and the US Psychiatric Rehabilitation Association (<http://www.uspra.org>), a number of training opportunities have been and continue to be offered by the US Department of Veterans' Affairs. For example, Psychosocial Rehabilitation Fellowship opportunities have been offered by the US Department of Veterans' Affairs since 2004 with the aim of developing leaders with knowledge, vision and commitment to psychosocial rehabilitation and Veteran recovery ([\[ery.med.va.gov/rehab/index.htm\]\(http://ery.med.va.gov/rehab/index.htm\)\). While this report is not the place to review the psychosocial rehabilitation research that is being undertaken overseas, focused initiatives such as the Fellowships appears to be a sound way to progress the research that is required to empirically assess the benefits of psychosocial rehabilitation for people with complex and persisting posttraumatic conditions.](http://www.veteranrecov-</p></div><div data-bbox=)

The 14th Annual ASTSS conference Trauma: Consequences & Responses in Community Settings is being held the 20th to 23rd of September 2007 in Ballarat. In addition to the pre-conference workshops and invited keynote presentations (see conference update in this edition), the annual ASTSS Media, Research and Lifetime Membership Awards will be announced. Further details are available on the ASTSS website - www.astss.org.au

I look forward to seeing you there!

Lynda Matthews, PhD



ASTSS 14TH ANNUAL CONFERENCE UPDATE

During the last few weeks there has been more frenetic energy in Ballarat as next to final preparations occur for the Conference in September. Registrations are starting to happen and the early bird has been extended to August 15, 2007. The Conference Organisers (Organised Success) and the local Western Victorian Chapter have worked hard to present excellent key note speakers, wonderful ambience and a comfortable setting for the 14th Annual ASTSS Conference at Doherty Lodge, Main Road Ballarat. Please see the website, www.astss.org.au for the latest updates of conference materials, registration details and accommodation possibilities.

In the last couple of months St John of God Health Care, which has serviced the Ballarat District since the fifties with hospital care, have become the major sponsor for the Conference. They are thrilled to be part of a local community effort to encourage world class speakers and participants to come to Ballarat. The theme of supporting those who suffer from trauma in the community is close to their ideals. In particular, St John of God Health Care have supported veterans with posttraumatic stress disorder at their hospital in Warrnambool, Victoria. The religious women who staffed these hospitals in the early days have a fantastic profile for care in the district. Few are left now, and the St John of God Health Care is largely staffed by local nurses and professional health carers from the Ballarat community. We certainly are

grateful for their generous contribution.

We also thank our other sponsors – Telstra, Ballarat Health Care, UFS Dispensaries, Doherty’s Lodge and the local Ballarat City Council – for their generosity and in-kind assistance. These days it is very difficult to obtain excellent speakers and a comfortable venue without this assistance.

Ballarat has just experienced a heavy snowfall and Lake Wendouree is filling slowly. All of this augers well for a bright spring time for the September Conference. The arranged social events will complement the solid strength of the workshops and conference program.

In addition to what is already on the website we have been fortunate to engage one of the foremost experts in Trauma Response, Rob Gordon, to accompany Dr. Colleen Jackson in a Panel presentation on the Saturday of the Conference. Our overseas speakers, John Briere from U.S.A. and Kate Gillespie from Northern Ireland are looking forward to a challenging audience. The high calibre of local speakers including Dr Caroline Taylor, Arnold Zable and Fr Frank Brennan will inspire, challenge and engage us with concerns and strategies for our daily practice in the field of trauma. Professor Mark Creamer will also conduct a short but vigorous symposium on the latest in ACPMH research.

There will be the usual poster demonstrations and the lively

networking possibilities throughout the day. This year there is less emphasis on research papers. This is not to downgrade them because each of the keynote speakers has a strong reliance on sound best practice research. It adds a different flavour to our conferences. Students are welcome and there are generous scholarships provided for Ballarat and other University students to participate. They may not present their findings but they may be inspired to look further into their hypotheses as a consequence of their attendance at this conference. Both the recent ASTSS conferences in Adelaide and Perth had a strong arm of research and they will be well catered for next year.

Again none of the above would be possible without the constant help of the Conference Organisers (Heidi and Rachel from Organised Success) and the hardy band of Western Victorian Chapter members, Fran, Dave, Joanne, Dennis and Margot.

We are excited and hope you come to Ballarat, September 20th to 23rd to enjoy the full conference, pre and post conference workshops, AGM and the socialising.

Daniel Torpy



Chairperson of the
Organising Group,
torpy.daniel.d@edumail.vic.gov.au

Editorial

It’s been a cold winter, one designed for reading a good book in front of an open fire. For our annual book-review *Stress Points* this winter, we invited avid and discerning readers to review new releases exploring the theme of trauma.

Rob Gordon, clinical psychologist and consultant to the state emergency recovery plan, comments on “Violent Death: Resilience Beyond the Crisis”, edited by Edward K Rynearson. Suzette Henke and David Eberly, Editors of “Virginia Woolf and Trauma: Embodied texts” answer questions on Virginia Woolf and

trauma, whilst Kay Torney Souter (Associate Academic Dean of La Trobe University’s Faculty of Humanities and Social Sciences) reviews their book. Actress Chloe Armstrong (Bell Shakespeare Company – Romeo and Juliet, Geoffrey Wright’s MacBeth) reviews Janette Turner Hospital’s “Orpheus Lost”, and Paul Carter (author and PhD candidate) review’s Don DeLillo’s September 11th novel “Falling Man”. Jeffrey Masson’s trauma classic, “The Assault on Truth: Freud and Child Sexual Abuse” is explored by Masson himself (recorded at the 2002 ASTSS conference) in downloadable audio

format – the files are quite large but worth the wait. You can also download an audio-book extract from DeLillo’s “Falling Man” by clicking on the link provided. Our usual contributions from ACPMH and DART appear, as does the final 14th annual ASTSS conference update. So, settle-in for a good read and we’ll see you in Ballarat.

Send *Stress Points* contributions or comments to btar2399@bigpond.net.au.

Bronwyn Tarrant (Ed.)



From The Australian Centre for Posttraumatic Mental Health AUSTRALIAN POSTTRAUMATIC GUIDELINES LAUNCHED

Australian guidelines are now available to help people with acute stress disorder and posttraumatic stress disorder (ASD and PTSD).

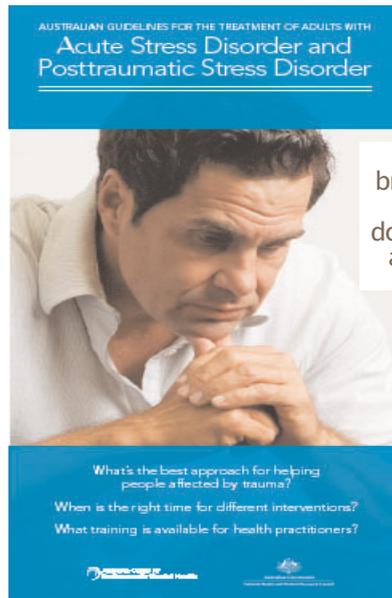
The Australian Guidelines for the Treatment of Adults with Acute Stress Disorder and Posttraumatic Stress Disorder (ASD and PTSD) were launched on 23 May by the Minister for Veterans' Affairs, the Honourable Bruce Billson, MP, at Parliament House, Canberra.

Approved by the National Medical Health and Research Council, these new Guidelines assist all health practitioners to determine when is the right time for professional intervention and what is the best approach for helping people affected by trauma.

The Australian Centre for Posttraumatic Mental Health developed the Guidelines in consultation with trauma experts from a range of disciplines, as well as people affected by trauma.

APS was part of the Guidelines development group and the Board of Directors has endorsed the final product.

Further information is available in this brochure:



click brochure to download a copy

How do you get a copy?

There are four versions of the Guidelines to suit different needs (click to download):

1. The full guidelines
2. A brief practitioner guide for easy use
3. A summary of the key treatment recommendations for practitioners
4. A guide to treatment for people diagnosed with ASD or PTSD, their families and carers

Putting the Guidelines into practice

ACPMH is collaborating with the Australian Psychological Society (APS) on the potential for delivering information and skills development workshops to ensure that practitioners' practices are consistent with those recommended in the Guidelines.

ACPMH guidelines received broadsheet media attention

GOOD GRIEF: TRAUMA VULTURES SHOT DOWN
BETTINA ARNDT
THE DAILY TELEGRAPH

We live in dangerous times. Living off this are the grief counsellors. Problem is, writes BETTINA ARNDT, theirs is a pseudo science – it doesn't work.

TRAIN disasters, floods, and now the Melbourne shooting – ghastly traumas dominate our news. Behind the scenes a small army of counsellors is making a living from the emotional fall-out.

When Victorian police

emerged from the grisly task of sorting through the mangled Kerang train wreck they were immediately whisked away for trauma debriefing, to prevent any lasting effects on their psychological health.

At least that's what the counselling was supposed to do.

But it doesn't work. This type of trauma debriefing (or critical incident stress debriefing) is now discredited.

The Australian Centre for Post-traumatic Mental Health (ACPMH) has just released new guidelines on post-traumatic mental health – which have been given the tick of approval by the National Health and

Medical Research Council.

The first of these guidelines spells out that psychological debriefing should not be offered on a routine basis. That's a mighty blow for the large numbers of debriefers – or "trauma vultures" as they have been called, who for the past two decades have been peddling this type of group psychological counselling as the salve for post-traumatic ills.

Yet evidence has been mounting that venting inner turmoil immediately after a trauma is not only often unhelpful but can sometimes make things worse.

There's solid research – studying survivors of earth-

quakes, motor accidents, bushfires, victims of assault, burns, dog-bites, emergency workers as well combat experiences such as grave diggers and soldiers in the first Gulf war.

With studies showing debriefing sometimes increases the likelihood of posttraumatic stress disorder (PTSD), a review recommended compulsory debriefing should stop.

This doesn't mean leaving traumatised observers to battle with demons on their own.

What's needed is psychological first aid, say the guidelines, where survivors of potentially traumatic events are

supported, their immediate needs met and monitored over time to see who runs into problems.

therapy, a treatment found to be highly effective in helping people regain psychological health.

Most people who experience a traumatic event recover on their own with the help of family and friends, says ACPMH Associate Professor David Forbes.

But the large numbers of grief counsellors involved in the debriefing industry are battling hard to persuade their employers their skills are still needed.

Within a few weeks it is possible to tell who is likely to run into long-term problems – if they are having trouble sleeping, feeling highly anxious or distressed, using alcohol, drugs or gambling to help them cope or having difficulty expressing feelings or relating to other people.

Having attached themselves to a range of work forces (schools, banks, ambulance services, fire departments, and other emergency work forces) they now cling tenaciously to their hosts, fighting for survival.

That's when they need expert clinical help, which the guidelines say should involve five to 10 sessions of trauma-focused cognitive behaviour

Professor Grant Devilly from Swinbourne University's Brain Science Institute warns some are still doing debriefing under the guise of the recommended psychological first aid.

The landmark legal case – Howell v SRA – is used to convince employers that their services are required under law.

Yet this case – in which a railwayman received damages after he developed PTSD when the SRA offered only telephone counselling following a railway track suicide – makes the case for proper treatment as recommended by the guidelines, rather than debriefing.

So, beware the misguided trauma vultures and voice your protest if your child's school reacts to a tragedy by rounding up all the children for post-trauma counselling.

It's far better that children talk to their own teachers and their parents and those who don't want to talk be left alone.

Provide them with any information they may want to know and keep a careful eye for the rare few who may have lasting issues and only then seek professional help.

There's a role for the media here – challenging what has become the automatic post-script to every disaster story, the reassuring note that survivors will receive counselling.

This flat-Earth, cliched reporting is part of the problem – rather like advertising baby formula in third world countries. For all the efforts to present a good news spin, it won't improve their lot and may simply add to the disaster in their lives.

Published in The Daily Telegraph, Thu 21 Jun 2007

DART CENTRE FOR JOURNALISM TRAUMA SPECIALISTS AGREE ON APPROACH.

Using a journalist as a case study, Jonathon Bisson and George Everly, trauma specialists from two differing perspectives, have agreed on a uniform approach. Discussions between the two, facilitated by the Dart Centre for Journalism and Trauma over a two year period have resulted in a historical paper written by Bisson, Everly, Brayne and Ochberg released on July 1 (*Early Psychosocial Intervention Following Traumatic Events*, Bisson et al. Am J Psychiatry. 2007; 164: 1016–1019).

In the '80s, George Everly (Johns Hopkins School of Medicine and the Johns Hopkins Center for Public Health Preparedness) co-developed with former US fireman Jeffrey Mitchell a psychological disaster response which became known as Critical Incident Stress Management (CISM), more widely popularized as Critical Incident Stress Debriefing (CISD), or simply Psychological Debriefing.

Jonathan Bisson, Senior Lecturer in Psychiatry at Britain's Cardiff University, was one of the co-authors of the Cochrane Review (2002) and a key adviser in drawing up recommendations in 2005 for the British National Institute for Clinical Excellence

(NICE Guidelines). These documents both explicitly discouraged the use of such debriefing for individuals as a routine form of support in the immediate aftermath of traumatic events.

In the AJP paper the authors recommend that those affected by potentially traumatic events be provided shortly after the event with empathic, practical and pragmatic psychological support. This support should include information about possible reactions about what they can do to help themselves and how they can access support from their family and community.

The paper also encourages exploration of what they term a psychological first aid approach which takes explicit account of people's natural resilience. Further, they go on to highlight the value of awareness training and peer support in the work-place which enabled (in this case) the journalist and his colleagues to recognise some symptoms following a hypothetical disaster.

The contents of this paper are not startling. What is surprising is the fact that trauma experts such as Everly and Bisson are prepared to publicly go on record about their common ground.

Let's hope that this can be a beginning in trauma mental health, where like many other professions, specific modalities can often be held on to as being 'the one true universal truth'. Whilst science can certainly inform us well, unfortunately there is never a silver bullet when we deal with the complexities of human beings.

Cait McMahon (with thanks to Mark Brayne – Dart Europe) Executive Director, Dart Centre for Journalism and Trauma – Australasia www.dartcentre.org



RECOVERY FROM THE UNTHINKABLE

A REVIEW OF *VIOLENT DEATH: RESILIENCE BEYOND THE CRISIS*; EDITED BY EDWARD K RYNEARSON

REVIEWED BY ROB GORDON

I never feel more tentative than in receiving a referral of someone whose family members have been violently killed. I ask myself whether I feel able to connect with their pain and stay as long as they need me, and whether I have anything that will help them through the turbulence of the next few years until they resume their lives, or rather, embark on new, permanently changed, but still productive lives. Much is published about post-traumatic stress responses arising from such traumatic experiences, and more is emerging about traumatic grief. However, many books carrying an authoritative imprimatur comprise scholarly reviews of empirical studies and digests of practice implications, but with few references to clinical work or the actual problems of technique that face the clinician each session.

It is a pleasure to find a book that is firmly addressed to clinicians by people with extensive clinical experience, while preserving a strong research orientation. The subtitle of the book, "Resilience Beyond the Crisis" describes the orientation towards longer-term needs of people whose loved ones have been violently killed. It comes with a DVD in which Rynearson interviews an articulate black woman who lost three children to murder at various times over 15 years, and a white couple whose daughter was the victim of an unsolved murder 10 years before. These are valuable documents on resilience and recovery since the "victims" are leading successful and creative lives while still carrying the grief of their losses. This complexity of recovery in the presence of continuing pain is a continuing theme in the papers. Rynearson recommends the DVD as the context for the book and it certainly grounds the discussion in the reality of the human experience even though many of the papers provide valuable clinical vignettes.

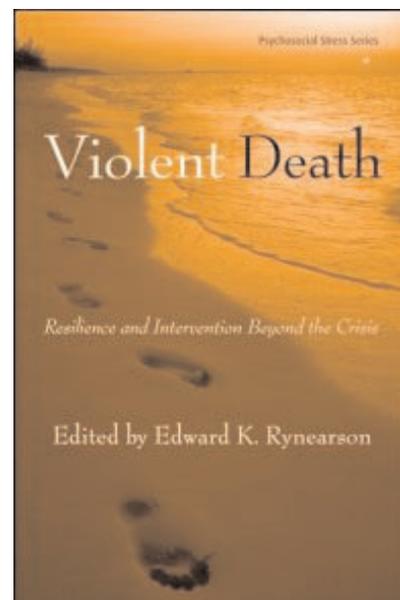
The first section, "Restorative and Clinical Essentials" covers broad theoretical and technical themes of recovery facilitation by clinicians. The first paper is a valuable review of the field by our colleagues Raphael, Stevens & Dunsmore, drawing on their work with the Bali recovery programs. Next Bonnano describes a valuable piece of research on resilience in grief, showing how many people survive terrible losses without becoming clinically unwell. This theme runs through many papers: how to conceptualise interventions as supporting resilience and natural recovery rather than focusing on delivering clinical treatments.

Many papers emphasise the importance of establishing a narrative of the event that enables victims to give meaning to loss and identify themselves as regaining the initiative in their lives in spite of what has happened. There is a refreshing openness to the variety of theoretical orientations in the field and clinicians of any

persuasion will gain much from the discussions. There is a particularly interesting discussion by psychiatrist Richard Chefetz who follows an accessible account of the neurobiology of trauma and stress with a sensitive discussion of transference and countertransference in prescribing medication and the dynamics of somatization. Other valuable papers discuss factors providing family resilience, the role of spiritual values, techniques of narrative integration and meaning making.

The second section, "Restorative and Clinical Interventions" covers clinical treatment and group programs providing supportive psychoeducational frameworks for people to orient towards recovery. Papers include Ochberg's description of the "counting method" (a technique found to be as effective as EMDR), Murphy's review of evidence-based interventions, three papers on supporting recovery for children and incarcerated juveniles, and an Israeli traffic fatality support program (cars kill many more Israelis than terrorism, but receive little official recognition). The papers are rich with clinical illustrations of the techniques described and supportive group interventions are clearly outlined and described.

The final section, "Community Outreach and Intervention after Disaster and Warfare" comprises four papers describing support for death in military communities, group therapy for Palestinian families affected by violent death and two particularly valuable papers reviewing outreach programs following the Oklahoma bombing and September 11 attacks. In keeping with the book's practice orientation, they provide a valuable summary of lessons learned and recommendations about the design and conduct of such operations.



I found little to criticise in the book. Researchers, teachers and clinicians of all persuasions will find something to learn from the many experienced practitioners Rynearson has gathered. He comes through the book and DVD as a warm and wise clinician of many years' experience in a harrowing area of clinical practice. The one area not covered in sufficient depth is the precautions clinicians need to take to work in this field for a long time – becoming more skilled without being blunted to the pain. We know from our practice, clients speak of would-be helpers (professionals and otherwise) who do anything rather than be with them in their journey and help them find words to evolve an account of their lives that does not come to an end with the loss of those they did not think they could live without. The helpers want to fix what is not fixable or be reassured that they are returning to “normal” which no longer exists. They have to form a new normality that belongs, in the words of one of the women interviewed on Rynearson's DVD, to “the club that no one wants to belong to.”

This book helps us take confidence in the creative resilience of most people; it shows how clinicians might need to do less rather than more to help, provided that the less is well informed about traumatic or “complicated” grief as it is called by some authors. The book is recommended as a valuable resource.

Rob Gordon, Ph.D.,
Consultant Psychologist.



Violent Death: Resilience Beyond the Crisis – Contents:

Restorative and Clinical Essentials. *Raphael, Stevens, Dunsmore*, Clinical Theories of Loss and Grief. *Bonanno*, Grief, Trauma, and Resilience. *Salloum, Rynearson*, Family Resilience After Violent Death. *Lord*, Spiritual Essentials. *Currier, Neimeyer*, Fragmented Stories. *Armour*, Meaning Making for Survivors of Violent Death. *Chefetz*, Considering Medication Use in the Wake of Traumatic Experience. **Restorative and Clinical Interventions.** *Ochberg*, Exorcising Ghosts. *Shear, Gorscak, Simon*, Treatment of Complicated Grief Following Violent Death. *Murphy*, Evidence-Based Interventions for Parents Following Their Children's Violent Deaths. *Rynearson, Correa, Favell, Saindon, Prigerson*, Restorative Retelling After Violent Dying. *Malkinson, Geron*, Intervention Continuity in Posttrafficking Fatality. *Davies, Salloum*, What About the Very Young Child? *Cohen, Mannarino*, Treating Childhood Traumatic Grief. *Rynearson, Favell, Belluomini, Gold, Prigerson*, Restorative Retelling with Incarcerated Juveniles. **Community Outreach and Intervention After Disaster and Warfare.** *Benedek, Ursano*, Mass Violent Death and Military Communities. *Allen, Tucker, Pfefferbaum*, Community Outreach Following a Terrorist Act. *Shahani, Trish*, Healing After September 11. *Rasras, Mitwalli, Sehwal*, Group Therapy for Palestinian Family Members After Violent Death. *Rynearson*, Closing Thoughts.

Edited by Edward K. Rynearson, Published by Routledge, London, 2006

FALLING MAN

BY DON DELILLO

REVIEWED BY P.D. CARTER

It is almost six years since the twin towers collapsed. We know about Al-Qaeda now, and Osama, and the nineteen hijackers, and have been able to access the phone calls of the towers' victims before they perished, and can read the Commission report, and have watched Superman, Batman, Spider-Man and Jack Bauer save US cities in the nick of time, and are aware of conspiracy theories of the possible planning of the attacks by masterminds in the US government. In short, bandages have been offered. But somehow events on that September morning – its stark, impossible-seeming images – have not repaired. The wound still gapes.

Into this dilemma plunges Don DeLillo, a New York author whose novels since 1971 have famously prophesied post-millennial western culture: its assimilative commercial powers, its spiritualization of consumption, its dominant images of epic spectacles and the crowds who create them. Most significantly, he has prefigured the centrality of terrorists as figures in the public mind. Here he is in *Mao II*, his 1992 novel that, eerily, is a highlight of the emerging cannon of 9/11 fiction: ‘Years ago I used to think it was possible for the novelist to alter the inner life of the culture. Now bomb-

makers and gunmen have taken that territory. They make raids on human consciousness. What writers used to do before we were all incorporated.’ In *Libra* (1988) he got inside the skull of Lee Harvey Oswald; in *Underworld* (1997) he had Frank Sinatra, Jackie Gleason and J. Edgar Hoover at the 1954 World Series, and Lenny Bruce doing bits on the Cuban missile crisis. This is a writer who has made a point of standing up to his American times in all their ferocity and mystery. Who might he show us in the new work?

We get a terrorist, yes: Hammad, a member of the nineteen, training in Hamburg and on the Gulf Coast, himself a kind of falling man – ‘he flew through the minutes and felt the draw of some huge future landscape opening up, all mountain and sky.’ But DeLillo's sketch of Hammad's incremental journey to that New York morning abridges the greater body of the work. Who *Falling Man* concentrates upon are the figures of Keith Neudecker, a survivor of the attack on the south tower; Lianne, his estranged wife; and their son, Justin, who continues to study the New York skies for signs of Bill Lawton's return. For much of its 240 pages, DeLillo presents a fractured domestic scene being resumed – across hours, days, and

years – in the shadow of the attacks.

And this, basically, is the plot. DeLillo has never been one for telling stories. ‘All plots move deathward,’ is an observation he made in both *White Noise* (1984) and *Libra*, and DeLillo’s work has been less concerned with proceeding towards resolution than away from it. Rather, *Falling Man*’s plot, in neat counterpoint to the destruction of the towers, is about assemblage. The narrative is built from non-linear fragments of information, paragraph to paragraph, page to page, scene to scene. It encompasses the assemblage of a relationship, the assemblage of memory, the assemblage of the present as it passes through the senses and into the mind. This last point is key to DeLillo’s representation of the effect of the attacks: throughout *Falling Man* is a sense of daily meaning unspooled by trauma.

It was something that belonged to another landscape, something inserted, a conjuring that resembled for the briefest second some half-seen image only half-believed in seeing, when the witness wonders what has happened to the meaning of things, to tree, street, stone, wind, simple words lost in the falling ash.

This is Keith’s internal process, but it’s not his reflection upon the attacks. It’s his reflection upon a woman on horseback bobbing down a New York city street. The attacks have warped not only the morning in memory but the events that come after it, in real time. ‘The ordinariness, so normally unnoticeable, fell upon him oddly, with almost dreamlike effect.’

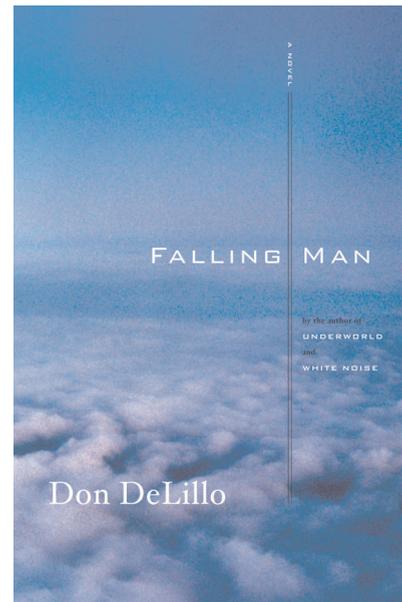
In response to this rupture Keith, Lianne and Jack find solace in ritualism. For Keith this manifests in the therapeutic wrist exercises he performs long after his rehabilitation is complete, and in the desert casino poker tournaments he retreats to years after the attacks. For Jack, it is in his practiced monosyllabic speech – ‘It helps me go slow when I think’, the daily sharpening of the pencils in his bedroom collection, and his machine-like games of catch with Keith. For Lianne, it is her jogging routine, her compulsive reading of the obituaries of the victims, and the counting exercises she practices to off set her feared memory loss. But these rituals – ‘something holds, something stays in place’ – don’t quite succeed. Lianne assaults her upstairs neighbour for listening to Middle Eastern music too loud. Keith assaults a man in a furniture store in response to his remarks about a fellow survivor of the towers. And Justin is convinced the towers still stand – ‘Bill Lawton’ will return, and this time the towers will fall.

The novel opens with Keith stumbling away from the towers amid ‘the buckling rumble of the fall’, and closes with Keith inside the towers, joining the thousands as they descend the stairwells and run into the street, the ‘bright day gone’. This looping structure heightens the sense that, for Keith, and the novel as a project, no resolution has been, or can yet be reached. ‘Maybe there was a deep fold in the grain of things,’ Keith considers towards the novel’s midpoint. *Falling Man* is a prose account of this fold, where the style – halting, dissociated, incomplete – is intrinsic to the theme. The geopolitics and electronic mediation of 9/11 – in short, the large-scale sociology of the event – are

background subjects in *Falling Man*. DeLillo is less concerned with its mythologies than its effect upon what, until that point, New Yorkers had understood as ‘normality’ in its most domestic and personal resonances.

DeLillo seems to pre-empt the critical appraisal of his novel with his title character, ‘Falling Man’, a performance artist who dangles from city structures in the fashion of Reuters’ unknown photographic subject. ‘He brought it back, of course, those stark moments in the towers when people fell or were forced to jump.’ He has a name, online photographs of his performances, and ‘an invitation to fall from the upper reaches of the Guggenheim Museum at scheduled intervals over a three-week period’. But he won’t do talks or interviews. His artistic purposes hover out of range of understanding. He is only there, demanding a response – but what, and how? Like this performance, like the stunning photograph upon which it is based, DeLillo’s novel suggests that the September morning remains in fall.

Paul Carter,
Deakin University



Published by Scribner, New York, 2007

AN EXTRACT FROM FALLING MAN

It was not a street anymore but a world, a time and space of falling ash and near night. He was walking north through rubble and mud and there were people running past holding towels to their faces or jackets over their heads. They had handkerchiefs pressed to their mouths. They had shoes in their hands, a woman with a shoe in each hand, running past him. They ran and fell, some of them, confused and ungainly, with debris coming down around them, and there were people taking shelter under cars.

The roar was still in the air, the buckling rumble of the fall. This was the world now. Smoke and

ash came rolling down streets and turning corners, busting around corners, seismic tides of smoke, with office paper flashing past, standard sheets with cutting edge, skimming, whipping past, otherworldly things in the morning pall.

He wore a suit and carried a briefcase. There was glass in his hair and face, marbled bolls of blood and light. He walked past a Breakfast Special sign and they went running by, city cops and security guards running, hands pressed down on gun butts to keep the weapons steady.

Things inside were distant and still, where he was supposed to be. It happened everywhere around him, a car half buried in debris, windows smashed and noises coming out, radio voices scratching at the wreckage. He saw people shedding water as they ran, clothes and bodies drenched from sprinkler systems. There were shoes discarded in the street, handbags and laptops, a man seated on the sidewalk coughing up blood. Paper cups went bouncing oddly by.

The world was this as well, figures in windows a thousand feet up, dropping into free space, and the stink of fuel fire, and the steady rip of sirens in the air. The noise lay everywhere they ran, stratified sound collecting around them, and he walked away from it and into it at the same time. There was something else then, outside all this, not belonging to this, aloft. He watched it coming down. A shirt came down out of the high smoke, a shirt lifted and drifting in the scant light and then falling again, down toward the river.

They ran and then they stopped, some of them, standing there swaying, trying to draw breath out of the burning air, and the fitful cries of disbelief, curses and lost shouts, and the paper massed in the air, contracts, resumés blowing by, intact snatches of business, quick in the wind.

He kept on walking. There were the runners who'd stopped and others veering into sidestreets. Some were walking backwards, looking into the core of it, all those writhing lives back there, and things kept falling, scorched objects trailing lines of fire.

He saw two women sobbing in their reverse march, looking past him, both in running shorts, faces in collapse.

He saw members of the tai chi group from the park nearby, standing with hands extended at roughly chest level, elbows bent, as if all of this, themselves included, might be placed in a state of abeyance.

Someone came out of a diner and tried to hand him a bottle of water. It was a woman wearing a dust mask and a baseball cap and she withdrew the bottle and twisted off the top and then thrust it toward him again. He put down the briefcase to take it, barely aware that he wasn't using his left arm, that he'd had to put down the briefcase before he could take the bottle. Three police vans came veering into the street and sped downtown, sirens sounding. He closed his eyes and drank, feeling the water pass into his body taking dust and soot down with it. She was looking at him. She said something he didn't hear and he handed

back the bottle and picked up the briefcase. There was an aftertaste of blood in the long draft of water.

He started walking again. A supermarket cart stood upright and empty. There was a woman behind it, facing him, with police tape wrapped around her head and face, yellow caution tape that marks the limits of a crime scene. Her eyes were thin white ripples in the bright mask and she gripped the handle of the cart and stood there, looking into the smoke.

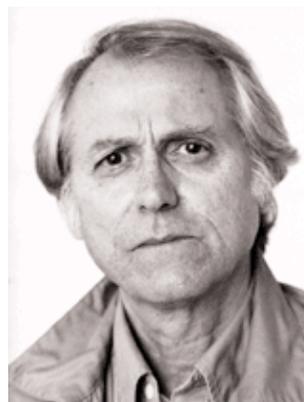
In time he heard the sound of the second fall. He crossed Canal Street and began to see things, somehow, differently. Things did not seem charged in the usual ways, the cobbled street, the cast-iron buildings. There was something critically missing from the things around him. They were unfinished, whatever that means. They were unseen, whatever that means, shop windows, loading platforms, paint-sprayed walls. Maybe this is what things look like when there is no one here to see them.

He heard the sound of the second fall, or felt it in the trembling air, the north tower coming down, a soft awe of voices in the distance. That was him coming down, the north tower.

The sky was lighter here and he could breathe more easily. There were others behind him, thousands, filling the middle distance, a mass in near formation, people walking out of the smoke. He kept going until he had to stop. It hit him quickly, the knowledge that he couldn't go any farther.

He tried to tell himself he was alive but the idea was too obscure to take hold. There were no taxis and little traffic of any kind and then an old panel truck appeared, Electrical Contractor, Long Island City, and it pulled alongside and the driver leaned toward the window on the passenger's side and examined what he saw, a man scaled in ash, in pulverized matter, and asked him where he wanted to go. It wasn't until he got in the truck and shut the door that he understood where he'd been going all along.

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Download a sample of the audiobook version of DeLillo's "Falling Man".

Don DeLillo photo by Joyce Ravid

ORPHEUS LOST

BY: JANETTE TURNER HOSPITAL

REVIEWED BY: CHLOE ARMSTRONG

The departure point for award-winning author Janette Turner Hospital's writing is always "how people negotiate their lives in the wake of trauma". In the case of her latest novel, *Orpheus Lost*, the context for this exploration is both political and mythical, drawing on the ill-fated tale of Orpheus and Euridice, and set amidst the current war on terror. The scope is impressive moving between Queensland, Boston, Beirut and Baghdad, and drawing parallels with past atrocities such as Vietnam and the Holocaust. This topical setting provides a rich canvas against which individual responses to traumatic events are examined, revealing the myriad manifestations of trauma and how these inform our identity and can determine the course of our lives.

A pair of young lovers, Mishka and Leela, both exceptional in their aligned fields of music and mathematics, suddenly find themselves enmeshed in a convoluted web of national security, terrorism and torture. Their life goes from being a waking dream to a living nightmare. It is a climate charged with suspicion and assumption, where everything is nebulous and no one is accountable, where a political agenda determines the fate of an apolitical musician, his sole desire being to find his father and play him the oud (the writer's Middle Eastern spin on Orpheus' traditional lyre). For all those involved in this labyrinth of fear, confusion, and cover-up, past trauma is unearthed, rupturing the delicate order of their respective worlds.

Every character in *Orpheus Lost* has a history of loss and to a large degree is defined by their ability or inability to accept their personal tragedy. Leela, brave and inquisitive, is endowed with a remarkable resilience, unlike her childhood companion, Cobb, now working in national security, whose attempt to splinter Leela's apparent fearlessness has monstrous consequences. Cobb's father, a Vietnam war veteran, a terrible alcoholic, violent and tormented, is a disturbing example of the enduring implications of the trauma of war, particularly one widely condemned and the subsequent alienation that ensues.

In *Orpheus Lost* we see the human condition at its most extreme and vulnerable: in love, under stress, in shock, under attack, and bereft. It is in this way that Turner Hospital utilizes her interest in the spectrum of stress responses "the twin phenomena of breakdown and resilience" to create a compelling work of fiction. She attempts to unlock the mystery of why some people cope and others don't; why Leela copes, but Cobb doesn't, why some people drink and others make music. Turner Hospital's observations on human suffering are astute and often brutal. Her meditations on love are at times moving, at times sentimental. The author's piercing curiosity reflects her heroine's probing mind as she explores the unique ways in which we register trauma and come to terms with what strikes us as unfathomably cruel and unjust, such as the premature death of a parent.

Responses range from the sublime to the sordid, from deciphering the mathematical structures of music to ghoulishness in war.

Despite vividly portraying how innocent individuals can pay the price for the negligence in government and intelligence organizations, the infringement on civil liberties and the startling practices of terrorist groups and militia, Turner Hospital seems more concerned with unraveling the motivations and psychological processes behind violence, rather than judging those who inflict it.

Through the grandparents of Mishka, whose family has been ravaged by the holocaust, Turner Hospital poignantly illustrates denial and the retreat into fantasy as a response to trauma. They cannot bear to part with their gifted son so they develop their life around the illusion of his existence made possible by the glorious life of his music. Catharsis in art and its ability to transport us away from our immediate experience and also unite us with others is a central concern in this novel (in fact the therapeutic element to anything creative is emphasised). The notion of inherited sadness is embodied by the modern day Orpheus, Mishka, and like his grandparents he opts to exist in a world of sound. His life is one big score in perpetual composition.

Immersion into parallel realms is a bid to overwhelm present pain, but also a way of asserting a sense of control, albeit metaphysical, in a situation that is actually beyond one's control. Even when subjected to tremendous trauma, such as torture, there is still the possibility for mental transcendence: "Mishka was in very great pain and then he was in the absolute radiant embrace of the sun and the music of the spheres was all around him and he felt no pain at all". (p. 251.) It is this obsession with another sphere and a tendency to minimize the effects of grief with the stimulating pursuit of brilliance that is at the core of Mishka and Leela's mythic affinity. The author's reference to the wildly gifted musician of Greek lore who also happens to be inexorably punished for a momentary slip, one thoughtless look that costs him his love, Euridice, heightens the stakes and adds a kind of poetry to their journey.

When reading *Orpheus Lost*, as with any novel that tackles current issues, it is impossible not to reflect upon cases like David Hicks, the four year anniversary of America's invasion of Iraq, and Khalid Sheik Mohammed's astoundingly all inclusive confession. However, it is just as much a love story as a political thriller. Turner Hospital juxtaposes the inhumanity of war with the tenderness of love and the beauty of music. She appears to be saying there is an antidote to this obscurity and it is in the opposing qualities of purity and delicacy found in Art and Nature, in Gluck and Monteverdi, in parakeets and rainforests. The dichotomy of love in a time of hate is always there even when, as one character maintains,

things are pretty grim: "Life's shit, you have bad dreams, then you die." Turner Hospital's strength as a writer lies in the lyricism of her images and metaphors and the ease with which she moves between the mythical and the mundane, the tender and the brutal. *Orpheus Lost* is accomplished and pertinent.

Chloe Armstrong
Actress



AN EXTRACT FROM ORPHEUS LOST

Afterwards, Leela realized, everything could have been predicted from the beginning. Every clue was there, the ending inevitable and curled up inside the first encounter like a tree inside a seed. The trouble was that the interpretation was obvious only in retrospect.

Fact one: Mishka Bartok was an insoluble equation.

Fact two: Leela could never leave insoluble equations alone. Before Mishka, she believed that every code could be broken and codes which had yet to be deciphered were an irresistible provocation. They kept her awake at night.

She did sense from the start that Mishka was a question without an answer, but she could not accept this. Neither could she prove it. Not then. The riddle of Mishka was like Fermat's last theorem for which no solution exists. In 1630, Fermat himself could prove that all the way to infinity no solution would ever exist, but he kept his proof to himself and it hovered like marsh fire in algebraic and numerical dreams. It lured mathematicians for three centuries, almost for four. It drove them mad. Computations were exchanged between Oxford and Rome, between Berlin, Bologna, the Sorbonne, until finally, late in the twentieth century, someone at Princeton caught the proof of nonprovability in his net. 'I was ten years old,' the Princeton genius said—Andrew Wiles was his name— 'when I first read about Fermat. It looked so simple, his theorem, yet all the mathematicians in history couldn't solve it. From that moment, I knew I'd never let it go.'

Obsession, wrote a seventeenth-century don who gave his life to the quest, *is its own heaven and its own hell*.

The words struck Leela like a blow. She copied them onto an index card which she thumb-tacked to the wall above her desk.

Sometimes, in dreams, when the beginning began again, Mishka would warn her: 'Don't follow me, Leela.' He would lift the violin to his chin and begin to play. He would turn his back and walk away from her, walk down into the subway tunnels, deeper and deeper, the bow rising above his left shoulder and falling again, the notes drifting back, plaintive and irresistible. 'Leave me alone,' he would say. 'Don't follow me.'

'Where are you going?' Leela would call, but he never answered.

Leela would push against the fog of underground air, her eyes fixed on the pale flash of bowstrings

until the dark swallowed them. 'Mishka! Wait!' she would call. 'Wait for me!'

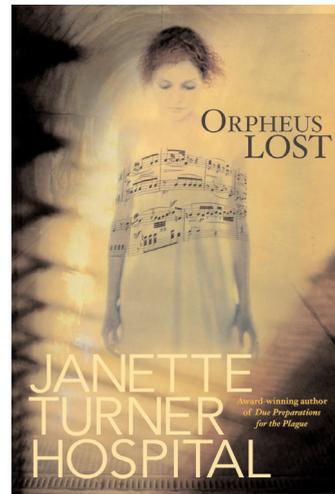
That always made him pause. 'Don't call me Mishka.' His sadness would speak in a minor key, two sweeps of the bow. 'That's not my name anymore.' He would wheel back then, briefly, to face her and she would see with dread—in dream after recurring dream—that indeed he was no longer Mishka, but a skeletal idea of himself thinly draped in a shroud. Some ghastly internal aura shone from the sockets that were his eyes. Humerus, radius and ulna, the bones of the arm, kept moving his bow across the strings. 'Don't follow me, Leela,' his skeleton warned.

The tunnel smelled of monstrous decay, but even so, even knowing within the dream that she should turn and flee back up into sunlight, Leela would be powerless. Mishka's music drugged her. Waking or sleeping, she could close her eyes and see him as she saw him that first time: not just the visual memory lurking entire, but the sounds, the sensations, the hurly-burly of Harvard Square, the slightly dank odor of the steps as she descended into the underworld of the Red Line, the click of tokens and turnstiles, the gust of fragrance from the flower sellers, the funky sweat of the homeless, the subdued roar of the trains, and then those haunting notes...

She stood riveted, her token poised above the slot in the turnstile. She had heard two bars, perhaps three, in the brief lull between trains.

'Would you mind?' said someone behind her.

'What? Oh... sorry.' She let the token fall through the slot. She pushed against the steel bar and into the space of the music. There was another pause between trains, a few bars, a stringed instrument, clearly, but also a tenor voice. Was it a cello that the singer was playing? Surely not. No street musician would cart such a large and unwieldy instrument down into the bowels of the city, onto the trains, among the crowds; but the sound seemed too soft for a violin, too husky, too throaty. She could feel the music graphing itself against her skin, her body calculating the frequencies and intervals of the whole subway symphony: base throb of trains, tenor voice, soft lament of the strings, a pleasing ratio of vibrations. Mathematical perfection made her weak at the knees.



Published by Harper Collins, 2007

VIRGINIA WOOLF AND TRAUMA: EMBODIED TEXTS

EDITED BY SUZETTE HENKE AND DAVID EBERLY

REVIEWED BY KAY TORNEY SOUTER

The literature on Virginia Woolf is extensive, and studies of her famously traumatic life history are likewise enormous in number: a Google search of 'Virginia Woolf trauma' produces 136,000 results. It is a field which fascinates readers, historians, theorists, clinicians and fans alike. As one very familiar with the primary material, I felt a certain reservation when I picked this book up. As the editors note, Louise DeSalvo's 1989 study, *Virginia Woolf: the Impact of Childhood Sexual Abuse on her Life and Work* 'dramatically shifted critical characterizations of Woolf as historical subject' (p.5) so that, as with the Bronte sisters one hundred years earlier, one now expects that the traumatic history will be central; and since then one can feel as with biographies of Shakespeare and Jane Austen, that it can be difficult to add anything new to the complicated story of Woolf's family experiences.

However, as even with those biographies of Shakespeare and Jane Austen, there can always be a new perspective. Henke and Eberly put it tactfully when they note that in the decades since De Salvo's book, 'critical awareness of the impact of multiple traumas on Virginia Woolf's life has continued to gain clearer focus' (p.5). This volume is a distillation of these gains. DeSalvo's work, intense, enlightening and fascinating as it is and remains, has now a rather activist and retro quality that, although no doubt called for at the time, gives too strong a sense of Woolf as victim and suffering child for my taste. While Woolf was certainly both these things, there was another side to her: the triumphant artist, social activist, erotic adventurer, feminist theorist, editor, gardener etc. etc. Woolf typeset Freud by hand for Hogarth Press (Leonard Woolf had a tremor which made him useless as a manual typesetter), and (despite her declarations to the contrary) was extremely familiar with Freud's writings, as well as his ideas which were espoused by many of her closest friends and relations, London's earliest psychoanalysts. She believed in the importance of early experience and tried hard to recover and understand it, passionately and under the circumstances heroically pursuing insight into her childhood experiences, the sound of cricket balls on willow in the garden or the laughter of ancient ladies, as well as digital rape by a half-sibling or the feel of her mother's cold dead face.

My own view is that, as a number of the contributors to this volume note, Woolf was at her lowest in the war years. Her pacifism was not merely intellectual, but profoundly emotional. The damage caused by the sexual assaults she had to endure was I think in many ways exacerbated by multiple bereavement, and even secondary to it. The earlier assault, the digital rape by her half-brother Gerald, when she was six, seems to have been the more traumatic. She does not record it until 1939, when she was 57, whereas the repulsive fondlings she had been subjected to in adolescence at the hands of her half-brother

George were common knowledge among her friends and the subject of mockery, as Claire Kahane notes. Like many survivors of sexual assault, Woolf keeps the most upsetting information till last. However, the history of sexual abuse was magnified, and in a sense, probably brought about by the terrible history of bereavement. The half-siblings had had tragic childhoods too: their mother Julia was unexpectedly widowed while pregnant with Gerald and with two toddlers, and is said to have spent the next ten years weeping on her husband's grave every weekend, in all weathers. The sadness Woolf describes in the fictionalized portrait of her late mother in *To the Lighthouse* can clearly be seen in all the photographs of Julia Stephen, from her widowhood to her death twenty-five years later. When Julia married, she found herself caring for her new husband's first child, traumatically rendered motherless as a toddler, and now apparently psychotic. It is impossible to imagine the full extent of the effects of all this on Julia's oldest children. All three were fragile, labile and depressive. The oldest, the loving but defenceless Stella, took over the care of her four small half-siblings after the death of their mother when Virginia was thirteen, and the youngest, Adrian, only eleven. Catastrophically, Stella also died, in pregnancy, four years later, and leaving the children to the care of their self-centred and elderly father and his emotional and equally self-centred step-son George. Thoby Stephen died several years later, of typhoid. With no female relative to protect them, Virginia and her sister Vanessa were left to the caprices of their male relatives.

Even for late-Victorian times, this is a dreadful history. Traumatically widowed parents, with four emotionally damaged children between them; the deaths in quick succession of the mother, just as Woolf is entering puberty, an adored older sister and then a gifted older brother. 'So many people are dead now', she wrote as a young woman. The World Wars seem to have unleashed the horror of death on the whole of Europe, and the apparent recovery of memory of the assault by Gerald seems to have been a response to political violation as much as anything else. As death rained down from in the skies over southern England in 1941, invading her garden and neighbourhood, it may have become impossible for her to distinguish the external deathliness from the internal.

Virginia Woolf and Trauma provides a nuanced picture of Woolf's tragic and complex situation and her brilliant body of work. This is not only because, as the introduction notes, the contributors are able to build on the fact that for 'two decades, our knowledge of the nature and impact of trauma has continued to grow' (p.7). It is also because of the squarely literary-critical attention of most of the writing in the volume, which makes it impossible for the reader not to always be aware of Woolf's brilliance and successfulness as well as her

traumatic history. For Woolf, childhood suffering was always intertwined with grief, war and social cruelty, especially sexism, which is so wonderfully explored in the greatest novel, *To the Lighthouse*. The articles in this volume preserve this multi-factorial or overdetermined explanation of the life and the writing. In addition, they are able to show how Woolf's writing is always concerned with the experience of embodiment.

Not surprisingly, some of the most interesting articles in this volume deal with the greatest of Woolf's works: *To the Lighthouse* and *Mrs Dalloway*. The distinguished Woolf scholar Jane Lilienfeld writes perceptively about the ways in which Woolf uses innovative modernist narrative strategies in *To the Lighthouse* to represent the possibilities of speaking out against patriarchal abuse ('Could they tell what they knew? Modes of Disclosure in *To the Lighthouse*'); Karen DeMeester discusses post-traumatic stress disorder in *Mrs Dalloway*. However, essays which consider less celebrated works also produce some striking insights. Patricia Moran has an interesting discussion of the effects of shame in Woolf's later works, Suzanne Henke discusses references to the bereavement trauma caused by the early death of Thoby, Woolf's gifted older brother in *The Waves*, and David Eberly writes about self-other encounters in *Between the Acts*.

I am particularly interested in the essays that consider Woolf's response to the Battle of Britain, being fought in the skies over her home in the days before her death, and which seemed to promise invasion and defeat. For the wife of a Communist Jew, the prospect of life under German occupation was terrifying, and like many at the time, the Woolfs made suicide plans. Claire Kahane is extremely interesting in her account of Woolf's amalgamation of political and personal trauma in *Between the Acts*, especially when she is able to move into a brief consideration of the political trauma of today. Holly Laird's analysis of Leonard Woolf's account of Woolf's suicide explores Leonard Woolf's own traumatic history in a really illuminating analysis.

In short, this is an interesting and original volume dealing with an area that has already been thoroughly—and not always delicately—covered. We learn a great deal about how Woolf's life and works can be understood, and the volume also provides considerable insight into the manifestations of trauma and survival. My major reservation is that the range of theorists relied on is sometimes limited to the conventional literary pantheon. Eberly's interesting discussion of skin and selfhood positively cries out for the theoretical insights provided by Esther Bick and Didier Anzieu, and it is mystifying to see that great survivor of the Western Front and theorist of trauma, Wilfred Bion, omitted completely from the bibliography. Nevertheless, the volume is an excellent and informative collection of interest to Woolf scholars and clinicians alike.

Kay Torney Souter
La Trobe University



THREE QUESTIONS WITH THE EDITORS SUZETTE HENKE & DAVID EBERLY

How did Virginia Woolf's life and literature draw you in to create "Virginia Woolf and Trauma: Embodied Texts"?

Suzette Henke: I first read Virginia Woolf's novel *Mrs. Dalloway* when I was an undergraduate student taking a summer course at the University of London and living in Connaught Hall on Tavistock Square. I found the novel both fascinating and perplexing and enjoyed reading it for the first time in the Tavistock Square gardens, in close proximity to where Virginia and Leonard had once lived, and where a replica of Stephen Tomlin's bust of Virginia was erected in 2004. Woolf's genius held me in thrall, as I responded to such beautifully lyrical and trenchant fiction.

By the time I was in graduate school, I had become devoted to exploring Woolf's profoundly philosophical vision in the context of modernist experimentation. I took a graduate seminar at Stanford University from Professor Wilfred Stone and was able to situate Woolf's writing within the tradition of a Bloomsbury aesthetic. In the 1970's, Woolf's most experimental novels, *Jacob's Room* and *The Waves*, were published together in a single volume—as if these were both such marginal pieces that neither deserved independent attention.

I had studied for a year at the Sorbonne in Paris with Professor Paul Ricoeur, a leading phenomenologist, and felt that Woolf's writing lent itself particularly well to phenomenological modes of literary inquiry. In choosing a doctoral thesis, I felt torn between Virginia Woolf and James Joyce, but decided to write about Joyce's *Ulysses* because of the challenging nature of its lexical innovation. Woolf, however, has always been an equally compelling literary figure in my professional life, and in some ways, I feel more sympathetic to her acutely sensitive response to existential anxiety. There is a very fine line between what Elaine Aron identifies as the "highly sensitive person" operating in a competitive, capitalistic society and an individual suffering from so-called mental illness. Most academic scholars fall into the range of "highly sensitive" individuals—with acute sensitivity to noise and ambient sound and exceptional empathy and compassion for all forms of sentient life, including other human beings and animals conscious of their environments. In a world filled with chaos and political strife, it is not surprising that an extremely fine-tuned sensibility would feel pushed to the limit by the stress of political conflict and, in the case of Virginia Woolf, the pressures of World War II. For the past quarter of a century, *The Waves* has remained a source of pleasure and fascination for me. So it was tremendously gratifying to write and publish an essay on ontological trauma for our co-edited volume on Woolf and Trauma.

David Eberly: I quit college in 1967, at the end of my sophomore year. Even then, it was women writers who spoke to me. I read women poets like Denise Levertov and Sylvia Plath, and women

novelists like Doris Lessing and Virginia Woolf. In those early years Michael Holroyd's biography of Lytton Strachey and, later, Quentin Bell's biography of Virginia Woolf, showed for the first time the homosexual roots of Bloomsbury, and its passionate commitment to uncensored speech. (Freedom of speech has always been important to me.) Later, Louise DeSalvo's book on the sexual abuse of Woolf took me back to her work. What I found in Woolf was a passion for speaking truth — in her novels, her essays, her diaries, and her letters. But, as I was reminded this summer when rereading *The Years* without a pencil in hand, what continues to draw me to Woolf's work is her artistry. I love reading her.

Do you think that as protagonist in her own life narrative, Virginia Woolf, like her leading women, is a survivor of trauma despite her tragic end?

Suzette Henke: Is Woolf a survivor of trauma? ABSOLUTELY!!! That is part of what we are trying to say in our Introduction to the volume and an important dimension of my Afterword devoted to a discussion of Virginia Woolf's suicide. It seems to me a terrible mistake to read Woolf's life backwards from her suicide and not to maintain a keen awareness of her remarkable success in surviving personal trauma into her 60th year. As David Eberly and I point out, Woolf endured a "daunting catalogue of traumas, including the deaths of her mother, her half-sister Stella, and her elder brother Thoby; . . . and sexual abuse by Gerald and George Duckworth, her two half-brothers" (1). "Added to Woolf's sexual molestations was a series of personal losses that a highly sensitive adolescent must surely have experienced as unendurable. How can one calculate the impact of a mother's death on an impressionable girl of thirteen? . . . Other defining moments of bereavement would further disrupt Virginia's adolescence and early adulthood, including . . . the precipitous loss, from typhoid, of her beloved brother Thoby" in 1906 (4). It is my belief that creative individuals who suffer "defining moments" of trauma in childhood often remain exceptionally sensitive to traumatic experience throughout their adult lives. Hence the cataclysmic impact of Julia Stephen's death on Virginia. (Here I speak from personal experience, as the loss of my own father, a medical doctor killed in an automobile accident the summer of my thirteenth birthday, constituted a powerful defining moment that influenced all my subsequent adult relationships. The impact of his sudden death was one of the principal sources of my later interest in trauma studies).

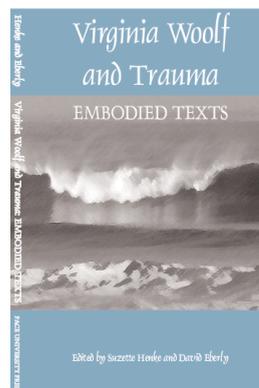
David Eberly: No, I do not. Virginia Woolf struggled against the effects of trauma throughout her life, and in the end it killed her. Childhood sexual abuse in particular has devastating and life-long consequences. I believe that the nomenclature of "survivor," is a problematical one, and while I have adopted the term to speak sometimes about myself and others like me, I think that its use enforces a cultural denial of the terrible damage done to its victims. Incidentally, I think that the use of the term "survivor" when applied to those injured in war, physically or mentally, serves to domesticate and negate its horrible toll. In writing this I do not mean in any way to discount the heroic effort of

the victim to survive—to reconstitute a physical, emotional, or spiritual self on a daily basis, as Virginia Woolf did for so many years—but to draw attention to the use of "survivor" to reinforce its denial.

What is embodied trauma?

Suzette Henke: "Embodied Texts" suggest the phenomenological notion that every narrative is the product of an individual life-world of personal experience and imagination, including what Maurice Merleau-Ponty describes as the intentionality of a subject whose awareness is grounded in physicality. Human consciousness, according to Merleau-Ponty, can never be phantasmically "disembodied" in the Cartesian tradition of a cogito separated from the bodily experience that constitutes Heideggerian Dasein, or being-in-the-world. The western separation of body and spirit characteristic of philosophical inquiry from the Manicheans to the present is based on a fantasy of disembodiment that traduces the reality of human consciousness, dependent as it is on the complex mechanisms of brain activity and physiology. As Virginia Woolf realized long before Simone de Beauvoir's *The Second Sex*, it is far easier for males to fantasize a state of privileged disembodiment than for females, who must deal with the ongoing realities of gender and sexual vulnerability, menstruation, pregnancy, parturition, and fertility control. Sexually abused by her two half-brothers, Woolf survived into her sixtieth year to query issues of female sexuality throughout a lifetime of authorial composition that necessarily was inflected by personal experience. Her texts are "embodied" insofar as they reflect a pervasive awareness of female physiology, sexuality, and gendered physicality.

David Eberly: I believe that the life of a writer is inseparable from his or her writing. (Put another way, being and acting are simultaneous.) Consequently, all texts are "embodied," and carry the trace of their authors. While I could speak to the theory, as Suzette and I do in our introduction, here I would rather say that my practice of writing poetry continues to demonstrate this principle to me. If my early poems "seemed" autobiographical as I explored themes of homosexuality, trauma, and addiction, my later minimalist poems, written in lines of no more than two or four syllables, certainly do not. Yet, the "I" can never be quite erased, until the writing itself is. Applied to Woolf's work, this means that the attempt to situate trauma in her texts, and to illuminate it in the light of our increasing understanding of abuse, is a valid one.

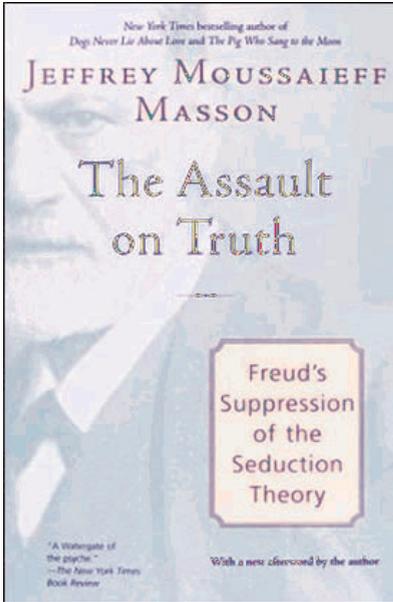


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TRAUMA CLASSICS

THE ASSAULT ON TRUTH: FREUD AND CHILD SEXUAL ABUSE

A LECTURE BY JEFFREY MASSON – 2002



Twenty-three years after original publication, Jeffrey Masson's "The Assault on Truth" remains a captivating narrative.

Its 1984 release was met with tremendous and heated debate. Those 'against' included rank and file within the psychoanalytic movement. Those 'for', included the feminist politic. The readership was vocal. In the "New York Times" alone, letters and feature articles appeared (extracts below) – all passionate in either defence or attack of Masson's text.

It was all about Freud's struggle to understand and make sense of his analysand's disclosures of childhood sexual abuse. Masson's "Assault on Truth", in an unintended parallel process, attempted to explore Freud's,

and therefore psychoanalysis', struggle to name what he witnessed.

"The Assault on Truth" is a text about trauma. It highlighted the unbearable nature of trauma within the Freudian era, in the 1980s, and today. It spoke to the unspeakable layers of trauma – of the survivor, the therapy and the community.

In 2002 Dr Jeffrey Masson spoke to a capacity audience at the 9th Annual ASTSS conference about the journey of "The Assault on Truth".

His lecture can be downloaded in two parts for listening – you will need Quicktime.

[Click here for part one \(23.6 mb\)](#)
[Click here for part two \(11.2 mb\)](#)

Evidence points to anguish over seduction theory.

By RALPH BLUMENTHAL

The issue, he argues, is more than academic.

Dr. Masson contends that, by doubting the reality of a patient's early memories of trauma, today's psychoanalyst, like Freud, "does violence to the inner life of his patient and is in covert collusion with what made her ill" in the first place. "The silence demanded of the child by the person who violated her (or him) is perpetuated and enforced by the very person to whom she has come for help," he asserts. "Guilt entrenches itself, the uncertainty of one's past deepens and the sense of who one is is undermined."

Other Freud scholars and analysts, queried about Dr. Masson's assertions, take strong exception.

"Poppycock!" said Dr. Frank R. Hartman, a Manhattan psychiatrist. "Freud realized he made a mistake in attributing all neurosis to repressed memories of actual abuse. He discovered a much broader theory which explained much more."

Another critic, Dr. Kurt R. Eissler, who has been head of the Freud Archives and, with Anna Freud, the Viennese master's daughter who died in 1982, ousted Dr. Masson as projects director in 1981, said Freud gave up his seduction theory only because "he found out it was wrong." He said

Mar 04 1984 p.BR28

The Criteria for Truth

To the Editor:

Considering all the hoopla surrounding Jeffrey Moussaieff Masson and his book (ironically titled, "The Assault on Truth: Freud's Suppression of the Seduction Theory"), the calm, informative and essentially negative review by Anthony Storr (Feb. 12) was a most welcome antidote. I, for one, hope that Mr. Storr's assessment will go some distance in discouraging a gullible public from buying the book and being charmed (seduced?) by Mr. Masson's display of sophistry.

LEO GOLDBERGER

Jan 24 1984 p.C1

Jan 24 1984 p.C1

Psychoanalysis appears stung but little harmed.

By DANIEL GOLEMAN

Moreover, even if Freud abandoned the seduction theory for spurious reasons, it is not clear at all whether its loss has been so terribly harmful to the development of analysis. The weight of clinical evidence now makes it obvious that seduction — very real seduction and not fantasy — was but one of many potential pathways to neurosis.

The dispute, as Dr. Masson depicts it, is over how an analyst treats the traumatic events of a patient's life — incest, death of a parent, Auschwitz. Freud's abandonment of the seduction theory, in this light, has been interpreted to mean that the analyst ignores those realities, that the most traumatic events of real life carry no weight, compared to one's fantasies.

But according to a number of psychoanalysts, that view is far too narrowly drawn. Only a small corps of hard-line theoreticians believe actual events do not matter. The majority of analysts take into account both the real events of a patient's life and the emotional meaning the patient gives them. For that reason, according to Bruno Bettelheim, one of the nation's pre-eminent analysts, "This won't change the way anyone does anything."