



**Harald Weilnböck**

## "The trauma must remain inaccessible to memory"

*Trauma melancholia and other (ab-)uses of trauma concepts in literary theory. Part I*

The concept of psycho-trauma has gained widespread currency in literary theory in recent years. Yet what might be sign of hope for a more interdisciplinary approach to psycho-trauma on closer inspection turns out to be ambiguous, according Harald Weilnböck. Literary theory, he writes, often distorts what psycho-trauma means in clinical terms and, while gaining interdisciplinary cachet, repeats patterns of self-protection and transference. In the first instalment of this long and thought-provoking essay, the fictional Dr Goodheart puzzles over Manfred Weinberg's assertion that "trauma must remain inaccessible to memory". Such statements contradict Dr Goodheart's clinical experience that enabling patients to access their memory is essential to successful therapy. Reading Elisabeth Bronfen's essay on Hitchcock's *Marnie*, Dr Goodheart's consternation grows. Bronfen, he suspects, romanticises psycho-trauma in order to provoke the given gender order and, in linking trauma with pleasure, implicitly licences the acting out of destructive patterns of interaction.

I

The relationship between the humanities on the one hand and psychology and psychoanalysis on the other has always been tense. In Germany, this was already the case in the 1970s, when literary criticism experienced a fleeting phase of interest in psychoanalysis. Since then, both fields have changed a great deal. Literary criticism has come to feel increasingly awkward about the psychoanalytical — and sometimes "revolutionary" — adventures of some of its representatives in those days. Consequently, the humanities mainstream has since clearly opted to restrict its theoretical and interdisciplinary ambitions and to return to doing "pure" literary criticism, in other words, to pursuing the formal and historical study of textual corpora in ways not so different than those before the 1960s (Erhart).

The fields of psychology and psychoanalysis, however, have made quite some progress, especially in the developmental psychology of early childhood; attachment theory; relational and systemic approaches and approaches that illuminate intergenerational transference effects; research in borderline and psychotic disorders; empirical psychotherapy studies; and clinical psycho-trauma studies. This impressive scientific development sheds new light on how human interaction and development and — by implication — socio-cultural exchange functions (Weilnböck 2006 b, c).

While humanities has by and large not taken part in or even taken note of these developments, there are a number of individuals who still make use of psychoanalytical concepts. Above all, it is the concept of psycho-trauma that has become almost fashionable in recent years, even among literary scholars

whom one would least suspect of an interest in psychoanalytical perspectives.<sup>1</sup> Thus, "trauma" has turned into a sort of buzzword for a small and heterogeneous group of literary critics. This, however, is not what it might seem: a sign of hope for more interdisciplinary approach. On the contrary: closer inspection reveals that this interest in trauma turns out to be a rather ambiguous phenomenon. Many of these uses are erroneous and paradoxical, distorting what psycho-trauma means in clinical terms, how it really affects individuals and society, and how best to research it. Moreover, these approaches use trauma — and in most cases even "The Trauma" — in a way that in the long run will exacerbate rather than alleviate the lack of interdisciplinary exchange between literary theory and psychology/psychoanalysis.

The main reason for this methodical yet mostly unconscious distortion of "trauma", as with any other interdisciplinary concept, is the strength of literary criticism's basic ideological belief system. Psychological concepts are appropriated, modified, and in many cases inverted in order to support rather than dissolve interpretative habits and/or cultural prejudices. These interpretative habits — for a multitude of historical and, in individual cases, biographical reasons — are of great institutional importance in the self-understanding of literary criticism. In fact, an interdisciplinary exchange with psychology is not really meant to happen, nor can it. As I shall try to demonstrate, even under circumstances of utmost mutual goodwill, interdisciplinary communication based on concepts of psycho-trauma as defined by the humanities falls short of the standards of serious interdisciplinary exchange.

More precisely, very few clinical psycho-therapists will be able to understand what most humanities scholars who speak about trauma really mean by that term; the closer the clinician looks at what humanities scholars say about trauma, the stranger it will seem — to the point of being nonsensical. The clinician will also wonder why literary scholars engage in paradox and aporetic forms of thought when it comes to (empirical) issues of human suffering. In turn, most literary scholars will not be able to explain to the psychologist why the humanities' concept of psycho-trauma is so incompatible with clinical concepts. In fact, they will most likely not even agree with this observation and fail to see the paradox, so that the dialogue will simply end in mutual incomprehension.

Hardly anybody realises this because literary scholars and psycho-trauma clinicians do not talk to each other much anyway — in general, academia, as it is organised at present, is to a large degree built on *not* having serious interdisciplinary exchange. In the few instances where clinicians might look into what literary scholars mean when they refer to psycho-trauma issues, the clinician would probably refrain from protesting too much, feeling that he or she is not really knowledgeable enough to pass judgement on issues of aesthetics, culture, and history. At any rate, the clinician will probably be polite enough not to voice his puzzlement too loudly, since high art, culture, literature and those who study it still appear worthy of a special kind of respect. This often has the effect that literary scholars feel exempt from the general rules of rational, transparent, and interdisciplinary argument, while the clinician, conversely, refrains from being as rigorous in his or her critique as might otherwise be appropriate. Thus, hopes for the future of interdisciplinary discourse between literary and psychological studies — despite the abundant lip service paid to it — seem to be rather dim.

## II

To some readers, these general observations will seem erroneous or at least pessimistic — and in any event depressing. Let me, therefore, substantiate them and at the same time try to deal with the issue in a somewhat light-hearted and imaginative way.

Let us, then, imagine a young, enthusiastic, and well-meaning psycho-trauma clinician. Let us assume that his name is Dr Goodheart and that he notices during his clinical training and work in psycho-trauma therapy that quite a few books on the subject come from the humanities. Being very interested in cultural and aesthetic issues and also being an avid reader of literature himself, Dr Goodheart decides to look into some of those publications. First he comes across a German book, the title of which translates as "Trauma — between psychoanalysis and cultural discourse" (Bronfen et al.). The book appeals to Dr Goodheart on the basis of its cover alone, which shows an architectural model of Daniel Libeskind's Jewish Museum in Berlin, which in its zigzag form is said to symbolise the Shoah — presumably the biggest historical trauma in western history. Inside, Dr Goodheart finds an article by literary scholar Manfred Weinberg, who also was the spokesman of the research unit "Literature and anthropology" financed by the German Research Foundation (DFG) at the University of Konstanz in the late 1990s.

Having spoken to a friend of his working in the humanities, Dr Goodheart knew that both the DFG and the University of Konstanz are generally looked upon with high esteem and that literary anthropology is a new and hopeful strand of literary studies in Germany. Therefore, he decides to read the article. The first page seems promising enough: it contains a clinical definition of psycho-trauma that appears to Dr Goodheart to be quite adequate. However, Dr Goodheart is in for a sudden surprise. Having provided this definition, Weinberg immediately emphasises that the clinical aspects of mental injuries, namely suffering and treatment, are "precisely what *does not* interest me when thinking about trauma" (173).

How inspiringly unusual, Dr Goodheart thinks, since he has a great liking for poetic and avant-garde perspectives on things. He often misses such cultural aspects in his rather humdrum clinical work and thinks that they might carry some particular insight in matters of trauma and therapy otherwise not easily accessible to clinicians. While Dr Goodheart does wonder for a fleeting moment why someone who says he is not interested in aspects of suffering and treatment would want to think and write about trauma, he is eager to go ahead with his reading and leaves this question aside. Proceeding with the text, however, Dr Goodheart has a hard time. There is much philosophical reflection about the truth and adequacy of representation, about the nature of memory, about "trauma and history", and about "trauma and literature"; there are also references to monotheism and the "primordial scene", a concept Dr Goodheart feels vaguely familiar with having read some Freud, although in Freud there were three primordial scenes and they referred to ancient Greek myths. One section, entitled "Trauma and spectre", quotes the philosopher Jacques Derrida and speaks about how phantoms, ghosts, and spectres put historical time out of order.

Although intrigued by all this, Dr Goodheart feels somewhat exhausted by Weinberg's constant use of apodictic statements, which he does not bother to back up with arguments, let alone empirical observations about psycho-trauma. Sometimes these statements are brief and concise, when, for

instance, Weinberg says: "In short: trauma is the inaccessible truth of remembering" (204). But mostly they consist of complex, tortuous, and at times enigmatic figures of thought: "The presumed truthfulness of human memory hinges upon the fact that the primordial divinity of truth, i.e. its inaccessibility to human beings, is forgotten, and that this forgetting once again falls into oblivion" (203). Dr Goodheart enjoys such statements on a poetic and sometimes even on a phonetic level. But after this initial enjoyment, he frequently finds himself re-reading the passage in order to understand what is actually meant. More often than not, he remains in the dark, for instance with the sentence above. Weinberg closes the section with another quote, from Friedrich Kittler: "In the forgetting of the word 'forget' the expressed concurs with the expression. And the delirium of this concurrence is the truth".

Since Dr Goodheart finds this to be somewhat tiresome in the long run, he immediately turns to the summary section at the end of the article. There, further reference is made to Derrida and his concepts of "archive", "crypt", "memory", and "the risk of forgetting" (204). At the rhetorical climax of this summary, Dr Goodheart comes across some sentences expressed with great pathos. One of them reads: "The trauma is always already inscribed in memory" (205). Never having read something like this, Dr Goodheart is interested and continues reading: "And for this very reason, the trauma must remain inaccessible [to memory]". Weinberg seems to have no problem with this, since "trauma" means "truth", or more precisely, "the inaccessible truth of remembering" (77).

Dr Goodheart is puzzled. Doing therapy with trauma patients every day, he knows full well that traumatised individuals have trouble mentally accessing the traumatic experience. He also knows that a certain degree of mental "access" and exposure to the original trauma experience is indispensable in order for the therapy to be successful. So why should trauma "remain inaccessible" as a matter of principle? And why should it be something that is — as it were — automatically "inscribed into [the] memory" of each and every person? This runs counter to Dr Goodheart's experience, which leaves no doubt that while — philosophically speaking — being human is a highly challenging affair, not everybody is traumatised in the clinical sense. In fact, most people are not, and the ones who are feel clearly different in certain essential respects.

But Dr Goodheart finds it inspiring to read things that seem unfamiliar to him. Reading further he finds sentences saying: "That which has been forgotten in trauma is, in fact, most adequately conserved" and, "It ought not to be our ambition to remember it". Again, Dr Goodheart finds this puzzling. Knowing that psycho-trauma is by definition something that the traumatised person cannot adequately forget and mentally lay to rest, Dr Goodheart is perplexed to read that something "forgotten" could be "adequately conserved" and still be a trauma, and that we then should refrain from trying to remember and express it. This is inspiringly paradox, indeed. The following sentence, however, gives Dr Goodheart an uncannily irksome feeling: having been trained to observe counter-transference dynamics, Dr Goodheart immediately senses that somebody is seriously threatening him, without making this clear and without even being fully aware of it — and certainly without being aware that by doing so, an experience of having been threatened is unconsciously being acted out. The sentence says that whenever one disregards that trauma must remain inaccessible and attempts to remember what has been forgotten, thus creating an "inadequate representation of conscious memory", one commits an "excorporation of the trauma".

There, Dr Goodheart inadvertently gulps. For a moment he was scared. Because he could not find the word "excorporation" in any of his dictionaries, various negative associations of exhumation, killing, vomiting, and so on come to mind, increasing his feeling of unease. The statement made him feel as if he was to be put on trail for "excorporating" something sacred to someone else. After all, turning lived experience into "representation[s] of conscious memory" is what Dr Goodheart does all day — at least with a substantial part of his patients. He tries to help them remember what has been forgotten in trauma, which in this cases is not at all "adequately conserved" but still very present in symptomatic forms of mental suffering. Dr Goodheart has always felt good about his work and is convinced that it is not "inadequate"; on the contrary, he has always believed he helps make peoples' lives more agreeable and enjoyable and less charged with destructive patterns of (inter-)action. Reading these sentences, however, makes Dr Goodheart feel like Orpheus in the underworld, who dared to turn around and thus caused the death of Eurydice (Weilnböck 2006 a, Hirsch 2004, 105).

Then, however, Dr Goodheart decides to take the pathos and the quasi-religious fervour of these statements with a pinch of salt. Above all, he realises that this feeling of threat is precisely what some of his patients induce in him during therapy sessions in order to avoid touching upon the traumatic experience and what has been forgotten therein. Could it be, Dr Goodheart wonders, that these humanities scholars write about this transference dynamic — as it were — without even noticing and while being explicitly "uninterested" in the therapy aspect of trauma. And there, Dr Goodheart once more becomes intrigued — now more analytically, however — by this kind of literary thinking.

Dr Goodheart even sets aside his puzzlement about the text's last sentence, which states that "philosophy and history have to cause one to forget about the traumatic flipside of all memory" (206). This seems to him to be nonsensical, for in his mind history — if at all — should help enlighten about what was and is traumatic to people. However, Dr Goodheart does realise that in some recent instances people from literary studies and philosophy do not seem to agree at all; some even smirk about what they call "Habermasian naivetés". Therefore, Dr Goodheart will not easily admit that, from his clinical experience, he cannot help but think it is nonsensical to say that history should "cause one to forget about the traumatic flipside of all memory"; and that he still considers it more appropriate to follow the historian Alfred Krovoza in saying that, on the contrary, history should be, "a cultural practice of de-traumatisation" (933). But Dr Goodheart sets aside his puzzlement, which he can do so all the more easily because Weinberg's sentence ends by saying that literature in turn may "engage in the interplay of trauma and memory" that is "its structural principle". Although Dr Goodheart finds this sudden homage to art and literature somewhat uncalled for at this point, he personally loves to read literature and therefore likes this closing sentence.

Since Dr Goodheart felt that, all in all, reading Weinberg's article was an interesting experience, he decides to go ahead and look into another of the book's articles, one that deals with Freud's "Dora" case study, Anne Juranville's post-Lacanian concept of hysteria, and above all Alfred Hitchcock's film *Marnie*. Dr Goodheart immediately gathers that the author, film studies scholar Elisabeth Bronfen, seems much closer to the clinical aspects of trauma suffering than Weinberg, although her main concern also seems to be less with the question of "whether or not Marnie is traumatised" than with observations

regarding Hitchcock's subversive treatment of Freud's "master narrative of heterosexual desire" (1999, 164). Nevertheless, Bronfen aptly points out Hitchcock's pertinent depiction of clinical symptoms such as "loss of consciousness", "states of trance", "bodily freezing", and "hallucination" and puts these phenomena into the context of psycho-traumatological concepts. Dr Goodheart also largely finds himself in agreement with Bronfen's critique of Freud's insistence on the "sexual aetiology" of hysteria, on the "family novel" of happy marriage, and the "theory novel of the Oedipus conflict", which, in the case of Dora, omits the possibility of "desire for the female body" and which, in Dr Goodheart's opinion, can no longer be considered a valid theory of the human psyche (153). Bronfen clearly sides with Hitchcock against Freud in considering early, pre-oedipal relational traumas, to which the founder of psychoanalysis paid so little heed — in any event less heed than Hitchcock.

So Dr Goodheart is all the more perplexed by the recurrence, even here, of philosophically abstract, ontologising, and often simply confusing statements and phrases. Quoting Lucien Israel, Bronfen asserts that trauma and hysteria are to be understood not as the effect of experiencing violent events and traumatic relationships so much as — in broad terms — an attempt "to proclaim the message of the fallibility of the symbolic law and of the subject". Moreover, Bronfen speaks of the "traumatic core" that lies "at the centre of all identity systems". She considers hysteria to be a "strategy of representation" that is positioned "against and at the same time together with the primordial repression" and that is situated "next to and at the same time beyond the phallus", whereby "repression" is connected to "the work of fantasising" and "the formation of symptoms" (1999, 149, 165). Trauma should be considered as "a fundamental and unavoidable misappropriation" of humanity (170), however, after Slavoj Žižek, as a creative impetus "that keeps us going and drives us onwards".

Most confusing for Dr Goodheart is the terminological overload and vagueness of this style of thought, which is based on conceptual combinations such as the hybrid of unfortunate "unavoidability" and productive "thrust". While Bronfen aptly shows how Hitchcock's Marnie is seriously impaired in her psycho-social development due to her relationship with her single parent mother, in which the daughter "has a supplementary function in the love life of her mother" (169), she interconnects these observations with trauma-ontological concepts of "inextricable" and "fundamental" human "deficiencies". In the face of the concrete and deplorable human fate of Marnie, and Hitchcock's impressive filmic representation thereof, such comments appear to Dr Goodheart to be entirely inadequate.

Moreover, Dr Goodheart has the impression that this kind of philosophical ontology about trauma has the tendency to interfere with all creative, joyful, and pleasurable aspects of human existence. Life seems ontologically interlaced with "anxiety" and "existential misappropriation", as if life without anxiety, loss, and injury was neither thinkable nor worthwhile. Bronfen, "speaking in the visual language of the film", in which a money safe plays a central role, concludes with ontological gravity: "The safe onto which one would like to project the confidence of one's own intactness, infallibility, and inviolability is always already robbed". While Dr Goodheart acknowledges that this metaphor is adequate for any compulsive or otherwise neurotic behaviour, in its abstract and essentialist style it strikes him as strangely aloof and unhelpful, given that there are concrete biographies (of Marnie or Dora) at stake here, and also, in the case of Marnie, indications of personal development. Moreover, Bronfen's metaphorical conclusion seems quite

Freudian, after all, since, like in Freud, concrete and empirical questions regarding specific experiences of trauma seem inadequate. To borrow Bronfen's metaphor: if, from the perspective of existential ontology, the safe is always already robbed, it makes no sense to pay attention to any specific instance of robbery.

As if this ontological emphasis on "inextricable" and "fundamental" human "deficiencies" needed some sort of inter-textual compensation, Dr Goodheart finds it offset by an aura of esoteric knowledge and exquisitely refined pleasure which, without quite knowing why, he perceives also to be charged with aggressive undertones. Dr Goodheart agrees entirely with Bronfen's claim that Freud's "family novel of blissful genital sexuality" fails to grasp the complexity of Marnie's (or Dora's) deeply entrenched experience of relational trauma. What he finds strange, however, is the claim that Freud's master-narrative "obliterates exquisite enjoyment", or more precisely an "enjoyment that I would like to term traumatic knowledge", which encompasses "an assault onto the parental law", a "wasting and dissolving of the self", and the development of "multiple selves". Coming from a clinical background, any combination of the concepts of trauma and enjoyment seem far too questionable to be advocated as an intellectual or cultural guideline.

What Dr Goodheart finds particularly disquieting is the latent idealisation of mental suffering that — however implicitly and unconsciously — always concurs with an idealisation of mental injury and interpersonal violation. Even more troubling is the eroticisation of such violations that inevitably takes place wherever one promotes an "exquisite enjoyment" of "wasting and dissolving of the self" and an "assault" of others. Such attributions, Dr Goodheart thinks, might serve to describe how hysteria and borderline symptoms feel, but they are insufficient to adequately theorise or responsibly assess such states of mind. Dr Goodheart feels that the text is encouraging him to sympathise with this "enjoyment" and "assault", since its explicit aim is not only to take the film as the depiction of a "case study on hysteria", but also to show how it "hysterically assaults a master-narrative" (155) — and this Dr Goodheart finds quite appealing. Bronfen cherishes notions of blissfully "wasting and dissolving the self" and of energetic "assault", as if Weinberg's more rigid insistence on the "adequately conserved", the "unspeakable", and "unfathomable" needed to be offset by more relaxed associations of relinquished control.

Therefore, Dr Goodheart feels that the empirical aspects of violence and self-destructiveness, which in his clinical experience are an inevitable element of any "traumatic knowledge", are not being taken seriously enough. He feels that these would contradict and in fact rule out "enjoyment" in a more colloquial sense, which generally assumes that joy is free of implications of aggression and destructiveness. Dr Goodheart finds it necessary to go back to this colloquial sense, since Bronfen in some instances does not explain her concepts, nor does she refer to other bodies of thought and theory. All too ambiguous were the experiences Dr Goodheart made in his student days when reading authors indebted to Heidegger and similar authors; and all too aggravating was the experience of talking about this conceptual vagueness to teachers and the more devoted fellow students, who disregarded his complaint and instead reproached him for not having read enough texts of the respective philosopher, or for not having read them sufficiently intensely. Even in those days, Dr Goodheart noticed that issues of violence, destructiveness, harm, and — implicitly — trauma were put in the semantic contexts of enjoyment, pleasure, ecstasy, apocalyptic enthusiasm, and heroic resistance, which he felt

underrated the destructiveness inherent in the psycho-social phenomena these concepts referred to.

In other passages of Bronfen's paper, however, Dr Goodheart feels that the aspect of violence seems strangely exaggerated, for example when she claims that Hitchcock depicts Marnie's "move towards a heterosexual relationship" as an "act of violence and mutilation" (163). This strikes Dr Goodheart as too one-dimensional a conclusion vis-à-vis Hitchcock's subtle rendition of the relationship between Marnie and Marc. Dr Goodheart also finds that Bronfen's assertion that the men (Freud and Marc) "attempt to forcefully subjugate Marnie to the order of the phallus and bourgeois marriage" does not adequately describe the filmic representation. Marc, albeit in a clumsy, questionable, and also wilful and transgressive way, does attempt to be of assistance and to protect Marnie, at considerable risk to himself.

Moreover, Bronfen laconically calls what happened between Marnie and Marc one night on the ship "rape", without adding any further comment or differentiation, so that any reader who had not seen the film would think that Marc actually "rapes" Marnie (156, 158). However, given the highly suggestive, ambiguous, and vague way in which Hitchcock sets up this scene, leaving open what really happened that night, "rape" seems inappropriate — or if so, only in the most metaphorical sense. To be sure: Marc does lose control in a short and angry moment, but he retrieves it instantly, so that "rape" (156, 158), strictly speaking, was not even attempted.

More to the point, having set out to "interpret Hitchcock's assault on Freud's master narrative" as well as "Marnie's assault on the parental law [...] of blissful genital sexuality" (155), Bronfen herself seems to be committing some sort of hermeneutical "assault" on Hitchcock's film. She seems to enjoy all these gestures of assault — including her own — all the more since, by and large taking a feminist approach, she assumes "the last great film of Hitchcock" to express "the repressed female voice" (151). Equally as questionable as the use of the label "rape" is Bronfen's conclusion that Hitchcock depicts a "woman who was originally quite independent and self-assured becoming disempowered, helpless, and infantilised, not only by the traumatic knowledge inherited from her parents, but also by her husband's forceful insistence that she take on the female heterosexual position [and] accept the phallus" (158).

One does not necessarily need to be a clinician, thinks Dr Goodheart, in order to find it problematic — and even latently cynical — to assert that what Hitchcock depicts as a delinquent and highly self-jeopardising character represents an "independent and self-assured" woman. Moreover, the film by no means supports the assumption that all Marc wants is to force the principle of "the phallus" and "the female heterosexual position" upon Marnie. Hitchcock's sensitivity and cleverness, which Bronfen rightly cherishes, would hardly be satisfied by such a simple plot line. Instead, it seems quite evident that while Marc is indeed in love with and sexually attracted to Marnie (although we don't know that for a fact), the marriage that he makes her consent to, besides being a manoeuvre to prevent Marnie facing criminal charges, does, on a more semi-conscious level of interaction, seem to be a vehicle allowing Marc to follow a compulsive urge to get closer to, to uncover, and to resolve Marnie's deeply entrenched relational trauma.

Hitchcock gives some indications that Marc himself must have had some comparable experiences in his early biography in order to develop this

particular urge to resolve Marnie's childhood trauma. This makes Bronfen's assertion that all Marc wants is impose the "principle of the phallus", and that by doing so he is disregarding the possibility that "Marnie's desire might simply be directed to a body other than his own male body" (136), all the more inadequate. Here, thinks Dr Goodheart, Bronfen again hermeneutically "assaults" the film, or rather the main male character, Marc. Not only does Marnie's sexual orientation not seem to be the most pertinent issue for understanding this particular scene, but also nothing in the film really suggests that Marnie is a lesbian. Therefore, the assumption that Marnie "feels disgust towards the male body" (157), rather than simply being afraid of men because of her early experiences, is, Dr Goodheart thinks, not quite to the point.

In the end, Dr Goodheart has the impression that Bronfen's emphatically written article on mental trauma is affected by an ambiguous position regarding questions of "assault" and more generally of violence. There seems to be a systematic vagueness with respect to the difference between violence/"trauma" on the one hand and its undefined opposite on the other, or, more starkly put, a vagueness between aggression/destructiveness and "desire"/love. This vagueness lends itself to an idealisation of violence, formulated in concepts of "assault" against imaginary authorities or enthusiastic notions of "blissful traumatic knowledge". These in turn imply a romanticisation of psycho-traumatic and/or borderline symptoms as revolutionary provocations of the given social and gender order.

Not that Dr Goodheart is really surprised: after all, this is quite logical in psychodynamic respects. Placing ontological emphasis on concepts of human "deficiency", "trauma", and "fallibility", and on existential "wounds"/"deprivation", inevitably affects one's perspective on issues of violence and "assault". Whoever, and for whatever reason, is drawn to investing so much intellectual effort on contemplating and cherishing existential "deficiency" and "trauma" in an ontological and even latently romantic way will experience some difficulty guarding against those unromantic forces in life that inflict real "trauma" and "deficiency".

More concretely speaking, Dr Goodheart has the impression that what Bronfen really intends to do is impose a cleavage between the two main characters Marnie and Marc, and thus — in the name of "trauma" — attain a perspective that forces an irreconcilable struggle between men and women. Dr Goodheart finds this to be rather unfortunate in that it is applied to two characters who have much in common. Both Marnie and Marc have been deserted by their opposite-sex parent in their childhood, and both try hard — in what ever risky and clumsy ways — to make the best of their "deficiency". This might be the reason for Hitchcock's evident move to create a correspondence between the two characters in the alliteration of their first names: Marnie and Marc.

Therefore, in Dr Goodheart's mind, Bronfen seems to overlook or ignore crucial aspects of the actual "traumas", as well as the function of the particular constellation that, as a result of these traumas, governs the relationship between the two characters. What is more, Bronfen screens off this constellation by creating a dissociative split (between male and female). This has psycho-traumatological ramifications itself, since dissociation is a symptom and a classical effect of mental stress, so that not only the textual object of the reading but also the act of reading itself is of importance in psycho-traumatological respects. What also strikes Dr Goodheart is that this kind of reading resembles an instance of "turning from passive to active", i.e. an unconscious acting-out of experiences of suffering and dissociation and

re-inflicting these on others. This is a well-known psychological defence mechanism against a full awareness of having suffered violations.

Dr Goodheart concludes that the imposition of a dissociative perspective on the reading of a complex film narrative in principal complies with structures of dissociation and re-enactment. This is a highly complex relationship between a man and a woman, who in complementary ways are biographically challenged by childhood circumstances, and who therefore engage in an intricate and highly risky dynamic fuelled by the desire to overcome the hampering effects of relational trauma. Given this, to suggest a dissociation — in other words a binary opposition — between male and female, hetero- and homosexuality, and placing anger and reproach at one of the poles of the resultant binary opposition, seems reductionist. It also seems reductionist insofar as the two characters do succeed in at least one thing: they protect one of the characters from being imprisoned, in other words from self-destructively prolonging the biographically and psycho-traumatologically induced ordeal that brought about Marnie's delinquency. Such a dissociative reading, ponders Dr Goodheart, when placed in context of psycho-trauma studies (which the article itself refers to, albeit in a conceptually vague manner), might also mean to act out intellectually, to commit, if you wish, an assault on and violation of relational complexity.

In any event, in terms of psychodynamics, it only is a small step from ontologising human "deficiency", "trauma", "fallibility", and existential "wounds"/"deprivations" to euphorically idealising concepts of "blissful" "assault", which also implies giving licence to the perpetual acting out of destructive patterns of interaction, be they intellectual or more concrete. This unfortunate mechanism seems all the more inescapable if the intellectual foundation upon which the underlying system of thought is based does not encompass any concept complementary to the notion of "trauma", "deficiency", "injury", or "assault"; in other words, if there is no concept of therapeutic help or healing, nor even of any concept of joy or "enjoyment" that is not somehow attached to "assault" and "trauma" (for instance in the notion of "blissful traumatic knowledge"). This is why Dr Goodheart is so troubled by Weinberg's and Bronfen's texts, despite the fact that a notion of therapy, joy, and healing (and the failure of it) seems to him pivotal for grasping what goes on in a film like *Marnie*.

The only passages of these texts that one might consider to represent a semantic field of therapy, joy, and healing are those that contain recurring notions of "desire", "pleasure", "enjoyment", "ecstasy", and the "impetus of revolutionary assault". However, bearing in mind his clinical experience, Dr Goodheart is not convinced. Since the emotional states that, as he perceives it, are attached to these concepts remain intertwined with notions of exquisite "traumatic knowledge" and "blissful" "assault", and are thus latently charged with forms of enjoyment that are at least partially spiteful or of an agitated, manic nature, these concepts function as a mental defence mechanism and for this reason are highly instable affects subject to sudden bouts of depression.

Given that *Marnie* could indeed be called depressing subject matter, one might argue that the absence of joy and healing is to be expected in theory dealing with the film. Yet is precisely for this reason that Dr Goodheart thinks it all the more necessary for an adequate understanding of the film to have at one's disposal a more complete theoretical framework of human affects and development, if only to avoid missing out on the small aspects of resolution, recuperation, and disentanglement that the characters do indeed achieve.

However, in Bronfen's theoretical framework there seems to be no systematic place for concepts with reference to which the experience of enjoyment, personal resilience, empowerment, and newly-acquired capacities to act might be formulated. It is as if, in the face of existential "deficiency", there can be "assault" and ecstasy but no calming, soothing, and stable forms of joy and pleasure. Hence, Dr Goodheart wonders whether this kind of trauma ontology is not only a licence to act-out "assault" but also, ultimately, is an ontology of joylessness.

Speaking more concretely and in terms of clinical findings: what most strikes Dr Goodheart is that this kind of ecstatic "pleasure", which is emphatically heralded as "multiple", "self-wasting", "self-dissolving", and "hysterical", and which therefore does not really seem to be joyful in a more peaceful and sustainable sense of the word, resembles a particular phenomenon from clinical psychology that also ought not to be misunderstood as joyfulness. This phenomenon is more often than not subjectively felt to be ecstatically joyful and thrilling, at least for limited time spans, but swiftly changes its emotional charge to the negative and regularly turns out to be part of a long-term interactional dynamic of self-destructiveness. This clinical phenomenon is called "addiction to the trauma" (Riedesser/Wutka, 2000; Fischer/Riedesser, 1998, 137 in reference to van der Kolk, 1987, 72).

"Addiction to the trauma" refers to a maladaptive mechanism of psycho-traumatological repetition compulsion in which the traumatic experience, or parts of it, are repeatedly acted out and reiterated in different forms and guises — also intellectually or aesthetically (Weilnböck, 2004 b, 2008 a, b). It is prompted by an unconscious wish to correct and emotionally overcome the experience once and for all. While this mechanism — especially in cases where it turned chronic — might additionally be boosted by a hormonal reaction like increased levels of endorphins (Fischer/Riedesser), it is doomed to fail to bring about any "psychological restitution" (Adelman, 86) or sustainable forms of human joy and happiness. Rather, it has consequences of a "self-dissolving", addictive, and profoundly (self-)destructive nature. This, Dr Goodheart assumes, cannot possibly be what Bronfen intended to do when drawing up an intellectual system around concepts of "blissful traumatic knowledge", "origin of desire", "enjoyment", and "assault". Or was it?

Be that as it may, in the absence of any unambiguous concept of human joy and happiness, which seems so essential to any philosophy of trauma, and in view of the mechanism of "addiction to the trauma", Dr Goodheart finds the meaning of Bronfen's notions of "pleasure" and "enjoyment" all the more unfathomable. He therefore decides to turn to one of the sources that Bronfen repeatedly quotes at conceptually important points of her article: the literary scholar Anne Juranville's article on hysteria, melancholia, and pleasure in the medieval mysticism of Thérèse de Lisieux. Reading Juranville, Dr Goodheart learns that the only "true" form of pleasure, according to Jacques Lacan's concept of "desire" and "jouissance", equates to a "mystical sort of enjoyment" that also has to do with "suffering", "loss", and "trauma". Juranville considers this enjoyment to be an "absolute pleasure" in that it "is only accessible as a mix of desire and the melancholic suffering that is existentially received as if coming from the stars"; "ecstatic bliss emerges like a sudden jolt and it does so at the same moment that a feeling of loss appears, which brought forth the bliss to begin with" (Juranville 1994, S. 145, Weilnböck 2002 a).

Despite its enigmatic language, Dr Goodheart finds this at least partially acceptable: from clinical experience he was well aware that the ability to enjoy

life has to do with the ability to mourn that which has been "lost" and "suffered". However, having read Bronfen, Dr Goodheart feels wary about subscribing to such a vague and ecstatic theoretical compound of desire, bliss, loss, and melancholia as the most elaborate and sustainable form of pleasure and happiness, especially since it seems to be based more on mythology than on science. Hence, Dr Goodheart disappointedly puts Juranville back on the shelf, concluding that her concept of pleasure and "jouissance" resembles even more closely the endorphin-stimulated "addiction to the trauma" that he found himself reminded of when reading Bronfen.

*Note: The bibliography will appear at the end of the third and final instalment of this article.*

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<sup>1</sup> See e.g. Mülder-Bach (ed.) in Weilnböck 2001.

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Published 2008-03-19  
Original in English  
Contribution by Mittelweg 36  
First published in *Mittelweg* 36 2/2007 (German version)  
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