A Critical Phenomenology of Trauma

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Dedication

This author wishes to dedicate this work to Landon Wilson for his endless support and encouragement, and to Dr. Gail Weiss for her superb mentorship and guidance.
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Some people's lives seem to flow in a narrative; mine had many stops and starts. That's what trauma does. It interrupts the plot. You can't process it because it doesn't fit with what came before or what comes afterward… In most of our lives, most of the time, you have a sense of what is to come. There is a steady narrative, a feeling of "lights, camera, action" when big events are imminent. But trauma isn't like that. It just happens, and then life goes on. No one prepares you for it.

- Jessica Stern

… I did not yet know how trauma not only haunts the conscious and unconscious mind, but also remains in the body, in each of the senses, ready to resurface.

- Susan J. Brison

Pain is important: how we evade it, how we succumb to it, how we deal with it, how we transcend it.

- Audre Lorde
Introduction

In “The Phenomenology of Trauma and the Absolutisms of Everyday Life: A Personal Journey” Robert Stolorow describes the profound sense of estrangement and isolation he experienced following the death of his wife, Daphne. Even in the company of friends and colleagues, Stolorow felt lost, writing that “they could never even begin to fathom my experience… because we now lived in altogether different worlds” (465). While Stolorow’s loss is unique to his lived experience, the feeling he describes (the earth-shattering, disorienting nature of trauma) can be found in the narratives of countless other trauma survivors. At the heart of Stolorow’s grief stands his inability to situate himself temporally, socially, and psychically in a world that he once belonged to. After Daphne’s passing, the world continued on; his place in it, however, did not.

What is trauma, and what can it teach us about temporality, relationality, and embodiment? Sociocultural and phenomenological accounts of trauma have largely been overlooked, particularly by psychiatric discourses. Much of the clinical research on trauma focuses on cognitive processes; trauma is understood as “... a disordering stimulus that surpasses the mind’s capacity for progression, going beyond the limits of chaos and leading to stereotyped repetitions” (Becker et al 468). While this definition offers useful insights on trauma as an experience (trouble moving on, temporal repetitions, feelings of chaos) it also raises important questions: what counts as a disordering stimulus? What does progress look like for survivors? What are the “limits of chaos,” and how are those limits established? As Stolorow’s account demonstrates, trauma is a distinctive philosophical phenomenon; its presence alerts us to the deeply intersubjective nature of our lived experiences. For Stolorow, trauma made it feel impossible to connect to others,
which produced a profound sense of alienation. Using a critical phenomenological approach, this paper will attempt to broaden our understandings of trauma for those who experience and witness it. Our aim will be twofold: first, to give a philosophical account of trauma through a critical phenomenology; and second, to examine how trauma extends across space and time in ways that destabilize how we relate to others, our surroundings, and ourselves.

The term “critical phenomenology” is introduced by Lisa Guenther in her work *Solitary Confinement: Social Death and Its Afterlives*. Distinguishing critical phenomenology from a more traditional understanding of phenomenology, Guenther explains that “critical phenomenology goes beyond classical phenomenology by reflecting on the quasi-transcendental social structures that make our experience of the world possible and meaningful, and also by engaging in a material practice of ‘restructuring the world’ in order to generate new and liberatory possibilities for meaningful experience and existence” (Guenther 8). Critical phenomenology addresses experiences of marginalization and oppression, and attempts to make visible how inegalitarian social and political systems come to structure our reality. By engaging in a critical phenomenology, our goal is not only to understand how these systems shape our lives, but also to search for new possibilities of meaning and existence beyond these structures (Guenther 8). Because a critical phenomenological investigation of trauma is attuned to the historical and social factors that shape our (sometimes traumatic) experiences, critical phenomenology may help us identify trauma that has been

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1 This selection from Guenther is from an unpublished manuscript titled “Critical Phenomenology” which will be included in *50 Concepts for a Critical Phenomenology* published by Northwestern University Press and edited by Gail Weiss, Ann Murphy, and Gayle Salamon.
marginalized, pathologized, and/or erased by dominant society. If trauma studies is concerned with opening up new paths towards healing, a critical phenomenology of trauma may help us imagine new possibilities for remembering, relating, and resisting.

This paper will proceed in five sections. The first section will define trauma as it relates to this project, prioritizing a critical phenomenological approach over traditional clinical understandings. The second section will explore trauma and temporality, investigating the peculiar temporal characteristics of trauma that make it difficult to situate. The third section will explore trauma and embodiment, looking closely at how trauma disrupts our ability to both understand ourselves and relate to others. The fourth section will examine trauma and witnessing, investigating how we can bear witness to survivors individually, communally, and institutionally. The paper will conclude with a discussion of the DSM-IV and DSM-V as sites of witnessing and foreclosure for trauma survivors.
Chapter 1: Defining Trauma

Trauma is most frequently characterized as a disruption to daily life; it disorders cognitive and affective processes in ways that make life less coherent. In the field of traumatology, trauma is often understood as a corporeal violation, like a violent assault or a horrific car accident. But beyond physical well-being, human beings also require a general sense of temporal, social, and psychic coherence in order to thrive. If trauma is a disruption, how does trauma alter these coherencies? Merging the fields of philosophy and psychiatry, Patrick Bracken argues that at its core, trauma is a loss of meaning. We characterize trauma as a disruption because it is a phenomenon that calls into question our most basic assumptions about the world (Bracken 3). Bracken maintains that we all hold certain organizing beliefs regarding the meaningfulness and benevolence of our world (55). However, “… there are times when the meaningfulness of the world is withdrawn- situations in which all the elements of our lives are still present but the background sense of coherence retreats” (Bracken 1). Stolorow’s testimony speaks to this retreat; while his friends, colleagues, and career were still present, the incoherence borne from Daphne’s death consumed him. Following trauma, many survivors find it impossible to regain a sense of meaningfulness in life. Survivors struggle to make sense of the trauma they have experienced, and their understandings of the world may shift substantially. Describing the trauma of sexual violence, Karyn L. Freedman explains that “over a period of time… the victim of a sexual assault learns certain loathsome facts about the world and the possibilities of human behavior, and a worldview is shattered” (108). Beyond a shattered worldview, the survivor’s situatedness may also come undone.
My use of “situatedness” is inspired in part by Rosemarie Garland-Thomson’s discussion of “misfits” in her work “Misfits: A Feminist Materialist Disability Concept.” Garland-Thomson proposes the idea of fitting/misfitting to describe how we encounter the world. For Garland-Thomson, “fitting and misfitting denote an encounter in which two things come together in either harmony or disjunction… the problem with a misfit, then, inheres not in either of the two things but rather in their juxtaposition” (592-593).

Just as misfitting describes a disharmony between body and world, a disruption in situatedness describes a disharmony in phenomenological orientation. In phenomenology, consciousness is always oriented- we are always oriented towards certain objects, and that orientation helps us navigate the world and make meaning (Ahmed 543). Trauma, however, disrupts our ability to orient ourselves. Survivors of trauma may no longer be able to situate themselves temporally; intrusive memories, flashbacks, and continued hypervigilance may saturate the present. In addition, survivors may not be able to situate themselves relationally; like Stolorow, the survivor may feel as though no one understands and may struggle with “... the profound sense of singularity built into the experience of trauma itself” (Stolorow 466). Survivors may not be able to situate themselves psychically, either; trauma may destabilize an individual’s understanding of themselves as a subject.

In Solitary Confinement: Social Death and Its Afterlives Guenther demonstrates the importance of meaning for subjectivity. Observing the effects of solitary confinement on prisoners, Guenther writes that “… the evidence overwhelmingly suggests that prolonged solitary confinement undermines prisoners’ capacities to make meaning and sustain meaning” (35). In solitary confinement, prisoners are denied opportunities to
situate themselves with others. Devoid of meaningful, oriented experience, the prisoners included in Guenther’s research demonstrate a deterioration of subjectivity, struggling with depression, hallucinations, agitation, and other forms of mental and emotional distress. As Guenther explains:

it takes a whole network of interconnected obligations, both in the present and extending into the past and future, to create and sustain social personhood, and it takes a whole network of exclusions, interruptions, and violations not only against individuals but against the social and temporal horizons of their lives, to destroy that personhood (xx-xxi).

By discussing sociality, relationality, and temporality, Guenther points to the profound impact trauma has on a person’s existence. Trauma does not exist solely in singular events, but also in lasting destabilizations of social, temporal, and psychic horizons. If the preservation of personhood is dependent on these vast networks of meaning, trauma is capable of destroying not only how we understand the world, but also how we understand ourselves. For many survivors of the Holocaust, for example, the horrors of encampment and genocide fundamentally changed how they understood their personhood. Describing a few such survivors, Kelly Oliver contends that “being othered, oppressed, subordinated, or tortured affects a person at a level of her subjectivity, her sense of herself as a subject and agent” (7). A Holocaust survivor may question not only their safety, but their existence as a speaking subject. Oliver conceptualizes subjectivity as response-ability, or the ability to respond to address (5). In instances of trauma, an individual may lose their response-ability, as they are denied relational and dialogic connections necessary to communicate their experiences to their world.
What sorts of experiences constitute trauma? It is important to note that people can react in significantly different ways to similar stressors, so it is difficult (if not impossible) to label any experience as inherently traumatic. For example, if two individuals witness a violent crime, person A may find the event traumatic, while person B may not. Person B’s interpretation does not invalidate person A’s traumatic reaction, but instead underscores the multiplicity of possible reactions present in any experience. Despite this, many researchers in trauma studies have treated trauma as a monolith. Freedman, for example, makes many overgeneralizations about trauma, arguing that there are two outcomes that all trauma survivors face: a shattered worldview and a shattered self (104). Freedman’s understanding of trauma as a world-shattering event is dependent on the assumption that we all share specific worldviews to begin with, and that trauma is necessarily a singular event. By attempting to generalize all trauma as consisting of discrete incidents that destroy previously held beliefs about safety and comfort, Freedman fails to recognize those individuals who have been unable to accept assumptions about the benevolence of the world. For example, some survivors of childhood abuse do not form assumptions about the benevolence of the world because trauma was (and is) a formative part of their early experiences. Reflecting on this, Stolorow muses “if trauma can have such a devastating impact on a middle-aged man like myself, how can we begin to comprehend its impact on a small child for whom the sustaining absolutisms of everyday life are just in the process of forming?” (467-468). Stef Craps argues similarly, writing that “… there is a need to expand our understanding of trauma from sudden, unexpected events… to encompass ongoing, everyday forms of violence and oppression” (54). In a critical phenomenology of trauma, explorations of everyday trauma are
included alongside moments of extreme trauma, offering us a chance to explore their similarities and differences (Cvetkovich 3). Both Craps and Stolorow reveal to us the importance of articulating multiplicitous understandings of trauma so that we may recognize both overt and subtle traumas that may have been previously ignored within the trauma studies literature.

In *The Psychic Life of Power*, Judith Butler describes another form of trauma in her account of subjectivation. For Butler, no individual becomes a subject without first being subjected to or undergoing subordination (10). Building from Butler’s work, I argue that trauma may be both external to and a constitutive aspect of an individual’s personhood. Erin McGlothlin describes traumatic subjectivation in her work *Second-Generation Holocaust Literature: Legacies of Survival and Perpetration*. McGlothlin examines the transmission of trauma in the offspring of both Holocaust survivors and Holocaust perpetrators, noting that the children “… feel marked by the continued presence of the Holocaust past” (5). Despite having drastically different connections to the Holocaust, the descendents of both survivors and perpetrators feel continually “marked” by a legacy of violence that they themselves did not experience firsthand. That McGlothlin uses the term “marked” is revealing; the trauma endured and perpetrated by their parents is external to the offspring, but is also felt as an internal “… stain upon their souls” (McGlothlin 9). I will not go so far as to argue that subjectivation is inherently traumatic for everyone as Butler contends, but instead will claim that for some individuals (like the offspring interviewed by McGlothlin) subjectivation can be traumatic- and this sort of agentic trauma warrants exploration, too.
While all identities are enmeshed, temporal, and saturated with meaning, marginalized identities can carry with them painful histories that haunt present subjects in powerful ways. Related to Butler’s work, Erica Still argues that Black subjectivity bears sorrow as its birthmark, a sorrow that comes to constitute Black reality from the outset (127). But just as Still maintains that joy and resilience are also foundational to Black subjectivity, marginalized communities are not bound to nor defined by natal or inherited traumas. This is not to say that oppression and subordination are inherently traumatic, but instead to suggest that experiences of oppression can produce a vulnerability to sites of trauma. This is particularly true when trauma is denied or repressed at a societal level, leaving survivors unable to articulate their experiences. In Freudian psychoanalysis, this sort of unspoken trauma can be understood as a form of melancholia. For Freud, melancholia (as a concept distinct from mourning) is a grief that is unarticulated. Freud writes that “melancholia… is on the one hand, like mourning, a reaction to the real loss of a loved object; but over and above this, it is marked by a determinant which is absent in normal mourning” (587). An individual suffering from melancholia cannot name their grief, and subsequently cannot move forward from it. In many ways, inarticulable trauma represents a type of melancholic loss. Just as Freud believes an individual cannot mourn a loss they cannot name, I argue that survivors cannot heal from trauma if they cannot articulate and situate it.

While a critical phenomenology of trauma will include explorations of trauma borne from oppression and subjectivation, there remains strong resistance within trauma studies to broadening definitions of trauma. A proponent of narrow definitions of traumatic stress, Richard McNally argues “if nearly everything can count as trauma, then
the term morphs into a trope for misfortune in contemporary life and loses whatever meaning it originally had” (598). For McNally, broadening trauma as a concept necessarily means equating different experiences of trauma; in calling something traumatic, McNally worries that experiences of severe trauma (like the Holocaust or the Rwandan genocide) will be cheapened. Reflecting on these concerns, Oliver poses an important question: “how do we distinguish between the violence inherent in becoming subjects and the violence of domestic abuse, social abuse, or war?” (65–66). Oliver’s question concerns the implications of calling something traumatic. If we say that individuals can be traumatized through a process of subjectivation, do we mean the term in the same way as when we use it to describe instances of torture or rape? This question once again underscores the importance of articulating multiplicitous understandings of trauma. Just as it is impossible to label any event as inherently traumatic, it is also difficult (and perhaps, problematic) to treat different forms of trauma as unidimensional. While there are certainly some experiences that seem more destabilizing than others, the impact of a traumatic event depends on the individual person, as “… the traumatic force of the event comes from its colliding with a particular symbolic order, that is to say, an order stamped with the seal of unique subjectivity” (Gusich 506). The resistance towards including more insidious, everyday traumas also represents a systemic failure to recognize the experiences of marginalized people as traumatic. Ann Cvetkovich notes this failure in regards to racial trauma, writing that “everyday forms of racism, many of which are institutional or casual and thus don’t always appear visible except to those who are attuned to them, are among the effects of longer histories of racial trauma” (6). By embracing a multiplicitous approach to trauma over a singular one, we can better address
diverse forms of trauma and respect the unique reactions of survivors. Generating new liberatory possibilities for trauma survivors requires developing new discourses for understanding psychic and social harm. Through a multiplicitous investigation, we can explore not only trauma’s immediate impact but also its ability to lastingly shape social, political, and temporal horizons.
Chapter 2: Trauma and Temporality

Temporality is not just a part of human existence, but an imperative condition of it; as David Couzens Hoy observes, temporality is necessary for the possibility of subjectivity (Hoy vii). If temporality (or the ability to temporally situate ourselves and our experiences) is a necessary part of meaningfulness, trauma may manifest itself as a disruption in temporality. In the work of Allan Young, trauma “… is a disease of time. The disorder’s distinctive pathology is that it permits the past (memory) to relive itself in the present, in the form of intrusive images and thoughts and in the patient’s compulsion to replay old events” (7). For Young, a non-traumatized individual’s temporality is discrete; the past, present, and future represent separate, discernable temporal dimensions. Young’s interpretation of trauma depends on a linear understanding of temporality, as he characterizes trauma as a disordered interaction between the past and present. In Young’s description of trauma, “the separation of past and present is built into the diagnosis. If we use [Young’s] diagnosis… we are implicitly making a strong case for this separation; it simply doesn’t work without it” (Bracken 77). However, in a critical phenomenology of trauma, assumptions about the linearity of temporality are challenged. As Hoy suggests, lived temporality is not necessarily understood as successive or consecutive in phenomenological accounts (58). Because phenomenology focuses on temporality as an experience, it also examines how temporality may be experienced differently by different people. How might our understandings of trauma change through a phenomenological investigation of temporality?

Committed to models that extend beyond strictly linear representations, both Edmund Husserl and Martin Heidegger articulate understandings of temporality that can
be both nonlinear and interdependent.² Mathematician turned philosopher, Husserl worked on various interpretations of temporality throughout his life. Apparent in all is a careful focus on the ways in which present and future consciousnesses are inextricably linked to the past. For an individual to unify and make sense of an experience, Husserl writes that temporality must involve a robust framework of retention, direct experience, and protention (or anticipation). These terms align well with the temporal dimensions of lived experience, with retention describing past moments, direct experience describing the present, and protention describing the future. Husserl argues that all three dimensions operate together as a part of each experience, and that all three are necessary for a coherent, unified experience to be possible (Hoy 52). As Hoy explains, in lived temporality “the ‘all-at-once’… brings out how the oneness at a given moment and the unity of a ‘stretched’ temporal object like this are constituted” (54). If lived experience is a constant negotiation of these temporal dimensions, a singular ‘now’ does not exist—suggesting that lived temporality is never quite singular nor linear. Applying Husserl’s work to trauma studies, I argue that nonlinearity cannot be the distinguishing feature of trauma as temporality for anyone, traumatized or not, is not strictly linear. To demonstrate this, Husserl describes the experience of listening to a song. To understand a song as a unified moment, the experience “… not only contains actual listening, but also ‘retention’ of the part that has already sounded and a ‘protention’ of the part to come” (Baars and Visser 26). We all continuously partake in this process of temporal

² I expect that some people may find my use of Heidegger problematic in a paper on trauma, as use of Heidegger remains contentious in feminist philosophy. My choice to use Heidegger was inspired by Mariana Ortega’s use of his work and her defense of that inclusion. I am also motivated by Laura Doyle and her work on realizing forms of resistance; I intend for my use of Heidegger to be seen as a resistant appropriation, a theoretical recasting that employs his work in ways that he himself did not pursue.
integration, making the past and future necessary fixtures of our present. It is only through this threefold negotiation that a person can comprehend a song, a book, or the temporal extension of a life more broadly.

Mentored by Husserl, Heidegger also notes a similar interdependence between the past, present, and future in his work on time. Heidegger argues that temporality is not something that exists outside of human existence, but instead suggests that humans create a “within-timeness” for themselves. He argues that shared understandings of time are created through temporalities expressed and addressed together everyday, but also suggests that temporality may be interpreted differently by different people. Elaborating on this idea, Heidegger asserts that:

the ‘now that…’, ‘then when…’ interpreted and expressed in everyday being-with-one-another, are understood in principle, although they are unequivocally dated only within limits. In the ‘nearest’ being-with-one-another, several people can say ‘now’ together, and each can date the ‘now’ in a different way (377).

Heidegger’s emphasis on difference is important in thinking about linear interpretations of temporality; if a group of individuals can all interpret “now” differently, it becomes difficult to objectively say what experiences can or cannot be included in the “now.” As Hoy observes, if we all temporalize moments differently even while being-with-one-another, there may be countless ways of temporalizing a life (Hoy 59).

Trauma survivors are often accused of not living in the now. But with a Heideggerian conception of temporality, such accusations prove problematic as there is no singular, unified now that we all experience identically. Heidegger also offers us an interpretation of the present as relational, suggesting that we understand moments in
relation to one another. He argues that the present may operate as a reference point, as other moments are often understood in relation to it—like before now, or later on (Heidegger 374). For survivors of trauma, I suggest that moments may be understood in relation to a traumatic experience if that experience remains a part of their present. For example, following a near-death sexual assault in France, Susan J. Brison recounts how her experiences became temporally structured around her assault. “Before” did not refer to a time before the immediate present, but to a time before the attack. Describing her reaction to questions about recovery, Brison muses “people ask me if I’m recovered now… if they mean ‘am I back to where I was before the attack?’ I have to say, no, and I never will be. I am not the same person” (35-36).

Brison’s account demonstrates that not only can the past and future be understood in relation to the present, but the past and future can be understood in relation to trauma as well. Brison also confirms Heidegger’s theory that temporality is something we do, as she describes actively “creating” a before and after following the attack (Brison 53-54). If temporality is something that humans do as well as have done to them, recovery from trauma will not mean adherence to a singular, linear temporality, but instead will involve a process of integration and resignification that can enable the survivor to resituate themselves temporally.

Building from Heidegger’s work on time, Hoy further explores the nature of temporality in The Time of Our Lives: A Critical History of Temporality. To begin, Hoy draws a distinction between public time and temporality. According to Hoy, when we discuss public time we most closely mean time as a unit: it is five o’clock in New York; the play lasted two hours. Temporality, on the other hand, points to time as it manifests
itself in human experience (Hoy xiii). While it is difficult (if not impossible) to completely delineate the two terms, both carry certain assumptions and limitations that make it difficult to use them interchangeably. For example, public time is understood as operating in a linear manner— we cannot travel back in time, nor can we travel to the future. Temporality, however, is more fluid. Hoy writes that “… the character of temporality—for example, whether it goes by quickly or slowly—appears to be dependent on the mind and would thus be said to be subjective” (xv). Hoy’s discussion of temporal speed aptly describes how moments may be experienced differently by different people, even by those thought to be experiencing the same moment. While most people would concede that individuals experience moments differently, a phenomenological consideration of consciousness demonstrates that people experience the meaning and ordering of moments differently as well. Gesturing to the subjective nature of experience, Brison recalls the story of an Israeli couple fleeing a train station upon hearing a conductor yell instructions in German (54-55). While the couple had no direct familial connection to the Holocaust, the experience connected them to a site of mass cultural trauma. For other individuals in the train station, the temporal speed and ordering of that moment was perhaps fleeting and insignificant; the conductor’s yelling did not bring forth any past traumas into the present. There may even have been other Israeli travelers there who did not give much thought to the event. For that specific couple, though, the experience was understood through a cultural memory laden with trauma. The conductor’s yelling was integrated with the retention of a painful past, producing feelings of anxiety and fear. Such an example destabilizes arguments for a unified, singular characterization of temporality. Perhaps there is a synchronic oneness of an event for
people in terms of public time, but the depth of that moment (and its meaning) is situated in individual subjectivity.

If we accept a phenomenological account of temporality, then, nonlinearity is not just a characteristic of trauma but of lived temporality more generally. In *Prophetic Remembrance: Black Subjectivity in African American and South African Trauma Narratives*, Still describes the interrelated temporality of lived experience, writing that “… the past and future are irrevocably bound up in each other; what we understand and how we experience the one shapes the ideas we hold about the other” (156). Trauma survivors are often thrust into a precarious balance of reconciling the past and the future, despite societal pressure to separate and linearize their experiences. Describing the traumatized Black subject, Still writes that survivors of color must negotiate histories of oppression “… without either denying it or dwelling in it” (3). Such a negotiation is ongoing for trauma survivors; it becomes an exercise in ‘moving on’ from the past despite that past’s embedded and enduring impact on the present and future. Too often, the beliefs trauma survivors hold about the world are dismissed as irrational because they are traumatically informed (Freedman 104). Brison analyzes this dismissal, arguing that many societies perpetuate a lack of empathy for survivors of trauma and pressure survivors to “forget and reject their testimonies” (Brison 57). By adhering to a strictly linear understanding of temporality, we encourage survivors to reject the nonlinearity of their experiences. Through a phenomenological approach to trauma, though, we can acknowledge that all lived experience is a constant temporal negotiation, and that seemingly irrational traumatically-informed beliefs about the present may be entirely reasonable negotiations of the past. For example, a rape survivor’s belief that they are
never safe is not necessarily irrational, as the violence they experienced disproves assumptions about the avoidability and predictability of violence. Instead, their experience forces us to question how society determines which beliefs are rational or irrational, and perhaps challenges us to change how we view certain events as unimaginable. If we accept that fluid, nonlinear temporality is a constitutive aspect of subjectivity, linear understandings of temporality cannot accurately represent our conscious reality.

Because linearity does not accurately reflect the lived temporality of both traumatized and non-traumatized peoples, linearity may actually marginalize survivors’ experiences. In cases of sexual assault, for example, survivors who do not (or cannot) share their trauma immediately are often criticized for waiting. Utilizing linear interpretations of temporality, critics question the validity of the individual’s present suffering: they relegate the trauma to a distant, contained past and deny its ongoing presence. This negation relates to dominant society’s ability to establish hegemonic temporal and social horizons. By establishing temporal and social horizons of accepted reality, society can make certain traumas peripheral. In recent months, the #MeToo movement has illuminated the ways in which sexual assault and sexual harassment are made both commonplace and invisible; while the majority of women have experienced sexual assault and/or harassment, many feel pressured into silence. Writing about her own experience with assault, Freedman contends that a possible reason for this silencing is that the “... problem is so horrific that we want to believe it is uncommon, a snag in the moral fabrics of our world” (113). Fear of incomprehensibility may drive a society to
reject the experiences of survivors, as it may be easier to reject their stories than to recognize how commonplace some forms of violence are.

What separates trauma as an experience is not nonlinearity, then. Instead, it is a loss of meaning and control. As discussed in section one, our ability to make meaning is related to our ability to situate ourselves socially, temporally, and psychically. Regarding temporality, control may refer to our ability to order our experiences and to create a comprehensible narrative of our lives. Many trauma survivors describe a lack of control; they feel unable to temporally separate their trauma from other experiences. Much of the phenomena we associate with trauma (intrusive memories, the affective reliving of experiences, difficulties moving on) speak to this loss of control. It is not that the traumatic memories are damaging just because they are nonlinear, but that they appear seemingly on their own, against the will of the subject. The profundity of trauma lies not in the mingling of temporal dimensions, as phenomenology demonstrates that our pasts, presents, and futures are always negotiated and renegotiated. Instead, I am arguing that it is its uncontrollability— an inability to coherently integrate the trauma that threatens survivors.

For Heidegger, having control over one’s life (or a general sense of control over it) requires having control over one’s temporality. Describing boredom, “... Heidegger argues that time is lengthened by boredom... [and describes] evading boredom by ‘shortening’ time” (Hoy 27). By “shortening” time, Heidegger is not suggesting that we are capable of altering time as a unit, but instead suggests that we have some control over how we experience temporality. Brison applies this claim to trauma survivors, writing that a sense of control is necessary to restore a healthy subjectivity. She argues that “the
need for control reinforces, and is reinforced by, a fundamental assumption most of us share: our belief that we live in a just world, in which nothing that is both terrible and undeserved will happen to us” (Brison 89). Brison acknowledges the delusory nature of this belief, suggesting that while true control does not exist, a sense of control is still vital. To regain that control, Brison argues that narrative construction (or the intentional ordering of experiences into a story) is an important step towards healing. Brison writes that “by constructing and telling a narrative of the trauma endured... the survivor begins not only to integrate the traumatic episode into a life with a before and an after, but also to gain control over the occurrence of intrusive memories” (53-54). Narrative construction is a process we all continuously partake in, but trauma may disrupt this process. In contrast to Young’s characterization of trauma as a disease of time, a phenomenological perspective suggests that it is a disruption in meaningful integration, an inability to orient oneself and one’s experiences. Through a phenomenological approach to trauma, I argue that we can better understand how the ability to create a comprehensible narrative (rather than a strictly linear one) is crucial for survivors to situate themselves temporally, socially, and psychically.

To create a comprehensible narrative, survivors may reinterpret or reorder memories of trauma in different ways. Models for conceptualizing memory vary widely even within the phenomenological tradition. Sue Campbell speaks extensively about memory in her work *Our Faithfulness to the Past: The Ethics and Politics of Memory*. Regarding trauma and suffering, Campbell notes that the archival model of memory is frequently used. The archival model refers to the conceptualization of memory as an archive; past experiences become systematically processed and stored like filed
documents, ready to be reflected upon when summoned. An obvious fault with archival models is the selectivity of memory- what individuals remember and why they remember it is highly variable. If memory truly operated in an archival fashion, an individual should be able to remember much more with greater stability. Campbell holds that while an archival model of memory is by far the most popular/enduring, it is insufficient in explaining how we determine meaning in and through our memories and how we orient and reconstruct them in the process. This leads Campbell to support a reconstructive model, exploring the affective, cognitive, and social dimensions that help shape memories. Campbell writes that:

the [archival] model represents memories as not only caused by the past, but as singular and stable in meaning as a reflection of what we assume to be the nature of the past itself. If the past has a singular meaning, the mere fact that I might remember it in many different ways seems to jeopardize truth in memory (54).

The archival model’s focus on singularity relates to linearity, as singular meaning depends on unidimensional, sequential interpretations of past moments. Yet memories of trauma often present themselves in non-archival ways; they may surface unintentionally, unexpectedly, and saturated with different meanings or no comprehensible meaning at all. For example, in Witnessing: Beyond Recognition, Oliver discusses the testimony of a Holocaust survivor who witnessed the Auschwitz uprising. In her testimony, the woman remembers seeing four chimneys explode during the revolt, but historians maintain that only one was actually destroyed (Oliver 2). Oliver explains that because of this discrepancy, interviewers believed that the woman’s testimony should be discredited as it did not fit with the singular historical truth that they had already established. The
survivor’s testimony does not fit within the archival model of memory, as its divergence jeopardizes a singular truth. Through a reconstructive model, though, we can recognize both the survivor’s account and other accounts of the Auschwitz uprising. As Oliver explains, “… the truth of trauma and victimization is lost even in the most astounding statistics. The experience of being othered and objectified is lost to history and regained only through the testimony of witnesses” (92). Expanding beyond the archival model of memory is crucial for survivors of trauma, as it opens up possibilities for different ways of remembering and understanding. By embracing a multiplicitous understanding of memory, we can recognize the diverse ways in which survivors resituate and reconstruct their experiences. For the Auschwitz survivor, “seeing the impossible -what did not happen- gave her strength to make what seemed impossible possible: surviving the Holocaust” (Oliver 1). Through remembering the impossible, the survivor was able to situate her experiences in the concentration camp. If healing from trauma requires resituating memories and renewed meaning-making, we must “… insist upon preserving space for narratives of trauma without any guarantee that such narratives will provide healing or closure” (Still 159). This is what a critical phenomenology of trauma may offer; not closure necessarily, but proliferation- a chance to realize new meaningful perspectives and possibilities.
Chapter 3: Trauma and Embodiment

Beyond alerting us to the nonlinearity of temporality and memory, a phenomenological examination of trauma also challenges how we understand embodiment. Temporality itself is always an embodied phenomenon; as embodied beings, we temporalize our experiences to give order/meaning to them. Speaking about the connection between embodiment and temporality, Hoy writes that “time is not something I encounter out there in the world, but what I myself am” (23). Heidegger describes the inextricable link between body and world through his conceptualization of Dasein as always already being-in-the-world. To fully capture being-in-the-world, Heidegger maintains we need a threefold examination of existence: 1) an understanding of “-in-the-world” and what that world is; 2) understanding the who of “being;” and 3) understanding the in-ness of “being in” (50). Heidegger makes clear that this “being-in” does not refer solely to an objective presence in the world, but instead to an existential “being-with” that means something over and above “… the being-objectively-present-together of things that occur” (51). Similar to his conceptualization of temporality, Heidegger’s use of being-in-the-world suggests a mutually-constitutive relationship between body and world. Unlike a chair being objectively present in a room, the “being-with” of human existence involves both constituting and being constituted by the world. In Guenther’s work, for example, the “being-with” of prisoners describes more than just a shared physical space with others, but how that shared presence sustains the personhood of the prisoners (34). It is also important to note that Dasein is always situated in a world of significance (Bracken 105). The embedded nature of being-in-the-world helps us understand how trauma disrupts; if Dasein shapes and is shaped by meaning, an inability
Heidegger offers us an approach which insists on the embedded nature of human reality, a reality in which the cultural and temporal are not merely additional factors which can be added to an independent psychology but are in fact a priori dimensions of our reality which allow for a psychological world in the first place (133).

For Heidegger, culture and temporality are not things that Dasein encounters out in the world. Instead, they are always already a part of Dasein’s being-in-the-world. Similarly, if we approach trauma without considering Dasein’s being-in-the-world, we fail to capture how entrenched and relational trauma is. If trauma is a loss of meaning, it requires us to confront these enmeshed networks and examine what a loss of meaning does to personhood. By examining trauma and being-in-the-world, we can observe how someone’s specific embodiment shapes their traumatic reactions.

In some instances, trauma may be the intentional manipulation of being-in-the-world, like in torture or isolation. Both Laura Doyle and Guenther write extensively about psycho-corporeal vulnerability in their work with prisoners. In “Bodies Inside/Out: A Phenomenology of the Terrorized Body in Prison” Doyle argues that the loss of agency in prison is also a loss of temporal, social, and spatial situatedness, as prisoners are unable to situate their experiences. Doyle describes political prisoners held in intensely confined spaces. Without access to sunlight, some of the prisoners could not tell whether it was day or night. Other prisoners could not tell if they were alone, or if there were other cells around them. In total isolation, Doyle argues that the prisoners had “no visible
surround” and struggled to situate their experiences temporally and relationally (89). Likewise, Guenther argues that “… solitary confinement works by turning prisoners’ constitutive relationality against themselves, turning their own capacities to feel, perceive, and relate to others in a meaningful world into instruments of their undoing” (xiii). In solitary isolation, the prisoner’s need for relationality is manipulated; because subjectivity is constituted relationally, the removal of the ability to feel, perceive, and relate becomes a form of psychic torture. Individuals subjected to prolonged solitary confinement are often described as “becoming unhinged” from reality, exhibiting a psychological break from temporal and social horizons. Guenther writes that “… ‘becoming unhinged’ is not just a colloquial expression; rather, it is a precise phenomenological description of what happens when the articulated joints of our embodied, interrelational subjectivity are broken apart” (xii). Guenther’s language echoes that of Husserl who often describes the body as a hinge. Guenther expands on Husserl’s work, explaining that “for Husserl, the body is a hinge not only between causal and conditional processes but also between self and other, or between the artificial construct of [an abstract solipsistic subject]… and the intersubjectivity of an objective world” (Guenther 31). From Guenther’s reading of Husserl, we can understand human existence as a hinged intersubjectivity. Trauma thus operates as an unhinging force- it inhibits our ability to relate and be related to. Many survivors of trauma share some sense of becoming unhinged, from prisoners in solitary confinement to grieving spouses like Stolorow.

For Bracken, understanding the intersubjectivity of Dasein is necessary to comprehend the diverse realities of trauma survivors. Bracken asserts that “for the
cognitivists, ruptured meanings occur inside individual minds… because the inside-outside distinction is false and because meaning resides in our background practices, the breakdown of meaning involves this background. From a phenomenological perspective, a loss of meaning occurs in a broken world, not a broken mind” (147). Bracken’s argument underscores the importance of a critical phenomenology of trauma; if we accept that hinged intersubjectivity is a part of being human, we are forced to explore the ways in which political and social structures affect trauma survivors. For women who survive sexual assault, for example, trauma exists not in the mind but in knowing “… you live in a world where you can be attacked at any time, in any place, simply because you are a woman” (Brison 28).

Gender violence or racial violence certainly reflect a broken world; their existence points to systemic brutalities that continually traumatize specific groups of people. A critical phenomenology of trauma encourages us to shift our focus from the survivor to the world in which trauma occurs, tasking us with recognizing and dismantling institutional harms. Discussing how certain ways of existing are limited for people of color, Shannon Sullivan writes that “space often is thought of as neutral and uniform, a conception that overlooks how the racially magnetized whiteness of space is precisely what allows the conception of space as lacking such magnetization” (144). If how we occupy space is a part of our being-in-the-world, it is necessary to acknowledge that being-in-the-world is never neutral or uniform as well. Instead of pathologizing racial trauma as ‘in the mind’ of survivors, a phenomenological examination of racial trauma involves scrutinizing the embodiment of white supremacy and how white supremacy permeates psychic and temporal spaces.
Speaking to the embodiment of temporality, Bourdieu writes that time derives its power (or significance) from the social, cultural, and institutional structures in which it operates (106). Bourdieu calls these background practices the habitus, or the cultivated practices, attitudes, and gestures that come to constitute social understandings. In *The Logic of Practice* he describes the habitus as a hegemonizing process, writing that it is “… the process whereby the group (or those who dominate it) teaches itself and masks from itself its own truth… tacitly defining the limits of the thinkable and the unthinkable and so contributing to the maintenance of the social order from which it derives its power” (Bourdieu 108). How dominant society comes to define social horizons can frame trauma as peripheral or unthinkable. If a group “masks itself” from trauma during this hegemonizing process, trauma can become inarticulable. The cultural amnesia surrounding sexual violence in the United States speaks to this incomprehensibility; despite its prevalence, our culture largely ignores the everyday nature of rape. As noted earlier, Freedman argues that because sexual violence is so horrific, we want to believe that it is uncommon (113). Rape is thus hegemonized as unthinkable, with society masking itself from the truth of its frequency. Temporal horizons may also be established in the habitus, engendering group beliefs about how one should experience the temporality of an event. Examining queer temporalities, Elizabeth Freeman maintains that the habitus and repetitious social practices help engender chrononormativity. Chrononormativity refers to “… the interlocking temporal schemes necessary for genealogies of descent and for the mundane workings of domestic life” (Freeman xxii). If chrononormativity is created and sustained by the habitus, non-chrononormative temporalities (like the temporality of trauma) may be rejected or marginalized.
Consequently, how trauma is hegemonized in the habitus can have lasting consequences for survivors, shaping specific temporal and social expectations that they may be unable to meet.

Alexis Shotwell also takes up Bourdieu’s habitus in her discussion of implicit understanding and nonpropositionalizable content. Shotwell stresses the embedded nature of the habitus, arguing that “… living a specific socially embodied habitus involves living and holding a very specific past” (14). From this, she addresses the socially-specific embodiment of trauma in her work with transgender people. In this work, Shotwell asserts that her goal is to “… offer sensuous knowledge as a name for that experience of contingent freedom that comes with a socially situated embodiment, where being in the ‘right body’ has more to do with our social world than with any individuated experience of our bodies” (130). For Shotwell, the trauma of being trans is not a trauma of the body, but rather a trauma of a social world that denies a comfortable sense of fitting for trans people. Arguing against the idea that all trans people are born in the “wrong” bodies, Shotwell argues that it is not that trans people cannot situate themselves in their bodies, but that they cannot situate themselves in a hostile world. This does not suggest that being transgender is inherently traumatic; as discussed in section one, no experience can be generalized as traumatic for all. But for some trans individuals, navigating the world as a trans person may involve facing both corporeal and psychic violence—violence that destabilizes both their safety and situatedness. Shotwell’s work demonstrates that traumas of the body cannot be adequately explored without also examining the background practices that create, shape, and regulate them.
Within the struggle to situate themselves, marginalized people may also experience a sense of being-between-worlds that can make social, temporal, and psychic relatinality difficult. In *In-Between: Latina Feminist Phenomenology, Multiplicity, and the Self*, Mariana Ortega proposes her concept of being-between-worlds, arguing that multiplicitous understandings of human existence are necessary to capture the lived reality of marginalized subjects. Ortega writes that “… I describe the multiplicitous self as being-between-worlds and being-in-worlds- the multiplicitous self is thus an in-between self” (51). Ortega’s work is an adaptation of Heidegger; while Heidegger argues that we are always already in relation to the world, Ortega asserts that we can experience an in-betweenness, an inability to singularly situate ourselves within our lived experiences. If there are many ways of being-in-worlds, there may also be many ways of being unable to situate oneself within any given world. Negotiating trauma itself may present a sort of in-betweenness, as trauma survivors may be forced to reconcile different (and sometimes, competing) interpretations of their surroundings. For example, in his article “Husserl and PTSD: The Trauma Correlate,” Matthew Yaw describes his struggle to reconcile his experiences of combat as a veteran. While deployed in Iraq, Yaw drove over an active improvised explosive device (IED) hidden in a pothole (210). After returning to the United States, he continued to fear any abnormalities in the road, interpreting them differently than he did before the IED. Yaw thus had to negotiate both his old and new understandings of potholes, existing between the realities of a civilian and a combatant.

Similar to Yaw’s experience of integrating different realities, Ortega’s work also speaks to both the traumatic and transformative aspects of being in-between worlds. An
individual may feel traumatized by being unable to situate themselves within a single culture, society, or identity. They may also feel empowered by this multiplicity, being able to travel between different social imaginaries. Ortega’s discussion of being-between-worlds speaks to the multiplicitous nature of trauma, as it exists as an experience that may be both shared and distinct, painful and liberatory. Describing how she grew from trauma, Brison recounts the advice of her group facilitator: “when your life is shattered, you’re forced to pick up the pieces, and you have a chance to stop and examine them” (35). Trauma exposes us to the incomprehensibility of our worlds and makes us conscious of harmful background assumptions. Brison writes that we must “… question common assumptions about identity and acknowledge our multiple, shifting, intersecting identities” (109). Experiencing trauma helped Brison address the multiplicity of identity; at different times, she identified as a victim, a survivor, and as a person with a disability (Brison 109). Trauma may also offer us a chance to practice solidarity: by experiencing a sense of in-betweenness following trauma, we may be able to more readily recognize the in-betweenness of others.

Trauma is a fruitful vehicle for understanding the violence of marginalization and oppression, as it alerts us to “… the enmeshment of the individual with the systemic” (Shotwell 83). Just as Butler argues that the process of subjectivation is traumatic, I argue that situating oneself as a marginalized person can be traumatic. Describing once more the salience of white privilege, Sullivan argues that “… personhood often correlates with the way that one is forced or allowed to live in relationship to space and place. Space, race, and place are constituted transactionally such that space is raced and… bodies become raced through their lived spatiality” (143). In a sense, Sullivan’s exploration of
raced spatiality describes a negotiation of being-in-the-world. Subjectivity is “constituted transactionally” and is constantly established in the world with others. If bodies are raced through their lived spatiality, bodies may also be traumatized through their lived spatiality. Racialization as a process can shape how someone lives in relationship to space, place, and time. If a person is denied access to or existence in certain spaces, trauma may occur. If trauma is a loss of meaning, we must pay closer attention to those individuals who are systematically denied a sense of meaningfulness. What might this sort of systemic trauma look like?

In 2017, Sentell Harper (a fourth-grade teacher from the South Bronx) released a video of his students performing Danez Smith’s spoken word piece, “Alternative Names for Black Boys.” Towards the end of the poem, the six young boys clad in gray hoodies raise their hands and list the names of men and boys of color murdered by police in recent years. The gravity of the poem is not lost on these young men; the immediacy of police brutality leaves no room for fantasies of safety or childhood innocence. For these young men, trauma is not a singular event- it is a violent legacy whose temporality is intricately tied to their own, a trauma that contests the very singularity of their stories (Butler 37). For philosophers like Freedman, trauma is understood as an outlier, as something extraordinary that lies “well outside the absolutized horizons of everydayness” (Stolorow 467). However, the testimony of these young boys demonstrates just how entrenched and embodied some traumas can be. As Brison similarly states, the horror of sexual violence stems from both its unpredictability and predictability. It is a trauma that is “… both random… and not random, that is, a crime of hatred toward the group to which you happen to belong” (Brison 28). Through a critical phenomenology of trauma,
we are tasked with examining not only those traumas that seem irregular and alien, but also those traumas that are directly tied to certain forms of everyday being-in-the-world.
Chapter 4: Trauma and Witnessing

If Dasein’s being-in-the-world suggests that we are always already in relation with and to others, how do we relate to the trauma of others? In both addressing and healing from trauma, Oliver suggests that the role of witnessing is essential. Oliver writes that “… in order to reestablish… subjectivity and in order to demand justice [after trauma], it is necessary to bear witness to the inarticulate experience of the inside” (90).

For Oliver, witnessing describes a process of recognition and articulation whereby something unspeakable becomes spoken. But how does one bear witness, and who does the witnessing? There are many different forms of witnessing: processes of self-witnessing, witnessing the trauma of others, and institutional attempts at witnessing. Just like our definition of trauma, these categories are not rigid or exhaustive, as the boundaries between self, other, and world are fluid and complex. Evident in all, though, is the importance of sociality and relationality in voicing trauma.

1. Self-Witnessing

Self-witnessing describes an individual’s ability to express and (eventually) situate their trauma so it can be communicated to others. A first step towards communication is articulation, or being able to speak one’s trauma. This process can be incredibly difficult, as many forms of trauma seem so alien, so devoid of meaning that it feels impossible to vocalize them. Judith Herman uses this unspeakability to separate traumatic memories from “normal” ones, arguing that traumatic memories are distinct because they are wordless (Herman 175). Exploring the unspeakability of trauma, Oliver notes that in the face of meaningless and unrecognizable loss many Holocaust survivors could not give words to their own experiences. Such incomprehensibility may lead
survivors to question the truth of their experiences, as trauma “… can cause one to mistrust oneself, and ultimately to question one’s own sense of reality” (Oliver 47). If an individual is unable to situate their experiences temporally, socially, or psychically, they may question the validity of those experiences. Rebuilding self-trust in working through traumatic experiences has been a project of various activist groups for decades; describing consciousness raising circles in the 1970s, Adriana Cavarero writes that “the desire is still that of expressing oneself, in that double sense of actively expressing one’s own self and of finding the words that translate that exposition into narrative form” (59). Self-witnessing is both a process of discovery and production, then; it involves accepting that the trauma happened and finding words to describe it. Cavarero’s work also demonstrates how self-witnessing can still be done with others; if we accept Husserl’s notion of hinged intersubjectivity, the presence of others may be necessary in order to find and express the self.

Oliver argues that rebuilding one’s “inner witness” is a process of performative testimony, writing that “only when someone else listens to me can I listen to myself” (88). Oliver maintains that testimony (or sharing one’s story as an eyewitness) is performative because it brings an event to life through repetition, through repeatedly speaking about the event and structuring the event in specific temporal and affective ways. Creating a narrative could be understood as a form of performative testimony, as it involves repetitious acts that structure a person’s self-understanding. Discussing the personal value of communicating stories to others, Brison writes that “the communicative act of bearing witness to traumatic events not only transforms traumatic memories into narratives that can then be integrated into the survivor’s sense of self… but it also
reintegrates the survivor into a community” (12). This is not to say that articulating trauma makes it intelligible, nor that intelligibility should be the aim of self-witnessing. The senselessness of most trauma cannot be clarified, and attempting to find a “reason” for trauma can lead to victim-blaming. Following the Holocaust, for example, some researchers struggling to comprehend the genocide blamed the Jews for their own complicity and passivity. Similarly, many survivors of sexual assault face post hoc rationalizations as to why the assault happened, from outfit choices to alcohol consumption. To avoid these attempts at resolving senselessness, we must instead articulate the experience of senselessness- a project that phenomenology lends itself to extremely well because of its focus on objects and senses as experienced.

2. Witnessing Others

Witnessing others involves a responsibility to the lived experiences of others, or an active attempt to see the temporal, social, and psychic disruptions other people may face. How can we witness the trauma of others in ways that affirm their subjectivity? Bracken argues that we must assume a “responsibility to otherness” that pledges a commitment not to silence the stories that are different from our own (197). Similarly, Doyle asserts that witnessing others involves observing the violation of another person and testifying on their behalf- even if the violation is entirely alien to the witness (96). She argues that witnessing is never a passive act, and insists instead that witnessing is a form of social interpellation that calls the witness to action. Doyle explains that “the event one witnesses belongs to one; and no matter how passive one is in relation to it, because it falls within one’s horizon, one must carry it” (97). Witnessing not only destabilizes the situatedness of the survivor, but of the witness as well. In recognizing the
trauma of another person, the witness is also tasked with situating the trauma within their own temporal and social horizons. If being-in-the-world always involves being-with-one-another, we must accept that “recovery [from trauma] can only take place within the context of relationships; it cannot occur in isolation” (Herman 133). For example, the live broadcasting of testimonies during South Africa’s Truth and Reconciliation Commission (TRC) interpellated viewers as witnesses to the atrocities that Black South Africans had endured (Still 52-53). For white South Africans in particular, witnessing the pain of their compatriots forced them to confront their own possible complicity in apartheid. Listeners could not unhear the testimonies of survivors once told, subjecting both the survivors and witnesses to the dialectic of trauma (Herman 2).

It is also crucial to note that, like trauma, witnessing should not be understood as a singular event. Witnessing requires the witness to integrate trauma into their social and temporal horizons in a manner that is ongoing and dynamic. Witnessing also requires witnesses to relinquish assumptions about finitude and linearity, as survivors need to be given the continued opportunity to share their trauma. If trauma must be continually negotiated and integrated by the survivor, it must also be continually witnessed by others. Stressing the need for the proliferation of trauma narratives, Still asserts that we must “…preserve an awareness of historical trauma in such a way as to foreground the yet-to-be-determined nature of the future” (187). For Still, an awareness of the traumatized Other cannot be a one-time, static effort. Instead, it involves a continuous commitment to be attentive to the psychic wounds of others, a commitment made with no promises of closure.

3. *Institutional Witnessing*
When seeking justice for survivors, Oliver argues that witnessing the trauma of others must extend beyond individual recognition; instead, it must be understood as an ethical obligation in society (90). Judith Herman argues similarly, writing that witnessing trauma requires a social context to affirm and protect survivors and bring survivors and witnesses together (9). For traumas borne from oppression and marginalization, witnessing may require systemic cultural and political changes. Institutional witnessing, then, may refer to systematic witnessing undertaken at a societal or governmental level.

There are many examples of institutional witnessing where entire communities or countries bore witness to trauma survivors, like in South Africa’s TRC or Larry Nassar’s recent sentencing hearing in the United States. With respect to South Africa, Craps maintains that “the TRC attempted to uncover the truth about the gross human rights violations committed during apartheid and to promote national unity and reconciliation through a collective process of working through the past” (Craps 51). As previously discussed, the TRC sought to incorporate the stories of survivors into the collective consciousness of South African society, bringing together survivors and witnesses over a series of hearings. Like the televised testimony offered in South Africa’s TRC, the televised sentencing hearing of Larry Nassar witnessed the testimonies of 156 sexual assault survivors. Giving survivors a national platform to share their stories, Judge Rosemarie Aquilina interpellated viewers as witnesses to USA Gymnastics’ gross negligence and Nassar’s extensive abuse.

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3 My discussion of South Africa’s Truth and Reconciliation Commission is not meant to cursorily champion their investigation process, nor does it hold that the Commission was without (substantial) flaws. Instead, it is a limited study of how a society can enact witnessing at a governmental level.

4 Larry Nassar is a former USA Gymnastics doctor convicted of sexually assaulting young gymnasts who were in his care. More than 160 young women accused Nassar of assault, and he was ultimately sentenced to 40-175 years in prison on January 24, 2018.
Both of these events involved an institutional component; they represent an attempt to incorporate the suffering of survivors into the temporal and social horizons of each society. For Nassar’s victims, the institutional witnessing offered in the sentencing hearing provided support and recognition that they had previously been denied. As Rachael Denhollander (the first woman to publicly accuse Nassar of assault) recounts in her New York Times opinion editorial, “I lost my church, I lost my closest friends as a result of advocating for survivors who had been victimized by similar institutional failures in my own community” (Denhollander). For years, Denhollander was unable to situate her trauma in a society that refused to recognize her. But at the sentencing hearing, a tearful Denhollander was met with a standing ovation—finally receiving the validation she had long fought for.

In the field of psychiatry, the Diagnostic and Statistical Manual of Mental Disorders (DSM) can be interpreted as a site of institutional witnessing through the twentieth and twenty-first centuries. In the early years of modern psychiatry, Western societies struggled to accurately characterize trauma. In the earliest editions of the DSM, traumatic reactions were thought to be caused by poor adaptive skills or personal pathologies (Bracken 45). However, the prevalence of trauma “… was forced upon public consciousness… by the catastrophe of the First World War” (Herman 20). In overwhelming numbers, combatants began to exhibit symptoms of psychological distress. As Herman reports, “the number of psychiatric casualties was so great that hospitals had to be hastily requisitioned to house them” (20). Left with few answers, military doctors posited that the soldiers’ distress was caused by the percussive effect of exploding shells, creating the term “shell shock” (Herman 20). Psychiatric opinions about trauma as shell
shock remained relatively unchanged until the early 1980s following the Vietnam War.
During this time, many soldiers returning from Vietnam expressed profound feelings of loss and estrangement, yet were met with few (if any) supports to help make sense of their experiences. In the face of growing pressure from both veteran groups and families, the psychiatric community in the United States faced a dilemma; yet another generation of young people had returned from a war they did not choose to fight, and the horrors of battle had returned with them. The American Psychiatric Association was forced to act, as “the failure to make a place for [trauma] would be equivalent to blaming the victim for [their] misfortunes- misfortunes inflicted on [them] by both [their] government and its enemies” (Young 114). The formal recognition of Post-Traumatic Stress Disorder (PTSD) thus filled a need for witnessing in the United States, as it created an institutional framework for addressing trauma survivors. With the recognition of trauma as PTSD in the DSM-III, clinicians could finally bear witness to survivors of trauma. With a diagnosis of PTSD, survivors could finally seek justice and healing in the forms of medical care and compensation, making the recognition of trauma “… a small step toward repaying a debt” owed to survivors (Young 114).

In 1994, the DSM-IV broadened its definition of trauma once more with a closer consideration of individual history and personality in how people experience trauma (Bracken 48). Bracken explains that with this change, the DSM-IV “… acknowledged that being a witness to a distressing event can be traumatizing, even in the absence of direct threat to self” (48). Before the DSM-IV, an experience had to pose an immediate, mortal threat to the survivor in order to be considered traumatic. With the DSM’s new definition, more experiences could be clinically categorized as trauma. The DSM-IV thus
bore witness to the trauma of witnessing, validating our claims that witnessing another person’s trauma forces the witness to negotiate that trauma as well. If witnessing trauma can destabilize a person’s temporal, social, and psychic horizons, it is necessary to recognize witnessing as a possible form of secondary trauma.

While the DSM has certainly progressed as a site of institutional witnessing for trauma survivors, it has also operated as a site of foreclosure. As previously stated, countless trauma survivors went unrecognized by the psychiatric community before the DSM’s eventual inclusion of trauma in 1989. Many other survivors are still not recognized by the DSM today, as “prior research demonstrates that PTSD symptoms (PTSS) sometimes stem from events that do not meet the DSM requirements” (Larsen and Pacella 37). Stolorow’s grief, for example, would not qualify as traumatic, as the loss of a loved one does not meet DSM criteria as a traumatic stressor. The DSM considers events traumatic if they fall outside the “normal” range of human experience, but how is this range determined? As Laura Brown argues, the range of human experience used in the DSM has largely been based on the experiences of white, educated, able-bodied, straight men (54). Just as being-in-the-world necessitates a socially- and temporally-specific embodiment, the psychiatric community’s definition of trauma is situated in specific historical and geographical contexts that require greater examination by researchers (Craps 53). Examining racial and ethnic discrimination in psychiatry, Hugh Butts writes:

unconscious racism as a socio-psycho-cultural phenomenon is ubiquitous in American society… discriminatory behavior by European-Americans directed toward African-Americans represents trauma and engenders symptoms (which are
for the most part subjective), that may be categorized in different ways and that may evoke multiple forms of behavioral responses (338).

Despite the traumatic nature of racial discrimination, Butts holds that because racism is an embedded socio-psycho-cultural phenomenon in the U.S., psychiatry repeatedly fails to categorize racial discrimination as a valid form of trauma (336). This failure extends to other forms of oppression as well. Racism, sexism, ableism, and other forms of systemic marginalization create everyday traumas that rarely receive enough clinical attention. Beyond negligence, the DSM has also been actively harmful to certain marginalized groups, like lesbian, gay, bisexual, and transgender individuals. In “LGBTQs and the DSM-5: A Queer Response,” Andrea Daley and Nick Mulé describe the changing characterizations of homosexuality in the DSM over time, starting with the DSM-I’s categorization of homosexuality as a “sociopathic personality disturbance” (1291). Homosexuality was later characterized as a form of sexual deviation in the DSM-II, and it was not until 1987 that the APA voted to remove homosexuality as a disorder from the DSM. Many LGB individuals experienced this diagnosis as traumatic because it pathologized and othered them (Daley and Mulé 1291). The transgender community faces a similar pathologization today; in the DSM-V, Gender Dysphoria (GD) exists as a diagnosis that both affirms and harms transgender people. In order to receive hormone replacement therapy and/or gender affirmation surgery, most states require that transgender individuals be diagnosed with GD. However, a diagnosis of GD can prevent transgender people from pursuing other opportunities, like serving in the United States military. The DSM’s relationship to queer communities speaks to its existence as a site

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5 The recent memorandum issued by the White House regarding transgender military service aptly highlights the paradox transgender people face in receiving a GD diagnosis. On March 23, 2018 the White
of witnessing and foreclosure, as it has both validated and invalidated the experiences of LGBT people.

As a manual created by human beings with their own socially-specific ways of being and relating, the DSM is vulnerable to the epistemic limitations and phenomenological biases of its creators. As Bracken states, psychiatry largely “sees itself as attempting to provide a set of value-free techniques that will alleviate pain and suffering” (30). But as Heidegger’s consideration of Dasein demonstrates, humans can never truly be disinterested in or removed from the experience of being-in-the-world. If we are always already shaped by and shaping ways of knowing and doing, we can never truly offer value-free understandings of trauma. This is why we might engage in a critical phenomenology- not as an attempt to create understandings of trauma removed from the structures of our material reality, but as an attempt to scrutinize how these structures shape our experiences instead. There are countless individuals whose traumas we have yet to witness, and many untold traumas that we have yet to integrate into our collective consciousnesses. As Maria Root insists, “although the American Psychiatric Association’s diagnostic manual has accomplished breakthrough by outlining diagnostic criteria for PTSD… it tends to attend minimally to the effect of gender, class, ethnicity, age, and community history” (259). By working through a critical phenomenology, we may validate diverse experiences of trauma beyond psychiatric discourses that are limited- both necessarily and unnecessarily.

House issued a press release stating that any individual with a “history or diagnosis of Gender Dysphoria” is ineligible to serve in the United States military. As previously discussed, this diagnosis is necessary in many states in order to receive hormone replacement therapies or gender affirmation surgeries. Transgender individuals who have not already received this diagnosis and are interested in military service are thus forced to choose between pursuing medical care or serving as their sex assigned at birth.
Chapter 5: Concluding Thoughts

While traveling through the Mlungisi Township of South Africa, research professor Pumla Gobodo-Madikizela recounts the surreal experience of watching a group of young girls play the “necklace game” (25). The game is an imitation of the necklace murders that occurred in the region during the 1980s, where individuals accused of conspiring with the apartheid government were beaten and set on fire with a tire full of gasoline forced around their bodies. Shaken by the girls’ reenactment, Gobodo-Madikizela remarks:

none of the girls I saw reenacting the necklace game that morning had actually witnessed a necklace murder. But the unspoken events of the past - the silence of Mlungisi’s lambs- had become imprinted on their minds. It was not just the outward form of the game, but its inner meaning, the sense of trauma to communal life that it carried with it. They carried the collective horror somewhere deep within them (26).

Gobodo-Madikizela’s observation makes evident the complex nature of trauma and the need for further trauma research. The girls’ game speaks to the nonlinear temporality of trauma; while the necklace murders occurred in a past before the girls’ time, the murders saturate their present and future. The game speaks to the embodiment of trauma; as Gobodo-Madikizela notes, the murders are “imprinted” on the girls’ minds. The game also speaks to the psychic power of trauma; the horrors that the Mlungisi Township endured may be seen as a part of the residents’ habitus. For the Mlungisi girls, the trauma of apartheid is profoundly formative, and cannot be adequately articulated without a robust investigation of trauma’s temporal, social, and psychic effects.
In a critical phenomenology of trauma, we can establish new discourses for understanding trauma that remain open to reinterpretation and renewal. Gesturing towards the multiplicitous nature of trauma, Root writes that “by moving away from the debate of which experiences are ‘valid traumas’ by validating the experience of the survivor… [we may] increase our understandings of human behavior” (251). A critical phenomenology of trauma also encourages us to explore possibilities for healing beyond the clinical, and allows us to incorporate calls for reparations, collective awareness, and political transformation. For individuals whose trauma has been historically invalidated (like queer people and people of color) we can move beyond psychiatry’s focus on the individual psyche and into the social realities of survivors. If we accept Guenther’s argument that critical phenomenology “… is both a way of doing philosophy and a way of approaching political activism,” so, too, is my account (8). By engaging in a critical phenomenology of trauma, we are challenged to describe trauma and the disruptions that produce it, to identify social and political structures that enable trauma, and to dismantle the institutions that privilege certain traumas over others.
Bibliography


Stolorow, Robert. “The Phenomenology, Contextuality, and Existentiality of Emotional


