

Trauma as a Phenomenon of History: From Charcot and Dostoevsky to
Achebe and Fanon, 1869-1958

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Abstract

This thesis examines how the concept of psychological trauma developed, from a historical perspective. The works of three psychiatrists (Jean-Martin Charcot, Sigmund Freud, Frantz Fanon) are compared with the fictional works of three authors (Fyodor Dostoevsky, Virginia Woolf, Chinua Achebe). The research question that stems from this method is: 'how did the concept of psychological trauma develop, and factors influenced its developments between 1869 and 1958?' Writings of psychology and fiction are compared and analysed, in order to shed light on how psychological concepts appear in fiction. The development of trauma is further placed in its historical context, so as to establish how major events (such as World War One) influenced how psychologists and novelists wrote about trauma. The thesis demonstrates that phenomena such as trauma have a historical dimension, which determines how they are spoken about and understood, along with how ideas from science and psychology can influence artistic writing.

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1. Introduction: Methodology, Themes, Questions.

This thesis deals with the concept of psychological trauma as a historically and culturally determined phenomenon. While being mostly a historical study, it borrows from the adjacent fields of psychiatry, literature, and to a lesser extent, philosophy. The main aim here is to unearth the roots of the idea of trauma, an idea commonly referred to on all levels of social everyday life (it is rather commonplace to hear someone refer to a very unpleasant experience as ‘traumatic,’ for instance). This will be achieved by asking how our understanding of trauma has changed since the 19th century, and the role culture plays in defining what is ‘traumatic.’ The answer to this question comes in the form of analysing and interpreting literary fiction which corresponds to the psychiatric literature of its time, in an effort to gain insight into how views on trauma may have influenced culture and vice versa. Within the scope of the thesis, “trauma” is defined as an extreme emotionally distressful reaction to an event or a series of events, and the memory thereof, as defined by the American Psychological Association (APA) and other institutions.¹ Note that this is not the only definition available, and many interesting works exist about other kinds of trauma, but they remain beyond these pages, so as to avoid confusion.

Within the thesis, each psychiatric source is paired with a fictional one, the two being linked by their period. Beginning with Dostoevsky(1821-1881) and the generation of Charcot (1825-1893), a sketch of the expansion and phases of trauma develops, culminating in the social and postcolonial turn of Frantz Fanon (1925-1961), accompanied by Chinua Achebe (1930-2013). The aim of this is threefold: to understand the approaches towards trauma taken on by the different literary authors, to see how these approaches correspond to the psychological theories of their time, and how they differ from the psychological descriptions of trauma both as phenomenon and as process. This hypothesis is possible partly due to the known habit of modernist literary figures to be widely read in a number of areas, including psychology and philosophy. The particular author groupings are further justified by their close proximity both geographically and temporally, as in the

¹ See <https://www.apa.org/topics/trauma> for a more in-depth definition, including symptoms.

case of Achebe and Fanon, who were both socially and politically active on the African continent of the mid-twentieth century, for example.

The primary sources are a collection of books, spanning roughly one hundred years (1869-1953). The idea is that with each book discussed here, one should see how the concept of trauma is impacted by the wider social and historical currents. This context ranges from theoretical developments in other fields to major events in world history, such as the First World War. The secondary literature is used precisely to this end- to help contextualise and explain the works at hand by placing them against the background of their time. These consist of journal articles and books in the fields of psychology, literary studies, and trauma studies.

Most previous histories of trauma tend to focus primarily on documenting how trauma developed within the hospital. The studies by van der Kolk (2007) and Jones and Wessely (2006) limit themselves to a timeline of events that leads us to the contemporary understanding of psychological trauma, both taking the mid-nineteenth century as their starting point.² The thesis aims to expand upon this familiar history of trauma by considering factors outside the direct encounters of early psychology and psychiatry. In a sense, it removes trauma from the isolation of the psychiatric ward into the wider world, where it is shown as interacting with, and being influenced by, these other factors. The thesis does precisely this: it removes trauma, and psychology as a whole, from their native realm of medicine into the domains of history and culture, which is done through comparing psychological literature to literary fiction. This approach can be likened to a Foucaultian archaeology of knowledge, whereby the foundations and permutations of trauma are explored through looking at the discourses on trauma found in medical and fictional literature.³

Like the works mentioned above, this thesis takes the mid-nineteenth century as its point of departure. This is the period in which modern psychology emerged as a discipline distinct from

² These studies are Bessel van der Kolk, "The History of Trauma in Psychiatry," in *Handbook of PTSD: Science and Practice* (New York: Guildford Press, 2007), 19-37; and Edgar Jones and Simon Wessely, "Psychological Trauma: A Historical Perspective," *Psychiatry* 5, no. 7 (July 2006): 217-220.

³ For an example of this approach at work, please see Michel Foucault, *L'archéologie du savoir [The Archaeology of Knowledge]* (Paris: Éditions Gallimard, 1969).

neurology and medicine, through the investigations of pioneers such as Jean-Martin Charcot and Herman Oppenheim. Preceding them by less than two decades, Fyodor Dostoevsky completed one of his most famous works, *The Idiot*, in 1869. Although the book predates most studies on trauma by quite a margin, the thesis argues that it reflects some of the ideas that would later be solidified by research in psychology and neurology.

Moving on from there, the thesis tackles the issues of trauma, gender, and war as they are explored in Virginia Woolf's *Mrs. Dalloway* (1925). This gives us a comfortable fifty year gap between the two works, in which many groundbreaking findings were made by Breuer (1842-1925), Freud (1856-1939) and their later students. The role of the First World War in the changing understanding of trauma is discussed in tandem with social and class hierarchies that existed in England after the First World War, which are in turn set against Virginia Woolf's personal and literary life.

Finally, we reach the 1960s, in the form of Frantz Fanon's *Black Skin, White Masks* (1952) together with Chinua Achebe's *Things Fall Apart* (1958). Following the Second World War and the revolutionary struggles against oppression and colonialism that took place in Indonesia, Vietnam, Algeria, and numerous other countries, a cultural turn in psychology led to the idea that more global and ongoing events, such as sexism or colonialism, can have a traumatising effect on the individual psyche. Simultaneously, the idea of the traumatic, much like ideas on race and 'natural' hierarchy, were brought under even greater scrutiny than during the social turn of the 1920s. This chapter focuses on the politicisation of the relation between colonialism, race, and trauma.

A culturally informed historic view of trauma is necessary, as the concept has become deeply ingrained in our everyday language, to the point where little thought is often given to what trauma is, or what constitutes a traumatic event. Such consistent use has made trauma *present-at-hand*. Observing the birth and changes within our conceptions and ways of studying trauma, along with the historical conditions that made such changes possible, pulls away the veil of this

everydayness, reveals a complex of intertwined and closely related ideas at play, and brings trauma into a *ready-to-hand* state.⁴ In writing on this topic, I hope sincerely hope to contribute to the wider understanding of trauma, which necessarily includes its history, external influences upon the way it was studied, and how these contribute to our shared use of the concept today.

⁴ *Present-at-hand* and *ready-to-hand* are concepts developed by existentialist philosopher Martin Heidegger. The former refers to an object's state as part of our everyday perception, while the latter refers to the practical relations between objects.

2. Trauma as Hysteria, Dostoevsky and Charcot.

Although the notion of trauma itself predates the 19th century, it is at this time that it began to take on a psychiatric, medical character.⁵ More specifically, the term ‘traumatic neurosis’ was first used by German neurologist Herman Oppenheim in 1889.⁶ The issue was whether trauma was caused by emotional or organic (biological) factors, with some neurologists and physicians believing it to be caused by molecular changes in the body, rather than mental or emotional responses to certain events.

In comes Jean-Martin Charcot, the famed French neurologist and teacher to a host of notable psychologists, among them none other than Sigmund Freud. Charcot worked with hysterical women in the Salpêtrière hospital in Paris, in the course of which he established the link between trauma and hysteria, which were considered as a single physical illness during this period, and linked with others such as epilepsy, as he describes a female patient who suffers ‘from Hysteria Major and True Epilepsy also.’⁷ This in itself was not new, but Charcot went a step further than many of his contemporaries- he developed a theoretical, traumato-hysterical complex which consisted of a patient’s physical afflictions coupled with hereditary diseases, and environmental influences. Such ideas were very much in line with the biological determinism present in 19th century French medicine, at a time when Darwinian inherited traits were applied to many fields outside evolutionary biology.⁸

Along with these general views on biology, a gender-based view influenced Charcot’s formulation of traumatic neurosis. Seen as a ‘dramatic’ illness, hysteria came to be associated with

5 Bessel A. van der Kolk, “The History of Trauma in Psychiatry,” in *Handbook of PTSD: Science and Practice*, ed. Matthew J. Friedman, Terence M. Keane, and Patricia A. Resick (New York: Guildford Press, 2007), 19.

6 van der Kolk, “The History of Trauma in Psychiatry”, 20.

7 J-M. Charcot, *Clinical Lectures on Diseases of the Nervous System*, trans. Thomas Savill (London: Routledge, 1991), 34.

8 Mark S. Micale, “Jean-Martin Charcot and *les névroses traumatiques*: From Medicine to Culture in French Trauma Theory of the Late Nineteenth Century,” in *Traumatic Pasts: History, Psychiatry and Trauma in the Modern Age, 1870-1930* (Cambridge: Cambridge University Press, 2001), 118-119.

young, usually upper-class women as early as the eighteenth century.⁹ As a result, most of Charcot's studies focus on hysterical women. The key difference in the work of Charcot as opposed to those before him, however, is that he actively expanded the hysteria category to include both men and women of all classes. Soon enough, nineteenth century hospitals, including the Salpêtrière, were filled with those who were diagnosed as hysterical. It is also interesting to note that many of these people came from the factory and other urban work environments, which suggests that hysteria and subsequently trauma crystallised into mental disorders within the greater context of an industrial nineteenth-century society.¹⁰

Another striking aspect of Charcot's studies is that despite being aware of the patients' personal histories, he never explicitly connects the events in these histories with any emotional changes that may have led to hysteria, instead opting to see them as manifestations of the aforementioned hereditary element of hysteria. His comments on a sixteen-year-old female patient, for instance, shed light on the fact that 'her father died in the Orleans Lunatic Asylum, where he had lived three years before his death,' having suffered from 'progressive general paralysis,' and been prone to 'convulsive attacks.'¹¹ The patient's reactions are reflected only in anatomical changes, with almost nothing said of any mental or emotional metamorphoses which may have occurred. What this points to is a physical essentialist presupposition that ran to the core of medical knowledge at the time: the body afflicts mind, not the other way round. Even insanity, from which two hundred fifty-four women are recorded to have died at the Salpêtrière in 1862 alone was seen as consisting of 'physical' and 'moral' qualities, with no space left for thoughts or emotions.¹²

Despite the lack of consideration for hysteria's effects on a patient's psyche, Charcot's work reveals a surprising concern for the spiritual well-being of those interred at the Salpêtrière.

9 Micale, "Jean-Martin Charcot," 117.

10 Roy Porter, "The Body and The Mind, The Doctor and the Patient: Negotiating Hysteria," in *Hysteria Beyond Freud*, Sander L. Gilman et al. (Berkeley: University of California Press, 1993), 228.

11 J-M. Charcot, *Clinical Lectures*, 85.

12 A. Husson, *Rapport sur le service des aliénés du département de la Seine pour l'année 1862* (Paris: Dupont, 1863), cited in Georges Didi-Huberman, *Invention of Hysteria: Charcot and the Photographic Iconography of the Salpêtrière*, trans. Alisa Hartz (Cambridge: Massachusetts Institute of Technology Press, 2003), 15.

Surprising, because in nineteenth-century France, and Europe overall, a certain scepticism toward religion began to flourish, in no small part due to the prior work of Enlightenment thinkers, and philosophers such as Karl Marx and Friedrich Nietzsche. In a particular case, Charcot attributes a whole family's hysteria to their practices of "spiritualism," or the occult, which in his view has led '[to] the constant tension of mind which necessarily exists in those who are addicted to spiritualism, or, to gratifying a love of the marvellous.'¹³ He goes so far as to describe this fascination with certain spiritual practices as 'an addiction.' Coupled with the imagery of hell attributed to Salpêtrière by Charcot's contemporaries, and the saintly image with which Charcot himself was adorned, the study of traumato-hysterical disorders took on a new life, one filled with the desire to 'exorcise' the illness out of the bodies of the afflicted.¹⁴

2.1 Fyodor Dostoevsky: A Theology of Trauma and Disease.

Perhaps no other nineteenth century author has explored the issue of trauma as deeply as the Russian writer Fyodor Dostoevsky (1821-1881). While many of his books feature the subject at length (*Notes from the Underground*, *Brothers Karamazov*), I will focus on *The Idiot*, published in 1869. This choice is rather self-explanatory: the story revolves around a mentally ill prince, whose diagnosis has far-reaching effects on his personal and social life, and whose story begins and ends in the mental clinic. Throughout the story, Dostoevsky develops what I term a theologically informed understanding of trauma. He does this via his explorations of the intersection between one's mind, soul and body in the character of prince Myshkin and his encounters with the other characters, such as Ippolit Terentiev, Parfen Rogozhin and Gavril Ardalionovich.

The very first instance of trauma-focused narrative happens in Part One, when prince Myshkin makes the acquaintance of the Yepanchin family upon his arrival in St. Petersburg. During the meeting, he proceeds with a lively retelling of a mock execution he witnessed on a trip to Lyon. He

¹³ Charcot, *Clinical Lectures*, 206.. The exact practice Charcot refers to is communication with the dead, which, as his account tells us, was spurred on by the family's neighbour.

¹⁴ Didi-Huberman, *Invention*, 15-16.

quotes the condemned as having said: “what if [I] did not have to die, what if life could be returned! What [an] eternity!”.¹⁵ This particular fragment of Myshkin’s story sets the tone for much of the novel, for not only does it establish Dostoevsky’s preoccupation with death and its effects on various characters, but also the *anticipation* of death, which in many ways can be more traumatising than death itself. The fashion in which Myshkin retells the story is as excited as it is sorrowful, which further demonstrates the depth with which the memory has impressed itself upon him, even appearing in his dreams.¹⁶ This need to narrate the story multiple times and to different audiences with an air of obsession further leads the reader to the understanding that for prince Myshkin, the mere witnessing of an execution has served as a cause for trauma, and to share his testimony is crucial for recovery to take place.¹⁷

The execution theme also serves to establish a secondary role for the novel, one that runs parallel to its being a work of art. Having himself lived through a mock execution for his involvement with the Petrashevsky Circle, and having narrated it through prince Myshkin, Dostoevsky turns *The Idiot* into a therapeutic practice, a coping mechanism to help relive and resolve this (and other) traumatic experience in his life; ‘a way of working out trauma,’ as Burry describes it.¹⁸ Moreover, Myshkin’s suggestion for Aglaya to make a portrait out of his execution description goes further to solidify his later assertion that “beauty will save the world,” as well as Dostoevsky’s need to use art as a way of reconciling his own traumatic experiences (first the averted execution, then Siberian imprisonment).¹⁹

In both instances described above, Dostoevsky moves towards a theological, rather than medical understanding of trauma. At the core of prince Myshkin’s story is a message of hope resting

15 Fyodor Dostoevsky, *Идиот* [*The Idiot*], in *F. M. Dostoevsky: Collected Works in Twelve Volumes*, vol. 6 (Moscow: Pravda, 1982), 65-66. Translation mine.

16 Dostoevsky, *Идиот* [*The Idiot*], 24.

17 Early in the novel, we learn that Myshkin also suffers from epilepsy, the main cause for his four-year stay in Switzerland. Nothing suggests that Schneider (the doctor responsible for treating him) is interested in the prince’s traumatic experience(s).

18 Alexander Burry, “Execution, Trauma and Recovery in Dostoevsky’s “The Idiot””, *The Slavic and East European Journal* 54, no. 2 (2010): 259. The Petrashevsky Circle (‘Petrashevtsy’) was a group of intellectuals based in mid-nineteenth century St. Petersburg, headed by Mikhail Butashevitch-Petrashevsky, many of whom professed socialist and/or revolutionary ideas.

19 Burry, “Execution,” 261.

in the overcoming of death and continuation of life. In this way, we can interpret his portrait idea as a kind of request for a memorial, or an *icon* of the execution, similar to icons of martyrs found in Orthodox churches. In his retelling, Myshkin even mentions that the condemned “greedily kissed the cross,” and was “temporarily revived” by it out of his despair.²⁰ For Dostoevsky, then, the trauma arises not so much from psychological damage, as much as from the tension between life and death, or the diametric opposition between the corporeal and heavenly realms between which the condemned finds himself.

Another traumatic episode occurs later in the novel, when Myshkin narrowly escapes death at the hands of Rogozhin in a hotel hallway.²¹ This comes as a resolution to an inner turmoil Myshkin goes through while aimlessly wandering the streets of St. Petersburg, amid his greater quest to find Nastasia Filippovna.²² Dostoevsky links Myshkin’s state to “an old and terrible demon” that keeps tormenting him with the idea that Rogozhin is stalking him.²³ Here, Dostoevsky again bridges the spiritual and the psychological, as he locates the source of Myshkin’s anxiety in the demonic. Much like the averted execution described above, this anxiety only leaves after Rogozhin’s attempted murder, when Myshkin is overcome by a brief, ecstatic moment in prelude of an epileptic fit, the aftermath of which is total darkness.

Theologically, this sequence of events can be read as a demonstration of divine grace, as through his suffering Myshkin is simultaneously released from his demon and snatched from the jaws of death. Another way to understand this ecstatic condition is *theosis*, an Orthodox Christian concept of man becoming unified unto God. By including these elements of theology, Dostoevsky wants to patch up the gaps in Myshkin’s incomplete medical treatment and consequently incomplete recovery.

20 Dostoevsky, *Идиот* [*The Idiot*], vol. 6, 71.

21 Dostoevsky, *Идиот* [*The Idiot*] vol. 6, 249-250.

22 Nastasia Filippovna is the love interest of prince Myshkin. She constantly torments him with promises of marriage, but each time goes back on her word and runs away with Parfen Rogozhin, who murders her in the fourth part of the novel.

23 *Ibid*, 247.

Despite their differing approaches to trauma, Dostoevsky and Charcot arrive at similar understandings of trauma, namely through linking together with hysteria and epilepsy. Long cured of his supposed idiocy, prince Myshkin is still prone to epileptic fits, especially in moments of passion which are often brought on by a religious zeal. This is exemplified in the dining room scene, during which Myshkin goes on a tirade against Roman Catholicism and atheism, going so far as to call Catholicism “[a] non-Christian religion,” and despite several attempts to stop him in his tracks, the prince reaches a point of hysteria upon which another epileptic fit takes hold of him.²⁴

Myshkin’s obsession with Christianity and the spiritual fate of the Russian person draws direct parallels to Charcot’s studies of people obsessed with ‘spiritualism,’ the only difference being the type of spiritualism concerned (Christian zealotry vs. occultism). In the clinical sense, we see a case of what Charcot termed *hysteria minor*, which culminates in an epileptic fit.²⁵ For Dostoevsky, this hysterical state comes from Myshkin’s fundamental incompleteness, which is further exacerbated by his ailments and the Idiot status they place upon him in society, and demonstrated here in his impassioned, judgemental anger towards Catholics and atheists, an anger Christ himself warned against.²⁶ This failure to attain the Christ-like virtues with which readers frequently associate Myshkin serves as another source of trauma for the protagonist, a paradox Suzanne Nalbantian defines as “the gap of insufficiency.”²⁷

Another character with an outstanding case of trauma is the young Ippolit, to whom Dostoevsky allots a separate chapter, and whose traumatic experience is twofold. First, there is his affliction of tuberculosis, an illness that was both common and incurable in the nineteenth century.²⁸ Second, there is his failed public suicide attempt, which leaves him to the mockery of all those present.

24 Fyodor Dostoevsky, *Идиот* [*The Idiot*], in *F. M. Dostoevsky: Collected Works in Twelve Volumes*, vol. 7 (Moscow: Pravda, 1982), 236. Translation mine.

25 Charcot, *Clinical Lectures*, 204.

26 Luke 6:37.

27 Suzanne Nalbantian, *Seeds of Decadence in the Nineteenth Century Novel* (London: Macmillan Press, 1984), 18.

28 “Чухотка XIX века — благородная, аристократическая и романтическая болезнь” [“Tuberculosis of the XIX century – a noble, aristocratic and romantic illness”], Centr Gigienicheskogo Obrazovaniya Naseleniya Rospotrebnadzora, accessed January 21, 2021, <http://cgon.rospotrebnadzor.ru/content/33/4044>.

As with the averted execution story, Ippolit's trauma stems from his uncertainty when he should die, even if he has his two-to-three week prognosis.²⁹ Except this time, the coping mechanism is found in the manuscript Ippolit reads to the other guests, a symbol for Dostoevsky's own use of writing as a therapeutic device. There is also the central role of dreams in both narratives, through which the trauma experienced by the characters (and Dostoevsky himself) is repeats itself. In Ippolit's case, however, this repetition takes on the form of a vision similar to that which can be found in the Book of Revelation, as he describes seeing "a terrifying animal, some sort of a monster ... precisely terrifying because such [animals] are not found in nature."³⁰ The bizarre nature of this vision can possibly be attributed to Ippolit's tuberculosis, which in its final stages may be causing him to hallucinate. Although Charcot never linked tuberculosis directly with hysteria, it nevertheless appears in several of the cases where hysteria is concerned, which suggests that such deadly illnesses could contribute to pre-existing hysterical conditions.³¹

Conclusion.

Charcot published his findings later than Dostoevsky wrote *The Idiot*, yet the novelist's work reflects many of the things Charcot would later go on to identify. Namely, Dostoevsky is preoccupied with trauma, its relation to other neurotic disorders (epilepsy, hysteria) and the means by which the individual may recover from these afflictions. However, Dostoevsky sees illness and one's battle with it through a theological lens, wherein disease becomes a symptom of the general disfiguration and gap of insufficiency found in the life of the modern person, as a consequence of their failure to imitate (as in the case of Myshkin) or to believe (as in the case of Ippolit) in Christ. It thus follows that nineteenth century Russian society was itself a traumatising force for Dostoevsky, which is explored through his mocking comments as the narrator of *The Idiot*, and sealed by

29 Dostoevsky, *Идиот* [*The Idiot*], vol. 6, 307.

30 Dostoevsky, *Идиот* [*The Idiot*], vol. 7, 75. Translation mine.

31 Charcot, *Clinical Lectures*, 248 and 413.

Myshkin's final departure from St. Petersburg back to Switzerland, more traumatised and ill than before.³²

3. Sigmund Freud and Josef Breuer: The Psychodynamic Turn.

As we discussed, the mid-nineteenth century saw trauma integrated into the larger neuro-hysterical complex of illnesses, the study of which was spearheaded by the aforementioned Jean-Martin Charcot. In the late-nineteenth and early twentieth centuries, a paradigmatic shift occurred, wherein trauma was no longer seen as (strictly) hereditary, but as a 'foreign body' which resides in the psychic faculty of the afflicted. This change was led by none other than Charcot's student, Sigmund Freud, together with another physician, Josef Breuer.³³ The greatest result of this change was that medical experts began to seek ways in which to heal the mind, along with the body, of trauma.

Like Charcot, Freud and Breuer utilised hypnosis to treat their patients. While the former focused his efforts on hysteria, the latter went a step further and began a hypnosis-based treatment of what they called 'psychical' trauma. Within this new framework, consciousness was now split into three distinct parts: the conscious, the unconscious, and the *subconscious*, with the unconscious being designated as the main seat of traumatic memories. Hypnosis now took on a greater role: it was no longer simply an artificially induced hysteria, but *all* hysterical conditions were now to be interpreted as being the result of '*sine qua non* hypnotic states,' which cause disassociation and disruption within the conscious mind.³⁴

Such an approach was indeed revolutionary, as it complicated both the experience of the traumatic and its very location in the body, i.e. from purely neurological to mental. Having uncovered new layers of the human psyche- the unconscious and subconscious- Freud moved onto an entirely new set of psychic complexes, ones which took place almost wholly within the subject's

32 Dostoevsky, *Iduom [The Idiot]*, vol. 7, 311.

33 John Fletcher, *Freud and the Scene of Trauma* (New York: Fordham University Press, 2013), 36-37.

34 Sigmund Freud and Josef Breuer, *Studies on Hysteria*, trans. James Starkey (New York: Basic Books Inc., 1995), 12.

own mind. This change was partly the result of the First World War, which led to the complete rejection of Charcot's model of a 'great' hysteria (*la grande hystérie*) and the subsequent re-theorising of trauma and hysteria as the fruits of external, psychological events.³⁵

Along with the three levels of the human psyche, Freud went on to discover several processes which operate between them. For brevity's sake, I would like to focus on but two of these: repression, and catharsis, both of which can lead to a more complex understanding of the individual characters and their interactions depicted in Virginia Woolf's *Mrs. Dalloway*.

Catharsis, which Freud also called *abreaction*, is a reaction to and against psychic trauma, which once having been achieved, constitutes the beginning of a healing process. Freud warns, however, that '[t]he injured person's reaction to the trauma only exercises a completely 'cathartic' effect if it is an *adequate* reaction – as, for instance, revenge.' In other words, a reaction can only become cathartic if it is adequate in proportion to the trauma suffered by the individual.³⁶

Repression is the phenomenon that thwarts catharsis, as impulse drives are stopped from being satisfied due to the risk of displeasure, or suffering, being greater than that of pleasure. The main task of the repressive mechanism, then, '*consists simply in the act of turning - and keeping - something away from the conscious.*'³⁷

35 Fletcher, *Freud*, 289.

36 Freud and Breuer, *Studies*, 8.

37 Sigmund Freud, *The Unconscious*, trans. Graham Frankland (Penguin Books: 2005), 36. Emphasis used by the author.

3.1 Virginia Woolf: Trauma, War, and Gender.

Perhaps no other twentieth-century author has dealt as lengthily or in as much detail with trauma and its consequences as English novelist and essayist Virginia Woolf. Her 1925 novel *Mrs. Dalloway* is no exception. Taking place on a single summer day in 1923, the story primarily concerns two characters, Mrs. Clarissa Dalloway, a middle-aged English socialite, and Septimus Warren Smith, a war veteran. Although they are vastly different, their lives bear much more in common than the reader may perceive at first. Similarly, the psychological and social themes Woolf explores are deftly intertwined.

In order to understand the effects of trauma, it might be good to start with the event that occurs as its result, in our case this event being the suicide of Septimus Warren Smith. Suffering from tremendous post-traumatic stress disorder (PTSD, or shell-shock as it was then known), Smith throws himself out of a window in a last bid to save himself from Dr. Holmes, whom Smith believes would ‘get him.’³⁸ Even though Woolf reveals to the reader that Smith feels nothing but contempt and unease for Holmes, is this reaction not too dramatic? Perhaps, until we consider it not a reaction, but an *abreaction*.

From the very beginning of the novel, the reader is informed that Septimus is a remarkably troubled character, with even so much as a typically busy London street sending him into fits of terror.³⁹ Confusing at first, his reaction becomes clear when we learn that he had been in the trenches during the First World War. Despite this, Dr. Holmes do not think there is ‘much the matter with him.’⁴⁰ Their view is upheld by the general medical standards found in Britain in the 1920s, in which no serious psychic or emotional treatments were seriously considered for treating post-war trauma as medical experts believed it would heal itself, much like an open wound.⁴¹

38 Virginia Woolf, *Mrs. Dalloway* (Oxford: Oxford University Press, 2008), 126.

39 Woolf, *Dalloway*, 13.

40 Ibid, 20.

41 Edgar Jones and Simon Wessely, “Psychological Trauma: A Historical Perspective,” *Psychiatry* 5, no. 7 (July 2006): 217.

At this point, it would be wise to consider the general treatment of shellshocked soldiers in Britain during and after the First World War, an important part of the context within which *Mrs. Dalloway* is set. The reason conscripts suffered from wartime stress, it was argued, did so because they simply did not have the time build up ‘strength’ to handle the action, so to speak. Soldiers, especially those of lower rank, were rarely provided with the medical attention their condition required. Preference was always given to visible, bodily wounds. Even if shellshock was treated, it was usually done by doctors with no specialisation or experience in this field, which left shellshock treatment lacking overall.⁴² After almost a decade since the start of the Great War, Septimus still suffers as a consequence of the same social and medical inadequacies that led to his condition going unnoticed.

It is also worth mentioning that while Lucrezia Warren Smith’s remark, ‘but such things happen to everyone. Everyone has friends who were killed in the War,’ certainly creates drama and tension in the relationship, it should not lead the reader to believe that people at the time were simply ignorant in regard to shellshock or its effects on the mind.⁴³ As early as 1915, calls for a Special Officers Hospital where shellshock would be treated resonated with the wider public, who saw it as a condition in need of healing.⁴⁴

With all that now out of the way, let us return to the original question: Septimus’s abreaction. Having received no help for his condition despite ample evidence that he suffers from a psychological ailment (Woolf describes several episodes where he hears voices and sees his dead comrades, namely Evans), Septimus sees no other way to end his suffering than suicide. In this way, the act becomes the very abreaction he has been seeking, as it releases him from both his trauma and the life which manifested it.⁴⁵

42 Peter Leese, “Why Are They Not Cured?” British Shellshock Treatment During the Great War,” in *Traumatic Pasts: History, Psychiatry and the Modern Age, 1870-1930*, eds. Mark S. Micale and Paul Lerner (Cambridge: Cambridge University Press, 2001), 208.

43 Woolf, *Dalloway* 56. Lucrezia is Septimus’s wife, hailing from Milan, Italy.

44 Leese, “Why,” 206.

45 Woolf, *Dalloway*, 58-59.

Several scholars have noted the relationship between desire and lack of its fulfilment as it is felt by every character in the novel, be it Clarissa Dalloway, Septimus Smith, or Clarissa's long time friend and would-be lover, Peter Walsh. In all three cases, some form of repression or another takes place within the characters' psyche. Peter and Clarissa both must suppress their desires as well as feelings of hurt and longing which arise from unrequited love, for instance.⁴⁶ Yet Clarissa's and Septimus's situation brings forth another layer of complication, and it is here that trauma may arise: the repression of one's homosexual feelings.

Woolf gives a highly detailed account of Mrs. Dalloway's strong romantic attraction towards her friend, Sally Seton, whom Clarissa finds possessed an 'extraordinary beauty of the kind she most admired.'⁴⁷ Further, the author ascribes high feelings of passion to Clarissa once she and Sally had kissed, 'as if the whole world might have turned upside down!'⁴⁸ However, because this type of love was strongly socially discouraged in early-twentieth century English society, Clarissa was forced to choose the safety of a heterosexual, albeit celibate marriage over a deep love, the authenticity of which she must reaffirm to herself in order to justify her choice. Similarly, Septimus must bear the burden of his loveless marriage to Lucrezia after the death of his friend Evans, to whom he likewise felt attracted.⁴⁹ Having to repress their true desires, both characters incur deep trauma from having to numb themselves emotionally and pretend as if nothing has happened; an act of repression manifesting itself in the conscious mind.⁵⁰

The main difference, then, becomes not so much their gender or social situation, but the way in which they handle their respective traumatic states. While Clarissa feels ultimately trapped by class and her role within it, Septimus chooses the radical catharsis of suicide to finally free himself from an unfeeling life (Woolf reiterates several times that in spite of his best efforts, 'he could not feel'),

46 Ibid, 55.

47 Ibid, 28.

48 Ibid, 30.

49 Ibid, 73.

50 Cornelia Burian, "Modernity's Shock and Beauty: Trauma and the Vulnerable Body in Virginia Woolf's *Mrs. Dalloway*," in *Woolf in the Real World: Selected Papers from the Thirteenth International Conference on Virginia Woolf*, ed. Karen V. Kukil (Clemson: Clemson University Press, 2003), 71, 74.

a decision against which Septimus hopelessly tries to to argue with himself against to the very final moment, for ‘[l]ife was good. The sun hot. Only human beings?’⁵¹

But Woolf does not stop there. Comparing the two cases, Emily Jensen writes of a ‘respectable suicide’ which Clarissa undertakes: “to deny her love for Sally, break off with Peter, and marry Richard – is not by definition self-destructive,” but is, in Jensen’s view, “on par with Septimus Smith’s more obvious suicide.”⁵²

Much like Dostoevsky, Woolf sees society, with its social hierarchies and often exclusionary norms, as a traumatic force. Society’s traumatic effects consist of a certain ‘permissible’ violence, whether it be the disbelief towards victims of sexual harassment as it happens to Sally Seton, or institutional, masculine violence as it is embodied in the novel by the likes of Holmes and Bradshaw.⁵³ This view was further corroborated by her being a woman in society that highly favoured men in all positions of power. Moreover, there is evidence to suggest that Woolf experienced sexual harassment at a young age, at the hands of her step-brother, Gerald Duckworth, with both experiences being reflected upon in *Mrs. Dalloway*.⁵⁴

51 Woolf, *Dalloway*, 127.

52 Emily Jensen, “Clarissa Dalloway’s Respectable Suicide,” in *Virginia Woolf: A Feminist Slant*, ed. Jane Marcus (Lincoln: University of Nebraska Press, 1983), 163.

53 Woolf, *Mrs. Dalloway*, 157 and 126. William Bradshaw is a physician well-regarded by London’s upper class, to whom Lucrezia entrusts the treatment of Septimus.

54 Virginia Woolf, *Leave the Letters Till We’re Dead: The Letters of Virginia Woolf, volume VI: 1939-1941*, ed. Nigel Nicolson (London: Chatto and Windus, 1983), 460.

3.2 Woolf and Freud: A Brief Encounter.

Although we may be able to read her work in a Freudian way, Virginia Woolf herself does not seem to begin seriously studying Sigmund Freud's work until 1939, when she read *Moses and Monotheism* which she found rather compelling, writing that 'Moses is making a show of it.' Coincidentally, she also met Freud in person that same year, and her husband Leonard recalled the meeting being pleasant and wrote of Freud as being 'rather courteous.'⁵⁵ Before then, her contact with Freud's body of work must have been brief yet substantial, as Woolf and her husband's Hogarth Press published a volume of Freud's writings in November 1924, the year she had been writing *Mrs. Dalloway*.⁵⁶ Another way Freudian psychoanalysis could have influenced Woolf is through her friends James and Alix Starchey, who had studied psychoanalysis in Vienna under Freud's personal guidance.⁵⁷

Conclusion.

Woolf dedicates her efforts in *Mrs. Dalloway* to uncovering the various levels of consciousness in each of her characters, but a fiction author, she attempts to *narrate* these multiple layers, rather than simply describe them as processes, which is what Freud and Breuer aimed to do in their studies of hysterical patients. In both cases, that of Woolf's, Freud's and Breuer's, the First World War plays crucial role, as it was simultaneously a catalyst for rejecting Charcot's earlier ideas about trauma, and a massive cultural phenomenon throughout Europe that influenced much of modernist literature. It also showed very clearly that soldiers, whether conscripted or professional, cannot simply 'shake off' or 'get over' to their traumatic experiences as was previously believed.

In essence, Woolf's way of discussing both consciousness and trauma is *dialogical*, rather than medical. This is to say that, rather than seeking out cause and effect as in psychoanalysis, she brings

55 Woolf, *Leave*, 346.

56 Virginia Woolf, *The Diary of Virginia Woolf: Volume II: 1920-1924*, ed. Anne Oliver Bell (London: Hogarth Press, 1978), 322.

57 Woolf, *The Diary*, 135.

the characters, along with their memories and subsequent feelings into a kind of unconscious dialogue with one another, which in turn both creates and moves much of the narrative in *Mrs. Dalloway*. While Freud coined and described abreaction and repression, Woolf has woven them into her narrative- without explicitly using such terms- to create a complex story of personal relationships and traumatised minds that is as fictitious as it is real, being very much of its own time and concerning characters who serve as archetypes of real people.

4. Frantz Fanon: Race, Its Ontology, and Traumatic Capability.

Following the Second World War, a series of struggles against colonial rule broke out across the globe. Countries such as Vietnam, Nigeria, Algeria, Indonesia, and countless others waged war against their British, French and Dutch occupiers. In the wake of these struggles, the question of trauma became linked with the questions of race, ethnicity, and cultural belonging. This turn was both pioneered and led by Martiniquan psychiatrist and philosopher, Frantz Fanon. Unlike the total breakaway from Charcot's *la grande hystérie* that occurred at the start of the twentieth century, the 1950s saw somewhat of an increase in the presence of Freudian theory, in all manner of subjects. Like his contemporaries, Fanon was greatly influenced by this presence, as evidenced by his work *Black Skin, White Masks* (1952), now considered a classic in postcolonial thought.

From Freud, Fanon borrowed key ideas such as catharsis, neurosis and repression, and applied them to the confrontational nature of the relations between colonised peoples and Europeans. The marked difference of his approach is that he combines these concepts with ontology in order to better understand the origins of race and its role in the subjugation and humiliation of non-Europeans under colonial rule. From this emerged Fanon's own concepts of *phobogenesis* and *negrophobia*. As the white European constructs the archetype of a black person, so they find it an object of fear, ambivalence, and loathing (negrophobia). The black subject thus loses their humanity and becomes an object inspiring fear, a *phobogenic* object. Fanon locates these fears partly in the sexual realm, as both white men and women feel threatened by the alleged 'sexual prowess' of black people (especially black men).⁵⁸

This humiliation permeates every social establishment and is found on all levels of society, from entertainment to politics. He uses children's magazines as an example. While European children can seek refuge and/or release in the stories depicted in magazines, African children cannot, for these magazines portray native children as wicked savages, while the white children are

58 Derek Hook, "Fanon and the Psychoanalysis of Racism," in *Critical Psychology* (Lansdowne: Juta Academic Publishing, 2004), 122-123.

always good and noble. The non-white children then internalise these messages and begin to think in terms of a European worldview, rather than their own culture's.⁵⁹ In Fanon's view, then, it is not only shocking or distressing events that carry traumatic potential, but the media we consume and the institutions that govern our existence in society.

Alongside media and other cultural expressions, Fanon finds the *language* we use to discuss race is often directed towards traumatising means, whether the speaker knows this or not. Aside from the words we use to describe the other, the language we speak can also single us out and determine our station in life as a kind of inexplicit shibboleth. In the hands of the colonial administrator, language becomes a power tool they wield to dehumanise those who do not know it (or know it improperly), and to elevate those who do, which only deepens the trauma further. Thus, one who knows the colonist's language '...will come closer to being a human being.'⁶⁰

'A normal Negro child, having grown up within a normal family, will become abnormal on the slightest contact with the white world.'⁶¹ Here, Fanon makes use of the Freudian model of neurosis to explain the processes by which a black person's psyche is deformed upon their contact with European power. As we shall see later on in Chinua Achebe's *Things Fall Apart*, the black individual cannot exist without the white, and it is this fundamental opposition that harms and disfigures black people's minds, leading them to neurotic states which most often express themselves in the desire to 'shed' their blackness.

What makes Fanon stand out from the other psychologists we have looked at thus far is the personal nature of his writing. He does not rely on patient cases, but chooses to use anecdotes from his own life and those of people he personally knew. His understanding of psychoanalysis was in a large part shaped by his personal experiences of racism, either as a student in France, or as a soldier in the Free French Army during the Second World War, where even soldiers 'from Martinique held

59 Frantz Fanon, *Black Skin, White Masks*, trans. Charles Lam Marckam (London: Pluto Press, 2008), 113.

60 Fanon, *Black*, 8.

61 *Ibid*, 111.

aloof from the African troops, especially the Senegalese.’⁶² These experiences and the disciplines Fanon used to explore and understand them are all found within much of his work.

4.1 Chinua Achebe’s *Things Fall Apart*: Trauma, Tradition, Colonisation.

The themes of alienation, otherness, and race were widely picked up in postcolonial African literature, and Chinua Achebe’s *Things Fall Apart* is no exception. Originally published in 1958, it has gone on to become a staple of literary studies in schools both in Nigeria and other African countries. Set in the late nineteenth century, it tells the story of Okonkwo, a brave warrior, clan leader, and a relatively wealthy man, who witnesses firsthand the horrific effects of colonialism as it pertains to traditional African societal and cultural customs.

Although the colonists do not enter the picture until about one-third into the novel, there are plenty of instances in part one where Achebe alludes to the characters’ traumatic experiences. A prominent example is Okonkwo’s murder of Ikemefuna, a boy from another clan who is brought to Umuofia as part of a peace settlement between the two villages, which also includes a young virgin.⁶³ After killing him, Okonkwo feels sorrow and guilt, but represses these feelings because he wishes to not be seen as weak by his fellow clansmen.⁶⁴ At the same time, Okonkwo’s son Nwoye is also deeply affected by Ikemefuna’s death, even though he did not witness it, and Okonkwo did not explicitly say he partook in the killing. So deep is the shock that Nwoye ‘did not cry. He just hung limp.’⁶⁵ This scene is important for the story in two ways.

Firstly, Achebe uses it to demonstrate the sheer horror of sacrificial killing, an act that is very troubling for all those involved, including the one(s) carrying it out. Secondly, it further supports an established line of criticism Achebe aims toward traditional Igbo society throughout the book.⁶⁶

62 Christopher J. Lee, *Frantz Fanon: Toward a Revolutionary Humanism* (Athens: Ohio University Press, 2015), 56.

63 Chinua Achebe, *Things Fall Apart* (London: Heinemann, 1973), 23.

64 Achebe, *Things*, 54-55.

65 *Ibid*, 53.

66 The Igbo are an ethnic group residing primarily in what is today Nigeria. Achebe partly based Umuofia on the Igbo village where he grew up.

Okonkwo and his clansmen did not kill Ikemefuna purely out of spite or fun, but because ‘Umuofia decided to kill him. The Oracle of the Hills and the Caves has pronounced it.’⁶⁷ This is but one in a set of traditions which contribute to the state of paranoia and anxiety felt by many of the novel’s characters, but especially Okonkwo and others like him.

Aside from the trauma of certain rituals commonly performed in Umuofia society, there is also the age-old opposition of femininity and masculinity that fixes a rigid, immovable role for men and women. Like Woolf, Achebe directly tackles the problem of gender and its use in upholding societal norms that hold traumatic potential. The women of Umuofia lead fairly restricted lives, ones dedicated primarily to the raising of children and taking care of the household. Punishment is meted out swiftly to those who dare violate these rules, and sometimes, even if they do not, as is the case when Okonkwo nearly shoots his second wife after she ‘... said something about guns that never shot.’⁶⁸

But while femininity in women is expected, any sign of non-masculine behaviour in men is to be exorcised at all costs. He desperately wants his son, Nwoye, to be a ‘tough young man capable of ruling his [Okonkwo’s] father’s household.’⁶⁹ It quickly becomes obvious that Okonkwo’s performance of masculinity is, in many ways, a projection of his own insecurities due to the reputation of his own father, Unoka, with whom he ‘had no patience’ and who was ‘lazy and improvident and was quite incapable of thinking about tomorrow.’⁷⁰ The fear of losing what he has gained, and with it his status, is both paralysing and paranoia-inducing for him, to the point where he sees a potential threat in almost any act, no matter how insignificant. In fact, Achebe describes Okonkwo as a man whose ‘whole life was dominated by fear, the fear of failure and weakness.’⁷¹

A non-Igbo reader of Achebe’s may ask themselves, ‘why does the author insert all these Igbo words into his otherwise English text?’ A possible answer is that like Dostoevsky and Woolf,

67 Ibid, 49.

68 Ibid, 33.

69 Ibid, 45.

70 Ibid, 2.

71 Ibid, 10.

Achebe uses his work to deal with deep-seated issues, mainly those of postcolonial trauma and cultural fracturing. In a land where the coloniser's language is imposed upon people while their own languages are ridiculed, to appropriate this language and modify it to describe local (in this case African) realities becomes a channel for a cathartic release of pent up angst and frustration, but also creates a new literary canon for a new nation.⁷²

4.2. Umuofia: A Dialectic of Power.

While the main sources of trauma in *Things Fall Apart* are certain aspects of traditional life and the eventual destruction thereof, the conflict that emerges between tradition and its erosion is perhaps the most traumatising of all for the people of Umuofia and the surrounding villages. As much as it is a conflict of culture, it is also a conflict of class interest. As mentioned before, Okonkwo is a man of status in his clans, with three wives, a large farm, and several titles to his name. It is in his interest, therefore, that things stay the way they are, rather than fall apart. The advent of colonialism on his native soil threatens this stability which guarantees his prosperity. But how does this ruling class stay in power? The answer is quite simple, really: tradition.

Certain traditions, such as taking titles, are gateways to greater influence and affluence within the clan hierarchy. As Udentia O. Udentia notes, 'title taking in this respect is a *material "property"* and *not a status symbol*. It guarantees one limitless accolades, respect, influence, and authority.'⁷³ The relation between rank and personal worth is even encoded in the clan's language, where *efulefu*, or men without titles, are 'worthless, empty men.'⁷⁴ Slowly, we begin to see that maintaining this fragile way of life is about more than just ancestral customs; it is also about the wealth and control certain members of Umuofia possess. Thus in a fashion much like Fanon, Achebe links trauma with drastic changes in societal and economic structures.

72 Mahbul Alam, "Reading Chinua Achebe's *Things Fall Apart* from a Postcolonial Perspective," *Research on Humanities and Social Sciences* 4, no. 12 (November 2014): 104.

73 Udentia O. Udentia, *Revolutionary Aesthetics and the African Literary Process* (Enugu: Fourth Dimension Publishing, 1993), 92.

74 Achebe, *Things*, 128.

4.3 Colonial Invasion and its Aftermath.

It is interesting to note that throughout *Things Fall Apart*, the African villagers never once refer to themselves as ‘African,’ ‘black,’ or any related terms. They simply distinguish between those of their own clan, and those from other clans. The closest thing the reader gets to such classification is when Achebe writes of Reverend James Smith that ‘he saw things as black and white. And black was evil.’⁷⁵ Fanon explains this in rather simple terms: ‘The Negro is unaware of it [his blackness] as long as his existence is limited to his own environment.’ The ‘environment’ in this case is the village, where everyone speaks the same language and follows the same customs. The appearance of the white man, by extension, is as exciting as it is terrifying, for it ‘oppresses [the black person] with the whole weight of his blackness.’⁷⁶ For the first time, the people of Umuofia *become* black. As this happens, the colonists actively develop a phobogenic perception of the clanspeople, seeing in them nothing short of unruly savages in desperate need of salvation.

With the above and similar passages, such as *The Pacification of the Primitive Tribes of Lower Niger*, a book the Commissioner was supposedly planning, Achebe openly confronts the racist attitudes exhibited by British missionaries in late-nineteenth century Africa.⁷⁷ Of these, he describes two: the gentle, ‘fatherlike’ attitude of Mr. Brown, and the harsh, militaristic one of Reverend Smith. Although they differ in their methods, both attitudes aim towards one thing: the subjugation of native peoples through abandonment of their traditional values in favour of a European brand of Christianity. Naturally, a big part of this attitude is cultural ignorance and a lack of self-awareness, as Reverend Smith continuously makes life difficult for the villagers, but when they retaliate, he immediately demands that they ‘go away from here [the church]. This is the House of God and I

⁷⁵ Ibid, 164. Reverend James Smith is a pastor and missionary who takes over the Umuofia mission from Mr. Brown, its founder.

⁷⁶ Fanon, *Black*, 116.

⁷⁷ Achebe, *Things*, 185. The Commissioner is the one in charge of Umuofia once it falls under British dominion.

will not live to see it desecrated.’ (even though he takes no issue with the Christians under his care desecrating traditional African religious wear and ceremony).⁷⁸

The Fanonian influence can be said to shine through in this last third of the book like nowhere else: most people who eagerly accept Christianity are *efulefu* and other social outcasts, who upon seeing a window of opportunity seize without a second thought. Even Okonkwo’s own son, Nwoye, joins the mission.⁷⁹ Though initially unexpected, it quickly becomes obvious why Nwoye converts and even *renounces* his father: the trauma sustained from an abusive childhood has led him to want to be as unlike as his father as possible, a feeling Okonkwo himself expresses towards Unoka.⁸⁰

Having been ill-treated and/or traumatised by their own society, these new Christians are heading for something deeper than a new religious belief: they learn the white man’s language, go to his schools, and acquire services from his shops. They are undergoing a process by which ‘he [the black individual] becomes the whiter as he renounces his blackness, his jungle.’⁸¹ The varied use of cultural and economical means to achieve dominion over the people of Umuofia thus creates a rift, or a ‘class struggle’ between keepers of tradition (the village elders) and ‘the [emergent] new class of church clerks and oil palm traders.’⁸²

The aforementioned scenario is one in which trauma is very much unavoidable, as people’s old ways of life are eroded, and new ones are violently put in their place. Colonialism adds a second layer to this problem, that of acculturation. Whereas some Umuofians deal with the changing situation in their society better, others, such as Okonkwo, are forced first into rage, and then into defeated resignation, but not before he and others are physically abused by the colonists.⁸³ Seeing no way to stop the encroachment upon his clan, Okonkwo collapses under the weight of acculturative stress and anxiety, in a cathartic and morbid suicide.⁸⁴

78 Ibid,170.

79 Ibid, 136.

80 Ibid, 129.

81 Fanon, *Black*, 9.

82 Udentia, *Revolutionary*, 95.

83 Achebe, *Things*, 173-174.

84 Trishna Deka, “Acculturative Stress in the *African Trilogy* of Chinua Achebe,” *The Literary Herald* 5, no. 3 (2019): 41.

Conclusion.

Chinua Achebe's *Things Fall Apart* is a deliberate attempt at decolonising English literature as a response to the violence wrought on by European colonialism of the nineteenth and twentieth centuries. Throughout, he explores the links between class, race, and gender ideals, and how these play into the acquisition and consolidation of power, whether it be the African native or the European coloniser. Much of Fanon's conceptual framework can be seen in Achebe's approach (even if there is no evidence that he was familiar with Fanon's work), mainly in the interactions between the white colonists, the natives, and native converts to Christianity. Fanonian phobogenesis is of course crucial, as it is clearly reiterated in the novel that the white man seeks to constantly dominate African life in all possible ways: cultural, social, and economic.

Most importantly, by exploring the process of colonisation and its effects on a people's psyche, Achebe aims to humanise (or rather return humanity) to the black subject, who through centuries of Eurocentric rhetoric has been both alienated from themselves, and made to appear subpar to all other races, above all of which is the white one.

5. Concluding Remarks.

During the course of this thesis, we have explored the phenomenon of trauma as it exists in the liminal space between psychology and literary fiction. Beginning in the late-nineteenth century, trauma was mostly restricted to the realm of neurological diseases, a theory strongly upheld by Jean-Martin Charcot as a result of his work with hypnosis at the Salpêtrière hospital in Paris. We have also seen that during this period, hysteria (then linked directly to trauma) was associated mostly with upper-class women, who constituted a majority of Charcot's patients. Though his treatment of trauma- based on a combination of hereditary, psychological, and environmental factors- was revolutionary for its time, the biological essentialism and resulting disinterest in the patients' personal experiences were quite in line with medical and scientific thinking prevalent in Europe at the end of the nineteenth century.

Around the same time (slightly earlier in fact), Fyodor Dostoevsky was also exploring trauma, albeit as a theme in his literary works, among which is *The Idiot (Идиот)*. Having none of the medical background that Charcot had, Dostoevsky turned to theology and philosophy in order to create a coherent understanding of the traumatised subject, as portrayed in the protagonist, prince Myshkin. Much like Charcot, he associates trauma closely with hysteria and epilepsy, the latter of which he suffered from himself.

If in Charcot's view trauma is a neurological disease stemming partly from other nervous afflictions, for Dostoevsky it takes on a more *spiritual* character, whereby people, hardened by societal indifference to their suffering and their own desires, fail to attain the perfect figure of Christ, and thus are traumatised by a gap of insufficiency. The writer's experiences of mock execution and exile in Siberia are also called upon throughout the novel, as he restates them in different parts of the story, suggesting that *The Idiot* itself is an item of therapeutic writing, meant to help process those events in Dostoevsky's early life.

The early-twentieth century saw a breakaway with Charcot's model of trauma, in large part due to new discoveries made in relation to combat-sustained trauma (shellshock) during the First World War. Some two decades before, Sigmund Freud and Josef Breuer had already begun publishing their findings on the nature of hysteria, and its role in releasing repressed fears and feelings, the act of which Freud variously called catharsis and abreaction. No longer was it to be seen as an adjunct of other disorders or a hereditary nervous illness, but as an affliction of the unconscious mind (the mind itself having gained a greater level of complexity through the introduction of the conscious, unconscious, and subconscious layers).

The theme of affliction and agony due to past painful experiences is rephrased and reshaped by Virginia Woolf in *Mrs. Dalloway*. Through the characters of Clarissa Dalloway and Septimus Warren Smith, she explores what it means to be haunted by memories of war, unrequited (homosexual) love, and other horrors that can plague the mind and create the conditions for trauma to fester. It also demonstrates a certain degree of sympathy Woolf had for those soldiers who returned from the War, as they were rarely provided the psychological treatment they sorely needed to deal with their time at the front. We have also seen that although Woolf paints Lucrezia and Holmes as basically aloof to the idea of trauma, the general public did very much support the provision of treatment to veterans with PTSD. The novel is imbued with reflections on her own experiences as a woman in post-war England, which exposed her to a series of painful, emotionally scarring experiences.

Finally, we reach the mid-twentieth century, a century marked by continuous conflict and power struggles all around the world. Shortly after the Second World War, many third world nations began their fight against European imperialism and colonial oppression. Based on this, the Martiniquan psychiatrist Frantz Fanon formulated an entirely new approach towards trauma, one based on race and the ontological relations it creates between people (or rather, relations people create based on race). Fanon borrowed greatly from Freudian psychoanalysis, but also from

existentialist and Marxist philosophy, as he tackled the issue of the traumatised black subject from multiple perspectives. Phobogenesis and negrophobia are terms he introduced to give a better explanation of black people's experiences with race and racism. Unlike Charcot and Freud, Fanon bases his study on the lived experiences of both himself and others, both within and without the psychiatric clinic. His aim was also wider than those of his predecessors': he wished to utilise psychoanalysis (and other means) to unify humanity and transcend the man-made, false dichotomy of race.

Chinua Achebe's *Things Fall Apart* is a keen demonstration of many Fanonian ideas at work. First, Achebe criticises certain cultural practices found in Igbo society at the end of the nineteenth century, such as sacrificial killing and infanticide, as well as gender relations common to Igbo culture. Having done this, he continues by criticising British colonialism, the dehumanising practices it employs, and the severe negative attitudes of British missionaries towards indigenous African culture and religion. In essence, he presents the black person as a phobogenic object both loathed and exploited by the white colonist.. The novel serves as an effort to appropriate the coloniser's language and use it to portray African realities, to start a new national myth (Nigeria, where the novel was published, gained independence in 1960), and to restore humanity to African characters in literature which had previously been denied to them by European writers on Africa.

In all three novels, two similarities persist: the authors relentlessly criticise the society of their time, be it Dostoevsky's mockery of middle-class nineteenth-century elites, Woolf's criticism of attitudes towards gay people and women in 1920s England, or Achebe's critique of African superstition, they locate trauma not only in experiences, but in the *social structures* themselves. The second, and perhaps more cliché similarity, is the use of writing as therapy to get over dreadful events, whether past or ongoing. The writers implant a great deal of their personal lives into the stories, with varying degrees of accuracy and immediacy.

There are, of course, many other psychiatrists and fiction authors that could have been discussed. This being a Bachelor's thesis, however, there simply would not have been room to accommodate so much as one more author (*wat jammer*, as the Dutch say). Having these other authors would have naturally extended the scope of this work further, but would not have added much to the overarching argument being made, and is therefore as unnecessary as it is not possible.

In this thesis, I aimed to demonstrate how trauma is not simply determined by a doctor's orders, but is a phenomenon prone to cultural and historical influences. Changing cultural norms and the dialectical process of societal change both have their role in how we conceive and speak of trauma, how various groups can experience it, and the vast range of meanings being 'traumatised' carries, along with the range of sources trauma can have.

The focus on literary fiction as an accompaniment to the studies of psychological literature also showed how symptoms of trauma can manifest themselves, how they can be dealt with, and communicated through symbols and other non-medical forms. By no means is it meant to be read as an exhaustive or conclusive work, but rather as a fairly brief introduction to the methods and topics encompassed here. As it stands, our understanding of this subject is still evolving, and writers (along with other artists) keep finding new ways to express this complex set of feelings and responses we call 'trauma.'

Most importantly, I hope you enjoyed reading this thesis, and that, along with not being too dry (as academic works often tend to be), that you found it both engaging and enriching to your understanding of the world.

Thank you.

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