Beyond Trauma Fiction: Constructing the Recovery Narrative and the Ordinary Hero

Lynn Gumb

DipTeach BA LLB MA

This thesis is presented for the degree of Doctor of Philosophy of Murdoch University, 2017
I declare that this thesis is my own account of my research and contains as its main content work which has not previously been submitted for a degree at any tertiary education institution.

Lynn Gumb
Abstract

Our desire to speak, to tell the stories of our individual and communal suffering, has offered literature myriad tales spanning continents and histories. Traumatic experience has been recorded for historical reference and has been represented in fiction as individual and collective stories. In order to reflect on and analyse such fiction, literary theory, informed by the fields of psychoanalysis, social psychology, neurobiology, psychology and psychiatry, has developed various (and sometimes contradictory) understandings of trauma. Recent discussions in the field call for an alternative approach to the textual analysis of fictional texts: away from the psychoanalytical, and predominantly western, frameworks, which reinforce themes of the unrepresentable, and of madness, illness and revenge generated by trauma, and towards alternative analyses, which broaden the understanding and meanings and the potential narrative trajectories of the impacts of traumatic experience. This thesis, through both a creative work and a critical dissertation, argues for an extension and an enrichment of the narrative trajectory as a process of recovery: from a focus on trauma and its immediate or even predictable impacts, to a focus on the situated (contextualised, historicised), ordinary and everyday processes and practices that together enable the trauma victim to become an ordinary hero: a different, life-affirming subject.

The creative component, sections from a novel length manuscript, “She Went by the Heeles”, reimagines and fictionalises the real, but largely unrecorded and underrepresented, traumatic experiences of Irish women sex-slaves, who were sold
to North American slave owners in the seventeenth century. The text explores how characters, although suffering extreme trauma, may be reconceived—in their writing and in their reading—not only as survivors but as ordinary heroes. The critical component, the dissertation, ‘The Trauma of Narrative Fiction’, traces the recent shift of focus from traditional, western-based theories of trauma towards the generation of alternative approaches to reading and, by extension, writing fictions of trauma. To this new orientation, the dissertation contributes a reflection on the value of narrative trauma fiction that traces the everyday processes of recovery, and whose characters include more diverse and assertive subjectivities. In this way, the dissertation also demonstrates how the trauma survivor may be reconceived as an ordinary hero, emerging as a different subject through a narrative of recovery and its attendant processes: resilience, reconciliation and resistance.
I dedicate this thesis to my daughters, without whom nothing is possible.
# Table of Contents

Abstract............................................................................................................................ iii  
Table of Contents.............................................................................................................. vi  
Acknowledgements........................................................................................................... ix  
Part One: Creative Manuscript: “She Went by the Heeles”.......................................... 197  
  Prologue...................................................................................................................... Error! Bookmark not defined.  
  Ballisodare Town, County Sligo, autumn, 1651 ...................................................... Error! Bookmark not defined.  
  Late Winter .............................................................................................................. Error! Bookmark not defined.  
  Early Spring ............................................................................................................ Error! Bookmark not defined.  
  Early Summer ........................................................................................................ Error! Bookmark not defined.  
  Caves of Kesh ....................................................................................................... Error! Bookmark not defined.  
  Mid-Summer 1651 .............................................................................................. Error! Bookmark not defined.  
  Early Autumn ....................................................................................................... Error! Bookmark not defined.  
  Athenry ................................................................................................................... Error! Bookmark not defined.  
  September 1651, Galway .................................................................................. Error! Bookmark not defined.  
  Winter 1651–2 ..................................................................................................... Error! Bookmark not defined.  
  Early Spring ........................................................................................................ Error! Bookmark not defined.  
  April 1652 ........................................................................................................... Error! Bookmark not defined.  
  A Ship Called Speaker ....................................................................................... Error! Bookmark not defined.  
  Early Summer 1652 .......................................................................................... Error! Bookmark not defined.  
  Port of London, England .................................................................................... Error! Bookmark not defined.  
  Mid-Summer 1652 – Gulf of Guinea, Africa ................................................ Error! Bookmark not defined.  
  The Middle Passage ............................................................................................ Error! Bookmark not defined.  
  Early Autumn 1652 .......................................................................................... Error! Bookmark not defined.  
  Mid-Autumn – James Town Virginia ................................................................ Error! Bookmark not defined.  
  The End Plantation .............................................................................................. Error! Bookmark not defined.  
  Great Hopes Plantation ..................................................................................... Error! Bookmark not defined.  
  Early winter.......................................................................................................... Error! Bookmark not defined.  
  Christmas 1652 ................................................................................................ Error! Bookmark not defined.  
  1653 ..................................................................................................................... Error! Bookmark not defined.  
  Early Spring 1653 .............................................................................................. Error! Bookmark not defined.  
  Summer 1653 ..................................................................................................... Error! Bookmark not defined.  
  Early Autumn 1653 .......................................................................................... Error! Bookmark not defined.  
  Winter 1654 ........................................................................................................ Error! Bookmark not defined.  
  Spring 1654 ........................................................................................................ Error! Bookmark not defined.  
  Mid-summer........................................................................................................ Error! Bookmark not defined.
Part Two: The Trauma of Narrative Fiction

Chapter One. Introduction: The threads of trauma fiction

Introduction
Traditions of trauma fiction and its literary analysis
Structure of dissertation
Conclusion

Chapter Two. Seeking the Ordinary Hero

Introduction
An ordinary hero
Trauma and heroism
Developing a working definition of trauma
Trauma and Post-traumatic Stress Disorder
Resilience, reconciliation and resistance

Chapter Three. Traditional and Conventional Approaches to Literary Trauma Theory

Introduction
Caruth and the traditional approach
Individual and collective experience
The individual
Collective experience
Re-reading the text
Memory and testimony
Defining memory
Traumatic memory
Testimony

Madness/illness/revenge narratives – representations of extreme responses to trauma
Madness
Illness
Revenge
Conclusion

Chapter Four. Emerging and innovative approaches to literary trauma theory

Introduction
Acknowledgements

I am grateful to Associate Professor Anne Surma for her dedication to ideas and the expansion of thought, for her unfailing care, respect and support for my project and for my artistic and intellectual process.

I would like to thank the following scholars who have been most generous in sharing their knowledge of various aspects of Irish and Virginian history, culture and tradition. In Ireland, my thanks go to Pádraig Lenihan, Lecturer Above the Bar, History, National University of Ireland, Galway, who was generous with information and instrumental in my decision to make changes to my manuscript. Dr Micheál O Siochrú, Professor in Modern History at Trinity College, Dublin, gave me insights into Oliver Cromwell and his attitudes towards Ireland, and gave me reason to give careful consideration to the politics and history of Ireland and England so that I decided to keep the focus of my fiction on the Cromwellian period. Dr Eamon Darcy, now at the National University of Ireland, Maynooth, gave me access to several significant texts and was very generous with his time and knowledge. I was excited to spend time with such dedicated and committed Irish historians as they re-write their own history. I thank them all warmly for the contribution they have made to my work.

I owe a special debt to Dr Kelly Fitzgerald, Lecturer in Literary and Oral Interaction in Irish Folklore from the Mícheál Ó Cléirigh Institute, School of Irish Celtic Studies, Irish Folklore and Linguistics, University College, Dublin. Dr Fitzgerald has generously responded to my questions about cultural matters, setting me straight on some issues, and providing me with details about all manner of subjects, from the Irish wake to the music of the period. She also translated Aithbhrí’s Morning Prayer into Irish. Dr Éilis Ní Dhuibhne, University College, Dublin, provided insight into the rituals and beliefs of Ireland and how they may be used in creative writing.

My thanks to Julian Charity, historian of Shirley Plantation, who gave me beneficial insight into the middle plantations and recommended some valuable resources. My thanks to the staff of Sligo Central Library, Trinity College Dublin Library, University College Dublin Library, College of Mary and William Library, and The Historical Society of Virginia Library.
Part One: 

Creative Manuscript: “She Went by the Heeles”

FICTION EMBARGOED
UNTIL 2019

Part Two: The Trauma of Narrative Fiction

Chapter One. Introduction: The threads of trauma fiction

“We all live in suspense, from day to day, from hour to hour; in other words, we are the hero of our own story.”


Introduction

Our desire to speak, to tell the stories of our personal and communal suffering, has generated in literature myriad tales spanning continents and histories. Since the ancient Mesopotamian manuscript of the epic poems of Gilgamesh (c2150–1400 BCE), the ancient Greek manuscripts of Homer’s epic poems The Iliad (c726BC) and The Odyssey (c1488), and the ancient Irish manuscripts of The Annals of Ireland: 1616 (O’Clery, Michael; O’Clery, Cucogry; O’Mulconry, Ferfeasa; O'Duigenan, Cucogry; O'Clery, Conary 1856), for example, we represent our suffering either as stories of individual distress or as tales of collective grief. In
contemporary idiom this suffering and grief may be referred to as trauma, although
the definition of trauma is not a simple matter. Trauma and traumatic experience
are varied, multi-faceted and complex, although they have been loosely and
variously interpreted in popular culture.

In the thesis as a whole, and in this dissertation in particular, I argue for an
extension, an enrichment, of the narrative trajectory of trauma fiction—from a focus
on the trauma and its immediate or even predictable impacts, to a focus on
the situated (contextualised, historicised), ordinary and everyday processes and
practices, which together enable the trauma victim to become a different life-
affirming subject, a survivor. 1 I demonstrate how trauma survivors can be written
and read as heroes in their own tales of recovery, and how the story of the hero can
be infused into the trauma narrative, or teased from existing texts, to create a
productive and progressive narrative as an alternative to the approaches that focus
either exclusively or almost exclusively on destructive stories of wounding,
suffering, and revenge responses to trauma. My study will show that recovery
narratives in fiction can be imaginatively represented and productively interpreted
through three associated practices enacted by the principal character: resilience,
reconciliation and resistance. When these traits develop within the recovery
narrative, the ordinary hero emerges. It is my position that recovery from trauma,
as depicted in literary fiction, can therefore be productively read as a tale of

1 Throughout the dissertation I distinguish between victim, survivor and sufferer. I use the term
victim to refer to the individual (character) in the initial impact of trauma. Following this, the victim,
becomes identifiable as a sufferer of trauma-related responses, for example post-traumatic stress
(PTS), post-traumatic stress disorder (PTSD), or dissociative disorders. Finally, I refer to the
survivor as the trauma sufferer who undergoes a process of recovery and, in the context of my
thesis, who becomes an ordinary hero.
“ordinary” heroism. In an effort to show how we might transform the traumatic experience of an individual subject into a story of recovery, the creative component of this thesis draws together elements of the history of Irish slavery, the trauma narrative and Irish heroic tales to re-imagine Irish women’s experience as a recovery narrative of ordinary heroes.\(^2\)

To date, the dominant and most persistent theme threaded through trauma stories has been the descent into madness of trauma victims, seen in such ancient tales as Mad Sweeney, *Buille Suibhne*, an ancient Irish tale that dates back to 637 AD,\(^3\) through to the more contemporary novels of North American writer Toni Morrison, for example, her fictional work *Beloved* (2007). Other narrative threads that are disseminated through trauma fiction feature illness, such as Jennifer Johnston’s *Fool’s Sanctuary* (1988), and escape and revenge narratives, such as Elias Khoury’s *City Gates* (1993) and Alice Walker’s *The Color Purple* (1983). Whilst these themes have a legitimate role to play in the fictional representation of trauma, privileging a representation of the dramatic and extreme aspects is arguably limiting and restricted to a particular type of traumatic experience and response.

\(^2\) The fictionalising of history, although clearly a significant dimension of my fiction, is not an area that I explore in this thesis. Fiction writers and historians have engaged in fierce debate in relation to the fictionalised renderings of history; note in particular the heated exchanges between Kate Grenville and Inga Clendinnen regarding Grenville’s 2005 novel, *The Secret River* (see Clendinnen 2007; Dalley 2014; Grenville 2007; Ravenscroft 2014). Gay Lynch (2009) makes mention of this in her article on apocryphal stories in relation to questions of history and fiction, which offers a fascinating starting point for further research.

\(^3\) It is recorded in the *Annals of Ireland: 1616* (O’Cleary et al., 1856) that during a fit of madness Suibhne’s body became light as air so that when he ran around madly his feet scarcely touched the ground or he rose into the air fluttering about. According to other recorded stories of battles, the battle-fatigued and distressed soldiers roamed around Ireland until they happened upon the Glen of the Lunatics, situated in a valley in County Kerry. It was believed that years of solitude combined with the drinking of the waters of the *Tobermagalt* (the lunatic’s well) and eating the watercress that grows along the stream, restored the madmen to sanity. There is a well in Donegal that has been credited with the same healing powers near the entrance to Lough Foyle (Matthews 1999, 45-46).
There also exists in trauma fiction, a relationship between trauma and heroism, which can be identified in the characters in existing literary canons and contemporary novels, such as Randle McMurphy and Chief Bromden in Ken Kesey’s *One Flew Over the Cuckoo’s Nest* (1962); Celie in Alice Walker’s *The Color Purple* (1983); and Marie-Laure LeBlanc and her great-uncle Etienne in Anthony Doerr’s *All the Light We Cannot See* (2014). Traditional notions of heroism, much like the concept of trauma, are complex and weighted with a catalogue of elements that may serve to complicate an already multifarious field of study. Notions of heroism can be integrated within a renewed approach to trauma narrative, which reveals a new subject, the recovery process.

During the twentieth century, trauma was predominantly viewed in western discussions as psychiatric, pathological and therefore, due to the unspeakable nature of trauma, unrepresentable, its very nature elusive and mysterious (Caruth, 1995). The idea that trauma is unrepresentable is a paradox for the fiction writer who is concerned with how trauma is represented, and how it may be otherwise represented, in fiction. The paradox of the unspeakable constitutes the foundation for madness, illness or revenge narratives that have dominated trauma fiction, thereby creating a classic model built on the assumptions that trauma is inherently dissociative, incomprehensible, and therefore unrepresentable.
Traditions of trauma fiction and its literary analysis

The traditional concept of trauma comes from the field of psychoanalysis, where it was first conceived by French neurologist Pierre Janet who presented his ideas on hysteria in a series of lectures to the medical school of Harvard University, 1859 – 1947 (Janet 1920). Janet argued that traumatic events affect the mind’s ability to integrate memory into existing cognitive themes so that they are stored differently. This inability to retrieve memory of the experiences under ordinary conditions leads to dissociation, a detachment from “conscious awareness and voluntary control” (Van der Kolk and Van der Hart 1995, 160).

Psychoanalyst Sigmund Freud’s later work on hysterical phenomena, in a classic 1920 essay “Beyond the Pleasure Principle” (Freud 1922), discussed trauma as resulting from an event that is “not fully assimilated” by the subject, as it is experienced too suddenly and too unexpectedly to be fully known and therefore is not available to the subject’s consciousness until the memory of the experience returns in nightmares and flashbacks (Caruth 1996, 4, 5). Thus, the traumatic experience is not consciously known in the first experience but is known only in memory. This, Freud argues, makes traumatic experience indecipherable: an inherently unintegrated event that pathologically fragments the self leading to varying degrees of dissociation and fragmented memory. Because of its indecipherable nature, dissociation affects the individual’s ability to articulate the experiences of trauma (Caruth 1996, 141). Paradoxically, in this account, the apparently unspeakable nature of trauma renders it unrepresentable in language,
and it is this paradox that has formed the foundation of discussions of the phenomenon in literary trauma theory.

Literary theorists have traditionally drawn on developments in clinical studies of trauma in their analysis of fiction, and the relationship between the clinical and literary fields benefits the observations in both domains. Literary theorists such as Cathy Caruth (1995, 1996) and Shoshana Felman (1995; Felman and Laub 1995) have drawn on traditional psychoanalytic theories of trauma, in particular those developed by Freud, to form what has become the dominant theoretical foundation for the criticism and analysis of trauma fiction. However, recent discussions of literary trauma theory call for an alternative textual analysis of fictional texts away from the psychoanalytical framework that centres on the madness/revenge/illness themes towards alternative analysis that broadens the notion of traumatic experience. By extension, contemporary developments in the treatment of trauma, in the 2000s, have become a driver for alternative representation and analysis of trauma literature. For example, in 2007, psychiatrists Boris Drožđek and John P Wilson argued that the dominant western definition of trauma was limited for those individuals with no access to western medicine because it only captures part of the impact of violence, and ignores issues of loss, injustice, meaning and identity, especially through forced migration (2007, 15). Other critics of traditional psychoanalytical literary trauma theory, such as Stef Craps (2008, 2010, 2013, 2014), Gert Buelens (2008, 2016), Sam Durrant (2014), Robert Eagleton (2014) and Michelle Balaev (2008, 2012, 2014) argue for the scope of analysis to widen beyond the traditional approaches and the limitations of western models, to more
global, contextualised frameworks that encapsulate non-western paradigms, and that include culturally specific approaches and responses to trauma. According to Craps, the challenge is to engage in a “cross-cultural ethical engagement,” which is evident in fictional texts that challenge the relevance of the dominant western model of therapy in non-western countries with different cultural expectations of coping with trauma (Craps 2014, 51).

**Structure of dissertation**

As outlined above, in this dissertation I argue for a shift of literary trauma studies from the focus on trauma stories of wounding, suffering or revenge narratives towards more life-affirming subjectivities which emerge from recovery narratives that involve an interplay between three associated elements: resilience, reconciliation and resistance. I demonstrate how trauma survivors can be read as heroes in their own tales of recovery, and how the story of the hero can be infused into the trauma narrative, or teased from existing texts, to create a productive and progressive narrative.

Chapter Two introduces the ordinary hero and distinguishes a literary conception of the ordinary hero. It offers a working definition of trauma and related terms to develop my concept of the ordinary hero that emerges through the recovery narrative. The focus and aims of the chapter are to distinguish between the popular conceptions of classical and contemporary heroes, and my concept of the ordinary
hero, which harnesses resilience, reconciliation and resistance as critical and active
dimensions of the recovery narrative.

In Chapter Three, I discuss the key multi-disciplinary approaches that have shaped
conventional analysis of fictional representations of trauma. I briefly outline the
history and the development of literary trauma theory and show how contemporary
clinical approaches to trauma may be utilised to expand representations in and
textual analysis of trauma fiction. Traditional trauma theories form the basis of the
recovery narrative and are thus germane to the discussion.

In Chapter Four, I discuss the limitations of traditional approaches and readings,
and outline the challenges introduced by alternative readings, which are shifting the
boundaries of traditional perspectives. Adding to these discussions, I will introduce
a new possibility of writing, reading and analysing trauma fiction, with the aim to
provide an avenue through which an alternative model for the representation of the
trauma survivor as hero can emerge through the recovery narrative. Showing how
the boundaries of literary trauma theory have been extended and the avenues
through which they may be further advanced allows me an opportunity to harness
non-western theories which support the further development of my concept of the
ordinary hero and the recovery narrative.

In Chapter Five, I explore how Aminatta Forna’s novel, *The Memory of Love*
(2011), represents several facets of trauma and recovery through the narrative’s
principal and minor characters. I show how several of these characters can be read
productively as trauma survivors through subject- and culture-specific practices of recovery, specifically resilience, reconciliation and resistance. By extension, I demonstrate not only how trauma survivors can be read as heroes in their own tales of recovery, but how the story of the hero may be read in existing trauma narratives, to encourage and create diverse narratives through unconventional approaches to analysis.

In the conclusion to the dissertation, Chapter Six, I offer a brief discussion of how I have reimagined the traumatic experiences of seventeenth-century Irish women sex-slaves in the construction of the creative component of my thesis, “She Went by the Heeles.” I discuss how women characters are engendered as ordinary heroes in this creative representation. The discussion thus offers an illustration of not only how the trauma survivor as ordinary hero may be represented in fiction, but also how she may be written and read within an alternative recovery narrative. The most exciting aspect of reimagined literary trauma studies is the possibilities it gestures towards: extension beyond the arguably limited and sometimes reductive representations of traumatic experience in fiction, as well as the reorientation of contemporary and future research and creative work towards the generation of more productive, life-affirming subjectivities.

**Conclusion**

The cross-pollination of concepts of trauma has rendered any discussion of literary theory impossible without reference to the fields of psychology, psychiatry,
neuroscience and social psychology. Craps characterises the issues of trauma theory “by a ‘knot’ tying together representation, the past, the self, the political and the suffering” drawn together in a series of “complex threads” (Craps 2014, 4). The ideas drawn from this complexity of disciplines and theories have increased the possibilities for reading and re-reading trauma fiction, and for the representation of trauma and post-traumatic stress disorder (PTSD) (a concept that I explore fully in Chapter Three) in a diverse range of literary fiction.

For the individual victim of trauma, who is presently well represented in fiction, new possibilities are advancing in the field of clinical and literary trauma studies to unearth more varied responses, such as the more affirming narrative of recovery. Through the discussions that follow and through my own fictional work, I aim to demonstrate the imaginative potential for developing alternative discussions in literary theory and fiction around the progressive narrative of recovery as a means through which we can more deeply understand the effects of trauma and the processes of recovery for the individual and the broader community.
Chapter Two. Seeking the Ordinary Hero

Courage is more exhilarating than fear and in the long run it is easier. We do not have to become heroes overnight. Just a step at time, meeting each thing that comes up, seeing it is not as dreadful as it appeared, discovering we have the strength to stare it down.

Eleanor Roosevelt (1960)

Introduction

The most exciting aspect of current literary trauma studies is, arguably, the reorientation from their sometimes potentially limiting or restrictive focus towards more productive subjectivities. Nouri Gana, for example, argues for a new type of subjectivity: the recovery period (2014). Whilst Gana takes a step forward by suggesting a new subject and form for fictional analysis, she offers little by way of explanation of what she means by the subjectivity of recovery, but she does provide the possibility of rethinking the trauma narrative. I engage with Gana’s challenge by arguing for a reconsideration of trauma fiction as a recovery narrative, which may see the beginning of an alternative approach to writing and analysing the trauma novel that is linked to the individual’s ability to survive and recover, and which mark her as an ordinary hero. This chapter develops a working definition of trauma and related terms to develop my concept of the ordinary hero that emerges through the recovery narrative. The focus and aims of this chapter are to distinguish between the popular conceptions of classical and contemporary heroes. My concept of the ordinary hero, who enacts resilience, reconciliation and resistance in the aftermath of traumatic experience, encourages a renewed focus on the recovery narrative and thus the ordinary hero in trauma fiction.
Understanding how resilience, reconciliation and resistance can affect the trauma victim’s response to traumatic experience and determine her rate of recovery may provide useful markers for an alternative representation of the traumatic experience. This offers multi-faceted possibilities for fiction, and provides a deeper understanding of the process of recovery and more varied representations of the trauma and trauma sufferers. Understanding how resilience, reconciliation and resistance function in the recovery process brings a greater depth to reflections on fictional representations and provides an avenue through which the ordinary hero may be identified.

**An ordinary hero**

In fiction the trauma survivor as an ordinary hero is a subject whose agency, complexity and adaptability are integral to her survival as she demonstrates resilience, reconciliation and resistance as salient features of this narrative trajectory. In identifying the trauma survivor as an ordinary hero within a recovery narrative I do not offer a new archetype of the hero, as the essentialist nature of archetypes would diminish the possibility of imagining a flexible, complex and more subtle character for trauma fiction. Rather, I offer an alternative possibility of reading, and by extension, writing the trauma novel, which broadens the view of the trauma victim beyond the traditional stereotype, so that the trauma sufferer may be read and re-read as becoming the ordinary hero in their story of recovery. Vickroy analyses the texts of Jane Smiley (*A Thousand Acres* (2003)) and Margaret Atwood...
(Cat’s Eye (1998) and The Handmaid’s Tale (1985/2006)) and argues that these texts offer many avenues for expressing voices of trauma through the survivor’s narrative. According to Vickroy, writers such as Atwood offer “facsimiles of the dynamic relation between the environment and individuals, and attempt to involve readers in the worlds that traumatized individuals try to construct for themselves: edifices of defenses against threats” (Vickroy 2015, 18).

However, it is important to distinguish between the survivor’s narrative and recovery narratives as they are two distinctly different stages of the process of trauma. Survival narratives focus on the development of degenerative characteristics and recovery narratives deal with more productive and affirming subjectivities. Survival requires the victim to adapt to an unsupportive environment by developing survival characteristics such as “social and emotional withdrawal… or shutting down” among others, that can be traced in the novels of Smiley and Atwood (Root in Vickroy 2014, 132; Vickroy 2015). Culturally prescribed social and community structures facilitate personal healing through cultural attitudes and family responses. Vickroy contends that “optimum circumstances for healing exist when a society 'organizes the process of suffering, rendering it a meaningful mode of action and identity within a larger social framework’” without which, victims of trauma are “forced to cope in isolation” (Vickroy 2014, 132).

Recovery narratives demonstrate recovery from trauma in a hostile environment such as war or slavery, domestic violence or social isolation, in the aftermath of traumatic experience. Identifying and understanding the recovery process includes
but is not limited to exploring the interaction between resilience, reconciliation and resistance, from which may be drawn the recovery narrative that introduces the ordinary hero. I contend that, when these three elements are located and identified within trauma fiction the possibility of this new subject, the ordinary hero, emerges. Whilst I do not wish to be prescriptive when identifying the character of the ordinary hero, the victim’s ability to remain compassionate and humane in the face of atrocity is an indicator of their ordinary heroic status.

**Trauma and heroism**

Links between heroism and trauma recovery are not unknown in popular culture, and are often associated with ordinary people who demonstrate extraordinary acts of courage in the face of adversity (Campbell 1968). Traditional notions of heroism, much like the concept of trauma, are complex and inflected by a conventional set of elements that may serve to complicate an already dense and variegated field of study.

Nonetheless, in order to identify an ordinary hero I need to look briefly at the literary concept of the hero and how the perception of hero has shifted from the classical to the contemporary, in the aim of highlighting the complexity of the concept. Of course, the word itself conjures an array of images from Homer’s Odysseus in *The Odyssey* (c1488) to Thomas Keneally’s Oskar Schindler (*Schindler’s Ark* 1982). The hero’s journey is also well established in classical western literature, in which heroism is defined by the hero’s (typically masculinist) skills as a fighter and protector who takes physical risks. He is often represented as
a persuasive advocate who uses his wisdom and knowledge in the service of others (Kinsella 2013). The traditional hero demonstrates “the profoundest moral and metaphysical expectations” (Campbell 1968, 257); is transformational as he shapes and represents culture; and acts for the good of the group in the search for a meaningful existence (Hegel 1975; Becker 1975; Bass 1990).

Since these earlier examinations of the traditional hero, the burgeoning field of heroism science has developed (Allison 2016). Much like the field of trauma theory, that of heroism is also complex. Whilst features of the hero as having high moral expectations, persist, these expectations are now directed towards ordinary persons elevated to hero status. Psychology scholars Louise Kinsella, Timothy Richie and Eric Igou (2015), in their empirical study on lay perspectives on the psychological and social function of heroes, found that designations of heroism, from its classical and largely mythical and literary origins to the status of a modern empirical science, demands that modern heroes not only demonstrate the capacity for persistence in the face of failure but that they do so with a view to the protection and wellbeing of future generations. Kinsella et al. (2015) define the ordinary person in mainstream culture who has been elevated to hero as having three salient features: “enhancing, moral modelling, and protecting” (Kinsella et al. 2015, 2). Briefly, these three features see heroes acting as role models, who are “portrayed as

---

elevating and motivating people [who] increase the positive emotions experienced by others … induce a perspective shift, and increase social connectedness” (Kinsella 2015, 8). These identifiers highlight the higher moral standard of behaviour to which the hero is held. Other scholars of heroism, such as psychologists Michael P. Sullivan and Anré Venter, in their empirical study of 2005, in which they attempt to define a modern hero, find that a universal definition “across heterogeneous populations” is not a reasonable expectation, and that attempting to define modern heroism is contingent upon the individual recognising an idealised self in their choice of hero (Sullivan and Venter 2005, 482, 483).

Finding a hero in fiction may be a less straightforward process. Literary theorist Ibrahim Taha (2016) offers a semiotic model for identifying the connection to heroism in fiction. Taha offers a five-stages/criteria model through which the protagonist or hero, demonstrating a connection with heroism, may be identified: “(1) motivation, (2) will, (3) ability, (4) execution, and (5) outcome.” He further classifies these criteria into three categories: pre-action (the first three stages); action (the fourth stage); and post-action (the fifth stage) (Taha 2016, 4). Taha claims that these stages suit all types of narrative fiction in “its ability to be inclusive and adequate for various art forms, and its ability to bridge the gaps between extreme approaches in the study of character in literature and art” (Taha 2016, 8). Taha’s identification of the hero in fiction through this prescriptive and generic approach creates a complex set of rules that, when applied, arguably result in limiting rather than broadening the characteristics of heroism and the figure of the fictional hero.
The ordinary hero with which I’m concerned may be identified in fiction, not by a generic approach but, rather, by understanding that the process of recovery, whilst acting as a frame for resilience, reconciliation and resistance, is particular to the individual character and thus necessarily diverse. The ordinary hero is not held to any high moral code as identified by Kinsella et al. (2105), nor is she responsible for an individual’s self-view, as suggested by Sullivan and Venter (2010). Nor is my ordinary hero amenable to Taha’s generic semiotic analysis. My study is, instead, preoccupied with the imaginative, ethical, creative dimensions of heroism as represented by the ordinary hero in fiction. A reader’s expectations of the ordinary hero, in the process of recovery, does not extend to the latter’s extraordinary responsibilities for community or even family, although many heroes may take on such responsibilities. Nor is the ordinary hero in which I’m interested expected to be a model for a purposeful life, have social influence or seek retribution in social justice. In my identification of the ordinary hero, I do not view her as being armed for great battles, suddenly developing super-strengths or engaging in physical risk, political debate, or changing the world. There are some trauma survivors who engage with their traumatic experiences on these visibly elevated levels, but many more who do not. It is the latter group who, I contend, are no less brave. Through my study I seek to recognise how, in her everydayness, the ordinary hero achieves an elevated status by her decision to live and thrive, to retain her compassion and humanity, despite the experiences of trauma she has endured. Therefore, I use ordinary as a qualifier for the concept of hero as a way of releasing the literary trauma victim from the high expectations and standards set by the
traditional and contemporary conceptions of the hero in popular culture and heroism science.

In thus identifying the ordinary hero in trauma fiction, I take particular inspiration from the heroes of Irish literature who hold a specific place in Irish history and culture, and who display characteristics of resistance and rebellion. For example, the main story of the Heroic or Ulster Cycle is the *Táin Bó Cuailnge* (abbreviated to the *Táin*), which features the hero CúChulainn (Kinsella 2002). According to Irish writer and scholar Declan Kiberd (1989), there exists within these tales a hero with a self-reflective nature; the stories’ power to invoke thought, desire or change in the audience; and a tradition of a relational connection between literature and politics whose subversive tales are nonetheless rendered in metaphor to hide their rebelliousness. I am not suggesting that we should read all trauma fiction as Irish tales are read, but rather that we might glean from them how resistance or rebellion are pivotal, and how their imaginative enactment is articulated in the context of recovery, subjective agency and freedom.

**Developing a working definition of trauma**

Since the twentieth-century discussions of trauma, the word ‘trauma’ is now so commonly used in the western vernacular that it is difficult to contain it in a simple

---

5 I acknowledge that characters of these tales are warriors who engage in battles, however my focus is on the nature of their subversiveness, rebelliousness and resilience.

6 The first recordings of these ancient oral stories come from two manuscripts from the twelfth and fourteenth centuries and have been translated by Thomas Kinsella, which is considered by Irish scholars to be an acceptable translation.
definition. For this reason, I develop a working definition that will better serve my discussion in this dissertation. What is evident through the development of this definition are the dynamic links between literary theory and the fields of social psychology, neurobiology, psychology and psychiatry. Several and often contradictory theories of trauma have developed. For example, in the field of psychiatry, trauma now has its own class of disorders diagnosed by a traumatic or stressful event (American Psychiatric Association 2014); neurobiologists describe trauma in terms of traumatic brain injury (TBI), “typically caused by contact and inertial forces acting on the brain” (McAllister 2011, 287); and social psychologists argue that trauma is a socially constructed response to an extraordinary event (Alexander, Eyerman, Giesen, Smelser, and Sztompka 2004).

According to Michelle Balaev (2014), an eminent scholar in the field of literary trauma studies, there is no single idea of trauma, but a diverse set of cultural, social and individual understandings of self, memory and society. Nonetheless, contentious debates continue to circulate, as theorists try to capture what has become a slippery term, not to mention a diverse literary mode. Hence, in the sections below, I draw on various ideas from these fields as a means of positing a provisional definition of trauma to inform the discussions in the following chapters. I briefly trace the history of the concept of trauma here with the intention of showing its complexities. In order to understand the enduring connections between psychoanalysis and literary trauma theory and how the development of each has created tensions and overlaps, I will briefly discuss the history of clinical trauma
approaches and consider them in relation to emergent literary theories and clinical treatments.

**Trauma and Post-traumatic Stress Disorder**

Key concepts that have emerged from the traditional psychiatric and psychoanalytic theories of traumatic experience centre on the psychological responses of the individual, the pathological and unrepresentable dimensions of the experience, and the sociological aspects of the group phenomenon referred to as collective trauma (Granofsky 1995; Balaev 2008; Vickroy 2002). Here I provide a brief overview of some key theories in order to contextualise the progress of knowledge of the development of trauma in literary theory, furnishing a background for the development of alternative approaches in critical analysis and creative work.

From the late 1700s until 1980, trauma was primarily associated with soldiers’ experiences during war. It has been referred to as ‘acute stuporous posttraumatic states’ called ‘idiotism’, ‘nostalgia’, the ‘Swiss disease,’ and ‘soldier’s heart’ (Da Costa 1871). Trauma was identified as a form of anxiety disorder, and was considered by military psychiatrists in America as the result of an inherent weakness in the individual (Jones 1995, 6; Croq and Croq 2000, 47). Identified during World War I, ‘shell shock’ became the ‘combat fatigue’ of World War II.

---

7 Considered a neurosis, “nostalgia” patients were deemed insane and no distinction was made between neurosis and psychosis.
In the 1940s, mass trauma was defined and described by Franklin Jones in “Psychiatric Lessons of War” as “traumatic neurosis” (Jones 1995, 8). This invoked the language of hysteria, which kept trauma firmly in the area of psychological injury. However, this was also the first indication that trauma produced physical symptoms in the form of damage to the nervous system (Luckhurst 2008, 52).

Current understandings of trauma emerged only around the 1980s with the codification of what is clinically referred to as post-traumatic stress (PTS) and post-traumatic stress disorder (PTSD), included in the American Psychiatric Association’s *Diagnostic and Statistical Manual of Mental Disorders* (DSM-III) in 1980 (Hunt 2004, Johnson 2014). According to Matthew Friedman (from the United States National Centre for PTSD), the significant shift in thinking was that PTSD was caused by a traumatic event that occurred outside of the individual and was not due to an individual’s inherent weakness, such as neurosis (Friedman 2013). This distinction catapulted PTSD into mainstream medicine and paved the way for further research and development of treatments. As a result, the definition

---

8 “Combat fatigue” was used by psychoanalyst Abram Kardiner to describe trauma as manifesting symptoms that included flashbacks and amnesia, resulting from overwhelming stress and psychological paralysis.

9 Soldiers were more likely to receive compensation in the form of a pension; “soldier’s heart” was considered psychological, even though arrhythmia, a common symptom, is physical. Sir Frederick Mott (1919) studied physical brain changes and linked brain lesions in “general paralysis of the insane” to syphilis bacterium. He considered shell shock to result from aerial compressions and concussion that produced shockwaves through the spinal fluid and brain causing “invisible” lesions and resulting in nervous disorders. Although he was later discredited, the physical idea did take hold among soldiers who preferred the physical explanation to the suggestion of a mental or psychiatric weakness.

10 The Diagnostic and Statistical Manual of Mental Disorders (DSM)10 (1957) and the DSM II (1968) recognised responses to overwhelming stress and fear, but it was in the aftermath of the Vietnam war, a particularly socially unpopular war that made veterans refuse to talk about their experiences or seek medical or professional help to the point where their post-traumatic stress had become chronic.
of PTSD has undergone several revisions as research into the disorder develops (Friedman 2013). Diagnostic criteria for PTSD are being refined continually in light of new scientific research so that traumatic events, such as the unexpected death of family or a close friend due to natural causes, are no longer included in a diagnosis. The newly refined classification of PTSD has taken it from the class of anxiety disorders into a new class of “trauma and stressor-related disorders,” the classification requiring exposure to a traumatic or stressful event as a diagnostic criterion and more clearly linking several conditions for more refined diagnosis (American Psychiatric Association 2013).

However, it is the perpetual broadening of the definition of trauma within global contexts that demonstrates its complexity and which broadens the scope for representing and identifying trauma within fictional spaces. Drožđek and Wilson argue that in the creation of a safe context for an intercultural encounter in trauma treatment, cultural and societal issues cannot be ignored in the structuring of adequate treatment strategies and in the attempts to come to terms with the impact that trauma has on individuals and groups (Drožđek and Wilson 2007). For those individuals, for example, who continue to live in violent communities, or in foreign communities following forced migration, and who are faced with the task of recovery in these landscapes, the story of recovery is very different. My broadening of the definition of trauma for literary theory takes Drožđek and Wilson’s perspective into account, so that it includes all aspects of traumatic experience: the social, psychological, physical, cultural, political and psychiatric affects and effects

of trauma. Ordinary heroes emerge from within these broadened spaces or landscapes, which offer mediated spaces for representing and identifying ordinary heroes in fiction.

Because trauma responses were once considered to be a weakness of the mind, an attitude that lingers to this day, concepts such as hysteria, madness and traumatic haunting are often found in fictional representations of trauma. Literary scholar Sorcha Wood Anderson notes that the female trauma sufferer, as represented by Catherine Bourne in *The Garden of Eden*, is prone to “uncontrollable laughter, childlike [behaviour], sexual deviance, and the tendency to destroy precious property” (Anderson, 2010, 81); and in Toni Morrison’s *Beloved* (2007), the character of Sethe is tormented by the ghost of her dead daughter, and the haunting past of her experience of slavery.

Understanding the affects and effects of trauma on the individual, and thus how we render trauma imaginatively, and interpret and critique it in fiction, can be further achieved by appreciating the physical impact of trauma on the brain. Advances in neuroscience aid our understanding, which further extends our capacity to comprehend and, ultimately, to grapple with the complexity of traumatic experience. Understanding the biological effects of trauma is critical to developing an awareness of the social challenges for the ordinary hero. Babette Rothschild, psychotherapist and trauma specialist, explains that when the individual is exposed to threat, the brain alters its normal functioning and begins to produce hormones that act as a warning system so that the body mobilises itself for the flight/fight
response (Rothschild 2000, 46-50). The limbic system, which regulates survival
behaviours and emotional expression, releases hormones that prepare the body for
defensive action (Rothschild 2000, 20). The amygdala, which processes and stores
emotions and reactions to emotionally charged events, signals an alarm to the
hypothalamus (its function is to process data with a time-line of personal history
and to process information on its way to the cerebral cortex) (Rothschild, 2000, 31).
In other words, the amygdala tells the body how to respond in any given situation.
Hormones flood in and adrenal glands are activated to protect the body and the
brain and the body prepares for the flight/flight response. Once the threat has gone
and no damage has been done, the body returns to its normal functioning. But with
PTSD sufferers, not enough of the hormone cortisol (hydrocortisone) is produced to
halt the alarm reaction post-threat so that mobilization for fight/flight response
persists (Rothschild 2000, 9, 12). As discussed earlier in this chapter, in the event of
traumatic hyperarousal (where the individual’s life is threatened), the part of the
limbic system that produces states of relaxation and rest (cortisol) is triggered to the
point that it causes a freezing state called tonic immobility (or freeze response).
This effect is what gave rise to the expression “speechless terror” (Freud, 1922;
Chu 2011). Following on from Rothschild’s work is Norman Doige’s ground
breaking text The Brain that Changes Itself (2008) which offers personal stories of
people who have transformed injuries to their brains including healing from PTSD
without surgery or medication (Doige 2008). These neurological changes resulting
from trauma help us understand the effort demanded of the trauma victim to
become reconciled with or to adapt to their social world following such an
experience. This reconciliation between changed self and society presents significant imaginative and creative narrative possibilities for fiction.

As these new insights continue to expand the understandings of trauma, I draw on them to offer a working definition for the purpose of this thesis. Henceforward, therefore, I understand trauma to be the result of a significant external stress on the individual, which interrupts the ordinary functioning of speech, thought, memory, and perception of the relationship between self and the social world. The onset of trauma can be acute (sudden and short-term), or chronic, where the effects are ongoing and recurring, and with a variety of indicators. The difference between this and other common definitions of trauma is that I proffer as broad a definition as possible to include all current definitions: to avoid discarding the traditional, and to make a space for new and innovative perspectives on traumatic experiences that may arise. My aim with this definition is to appreciate the complex variable nature of trauma; to accept the value of traditional perspectives and the evolution of advances in clinical trauma studies; and to reduce the tendency for literary theorists, critics and writers to limit the perspective of traumatic experience in fictional representation and analysis. However, while this is a useful brief working definition of the event and impacts of trauma, in order to locate trauma as part of a subject’s situated narrative trajectory other factors and other dynamics also need to be considered.
Resilience, reconciliation and resistance

As indicated in the previous section, recent clinical discussions on theories of healing and recovery offer avenues through which literary writers and theorists of trauma can gain insights into the experiences of trauma and extend the narrative representational and imaginative possibilities for both writing and analysing trauma fiction. In the previous chapter I referred, briefly, to my claim that resilience, reconciliation and resistance are valuable indicators for identifying the recovery process and thus the ordinary hero in trauma fiction. Understanding how these three elements function together in the recovery process arguably brings a greater depth to reflections on fictional representations and provides an avenue through which the ordinary hero may emerge. Including a study of these three elements enhances appreciation and imagination of traumatic experience and how it may be read or represented in fiction, and extends the possibilities for subjects beyond the conventional madness, illness and revenge narratives.

Resilience

Considering how the trauma victim demonstrates resilience provides a deeper understanding of how trauma impacts on the individual and the community, thus broadening the possibilities and offering multi-faceted opportunities for the fictional representation of and reflection on the traumatic experience. The capacity for resilience can determine the victim’s rate of recovery. There is no single definition of resilience, although James A Chu, a psychiatrist specialising in trauma, cites several descriptions of resilience as posited by other specialists in the field. According to Chu, resilience is a “hardiness” an individual develops in childhood whereby: life is viewed as meaningful; the individual believes that s/he
has control over the outcome of events; and grows and develops from life experiences (Chu, 2011, 28). Severe or chronic childhood abuse can interfere with the development of resilience, for example, in much the same way that an individual’s perspective on life or sense of control can alter as a response to chronic combat or long-term domestic violence (Chu 2011, 28). According to the American Psychological Association, resilience is “the process of adapting well in the face of adversity, trauma, tragedy, threats or even significant sources of threat” (Southwick, Pietrzak and Charney 2014).

Further to this, resilience is evidenced by a person’s capacity to create “caring and supportive relationships within and outside the family... that create love and trust, provide role models and offer encouragement and reassurance” and is demonstrated by an individual’s capacity to make realistic plans and to take steps to carry them out, to develop a positive view of the self and confidence in their strengths and abilities, skills in communication and problem solving and the capacity to manage strong feelings and impulses (Southwick, Pietrzak and Charney 2014, 4). Essentially, this definition involves the process of accepting, adapting to and rebounding from adversity, a characteristic which extends our understanding of the trauma survivor’s experience.

It is the very nature of the victim’s battle to survive not only the traumatic experience/s but also the vicissitudes of life in this process of recovery, which deepens our understanding of the trauma survivor’s experience. Identifying these traits in a fictional protagonist, or indeed creating characters who demonstrate such
characteristics, broadens the scope for identifying and representing more complex
and multi-layered characters who respond to trauma in alternative and interesting
ways. Characters such as Dr Kai Mansaray in Aminatta Forna’s The Memory of
Love (2011) may be viewed (as I show in Chapter Five) through this different lens
as an ordinary hero who displays resilience in the face of civil war.

Reconciliation

In the therapeutic setting, resilience is supported by an individual’s ability to
reconcile with their changed self in order to resolve internal conflicts. In recent
years, the therapeutic model for trauma sufferers recognises the resilience of the
individual and aims for their reconciliation with the traumatic events and
reintegration into society (Chu, 2011, 28). Reconciliation allows an individual
sufferer to accept the traumatic experience and the feelings and behaviours that
accompany a trauma-related diagnosis by encouraging the individual to re-frame
the traumatic experience, remove self-blame that all too frequently exists among
survivors of trauma of varying types, and to become a “survivor” (Chu 2011, 125,
126, 233). Reconciliation has also become a dominant focus for initiatives that
encourage healing within collective traumatic experiences, such as the Northern
Ireland Healing through Remembering Project, which encourages people to tell
personal stories of experiences during what is commonly known worldwide as the
Troubles (Glendinning 2011, 102).\textsuperscript{12} The focus for reconciling through storytelling
is based on the psychoanalytical method that suggests that healing can occur

\textsuperscript{12} The Troubles is a term that refers to the ethno-nationalist conflict in Northern Ireland that began in
the late 1960s. Also known as the Northern Ireland Conflict, it centred on the constitutional status of
Northern Ireland and was a particularly violent campaign that ended in 1998 with the Belfast “Good
Friday” Agreement (Coakley 2004; Mitchell 2013).
through witnessing (Chu, 2011). Whilst trauma theory privileges literature and psychoanalysis as interrelated forms of trauma telling – or testimony – holding to the view that traumatic events must be witnessed by an empathic listener for healing to occur, the need for witnessing has developed into a psychoanalytic paradigm that privileges the speech remedy, coined by Freud as the “talking cure,” which dominates western thinking, (Kidd 2005, 302). This method is, however, only one of many forms of remedy available to the trauma sufferer, and thus limits the possibilities of representation and analysis. It is also potentially damaging to those traumatised subjects for whom this remedy simply does not work and for the fair and authentic representation for individuals and cultures for whom this remedy has limitations.

Reconciliation, for the individual and the community, centres on a deeper understanding of our vulnerabilities. According to philosopher Marina Berzins McCoy, vulnerability is the knowledge we have of our capacity to be hurt: “One can know of one’s own capacity to be wounded directly, by experiencing suffering, but may also know it in significant ways in the anticipation of harm, in its likelihood” (McCoy 2013, vii). Awareness and acceptance of human vulnerability is “important to the thriving of both individuals and communities” (McCoy 2013, ix). That trauma, or tragedy, can strengthen communities in being more responsive to the vulnerable by enlarging its vision of ‘what is’; tragedy enlarges the community’s political reality and helps to reshape its responsiveness to suffering in its own midst (McCoy 2013, 170).
McCoy goes on to argue that having awareness of the “capacity to be wounded” followed by the appropriate response to trauma, are both elements of what she considers “successful communities” (McCoy 2013, ix). Individuals and communities must reconcile themselves with the vulnerabilities that exist within so that “interpersonal bonds” are strengthened and that vulnerability is viewed as “a necessary component of living a rich and authentic human life in community” (McCoy 2013, ix). Vulnerability is part of the human condition, and understanding our own vulnerabilities and those of others keeps our communities together.

McCoy argues also that narrative allows human beings to better become aware of and respond to their own vulnerability, as it is through narrative expression that “human beings find and create meaning about the experiences and patterns in their lives” (McCoy 2013, x). Looking to classical fiction, McCoy refers to the writings of Homer, for example, as representing “wounds and their signifying of mortality as central to the possibility of a meaningful, teleological narrative about human life” (McCoy 2013, x). In the *Iliad* (c726BC), for example, “awareness of vulnerability to death, injury, and even the inevitable ‘forward motion’ of time provide for the possibility of a meaningful individual human narrative” (McCoy 2013, x).

Understanding vulnerability as inherent to the human condition is central to the capacity for reconciliation. For the trauma sufferer, vulnerabilities are exposed at an inordinate level. Reconciliation with self and with traumatic experience may thus be achieved in fiction through representations of and meditations on characters’ feelings of and responses to vulnerability.
**Resistance**

Resistance is a context-sensitive concept, so I expand the context to include more productive and constructive characteristics of the recovery process. The point when a traumatised individual recognises that she has been altered by trauma and refuses to be defined by that experience so that she can live what she considers an *ordinary* life is, in my view, the defining moment of resistance, the moment of reclaiming agency and the moment when the ordinary hero begins to emerge. Therefore, I define resistance as the trauma victim’s conscious refusal to be defined or overwhelmed by her traumatic experiences through her recovery. Specifically, the ordinary hero maintains equilibrium through engaging with the ordinary and mundane aspects of her life, shows compassion, stays connected with community, projects and maintains positive, life-affirming characteristics, and demonstrates protective behaviours towards herself and others, characteristics that have been eroded through the representation of trauma survivors as descending into madness, illness or revenge.

In the clinical setting, resistance is viewed in terms of the trauma sufferer’s defences to change, a resistance to treatment, to discussion, to the talking cure. Seen as a dissociative defence, resistance is a protective measure to avoid “knowing” because there is a psychological gain in “not knowing” (Chu 2011, 60). Resistance, therefore, has a protective aspect. Clinically, its function is to protect the psyche, as though somewhere inside the individual who resists treatment there is an understanding greater than the therapeutic objective, a “knowing” that to speak the unspeakable could cause more damage than silence (Chu 2011, 60).
Resistance is achieved through reclaiming agency and control over self, through conscious choices to accept, and not avoid, the often overwhelming emotional, psychological, physical and spiritual outcomes of traumatic experience that are highlighted during recovery. Redefining resistance in this way identifies the subject of the ordinary hero, representing the survivor’s extraordinary capacity to resist the imposition of traumatic experience in very ordinary, everyday ways. Resistance viewed in this way is a critical component of the fictional representation of the recovery process, often achieved without recourse to the therapeutic process entailed in the traditional western model of healing.

Resistance may be seen in a trauma sufferer’s ability to: demonstrate compassion and humanity; see beauty in the world despite the ugliness that threatens to overwhelm; experience joy; not only envision a future but move towards it; resist being overwhelmed by fear and face life’s challenges; and to find purpose in each day and in the continuation of her life. And most crucially, whilst the urge to forget or suppress the memory of trauma may be strong, the ordinary hero resists the urge to forget and repress. Rather, the memory of trauma acts as a rudder to protect, to guide and to save the victim from possible further dangers. Viewed in this way, resistance is pivotal to an expansive fictional representation of the recovery process through which the ordinary hero may develop. And it is from these understandings that the recovery narrative becomes a portal through which a comprehensive, complex and life-affirming trauma survivor emerges. In a fictional context, the resilient, reconciling and resistant protagonist becomes the ordinary hero who
reclaims (through the process of recovery) agency and self-determination, despite the enormously confronting impacts of traumatic experiences. Through this new lens of the recovery process a new type of narrative begins to appear, one of hope and dignity for sufferers of trauma.

**Conclusion**

By distinguishing between the popular cultural conceptions of heroes, and my concept of the ordinary hero, which embraces the confluence between resilience, reconciliation and resistance, indicators for recognizing the recovery narrative and thus the ordinary hero in trauma fiction can be expounded. Similarly, through a broader and deeper understanding of the recovery process, and its representation in fictional narratives, the ordinary hero may be constructed and read as reclaiming subjective agency and freedom, and so subvert the popularly held view that traumatic experience invariably results in madness, illness or revenge.

I want to acknowledge the resistance of the ordinary hero by representing and analysing their recovery within trauma fiction. Ordinary heroes alter the landscape of their own lives in the aftermath of trauma. Therefore, recognising the recovery narrative in fiction in more complex and life-affirming ways provides the opportunity to alter the landscape of trauma analysis and, in this way, resist the popular madness/illness/revenge narratives that have dominated, and, I suggest, circumscribed the potential for critical analysis and creative exploration. The ordinary hero may then be seen as a subject whose agency, complexity and
adaptability are integral to her survival as she demonstrates resilience, reconciliation and resistance as prominent features of the recovery narrative.

The ordinary hero, unlike heroes before her, is not a new archetype. She is a possibility for diverse subjects and subjectivities. The recovery narrative and its indicators are not offered as generic markers for identifying the ordinary hero in fiction, but rather as a way in which to explore alternative landscapes for trauma representation in fiction. As the following chapters demonstrate, my aim is to lay the foundation for future discussions that expand rather than limit the reading and rendering of trauma in fiction. Hence, in the chapter to follow, I briefly outline the history and the development of literary trauma theory as the foundation for further discussions in later chapters and the potential for more inclusive, complex and varied directions of the field.
Chapter Three. Traditional and Conventional Approaches to Literary Trauma Theory

“You call it a disorder, my friend. We call it life.”

Aminatta Forna The Memory of Love (2011)

Introduction

Traditional trauma theories, developed from the western model of psychoanalytic notions of traumatic experience, form the basis of the trauma narrative. In this chapter, I briefly outline the history and the development of literary trauma theory and discuss the key multi-disciplinary approaches that have shaped conventional analyses of fictional representations of trauma.

In broad terms, what has developed from the traditional psychoanalytical framework in literary trauma theory is an approach that risks generic representations of traumatic experience, thus undermining the possibility or significance of subjective agency, inhibiting the potential for a recovery narrative, and limiting options for identifying and creating an ordinary hero. With this in mind, I will consider the traditional generic approach, which centres on two key areas of concern: first, the tensions between the individual sufferer and the sociological aspects of the group phenomenon referred to as collective trauma; and second, the prevailing need for witnessing and testimony or,
as it is often referred to, the “talking cure.” As these two key areas of concern are germane to my discussions on the identification and creation of the ordinary hero, I discuss them in this chapter in relation to the dominant madness/illness/revenge narratives characterising trauma fiction.

The tensions between theories on the representation of individual and collective trauma are drawn from the transhistorical nature of trauma, where one’s trauma is linked to another’s from one generation to the next; this is the basis of much of the discussion and part of the classic model, as demonstrated in Balaev’s (2008) discussion on the vicarious nature of historical witnessing, and in Jewish holocaust narratives such as Marcus Zusak’s *The Book Thief* (2006), John Boyne’s *The Boy in the Striped Pyjamas* (2006), and African slave narratives such as Lawrence Hill’s *No One Knows My Name* (2007).

As mentioned in Chapter One, the leading theorist in traditional trauma theory, Caruth, developed an approach heavily influenced by Freud’s concepts of dissociation and fragmented memory (Caruth 1995). Caruth adopted Freud’s idea from “Beyond the Pleasure Principle” (1922), in which Freud asserted that the unconscious repetition of trauma was a passive compulsion on the part of the victim of trauma to repeat the experience over and over as though in a continuing loop that

---

13 In *Studies on Hysteria* (1891) Freud and Breuer found that through recalling and verbalising the trauma “each individual hysterical symptom immediately and permanently disappeared when we had succeeded in bringing clearly to light the memory of the event by which it was provoked and in arousing its accompanying affect, and when the patient had described that event in the greatest possible detail and had put the affect into words … The psychical process which originally took place must be repeated as vividly as possible; it must be brought back to its *status nascendi* and then given verbal utterance.” (Freud and Breuer 1891, 7).
makes them unable to express it in narrative form (Freud, 1922). In the case of “traumatic neuroses” Freud claims, “the dream life … continually takes the patient back to the situation of his disaster, from which he awakens in renewed terror” (Freud 1922, 9). This notion of the unspeakable nature of trauma renders the traumatised individual incapable of speaking of their traumatic experience for a period of time immediately following the traumatic experience. Freud claims that if the traumatised individual could tell their story, to speak in narrative form of the events that caused the trauma, then they would be cured (Freud 2001). The verbalising of the experience would cause the symptoms of the continual re-experiencing of the trauma to dissipate. The notion that trauma was unspeakable (without a narrative framework) became problematic for fiction theorists who argued that, since the medium for fiction is linguistic and narrative, a paradox arose in attempting to represent trauma in fiction (Caruth 1996). For these theorists trauma was thus unrepresentable in fiction for two reasons: trauma itself was unspeakable; and without language or the capacity to create a linguistic narrative of the traumatic experience, at least in the instance or moment of trauma, trauma was only representable in the aftermath. Therefore, theorists and writers have relied heavily on Freud’s theory to represent trauma by focussing on its unspeakable dimension, the endless loop of repetition that is represented in madness/illness/revenge narratives and, conversely, through the device of testimony, which provides a narrative and linguistic framework for the representation of trauma in fiction after the fact, and a cure for trauma, within a framework of recovery (Caruth 1996, 2).
I discuss below how Freud’s theory has shaped fiction and literary trauma theory and formed the basis of the dominant view in literary trauma studies that there exists, as Balaev expresses it, an “intrinsic epistemological fissure between traumatic experience and representation” (Balaev 2012, 6–7). Drawn from psychoanalytic theories of trauma, the paradox of the unspeakable forms the foundation for madness/illness/revenge narratives that dominate trauma fiction. It is within this “epistemological fissure,” I propose, that the ordinary hero may emerge in the trajectory of the recovery narrative.

### Caruth and the traditional approach

A defining feature of trauma fiction has been the profound effects that trauma has on the individual. As mentioned, contemporary psychiatric understandings of the effects of traumatic experiences on individuals are derived predominantly from Freud’s work in psychoanalysis, in particular his work on repetitive memory, in “Beyond the Pleasure Principle.” A thorough analysis of Freud’s work is beyond the remit of this thesis, but what is important for this discussion is Caruth’s interpretation of Freud’s work, as it formed the foundation of trauma theory in literary studies (Caruth 1996). Through Caruth’s work, Freud’s theories have

---

14 I acknowledge early discussions of traumatic memory and dissociation by French neurologist Pierre Janet, writing on hysteria in the late 1890s. Janet is not the focus of Caruth’s work; however, he argued that traumatic events affect the mind’s ability to integrate memory into existing cognitive themes so that they are stored differently. This inability to retrieve memory of the experiences under ordinary conditions leads to dissociation, a detachment from “conscious awareness and voluntary control” (Van der Kolk and Van der Hart 1995, 160). Janet observed that traumatic memory is not adaptive, flexible or variable, rather it is a solitary function that is triggered under particular conditions, which he called “subconscious fixed ideas” (Bessel van der Kolk and Onno van der Hart 1995, 160).
traditionally influenced the framing of trauma as hysteria, which placed the experience of trauma soundly in the realm of psychiatric disorder.

Central to Caruth’s theory outlined in *Unclaimed Experience: Trauma, Narrative and Experience* (1996) is the important relationship between testimony and trauma and their inextricable links with the process of storytelling: the telling, the listening and the collective audience. Witnesses of the retelling of trauma are varied and may include readers, counsellors, or participants in memorialisation. For Caruth, trauma fiction is predominantly about the complexities of witnessing and testimony and the problematic nature of trauma testimony that “resists simple comprehension,” so that it is therefore unrepresentable (Caruth 1996, 6). Traumatic shock is, Caruth suggests, a “breach in the mind’s experience of time, self and the world” creating a temporal gap between the trauma victim’s *knowing* and *not-knowing* the experience of trauma, and known only through flashbacks or repetitive re-enactments of events (Caruth 1996, 4, 60).

According to Caruth, Freud was particularly concerned with the traumatised individual whose pathological condition was caused by an event outside their control (as opposed to an inherent or internal neurosis), which causes the individual to repeat the traumatic experience over many times in the form of hallucinations or nightmares (Caruth 1996, 59). There is a delay, Freud claims, between the experience of the traumatic event and conscious understanding of the event, a moment of shock, a moment of *not-knowing* (Caruth 1996, 7). Freud refers to the
repetitive nature of wounding as “traumatic neurosis” (Caruth 1996, 60), an individual’s unwitting re-enactment of an event that cannot be relinquished.

In the introduction to her discussion of Freud, Caruth explains how Freud uses the metaphor of the story of Tancred in Gerusalemme Liberata, by Torquato Tasso, originally published in 1581, to demonstrate how “trauma repeats itself, exactly and unremittingly, through the unknowing acts of the survivor and against his very will” (Caruth 1996, 2). In Tasso’s story, Tancred, the hero, unwittingly kills his beloved Clorinda in a duel. Clorinda is disguised as an enemy knight and is adorned in armour. After Clorinda’s burial, Tancred enters a magical forest and in terror he slashes a tree with his sword but blood oozes from the wound and Clorinda, whose soul is imprisoned in the tree, complains that Tancred has wounded his beloved yet again. Caruth develops this metaphor, adding that the sorrowful voice of Clorinda, paradoxically released through the wound, is the voice that bears witness to Tancred’s wounding: Tancred’s story thus represents traumatic experience not only “as the enigma of a human agent’s repeated unknowing acts but also as the enigma of the otherness of a human voice that cries out from the wound, a voice that witnesses a truth that Tancred himself cannot fully know” (Caruth 1996, 3). Caruth here extends Freud’s literary resonance of Tasso’s story as an unwitting re-enactment of a traumatic event, to include the “sorrowful voice that cries out, a voice that is paradoxically released through the wound” (Caruth 1996, 2; emphasis in original).
Caruth also discusses how the original Greek meaning of the word trauma has changed from a wound inflicted on the body, to a wound inflicted on the mind in psychiatric and medical literature. Caruth argues that Freud’s use of this literary metaphor of the wound offers a psychoanalytic account as part of a complex relation between knowing and not knowing, which interweaves “the language of literature and the psychoanalytic theory of traumatic experience” (Caruth 1996, 3). However, Caruth explains, the wound of the mind is unlike the wound of the body (which Freud claims will heal) (Caruth 1996, 4). Rather, it is a wound of the mind that occurs too soon and too suddenly and unexpectedly for the mind to fully know that it is unavailable to “consciousness until it imposes itself again, repeatedly, in the nightmares and repetitive actions of the survivor,” (Caruth 1996, 4). It is this unknowing that “returns to haunt the survivor,” suggesting that trauma is more than a pathology or an illness of a “wounded psyche” (Caruth 1996, 4). It is “the story of a wound that cries out … to tell us of a reality or truth that is not otherwise available … linked not only to what is known, but also what remains unknown” (Caruth 1996, 4). The incomprehensibility of trauma that Freud further attempts to come to an understanding of in his 1939 text *Moses and Monotheism* (1953), Caruth argues, broadens the scope of trauma from not constituting simply the reality of a violent event, “but also the reality of the way that its violence has not been fully known” (Caruth 1996, 6). Freud uses the analogy of an accident, its shocking and unexpected nature, that “conveys the impact of its very incomprehensibility,” and the reality of that experience that returns to “haunt the victim” (Caruth 1996, 6). The shocking and the unexpected, Caruth suggests, are what lay at the core of trauma stories, which may not be simply about the
individual’s encounter with death, but about the individual’s survival, a “kind of double-telling, the oscillation between a crisis of death and the crisis of life” (Caruth 1996, 7; emphasis in original).

For Caruth, the unbearable nature of traumatic events exists in repeated memories in the form of “hallucinations, dreams, thoughts or behaviours”, which emanate from the traumatic event, as well as numbing or increased arousal to stimuli (Caruth 1995, 4). The pathology of trauma is in “the structure of its experience or reception: the event is not assimilated or experienced fully at the time, but only belatedly, in its repeated possession of the one who experiences it” (1995, 4; emphasis in original). Modern analysts, Caruth claims, have remarked on the “literality and nonsymbolic nature of traumatic dreams and flashbacks,” a truth in knowing that is delayed, which forms the core of traumatic experience (Caruth 1995, 5). Trauma is, Caruth says, a symptom of the unconscious but, more importantly, a symptom of history as the traumatised person “carries an impossible history within them, or they become themselves the symptom of a history they cannot entirely possess” (Caruth 1995, 5). These truths, she argues, are not immediately recognizable as truth, and can best be understood through the acquisition of facts concerning the event, and through determining where and why conscious understanding and memory fail. I note here that Caruth and others do not focus on the individual’s survival but rather on the collective response to atrocity. However, and as I discuss in the following chapters, more recent theoretical work moves the focus to the individual, and my work seeks to place more attention on individual survival as
integral to the development of a recovery narrative, allowing for the emergence of the ordinary hero.

It is thus through the interpretation of a selection of Freud’s texts that Caruth develops her theory of linguistic witnessing of the wounded psyche, which she applies to literary texts (Caruth 1996, 5). Bearing witness to the wound is key to the demands of testimony and the literary avenue through which our understanding as readers, and thus as witnesses, of traumatic experience is gained. Nonetheless, the paradox of the crying voice and the unspeakable nature of trauma raises issues for the rendering and representation of trauma in literature.

**Individual and collective experience**

Dominating many discussions of traditional literary approaches to trauma is the tension between individual and collective experience and how each is represented in fiction. Whilst it is my position that the recovery narrative is more fully realised through the representation of an individual subject’s experience, it is important to consider how the tensions between collective and individual representation and analysis have influenced the critical discussions of literature. In novels where the social and political concerns of the collective dominates the narrative, the individual experience may be lost. Therefore, I begin a discussion of the tensions between individual and collective representations here as a foundation for a later discussion in Chapter Four, where I demonstrate how a text that focuses on the individual within the specific social context in which the individual is situated,
rather than on the broader, political aspects of the collective narrative provides a potential space for the ordinary hero to emerge.

**The individual**

The experience of trauma causes “the disruption of the normal integration of experience” leading to psychic distress and a paralysis of functioning referred to as dissociation (Chu 2011, 41). More commonly referred to as fracturing of self-identity, this disruption and fracturing interrupts the victim’s sense of subjectivity and agency. Dominant analyses of trauma fiction focus on the effacement or negation of the trauma victim’s subjectivity. According to van Alphen, when an individual is traumatised, their conscious choice is removed, their subjectivity is eroded, or becomes an “ambiguous battered, feeling of subjectivity” (Van Alphen 1999, 29). An individual who is denied subjectivity and agency is unable to express their experiences because their capacity for narrative along with a narrative framework is lacking. In trauma novels in which the focus is on the political concerns of the narrative, the individual protagonist may be overlooked by critics, thus denying agency and individual subjectivity. Whilst an individual’s experience of trauma is inexorably linked to collective experience through her connection to the larger social and political issues of traumatic experience, and a protagonist not only represents an individual’s experience in the context of broader social and cultural traumatic events (an historical and cultural figure representing a group or collective experience), the denial or marginalisation of a protagonist’s subjectivity inhibits any opportunity for her to reclaim agency, which is critical to her recovery (Balaev 2008, 155; Chu 2011).
Collective experience

The representation of individual experience and collective experience are not mutually exclusive; however, arguments by literary theorists such as Caruth, Balaev (2008), and Dominick LaCapra (2011), around the dominance of collective focus centre on the collective in an attempt to foreground the political and cultural aspects of traumatic experience, for instance in transhistorical events such as slavery. Thus, the focus of traditional literary analysis of trauma novels has been the collective experience, predominantly the African–American identification with the history of African slavery in America between the seventeenth and nineteenth centuries, evident in such novels as Morrison’s Beloved (2007); and Jewish identification with historical events such as the Holocaust of World War II evident in narratives such as Tadeusz Browski’s short fiction collection This Way for the Gas, Ladies and Gentlemen (1976). Hence, a discussion of collective trauma includes concepts of vicarious experience, transhistorical and cultural trauma, each of which I discuss here to demonstrate the tensions in literary theory between these concepts and the focus on an analysis of the individual subject’s traumatic experience.

Theorists such as LaCapra, a historian whose focus of study is the representation of the Jewish Holocaust (2001), argue that collective trauma reaches beyond the historical witnessing of those who experienced the initial events to those who descended from the first witnesses and victims. The trauma, LaCapra argues is transmitted from one generation to the next, or one person to another, by way of a mechanism he refers to as “empathic unsettlement.” Balaev refers to this trauma as “transhistorical” trauma (Balaev 2008, 152). The sense of undefined time (usually
represented through an interrupted narrative of flashbacks and non-linear narrative) and the repetitive experiencing of trauma characteristic of many trauma novels supports Caruth’s literary theory of vicarious trauma “making a parallel causal relationship between the individual and group, as well as between pathological and traumatic experiences” (Balaev 2008, 152). Vicarious trauma affects generations of people who are connected by an attribute such as race, religion or gender and connected through a traumatic event that “infects” an individual “living centuries later” (Balaev 2008, 12, 152). Caruth claims that through the act of storytelling, and the way in which we are “implicated in each other’s traumas,” the trauma affects the listener either as an individual, or collectively through shared ancestry or ethnic origin (Caruth 1996, 24). Individual trauma may not only be passed to others who share the same origins, but may also lead to the claim that the listener can experience the trauma as though they were experiencing it firsthand (Balaev 2008, 153). While it is crucial to acknowledge the significance and impacts of collective trauma, when the collective story does dominate, the individual’s experience may be objectified or even negated when filtered through representations of ‘vicarious trauma’. Additionally, there is a risk, according to psychologist Kirby Farrell, that storytelling that “implicates” the listener, as Caruth claims, can thereby be experienced by everyone through such vicarious means (Farrell 1998).

15 In therapeutic terms, James A Chu, leading psychiatrist in trauma studies, discusses this phenomenon in terms of countertransference, where the therapist’s assumptions about the world are altered through listening to and empathising with patients. Chu argues that this difficulty in the therapeutic setting is often caused by therapists’ failure to talk about their own vulnerabilities within their support networks (Chu 2011).
Cultural theorist Christine Muller draws a parallel between “shared trauma,” which, she argues, jeopardises the dominant paradigms of “meaning and power,” and the individual’s recovery in the aftermath of trauma, which requires an adjustment to “cultural formations and power” (Muller 2017, 12). The stakes for restoring “meaning and security” through the development of altered cultural constructs are, Muller argues, equally high for both the collective and the individual (Muller 2017, 12). The intersection of the two comes through survivor testimonies, through the relationships between narrative/teller and witness. It also demonstrates the interconnectedness of the binary, and expands the capacity for the promotion of new meanings for both the individual and the collective. Muller’s recognition of the interconnectedness of the individual and the collective experience asks for a more co-operative relationship between the competing binaries. Through the broadening of the collective ownership of trauma, the individuals who experienced the original trauma all but disappear; their importance to the original story may be completely negated by the subsequent vicarious and collective responses of following generations. Therefore, the individual’s struggle for survival and her capacity to recover resemble stories that have no space in which to develop. These ordinary heroes struggle to emerge from the rubble of so many voices vying for recognition of their shared histories. By focussing on the individuals’ stories within the context of the historical/collective story, as I propose, by paring the complex layers of transhistorical trauma, a space may be created for the individual protagonist to reclaim agency and subjectivity, and claim ordinary hero status.
Inherent in the representations of trauma is a conflict between personal autonomy and the cultural, economic, social and political expectations of a group the advancement of which risks sacrificing the integrity of the individual (Vickroy 2002, 36). Arguably, when we read a text with our focus on the collective experience of trauma, we risk denying subjectivity to the individual character, thereby, according to van Alphen, reducing the individual to nothing (Van Alphen 1999, 30). Yet, that same text may be read/analysed with an individual focus, such as Morrison’s much discussed novel *Beloved* (2007), a prodigious example of how a text can be read as a narrative account of simultaneously individual and collective trauma. The novel, like many of Morrison’s, has been read predominantly for its political anti-slave message, as a transhistorical trauma novel (Bouson 2000), as an American slave novel that “references and modifies the slave narrative themes of violence, enslavement, and resistance” (Balaev 2012, 19). Similarly, whilst Borowski’s short stories may be read as representing the collective, political and social concerns of the Holocaust, the stories are also intimate representations of individual experience, often brutal and deeply disturbing accounts (Borowski 1976). The challenge is for theorists and authors of trauma fiction to consider the alternative focus of the recovery narrative in order that the protagonists’ subjectivity and agency may be retrieved, a claim I will discuss in the following chapter.
Memory and testimony

Memory and testimony are at the heart of traditional theories of traumatic experience, responses and expressions. Memory and testimony are inextricably linked through the act of telling, the creation of narrative that enfolds memory. Testimony is not possible without memory. If testimony aids in bringing the unconscious (or the unknown, as Freud puts it) to consciousness, thereby bringing to the forefront the traumatic memory of an incomprehensible event, then how that recall is achieved appears to be critical in the survivor’s healing, and provides endless possibilities in rereading traditional accounts and in the possibilities of the different future renderings in fiction.

Traditionally, the fragmenting effects of trauma on memory, loss of and “failed” memory have dominated literary discussions and representations of trauma (Caruth 1995; Alphen 1999; Vickroy 2002). Therefore, grasping the essence of memory and its links to testimony is fundamental to understanding the traditional claim that interrupted memory caused by trauma needs testimony as a curative. Psychiatrist and specialist in the treatment of trauma, Judith Herman, claims “that the ‘action of telling a story’ in the safety of a protected relationship can actually produce a change in the abnormal processing of the traumatic memory” and cause a reversal of the physioneurosis brought on by trauma; thus, a cure for trauma through narrative (Herman in Balaev 2012, 8). The therapeutic method of verbalising pain, with the rider that the experience of telling must involve an empathic or authentic listener, is a commonly held view (Meiselman 1990, 1; Felman and Laub 1991, 58; Herman 1992, 182–183; Tal 1996, 156; Vickroy 2002, 6). As a means of exploring
alternative ways in which testimony and witnessing may be represented through narrative, my aim here is to discuss briefly what I consider to be the most relevant issues relating to processes of memory and its links to testimony and witnessing.

**Defining memory**

The discourse of memory emerged in the late nineteenth century in Europe and is therefore, according to Anne Whitehead, “embedded and inseparable from the particular concerns of western culture” (Whitehead 2008, 13). The concept of traumatic memory is constructed within complex paradigms that have developed in western civilisation in post-industrialised contexts. Whitehead (2008) opens her article with reference to Allan Young’s (1995) argument that traumatic memory, or references to it, did not exist in pre-nineteenth century literature and concludes that traumatic memory is not

    timeless, nor does it possess an intrinsic unity. Rather, it is glued together by the practices, technologies, and narratives with which it is diagnosed, studied, treated and represented and by the various interests, institutions and moral arguments that mobilized these effects and resources (Whitehead 2008, 13).

Similarly, I view and discuss memory and its links to testimony as a shifting phenomenon and in context-sensitive ways. By understanding the fluid nature of memory and its links to testimony, we are able to question, as I do in the next chapter, the dominant representational device of testimony in trauma fiction. If memory is fluid, and often unreliable, then the strength of testimony is limiting as a fictional device. So here I discuss the traditional links between memory and testimony, and the claims of testimony’s powerful healing effects.
According to Pierre Janet, there is a link between memory and testimony where “memory is an action: essentially, it is the action of telling a story” (Janet in Van der Kolk and Van der Hart 1995, 175). For Van der Kolk and Van der Hart, the act of telling, or testimony, is an action that aids the integration of subjective experience into memory. Repetitive actions, such as cleaning teeth, riding a bike or driving a car, are necessary for the integration of experience into memory, which Van der Kolk and Van der Hart refer to as individual and cultural memory. Narrative memories are those that are emotionally charged and sensory, with stories attached (Van der Kolk and Van der Hart 1995). While there does not appear to be a universally agreed model of memory, it is the accepted view that “memory is a collection of systems for the storage and recall of information (personal experiences, emotions, facts, procedures, skills and habits)” (Senor 2005). These memory systems are imperfect and unreliable and, according to psychologists Sharon Hannigan and Mark Reinitz, “a fundamental goal of memory is to encode a coherent story of an event as a whole, rather than simply to encode individually experienced items” or, simply put, to tell a story (Hannigan and Reinitz 2001, 932; Senor 2005). In essence, and what does not appear to be disputed is that memory functions in part as narrative process. It is the concept of narrative memory that is the focus of this discussion, for it is the commonly accepted and traditional view that the disruption of narrative memory is caused by traumatic experience, thus how that experience is represented in fiction is critical to trauma narrative. Consequently, the reliance on memory as the driver for testimony may lead to unreliable narratives that inhibit rather than encourage healing.
In this section, I discuss in more detail the concept of traumatic memory as a foundation for later discussions on the limitations of testimony as a literary device for representing trauma in fiction. Understanding the complexities of traumatic memory will aid discussions on the challenges of representing trauma, as well as highlight how testimony may not be the life-affirming activity it is traditionally claimed to be. The need for testimony may be based on cultural expectations rather than any perceived notions of actual healing that testimony may enable. In western culture, we accept that “the ordinary response to atrocities is to banish them from consciousness” (Herman 1992, Introduction xx) and that our adaptation (as survivors) to traumatic events is through survivor testimony as a therapeutic model for healing. Memory of traumatic events may be fractured and often repressed, causing destructive behavioural symptoms in the survivor, such as dissociation, the beginnings of the theory attributed to Janet, who described dissociation as a failure of integration rather than a mere separation of memory, a direct psychological defence against overwhelming traumatic experiences (Van der Kolk and Van der Hart 1989).

Traumatic memory, then, according to Alphen is “failed memory” because trauma creates the impossibility of experiencing and subsequently memorising an event, which renders it unspeakable and unrepresentable (Alphen 1999, 26–27). Alphen argues that as trauma results in denied subjectivity, in other words in the subject’s inability to tell, conscious choice is removed and subjectivity is thereby eroded. Experience is unrepresentable when the capacity to narrate, i.e. to speak of one’s
experience in the form of a story, is eroded or lacking due to the lack of a narrative framework. The narrative framework is non-existent because the experience of trauma is outside the frame of experience and shared expectation, (Alphen 1999, 32). However, the erosion of subjectivity by the inability to speak and thereby to create a narrative framework raises two issues: one, only those with language have subjectivity, and two, traumatic experience is only representable through a spoken, or as Joan Scott suggests, a linguistic, narrative framework. Further, Luckhurst (2008) argues that the deferred impact of the unspeakable nature of the traumatic event is a recurrent wounding that removes agency from the individual and that disregards the survivor’s experience of trauma.

Mieke Bal argues that narrative memory is a social construction within a cultural framework that enables past memory to make sense of the future; thus, traumatic memory, or non-memory, is a non-social and solitary activity (Bal 1999). Therefore, Bal claims, for traumatic memory to be recalled it needs to be integrated into the present through a mediator, a “confirming witness” who chooses to listen, thereby creating a relationship between teller and witness. Without this relationship, Bal explains, an individual’s healing cannot occur, as integration is only possible through interaction with others (Bal 1999, x). In the following chapter I discuss the possibilities for extending this relationship between teller and witness, and how the creation of a narrative framework beyond the linguistic (testimony-based) representation may provide alternative avenues for representing recovery. Novels about the Jewish Holocaust of World War II dominate early discussions about trauma and continue to be produced as examples of trauma narrative and historical
witnessing. Narratives such as Borowski’s *This Way for the Gas, Ladies and Gentlemen* (1976) and John Boynes’ *The Boy in the Striped Pajamas* (2006) provide grim details of traumatic experiences in concentration camps as fictionalised forms of survivor testimony, and push the boundaries of representing trauma. I suggest, in the following chapter, that we look beyond testimony to the symbolic and metaphoric representations of trauma through characters’ relationships with, among other aspects of traumatic response, place, setting, the body, social interactions, actions, behaviours, expressions of emotion, and the future. And I discuss how a narrative framework reliant on the trauma survivor’s spoken utterances may limit the scope for representing the ordinary hero.

**Testimony**

In this section I look at the use of testimony as a sometimes questionable technique to support collective healing, although it has dominated renderings and readings of fictional representations of historical trauma. The emphasis on testimony as an integral aspect of trauma recovery has had wide appeal. For example, during the Northern Ireland Peace and Reconciliation Process (NIPRP), healing through testimony and witnessing was at the forefront of the process. Will Glendinning, coordinator of Diversity Challenges, an organisation set up as part of the NIPRP, explains that witnessing through storytelling was an essential element of The Northern Ireland Healing through Remembering Project as it “gives the storyteller a sense of being heard, that their story has value, while it informs the listener/reader” (Glendinning 2011, 102).
Theorist Jeffrey Alexander, argues that trauma is manifested by “the individual and collective reactions” to traumatic events occurring when the collective or group have been subjected to “a horrendous event that leaves indelible marks upon their group consciousness” (Alexander, Eyerman, Giesen, Smelser and Sztompka 2004, 3, 1). Not only does the trauma damage the individuals within that group in profound and irreparable ways, but it is also “a blow to the basic tissues of social life that damages the bonds attaching people together and impairs the prevailing sense of communality” (Erickson cited in Alexander, Eyerman, Giesen, Smelser, Sztompka and Piotr 2004, 4; emphasis in original). Through witnessing and testimony those damaged bonds may begin to heal the community and the individual, which can extend into future generations.

The shared nature of testimony, that is, the requirement for the other to listen and bear their own witness, means that testimony once given is necessarily repeated; the teller is compelled, claims theorist Ursula Tidd, to tell the same story, seeking a new or better listener (Tidd 2005, 408). Laub appears to be in agreement with this position, making particular reference to the Jewish Holocaust of World War II, and claiming that survivors have “an imperative need to tell and thus to come to know [their] story” (Laub 1995, 63; emphasis in original). I use the experiences of Laub as a witness to holocaust testimonies as an example of the way in which testimony is performed, witnessed and shared, and how, through testimony, the trauma survivor may move towards healing, or conversely may continue to remain, as Caruth says, in an endless repetition of the traumatic experience. The point here is that, whilst the survivors are compelled to tell their stories, there is no guarantee of
integration of memory, no guarantee of a *cure* through testimony. Often, testimony
can stand in the way of healing.

As an observer of the testimony and witnessing of others, Laub notes the
relationship between the witness and the listener (of the process of witnessing), of
retreating and moving towards a truth of the distorted and unreal memories (an
elusive horror), and what he refers to as a “buried truth” (Laub 1995, 63). It is this
third aspect of Laub’s connection with witnessing that is of particular interest in the
formulation of fictional narrative: the act of telling, Laub claims, that releases the
survivor from the unknown and unspeakable. Laub explains that a witness is
invoked through the trauma victim’s act of speaking, through language, through
narrative. In a rather complicated articulation of promises, Laub suggests that the
testimonial is a promise of truth, that by speaking of the horrific events of the past
the individual survivor will return to a sane and *normal* world (the world the
individual inhabited before the traumatic event/s) that will make sense (Laub 1995).
But because the truth is suddenly available, through testimony, Laub explains, the
reality of events cannot be avoided. They are brutal and undeniable, and must be
confronted, so the promise of normality is, Laub asserts, an immediately broken
promise. “Testimony is,” Laub claims, “inherently a process of facing loss – of
going through the pain of the act of witnessing, and of the ending of the act of
witnessing – which entails yet another repetition of the experience of separation and
loss” (Laub 1995, 74). For Laub, “the longer the story remains untold, the more
distorted it becomes in the survivor’s conception of it” to the point that the survivor
comes to doubt their own memory and the reality of the actual events (Laub 1995,
64). However, and crucial to my argument for exploring alternative devices to testimony, Laub admits that although the survivors all share the need to tell, there is an inadequacy in the storytelling approach because

no amount of telling seems ever to do justice to this inner compulsion. There are never enough words or the right words, there is never enough time or the right time, and never enough listening or the right listening to articulate the story that cannot be fully captured in thought, memory, and speech. The pressure thus continues unremittingly, and if the words are not trustworthy or adequate, the life that is chosen can become the vehicle by which the struggle to tell continues (Laub 1995, 63; emphasis in original).

This endless repetition, these failed representations, demonstrate the paradox of witnessing, the unspeakable versus testimony that is at the heart of traditional discussions of trauma and its representation.

The most concerning aspect of the assumption of a cure through testimony is that if such a cure is not possible, the patient has “failed” to self-cure (Chu, 2011). When testimony is viewed as the curative for trauma, it is easy for the writer and reader of trauma fiction to rely on it as the only possible response, but this rigid view not only lacks the possibility of alternative views, it rests on two key assumptions that are at odds with my concept of the ordinary hero: that normality, or the status quo, existed before the traumatising event, and that trauma can, in fact, be cured. This approach has proven problematic for the trauma survivor. First, the assumption of normality refers to the relative concept of “normal,” which cannot be applied universally or generically. And so we find ourselves back in that simplistic generic territory once again. Secondly, as it is now understood that the brain is affected by trauma, the assumption that the brain, once traumatised, can self-repair to the state
it was in before the traumatising event has no scientific basis (Chu, 2011). Novels such as Sindiwe Magona’s *Mother to Mother* (1998) challenge the traditional notions of memory, traumatic memory and the curative value of testimony. By breaking down the traditional expectations of traumatic memory and testimony through the reading and rendering of narratives like Magona’s, alternative narratives, and our reading of them, can only expand our understanding of traumatic experience, and the myriad ways in which it may be represented in fiction.

**Madness/illness/revenge narratives – representations of extreme responses to trauma**

The tropes of madness, illness and revenge have been drawn extensively from psychoanalytical understandings of trauma and traumatic experience; thus, I discuss them here as a foundation for discussions in the following chapter on the restrictions these dominant tropes place on the rendering and reading of trauma fiction. Novels that represent trauma within the madness/illness/revenge narratives typically focus on extreme and dramatic responses to traumatic experience. In this section, I look at the three tropes that have traditionally dominated fictional representations and analysis of traumatic experience to the exclusion of other possibilities. By recognising the limitations of these tropes writers and analysts may find alternative approaches to reading and rendering trauma that expand, not only the representation of trauma, but through these representations and analyses understanding of broader and more diverse responses to trauma through fiction.

*Madness*
PTSD is traditionally represented in trauma fiction as madness. The notion of madness is drawn from Freud and Janet’s early discussions of hysteria, Caruth’s discussions of the diseased mind, and Felman’s discussions on madness (Janet 1920; Breuer and Freud 1937; Felman 1975; Caruth 1996). For example Beloved (2008) appears to draw on western psychoanalytical formulations of trauma and psychosis to represent internal and external conflict of the protagonist, Sethe. Traumatised by her experiences of slavery, she kills her daughter, Beloved, to “protect” her from a similar fate, then descends into a “madness” that is agitated by her haunting by Beloved. Sethe ultimately wills herself to death. The following extract demonstrates how Sethe is unable to free herself from the conflicts of slavery and her internal conflict to save her children as she is caught in an endless loop of remembering the past because

her brain was not interested in the future. Loaded with the past and hungry for more, it left her no room to imagine, let alone plan for, the next day. Exactly like that afternoon in the wild onions – when one more step was the most she could see of the future. Other people went crazy, why couldn't she? Other people's brains stopped, turned around and went on to something new… (Morrison 2007, 83).

The haunting by Beloved represents the endless pain of trauma and demonstrates Sethe’s inability to move beyond the experience except through her death. Sethe is drawn into madness as the popular response to trauma, as “other people went crazy, why couldn’t she?” Here, the narrative suggests an alternative response of stopping the memories of the past from dominating Sethe’s life. She is kept in her past, unable to see a future, thus doomed to repeat her trauma over and over again in a loop of pain and suffering. Sethe’s stagnation demonstrates a traditional view that
Sethe’s future lies only in madness and not in healing. In the following chapter I discuss recent, alternative readings of Beloved.

**Illness**

The narrative thread of illness is disseminated through trauma fiction and evident in Jennifer Johnston’s *Fool’s Sanctuary* (1988). Running through this novel is also the trope of the “unspeakable” as the protagonist, Miranda, is an elderly woman on her death bed rendered speechless. However, she recalls events during World War I and the War of Independence in Ireland in the 1920s, a time when it was dangerous to speak about politically motivated events of the conflict between the Irish Republican Army and the British security forces in Ireland. Johnston’s narrative, in the present tense, is told in the first person ironically by a woman who cannot speak. Miranda, thus invokes the difficulties of representing the unspeakable nature of trauma. She tells her present story in a dislocated manner, flashing between the present of her illness and brief flashes of the past of her traumatic memory. Her story is, in a sense, an unheard testimony: an un-vocalised rendering of traumatic experience of both the past and the present. Miranda’s traumatic past is told through third-person focalised narrative, as though the task of telling is beyond the capability of Miranda, which of course it is, given her speechlessness. Johnston’s text thus draws on the belief, outlined above, that for healing to occur the victim must find a narrative response, must be capable of telling the story. As Miranda cannot speak, she is thus permanently rendered silent and bedridden, denied subjectivity, and dies without vocalising her story. But of course, given the political climate, the cultural expectation is for silence. Thus, Miranda is rendered silent until her death. Johnston’s novel highlights the complexity of representing the
unspeakable, and sets up the tensions between the unspeakable nature of trauma and recovery through testimony, as I discuss further in the next chapter.

**Revenge**

Revenge narratives abound in literature from the multi-layered Homer’s *Iliad* (c726BC) and Shakespeare’s *Hamlet* (c1603), to popular fiction writer, Stieg Larsson’s *The Girl with the Dragon Tattoo* (2011) whose protagonist takes revenge against her guardian who has raped her repeatedly. Rape revenge narratives draw on notions of madness, which perpetuate notions of irreversible damage to women “to the extent that the experience enables previously non-violent women to take a gun, torture and kill the rapist,” (Schorn 2013). The representation of traumatic experience within the revenge narrative typically privileges further violence as a means of recrimination. As Pieter Vermeulen argues, it is trauma studies’ focus on the collective’s intrinsic association with “suffering woundedness [that] may very well end up contributing to a ‘politics of recrimination’.” As a result, “the drive to eradicate the effects of suffering ends up reaffirming the logic of violence” (Vermeulen 2014, 141). Thus, the original protest to the harm caused by violence is negated, and the violence of revenge is legitimised as it is given just cause. Whilst this response may be titillating for the reader, it does not necessarily lead to healing or recovery for the individual victim. These narratives serve to isolate the individual’s experience of trauma and do not offer space for mourning or recovery except through a fantasy act of revenge. This generic and limiting view of trauma is

---

16 This type of revenge narrative may be influenced, albeit perhaps unwittingly on the part of the author, by early theories on hysteria diagnosed in women that suggested that women were more vulnerable to mental illness due to an inherent weakness related to, among other things, her inability to procreate. Freud’s *Studies on Hysteria* with Joseph Breuer (Breuer and Freud 1937) perpetuated the notion of hysteria in women.
fixed firmly within the realm of traditional psychoanalytical understandings of trauma. Literary renditions of rage and revenge based on psychoanalytical viewpoints arguably limit readers’ capacity to imagine and understand the survivor of trauma.

**Conclusion**

In this chapter I have outlined how literary trauma theory relies on a traditional model, which draws on psychoanalytical theories that have shaped much of the writing and analysis of fictional representations of trauma since the 1990s. Trauma has a history of being viewed as psychiatric, pathological and therefore unrepresentable, a paradox that continues to interest theorists and that influences the reading and analysis of fictional texts. The representation of dislocated memory draws on the tensions between the unspeakable nature of trauma and the desire to tell, and I have looked briefly at devices such as testimony, flashbacks, and dislocated narratives that some writers have used to contend with these tensions, as a means of highlighting the limitations of relying on traditional perspectives.

These dominant approaches have shaped literary trauma theory, and have laid the foundation for contemporary discussions that argue for a shift from, and an expansion of, these early notions. Caruth’s legacy is significant here for its foregrounding of the paradox of the unspeakable, therefore unrepresentable, nature of trauma and how it is characterized through: memory and testimony; the tension between individual and collective experience of trauma and how each is
represented in fiction; and the madness/illness/revenge narratives that dominate trauma fiction and present an arguably skewed approach to representing trauma.

In highlighting the traditional approaches that form the foundation for trauma theory I have prepared the ground for a shift away from the psychoanalytical focus, and its embedding in western notions of madness/illness/revenge narratives. I agree with Craps (2014), and other scholars (Balaev 2012; Rothberg 2014; Kabir 2015) who contend that a reliance upon the psychoanalytical foundations of trauma, rather than an expansion of the knowledge and understanding of the trauma experience, has produced a generic, sometimes monolithic, approach to trauma that generalises the experience and denies agency to the individual in a specific historical and cultural context (Balaev 2012; Beulens 2008). Situated within a psychoanalytic framework, literary trauma theory has remained largely static despite the development of trauma theories in fields beyond literary studies.

With the burgeoning production of trauma novels in the past decade and the diversity of subjects, novels such as Kate Grenville’s The Secret River (2005), which tells of the early settlement of New South Wales and the traumatic experiences of both the indigenous inhabitants and new settlers, and Evie Wyld’s All the Birds, Singing (2014), which is an intimate tale of a woman’s survival and recovery from trauma on a remote island in the British Isles, for example, a single method of textual analysis is proving inadequate. New theoretical perspectives are being explored that require readings of trauma novels from perspectives other than the traditional model. Fiction such as Aminatta Forna’s The Memory of Love (2011)
and Chimamanda Ngozi Adichie’s *Half of a Yellow Sun* (2006) expose the limitations of western theories to make sense of texts dealing with trauma and, in the case of Forna, directly challenge the benefits of western methods of healing from trauma in non-western cultures. In this chapter, I have outlined a path for emerging and innovative approaches to reading and rendering trauma in fiction, and for the development of an alternative recovery narrative featuring the emergence of the ordinary hero. In the following chapter I will highlight the specific limitations of traditional theories and narratives alluded to in this one, and will show how new understandings may influence the creation of alternative approaches to reading (and writing) the trauma narrative.
Chapter Four. Emerging and innovative approaches to literary trauma theory

“Any fool can fight a winning battle, but it needs character to fight a losing one, and that should inspire us…”

W.B. Yeats in *Our Irish Theatre* by Lady Gregory (1913)

Introduction

In Chapter Three I offered an overview of literary trauma theory, discussed the ways in which the trauma survivor has typically been represented in fiction, and explored how these representations have been analysed by literary theorists within conventional frameworks. Drawn from a complex of disciplines from other fields of study such as psychology, psychiatry, neuroscience and social psychology, I established that these frameworks are typically reliant on traditional theories of psychoanalysis, a reliance that has more recently been criticised for the limitations such perspectives impose on the fictional representation of trauma as well as on its analysis.  

17 For critiques on trauma theory as a “western artefact” originating in a variety of medical and psychological discourses see Craps (2010, 48). See also Whitehead’s discussion on how post-colonial literature responds to local, non-western concerns of “suffering, loss bereavement, recovery and healing” (Whitehead, 2008, 15); and a series of articles in a special issue of the journal *Humanities* (2015), entitled “Decolonizing Trauma Studies: Trauma and Postcolonialism,” edited by Sonya Andermahr. In this issue, authors variously discuss the development of decolonized approaches that challenge the dominance of historical and dominant eurocentric views of trauma theory.
In this brief chapter, a reflective preface to my analysis of Forna’s *The Memory of Love* (2011) in Chapter Five, I consider how the traditional approaches to literary trauma theory have arguably produced limiting stereotypes, which harness the madness/illness/revenge dimensions of trauma narrative developed by means of the dominant discourses of memory and testimony. I also examine how trauma theory’s classic conundrum of the paradox of the crying voice and the unspeakable nature of trauma risk obscuring the survivor’s agency by disregarding the survivor’s individual experience as well as their status as a subject (Caruth 1996). In contrast, a pluralistic trauma model acknowledges the variability of trauma in its definition and representations, and may emphasise the active potential of the individual for making meaning in the moment of trauma (Balaev 2014, 6). By broadening the approach to consider a new framework that is “inclusive and culturally sensitive” (Craps 2014, 50), a far richer diversity of both fictional representations of and theoretical approaches to reading trauma fiction becomes possible beyond the survivor narrative. To recap, briefly, survival narratives focus on the development of the trauma victim’s degenerative characteristics following trauma, while recovery narratives deal with more productive and affirming subjectivities and include explorations of the interaction between resilience, reconciliation and resistance. Thus, I also consider how emerging and innovative approaches to trauma are developing to include recovery narratives, situated in the aftermath of trauma, which focus on the reclamation of individual agency, and how the ordinary hero can emerge through the development of new, alternative and challenging representations and analysis of traumatic experience, in both contemporary and canonical texts.
Shifting the boundaries

By examining texts that transcend traditional approaches, we begin to understand traumatic experience, its complexities and diverse expressions. By considering these differences, we may also imagine other possibilities for representation and analysis that extend to recovery narratives, tracing the stories of ordinary heroes and other yet-to-be-imagined possibilities. Adichie’s *Half of a Yellow Sun* (2006), for example, captures the impact and immediacy of the Nigeria–Biafra war on the Nigerian people. Adichie’s novel is a confronting and candid portrayal of traumatic experience, its immediate and long-term effects on civilians evident in the following passage:

The woman with the calabash nudged her, then motioned to some other people close by. ‘*Bianu,* come,’ she said. ‘Come and take a look.’

She opened the calabash.

‘Take a look,’ she said again.

Olanna looked into the bowl. She saw the little girl’s head with the ashy-grey skin and plaited hair and rolled-back eyes and open mouth. She stared at it for a while before she looked away. Somebody screamed.

The woman closed the calabash. ‘Do you know,’ she said, ‘it took me so long to plait this hair? She had such thick hair’ (Adichie 2006, 149).

In this brief and brutal testimony (through the focalised perspective of Olanna), Adichie explores the incomprehensible nature of war through the traumatised response of the woman who carries her dead daughter’s head in a calabash, a receptacle usually used for carrying and storing food but that now stores memory. The repeated acts of violence committed on individuals in Adichie’s novel is viewed by theorist Antonio Simoes da Silva as a “metaphor for a broader concern
with the body of the nation, itself ‘tragically atrophied’ (cited in Adesanmi 2002, 122) by misguided nationalist discourses,” (Simoes da Silva 2012, 458). The novel pays homage to the universal inhumanity of war through references to “the German women who fled Hamburg with the charred bodies of their children stuffed in suitcases, the Rwandan women who pocketed tiny parts of their mauled babies,” signifying the impact of trauma in culturally specific ways and bringing the novel into a global context of representing the universal suffering of civil war (Adichie 2006, 82). This boundary shift broadens our understanding of traumatic experience beyond the eurocentric view, engaging with and challenging traditional views of trauma.

It is worth noting briefly the significant issue of gender in relation to representations of trauma. This vast body of work is beyond the remit of this dissertation, so I touch on the subject here specifically as a means of highlighting the diversity of views that are challenging traditional theoretical approaches.¹⁸

Craps adopts feminist psychotherapist Laura Brown’s argument that the traditional

¹⁸ Feminist theorists have argued that the experience of trauma was not restricted to men in combat but extended to women subjected to violence. Pioneering feminists developed new understandings of trauma that argued against the restrictive masculinist approaches of psychiatry. See, for example, Brown and Root (1990), a foundational document in the history of feminist therapy theory and practice, which examines the validity of masculinist western psychological theories and takes an explicitly anti-racist and multicultural perspective towards the development of feminist theory. Burstow (2003) argues for a radical approach to trauma therapy for women that breaks away from psychiatric concepts. For a detailed historical discussion of the politics of gender see Joan Wallach Scott’s Gender and the Politics of History (1999). For a discussion of the politics of witnessing through the lenses of feminist and postcolonial theory and practice in the context of Bosnia, see Husanovic (2009). For her work on the representation of gender and illness in Victorian novels see Jill J. Matus (2009). Jessica Murray (2009) considers the testimonial significance of the works of Antjie Krog and Yvonne Vera, which respond to the witnessing of violence in Zimbabwe and South Africa through feminist and post-colonial readings. Anne-Marie McManus (2013) examines sentimental terror narratives that use gendered, maternal imagery to invoke sympathy. Finally, Elizabeth Frazer and Kimberly Hutchings (2014) examine how the relationship between feminist politics and violence is explained and interpreted to develop a politics that has patriarchal violence at its centre.
approach fails to recognise differences of experiences that exist beyond the dominant white, male experience. Brown argues that the canonical definition of trauma as “an event outside the range of usual human experience” really means “the range of what is normal and usual in the lives of men of the dominant class: white, young, able-bodied, educated, middle-class, Christian men” (Brown in Craps 2010, 55). People of colour, gays and lesbians, oppressed classes and people with disabilities are “routinely denied, dismissed or disregarded” (Craps 2010, 55). These aspects underscore my position that traumatic experience can be represented in various ways that do not rely on traditional techniques of testimony, or that do not reproduce the madness/illness/revenge narratives that have dominated the genre.

Once the boundaries are breached and shifts begin to occur in how trauma is represented, and how readings of trauma in fiction may explore terrain outside traditional approaches, various and complex possibilities of reading and representing trauma emerge. Theorist Nouri Gana, for example, takes those tentative first steps by arguing for a new type of subjectivity, the recovery period. Although Gana does not offer any suggestions on how this may be achieved, she does contend that we should look at the “traumas and trials of survival in the aftermath of catastrophe” (2014, 79). By drawing on and demonstrating the limitations of traditional approaches, writers and analysts have created fissures from which new and alternative narrative trajectories may develop, such as the recovery narrative.
Recovery narratives

Thus, the recovery narrative develops from a multi-disciplinary framework and cross-cultural community backgrounds, embracing both individual and collective perspectives. It is transformed through literature as only one of a variety of creative possibilities. Vickroy argues, for example, for an alternative narrative that is “a dynamic of process of feeling, remembering, assimilating, or recovering from [traumatic] experience… [and that] moves away from a focus on internalized isolated psychic elements… toward an alternative trauma model that considers the social and behavioural constructs associated with trauma” (Vickroy 2014, 131). Vickroy’s theory goes some way to supporting my position that recovery from trauma goes beyond the psychological framework of traditional theory to include the more “dynamic” process in the relationship between the indicators of the recovery process, which I discuss in Chapter Two, of resilience, reconciliation and resistance, whereby the ordinary hero in trauma fiction may be identified.

Fully recognising the capacity for trauma novels to be read beyond traditional limits offers possibilities for re-reading other trauma novels—contemporary and canonical—in new and alternative ways, for example, Eric McDonnell contends that Beloved (2007) and Bluest Eye (1970) are recovery narratives that offer a subjective view of trauma and recovery, “imaginings” that provide “possible routes to recovery from traumatic events and their practical implication” (McDonnell 2016, 2). Beloved (2007), McDonnell claims, offers “compelling insights into the possibility of recovery from PTSD” (McDonnell 2016, 1), arguing that Beloved’s presence in the novel is a manifestation of the symptoms of trauma when those symptoms are
repressed and not reconciled, which can become “catalysts for the intensification of these symptoms” (McDonnell 2016, 10). Sethe, who murdered her baby daughter Beloved to prevent her from a life of slavery, begins to recover when she begins to perceive the physical manifestation of the ghost of Beloved “as the sacred object to heal her pain, the erasure of her trauma,” (McDonnell 2016, 11). The novel hints at a recovery narrative but does not fulfil the promise (McDonnell 2016, 19).

Although *Beloved* is a narrative that shows only “the potential, the possibility” of recovery, McDonnell’s analysis is an example of how texts such as Morrison’s are being re-evaluated through a different lens, and, in this case, through the possibility of and potential for recovery.

*In the aftermath of trauma*

Recovery narratives, by their very nature, exist within the aftermath of trauma, within a space, a place that is physical, psychological and emotional. Balaev argues that one way to shift the boundaries of the traditional approach is by focusing on the psychology of the individual characters in novels, rather than focusing on collective experience, and only to signal the latter experience through the metaphor of place. For example, in her examination of Lan Cao’s *Monkey Bridge* (1997), Balaev identifies two central patterns in the text: the use of “landscape imagery to convey the effects of trauma and remembering, and the use of place as a site that shapes the protagonist’s experience and perception of the world” (Balaev 2012, xi). As Balaev explains, place becomes a “central aspect of traumatic experience in literary representation because place provides a conceptual framework in which emotional responses occur” (Balaev 2012, xv). For Balaev, *Monkey Bridge* (1997) “magnifies the significance of the place of trauma—the natural landscape—in order to
situate individual trauma, regardless of how private or solitary the experience, within a larger cultural context and social sphere” (Balaev 2012, 54). Landscape can also allow for healing, as suggested in her examination of Leslie Marmon Silko’s *Ceremony* (1977) where the protagonist, Tayo, finds healing through his relationship with “sky, rain, mountain and desert” (Balaev 2012, 67). Balaev’s discussion exposes the fault lines in traditions of trauma theory and provides a doorway through which the development of a recovery narrative may take its early steps. This shifting of the boundaries begins the erosion of limitations in the representation of trauma, to consider remedies and expressions of trauma in fiction alternatives that I work with in my practices of both critical reflection and fiction writing.

**Reclaiming individual agency**

Reclaiming individual agency following traumatic experience is central to the development of the ordinary hero, a space in the landscape of aftermath where the ordinary hero is not restricted to traditional views or limited by physical, cultural, social or psychological expectations. By shifting the boundaries of expectations, the possibilities for recovery narratives, for the reshaping and creation of different types of narratives, the representation of ordinary heroes becomes as varied as there are individual survivors. According to Gana, fiction can provide a space not only for witnessing and testimony, but also for mourning and memorialising, through which individual agency may be reclaimed. Elias Khoury’s *City Gates* (1993), Gana argues, is a narrative that not only stands as witness to the distressing and overwhelming effects of war but “protests against” it and “ultimately helps us gain empathetic [sic] access” to those effects (Gana 2014, 78; emphasis added). This
experimental narrative is more than a disrupted narrative; it provides a space for mourning, Gana argues, resisting the need for narrative closure (Gana 2014, 79). Gana posits that the novel, an abstract example of post-modern Arabic literature that represents trauma resulting from the Lebanese civil war, should invite a “new mode of critique that would not only respond to the licensed displacements of historical violence into structural violence, but also expose the material and immaterial artefacts of warfare, particularly post-traumatic stress disorder” (Gana 2014, 79). When trauma is represented through the individual protagonist, the man at the city gates, for example, or the traumatised victim of war, the space is created for the individual to emerge as an ordinary hero through the reclamation of subjectivity and agency. For Gana, literature offers “hospitable public space”, where memory and mourning may be performed (Gana 2014, 78). It is through this performance, I suggest, that the possibilities for healing through the recovery narrative are opened up.

**Finding the ordinary hero in a recovery narrative – a new lens**

The fictional representation of recovery is yet to be fully explored. It is the emerging approaches to reading and rendering trauma in fiction, discussed in this chapter, that enable me to formulate the notions of resilience, reconciliation and resistance and their relationship to the identification and construction of the narrative of recovery from which the ordinary hero may develop. I have begun to explore recovery as a narrative in preparation for the following chapter where I will read Aminatta Forna’s novel *The Memory of Love* (2011) specifically as a recovery
novel. The narrative not only raises questions about the risks of imposing western understandings and methods on non-western cultures, as they are represented throughout the narrative, but also demonstrates an alternative tracing of recovery through the representation of characters’ resilience, resistance and reconciliation, through which the ordinary hero will emerge.

**Conclusion**

In this chapter I have drawn attention to different perspectives on the limitations of the reading and analysing of trauma fiction through traditional perspectives that have created generic readings of texts, and I have considered how such approaches fail to recognise distinct differences in types of trauma, individual experiences and culture. There is a particular danger that the traditional and conventional (such as western and masculinist) readings of trauma that focus on traditional ideas of traumatic response cannot be successfully applied to the reading of post-colonial or non-western texts as these readings lack relevance in a changing global context. Alternative readings that go beyond the usual discussions of memory and testimony challenge traditional perspectives and shift the boundaries of the traditional approach. Where individual agency is denied, limitations are placed on the possibilities for reading trauma fiction and for developing recovery narratives in which the agency of survivors is foregrounded. The capacity to act and to take action is critical to the ordinary hero whose recovery depends on her asserting her purpose and place in the world and in her community. This tension between
collective and individual representation of trauma needs to be carefully considered when identifying the ordinary hero in the recovery narrative.

In the following chapter, I will explore the recovery narrative through an analysis of Aminatta Forna’s *The Memory of Love* (2011), reading the text as a recovery novel. I explore how Forna’s narrative represents several facets of trauma and recovery through the narrative’s principal and minor characters and how several of these characters can be read productively as trauma survivors through subject- and culture-specific practices of recovery, specifically resilience, reconciliation and resistance. Emerging from this text is a new hero whose subjectivity, agency, complexity and adaptability are integral to her survival and through which we may re-read the trauma novel.
Chapter Five. Finding the ordinary hero in fiction: reading

The Memory of Love (2011)

“I fall down, I get up again.”
Aminatta Forna The Memory of Love (2001)

Introduction

In the previous chapter I identified several discussions in literary trauma theory that argued specifically for shifts away from the psychoanalytical approach, which is deeply rooted in western and post-colonial orientations to interpreting trauma in fiction. The call has been for approaches that respect the diversity of individual experience and cultural expectations, and that acknowledge developing trauma theories and research and how these might be represented and interpreted in fiction. This chapter draws specifically on these approaches to demonstrate the richness of alternative possibilities for reading and for writing trauma fiction that may help us understand the new recovery narrative through which the ordinary hero may emerge.

Let us recall the way in which the recovery narrative furnishes a context for the emergence of the ordinary hero (as outlined in Chapter Two). If, in our analysis of trauma fiction we recognise and explore the extraordinary in the ordinary, we can demonstrate another understanding of heroic status and continue the discussion in line with advances in heroism studies that identify, in contemporary society, varied and complex types of heroes. Resilience, reconciliation and, in particular,
resistance are features of the ordinary hero that emerge from the recovery narrative and which provide an alternative lens through which to view the experience of the individual survivor of trauma. As discussed in Chapter Four, a generic approach to trauma theory denies individual agency by suggesting that everyone who experiences trauma and healing does so in the same way. By contrast, contemporary discussions of trauma theory aim for approaches that focus less on commonalities of traumatic experience and more on individual differences, differences that may be explored, I suggest, through analysing the ways in which fiction can represent resistance: through the trauma survivor’s asserting and reclaiming of their individual agency.

In this chapter, building particularly on Craps’ important and engaging critical reflections on the text, I explore how *The Memory of Love* (2011) represents the emergence of the ordinary hero through the narrative’s principal and minor characters, and how several of these characters can be read productively as trauma survivors through subject- and culture-specific practices of recovery: particularly through practices of resilience, reconciliation and resistance. Such a reading supports the positioning of the trauma survivor as an ordinary hero, a subject whose agency, complexity and adaptability are integral to her survival. I will tease out the figure of the ordinary hero in Forna’s novel through an analysis of the novel as a text that: situates the representation of traumatic experience within the landscape of aftermath; interrogates the tensions between silence and testimony as methods of healing; and explores the interdependence of resilience, reconciliation and resistance as life-affirming responses to trauma. My primary purpose for analysing
Forna’s novel is to explore how the ordinary hero may be recognised—represented and interpreted, written and read—in fiction through her ability to reconcile with the traumatic experiences that have altered the landscape of her life, and through her resistance to being identified by those very traumatic experiences that have altered her view of the world. Importantly, too, I show how the ordinary hero’s resilience in the face of trauma, reconciliation with her situation, and acts of resistance to being overwhelmed, and identified, by her experiences can be read in the context and spirit of recovery and self- and social-reparation rather than of madness, illness or revenge.

Background to the novel *The Memory of Love* (2011)

“You call it a disorder, my friend. We call it *life*” (Forna, 2011, 319; emphasis in original). This sentiment, articulated by the character Dr Attila, a senior psychiatrist in Forna’s *The Memory of Love*, represents an underlying theme of the novel. This sentiment is, in one sense, a metaphor for the limitations of traditional and conventional western theories of reading and analysing trauma texts and, in another, an assertion of the possibilities of alternative approaches. Set in Sierra Leone after the Civil War of 1991–2002, in the landscape of aftermath, the novel challenges the imposition of western approaches in civilians’ trauma recovery. The protagonist, Adrian, a visiting English psychologist, represents the traditional western approach to trauma recovery, and the novel raises questions about the

---

19 Simply, the Sierra Leone civil war began when the Revolutionary United Front and its Liberian supporters attempted to overthrow the Momoh government. The eleven-year war killed over 50,000 people and left over one-third of the population displaced internally and externally. For a more detailed examination of the complexities of the development of the civil war see Harris (2014).
western reliance on this traditional approach, which assumes a generic response to traumatic experience, and fails to consider cultural specificity, the circumstances in which trauma is experienced, and alternative treatments to the talking cure in response to traumatic experience.

In *The Memory of Love*, every character is confronted with traumatic experience personally as a victim of, or witness to, violence during the civil war, or as a witness to post-trauma behaviours in the aftermath of civil war. The novel traces the interplay between trauma and healing in the lives of the principal characters: Adrian Lockheart, (Adrian), a visiting psychologist from England; Elias Cole (Elias), a bed-ridden ninety-year-old associate professor in the final stages of pulmonary fibrosis; and Dr Kai Mansaray (Kai), a surgeon at the local hospital in Freetown. Each principal character’s story is told through third-person narration with alternating focalisers, except for the character of Elias Cole, a first-person narrator. Traumatic experience is unavoidable, even for Adrian, a “tourist” whose secondment is for a year (30). The narrative ends with the death of his partner and the birth of his daughter whom he leaves in Sierra Leone. Kai is an emergency room doctor at the same hospital where Adrian works. Kai uses Adrian’s flat as a place to rest between shifts. During these visits, Kai and Adrian become friends. Three secondary female characters embody the diverse individual, social and psychological responses to trauma: Ileana, a psychologist from Romania, represents the displacement often felt by individual trauma victims; Mamakay, Elias’s daughter, and Kai’s lover before the war (who then becomes Adrian’s lover after the war), symbolises silence as a response to grief, in contrast to the three men,
with whom she has links either familial or sexual, each of whom, arguably, find comfort in talking; and Agnes, a woman suffering from chronic post-traumatic stress disorder, is the victim witness to violence done to others. Except for Elias’s story, which takes place in pre-civil war flashbacks, the narrative traces the landscape of the aftermath of the trauma of civil war and its impacts on civilians. Forna’s novel also provides different perspectives on healing and recovery, and highlights the tensions between the traditional western approaches and non-western approaches to healing, and I will touch briefly on these tensions throughout the chapter where they are relevant to my discussion.

Craps analyses *The Memory of Love* as an example of the textual representation of the sufferings of non-western and minority groups, whose experiences need to be considered in a cross-culturally sensitive and inclusive environment (Craps 2014, 50). The focus of Craps’ critical analysis of the text is on the cross-cultural tensions in the novel, calling “for a more inclusive, materialistic, and politicized form of trauma recovery” (Craps 2014, 51). Craps contends that *The Memory of Love* criticises the underlying assumptions of western notions of trauma recovery and therapeutic models that expect that “the patient [will] be returned to a state of normality” in a country where “the ‘normal’ experience is one of oppression, deprivation, and upheaval” (Craps 2014, 53). The novel, he argues, critiques the event-based model of trauma and recovery which can obfuscate the ongoing violence, suffering and oppression that persist following traumatic events. Traumatic experience is not only the result of a single event but is often the result of chronic and persistent abuse, neglect or violence. To ignore chronic suffering of
the aftermath limits the possibility for recovery narratives that may otherwise be submerged within these narratives, thereby restricting the potential for the emergence of the ordinary hero. My approach extends the possibility for reading trauma narratives as recovery narratives by considering the space of the aftermath in which the survivor of trauma may cultivate individual practices of resilience, reconciliation and resistance to aid healing and recovery, thus allowing the ordinary hero to develop.

**Landscape of trauma’s aftermath**

In Chapter Four I mentioned Balaev’s view that landscape imagery may represent and express the effects of trauma, and that it may also provide a space for the expression of individual traumatic response. I would add that landscape imagery may also represent a space for healing and recovery. This space, in *The Memory of Love*, is in the changing landscapes, from the familiar lush and wet landscape of Adrian’s English seaside, to the unfamiliar hot and dry landscape of Africa and the “red, ubiquitous dust that covers everything” (22). On his arrival in Sierra Leone, Adrian confronts a landscape of unfamiliarity, which he has difficulty coming to terms with (characterising the inflexibility of the western model of healing that he, at first, represents). The everyday conveniences he took for granted in England, such as running water, are not always readily available in his new home. His first meeting with Mamakay, for example, is to give her a lift after she has queued with containers for collecting water (227, 228). The very air Adrian breathes is alien to him, as he “feels the dust in the back of his throat … the wind [that] sucks the
moisture out of his pores … [and] he feels constantly soiled … the dust trapped beneath his shirt clinging to his damp skin” (23). In this environment, time, for Adrian, has “taken on a kind of shapelessness” as he tries to adjust to his new surroundings that “lacked the order of his previous life” (20). The lack of order causes Adrian to feel unsettled and uncertain in his new environment, one that is also constantly changing. This unsettlement and uncertainty characterises aspects of the aftermath of traumatic experience that is evident in his surroundings in Sierra Leone.

There is change in the landscape of Sierra Leone from pre- to post-civil war. The landscape of post-war poverty that Adrian witnesses when Attila, the psychiatrist who runs the psychiatric hospital, takes him to view a poor area of Sierra Leone, is “the endless landscape of rusted tin” on his left and the sea with “water the colour of shit” on the right (318–9). Before taking Adrian on the trip to overlook the ghetto of tin huts and the dirty water Attila asks Adrian what he hopes to achieve with his therapy sessions. Adrian, unhesitant, replies: “To return them to normality, to some degree of normality” (318). As they overlook the view, two men in front of them “labour to push a cart loaded with scrap metal up the hill” (319). The imagery of the rusted tin on one side and the dirty water on the other, and the two men engaged in a task representative of poverty in-between, expresses the individual trauma victim’s experience of being trapped in circumstances beyond her control, within which she seeks to survive. These men with their overloaded cart of scrap appear to have reconciled themselves to their circumstances, “their reality,” by pursuing a means by which they can subsist in their own environment (319). Attila uses the
landscape of poverty and the struggle of the two men within that landscape to demonstrate the futility of Adrian’s purpose:

‘This is their reality. And who is going to come and give the people who live here therapy to cope with this?’ asks Attila and waves a hand at the view (319; emphasis in original).

It is in the space between the rusted tin and the shit of post-war poverty that these labouring men of the ghetto begin the process of recovery. In a later reflection in the narrative, Adrian understands that what Attila means is that the people “don’t need therapy so much as hope. But the hope has to be real – Attila’s warning to Adrian. I fall down. I get up again … perhaps it is the way people have found to survive” (320). Thus, through the imagery of the landscape a deeper expression, albeit indirect, of the complexities of trauma and recovery emerge.

The novel suggests that healing and recovery take place, not in a landscape foreign to the individual, but in a landscape familiar, even if somewhat changed. The landscape of trauma’s aftermath is a physical, emotional, social and psychological space where trauma plays out and where recovery becomes possible. Thus, in the aftermath of Adrian’s traumatic experience (the death of Mamakay), Adrian retreats to the healing seaside of his (now deceased) mother’s Norfolk bungalow in England. Returning to the familiarity of a landscape that represents the sense of security provided to Adrian by his mother, he traces “his mother’s footsteps along the beach” (437). He travels to the Norfolk coast on weekends to think about Mamakay because it is in this environment of “the water, the sea” (438) where he has the space to do so:
He watches the sea and imagines, as he has so often, the waves joining up, turning from grey to green, drawing him into the past. At those times he experiences a surge of yearning as powerful as the movement of the ocean (438).

The image of the ocean connects Adrian’s past trauma and present experience. He begins to recover from the traumatic loss of Mamakay and his daughter (whom he has left behind in Sierra Leone), “as he sits and watches the sea and thinks of Mamakay” (439). Mixed with the metaphor of the healing powers of the ocean, and the metaphor of the comfort of returning to his mother’s home, Adrian’s healing is subtly gestured.

Kai, who had planned an escape to America to be with his childhood friend Tejani (who lives in America for a short time) but stays and raises Adrian’s and Mamakay’s daughter, finds consolation and recovery in remaining in Sierra Leone. He begins to notice his surroundings more, for example the “insistent radiance of dawn” on the morning that Tejani is due to return (444). Tejani, too, comes home to a familiar place to heal. This landscape of trauma’s aftermath is, as Adrian finally comes to understand in the course of the narrative, the landscape of hope.

Hope is an enduring theme throughout the novel, as much as it is an enduring theme throughout trauma recovery, motivating the ordinary hero to carry on. Indeed, the phrase “I fall down. I get up again” (316) may be read as a metaphor for the ordinary hero, the survivor, recovering from trauma. In the novel, the English phrase is a translation of a common African response of greeting and is explained in the following way by a local, “When somebody asks you how you are, perhaps you can’t honestly answer that you are fine” (316). The phrase, as Adrian muses, holds
the idea of hope, “it is how people have learned to survive” (320). The phrase suggests resilience in the individual, acceptance and reconciliation with the individual’s current reality, and a resistance to be overwhelmed by it. That trauma can knock a person down physically and figuratively is undeniable, that victim/survivor can get up again and not be defeated by the trauma, and continue living in the circumstances, demonstrates an acceptance of the vicissitudes of life and a refusal to let the traumatic experience stop them from continuing. Hence, the trauma victim/survivor, in this novel, begins the journey towards becoming an ordinary hero.

**Tensions between individual and collective focus**

*The Memory of Love* focuses predominantly on individual stories. Three stories dominate the narrative: Adrian’s struggles to make a difference in the lives of his patients in a foreign culture; Kai’s struggles to come to terms with the aftermath of civil war and the present realities of his professional and personal life; and the story of Elias Cole that provides the backdrop to the civil war. Agnes is a secondary character whose story focuses on the tensions between telling and silence, and the engaging power of the focus on individual stories. The focus on individual subjectivity allows for the identification of those elements of resilience, reconciliation and resistance that aid in enabling the identity of the ordinary hero to emerge.

As stated above, the narrative of recovery sits within the landscape of trauma’s aftermath, the context in which many trauma novels take place. Whether trauma has
occurred as the result of a significant event, or is the result of a continuing crisis such as civil war, tsunami, domestic violence, or the witnessing of violence such as a murder, the individual experience is necessarily lived and made meaningful in a broader social context beyond the individual experience. And as has been seen in *The Memory of Love*, trauma can be chronic in the aftermath of civil wars, where “oppression, deprivation and upheaval” continue to exist (Craps 2014, 53). Novels that are set in these arenas are typically concerned with the representation of individual and collective stories and the tensions between them. As discussed in earlier chapters, in texts that privilege the political notions of catastrophe, tensions have arisen in literary trauma theory between writing or reading approaches that privilege the collective at the expense of the individual’s story. I have discussed how stories that focalise the individual’s experience of trauma enable the ordinary hero to emerge. Nonetheless, while *The Memory of Love* is an example of how the social, political and collective are important, even unique, the experiences of individuals are foregrounded and the individual story is not wholly sacrificed to the political intentions of the novel (Craps 2014). Forna situates her novel in the aftermath of civil war, and whilst significant detail about the effects of that war is provided, the historical and political aspects do not dominate the individual stories. Rather, the individual story influences and dramatically enhances and deepens the reader’s understanding of the effects of war. For example, when the circumstances of her trauma are finally revealed, Agnes’s individual story brings the horror of war closer to the reader. Stories of the war are offered in fragments throughout the novel, and the politics of the war form a backdrop to the concerns of the principal characters whose lives are forever altered because of it. For example, early in the
novel, while Adrian reflects on the background research that he undertook before going to Sierra Leone, the story as filtered through western media, he does not offer much historical data about what he has gleaned:

He had read the press accounts, the post-conflict reports. He knew how the war had begun – the barely remarked border crossing of a small contingent of foreign-trained rebel soldiers, who soon declared their presence by taking over a series of towns and vowed to march on the capital and overturn the bloated autocracy, which had ruled for twenty years. … And he knew how it had ended – how the civilians had borne the brunt of the rebel’s fury from the outset and endured their agonies for a decade until the war was brought to a halt by the army of a nearby state with an ambitious despot of its own (21).

The historical information functions to situate Adrian in the aftermath of the war, and to help the reader understand Adrian’s connection to the country, but this information does not dominate Adrian’s personal traumatic experience. In other words, the historical detail has an important contextualising purpose but that is not given at the expense of the individual’s experience or relationship to it.

The human cost of this catastrophe becomes evident in the personal stories of the child soldiers, for example, highlighting the tensions between individual and collective experience. Here a human story aches to be told as the reader is confronted with the young men, former child soldiers and now Adrian’s patients, who suffer from cannabis-induced psychosis after being forced to work the mines by the rebels who gave them “ganga” or marijuana as a “morale booster” (84). Ileana delivers the story of the casualties of war, only briefly focusing on one or two individual stories, so that the reader may lose sight of the individual whose story is sacrificed to the dominant narrative of child soldiers (84). The reader has
only a short time to engage with these characters as they are represented more as 
exhibits of trauma than individuals. During this meeting between Ileana and 
Adrian, which occurs in the hospital, a space that is described more like a 
nineteenth-century English asylum where mental patients were exhibited like 
animals in a zoo, where they “keep the patients drugged… and chained” to their 
beds, Ileana, as tour guide, provides more information about the history of the war, 
the hospital and the treatment methods, such as “cold turkey” (84, 85). These 
stories of child soldiers are confronting to Adrian and serve to remind the reader not 
only of the toll of war on communities, but to pull the focus away from individual 
stories, as there are too many individuals to name, and too many stories to tell. In 
this brief encounter with the child patients the generic story of the child soldiers 
dominates the individual stories. As will be seen later in the chapter, Adrian’s own 
focus is on the individual character of Agnes, whose story becomes more powerful 
and engaging for the reader as Adrian tries to delve into the details of Agnes’s 
trauma. Agnes’s story also pulls dramatically on the tensions between silence and 
testimony, which Adrian (representing western methods of interpreting trauma), 
frustratingly for him, cannot solve. Adrian only hears the details of her history of 
trauma a couple of years later when he is back in England through a letter from Kai 
who has managed to piece together the story from several sources.
The bridge between the silence and talking – the emerging ordinary hero

In Chapter Three, I outlined the tensions between the trauma victim’s need to tell and the potential harm that telling may cause to a trauma victim/survivor. To reiterate a point made in that chapter, the traditional approach contends that telling is essential for healing and recovery from trauma, yet specific experiences suggest that telling may do more harm than good. The aim of both these methods is recovery or, in some cases, a hoped-for cure. In Chapter Four, I discussed the tensions between the western model of healing that foregrounds testimony and witnessing as essential to recovery from trauma, and silence as an alternative response. To recap briefly, testimony as a curative does not succeed as a universal, generic response to traumatic experience (Chu 2011). Literary theorists have called for diverse approaches to reading and rendering traumatic experience to expand beyond the limitations of the generic approach and to include diverse responses to trauma and recovery. Evidence of this diverse approach in both writing and reading the novel can be found in *The Memory of Love*.

The tensions between silence and talking as methods of treatment or recovery are navigated through acts of resilience, reconciliation and resistance, practices which underscore *The Memory of Love*, in diverse, individual characters. In particular, *The Memory of Love* navigates the tensions between telling and silence through its depiction of the relationships between therapist and patient and the expectations of the healing process, and in conversations and relationships between characters from different cultures and indeed in the differing cultural expectations of recovery. For
example, the reader encounters Adrian’s initial inability to comprehend the silences of his clients, as he is “yet to become used to it, the silences between people,” (28). He soon discovers a huge social and cultural divide between English and Sierra Leone cultures, expressed through these silences, “because the notion that a conversation is a continuous act is bred into his bones and silences like nudity should be covered up lest they offend” (48). Adrian’s discomfort in the presence of silence and the tension this causes with his professional position, whereby the premise for healing is built on the foundation of the talking cure, represents the tensions between the different cultures, and the different approaches to recovery. The refusal of Adrian’s clients to speak, their resistance to the western model for healing, demonstrates how these characters may reclaim individual agency. As Adrian is confronted with patient after patient who refuses to speak of their traumatic experiences, he is faced with what he perceives as non-responsive “docile pets” (21) who simply want pills to ease their pain. Adrian encourages the patients to speak of their experiences but what they describe are the physical symptoms: “headaches, pains in their arms, legs, abdomens. Here, here, here. Touching body parts. When did the pains begin? Sometime after the trouble. Yes, I was healthy before then” (21). When Adrian’s patient numbers drop, and he begins to feel quite useless in the face of so much trauma, Adrian “suspects his colleagues have stopped bothering to make referrals. These are the thoughts that swirl in the back of his mind, like the colours of paint in the water. He came here to help and he is not helping. *He is not helping*” (64; emphasis in original).
When, after some encouragement by Adrian, some of his patients do speak of their experiences, “they described in dampened voices what they had endured, as though the events described belonged to somebody else” (21). Their refusal or incapacity to engage emotionally with their stories, stories they only speak of in the hope of getting medicine, suggests a compliance strategy for self-preservation, a resilience that keeps them alive but that does not ‘cure’ them. To speak of their experiences may be, for these survivors, to risk being re-traumatised. Individual patients never return to Adrian to repeat the talking experience (22). Adrian fails in his attempts to cure in the way he was trained to do. His uncertainty, as a physician, provokes the reader to question their own prejudices and conventional understandings of trauma and trauma recovery.

Adrian’s training has taught him to encourage people to talk and taught him to listen, and between talking to “examine their silence,” or to create the spaces for his clients to reveal themselves where they are “compelled to fill the void” (28). In Sierra Leone, his patients respond to his silences very differently. “If Adrian falls silent, so too do they, waiting patiently and without embarrassment” (28–29). But in Sierra Leone, “the silences have a different quality, are entirely devoid of expectation” (29). Adrian believes, initially, that his patients don’t speak because they are traumatised, but he comes to understand that it is “also part of a way of being that existed” in Sierra Leone (321). Mamakay tells Adrian that the lack of talk about events leading up to and during the war, is “like a secret” (321). Upon reflection, Adrian understands that “it’s as though the entire nation is sworn to some terrible secret. So they elect muteness, the only way of complying and
resisting at the same time” (322). Here the novel suggests that silence is also an active choice, more than a resistance to therapy, but another way of coping, so that when someone does speak freely, such as Elias Cole, he is viewed with suspicion.

The chapters that feature Elias Cole’s story are long passages of monologue that provide historical background and insights into the culture of Sierra Leone through recounting the experiences of various characters. Adrian makes regular visits to Elias, who breaks with the local tradition of remaining silent and talks to Adrian about his pre-civil war involvement with a woman, Saffia (with whom he was in love) and her husband, Julius Kamara, and of the traumatic experiences that resulted from these relationships. Cole, who “in the land of the mute … has elected to talk” (327) uses the opportunity to unburden himself as though with urgency. Whilst Cole’s talking appears to be the therapeutic process akin to the talking cure, Adrian begins to understand that Cole is using him “as a confessor” (374). Cole’s principal reason for talking to Adrian is to construct the story of his past in a way that exonerates him from the responsibility of Julius’ death, and to absolve himself, through Adrian, “his last attempt to convince himself of his own cleanliness” (410). The secret that Elias holds and that torments him is that he and Julius were arrested for political subversion and Elias cooperated with the police for his own survival, which brought about the death of Julius. So, the novel appears to critique the value of Cole’s testimony, which serves a purpose other than as a method of healing trauma and recovery, and is rather the unburdening of a terrible secret to shift responsibility. Through Cole’s confession, the narrative raises the possibility of how the so-called talking cure can reveal “itself to be a parody of it … which drives
home the point that supposed confessionals can serve morally dubious causes” (Craps 2014, 55). And here the novel pulls a little tighter on those tensions. By raising the “morally dubious” ways in which testimony can be represented in fiction, the function and benefits of testimony as a cure-all lose their impact, allowing space for the alternative healing benefits of silence to emerge. This gives silence an integrity not traditionally considered in the western model of analysis. The choice for silence also gives characters individual agency to choose their own trajectory of recovery without the limitations and restrictions of traditional notions of the process of recovery, without fear of failure. Therefore, the notion of “unspeakableness” as a repressive, generic response to trauma that calls for testimony as a curative is broken down in the narrative to create a space through which the ordinary hero may emerge from the rubble of these collapsing traditional notions, which are here shown to be, at best, confusing and limiting.

But it is in the character of Agnes, Craps argues, that readers most clearly understand the unsuitability of western treatments and attitudes towards silence as a response to trauma (Craps 2014, 55). By way of background, Agnes’ daughter has married the man who brutally murdered Agnes’ husband, a beheading to which Agnes was witness. Her daughter is not aware of her husband’s role in the murder of her own father. Agnes holds her silence; she does not tell her story of trauma, but in lucid moments she tells only the story of her life and the events leading to her periods of amnesia, a position sustained throughout the narrative.
Agnes is not “cured” and there is no resolution, as there is no testimony (Craps 2014, 56). Agnes’ experiences are diagnosed by Adrian as fugue characterised by sudden, unexpected travel away from home. Irresistible wandering, often coupled with subsequent amnesia. A rarely diagnosed dissociative disorder in which the mind creates an alternative state. This state may be considered a state of safety, a refuge (325).

Agnes, who lives with her daughter and son-in-law, suffers episodes of amnesia triggered by the absence of her daughter during Harmattan (a season when the north-easterly trade wind blows from the Sahara Desert to the Gulf of Guinea), which cause her to forget completely her identity. Agnes’s experiences, when she is in this state, the narrative tells us, are like “dreams so real she cannot escape them” (162). Her condition is described to Adrian by a psychiatric nurse, Salia:

If a spirit possess you, you become another person … but sometimes a person may be able to cross back and forth between this world and the spirit world. That is to say, a living person … and when they are between worlds, in neither world, they are crossed … It is something that happens (129).

The acceptance of being “crossed” suggests that a cure is not needed nor welcome, which is anathema to western thinking where ‘a cure’ must always be found as the only successful outcome. Agnes maintains her silence, a determination that resists the imposition of Adrian’s methods and the need for a cure in a culture where her condition is accepted. When she is lucid, Agnes talks as freely to Adrian as her memory allows, or choses to recall, but when she has “crossed,” she is silent, has no memory of who she is or where she is from. Whilst Craps claims that the novel brings to light the “silences and fosters attunement to” the silent suffering of many
thousands of individuals that “western trauma paradigm risks obscuring” (Craps 2014, 57), it seems to me that the novel offers more through the tensions between talking and silence. The silences are emphatic expressions of resistance, a means of survival, a “state of safety, a refuge” (325). Agnes survives her traumatic experiences and her recovery is in silence; her resilience is in the face of, and reconciliation with, “the unbearable aftermath, the knowledge, and nothing to be done but to endure it.” Similarly, her demonstration of resistance is in the silence of the fugue, “a place of safety” (325).

Through Agnes we can thus consider survival and recovery differently. Agnes is not cured according to conventional western approaches and yet she survives; she continues with her life despite her propensity to travel, in a culture that accepts her way of living with trauma. Her mind has “created an alternative state;” it is resisting as a protective measure to avoid “knowing” because for Agnes there is a gain in “not knowing” (326; emphasis in original). The novel thereby demonstrates resistant silence through Agnes. Adrian believes Agnes is searching for something when she has the episodes, “something she goes out looking for and fails to find. Time after time” (116), but I view Agnes’s silences and her failure to remember as acts of self-protection and resistance, which I discuss further in this chapter.

Conversely, through the relationship between Adrian and Kai, the narrative explores the benefits of the talking cure. Adrian recognises that Kai is having difficulty sleeping soundly, frequently wakes from nightmares, and typically avoids driving across the peninsular bridge so that he has to drive for much longer periods
to reach his destinations, adding to his fatigue. On an outing to the Ocean Club, Adrian, who is driving, intends taking the shortest route that will take them over the peninsular bridge, but Kai is insistent that they take an alternative route. Focalised through Adrian, the narration shows the trigger and the traumatised response of Kai through his physical appearance in the following:

Adrian hears the effort at control in Kai’s voice and turns briefly to regard him. Kai is sitting forward, kneading his forehead with the tips of his fingers. A vein stands out on his neck, a node visible beneath the skin. He doesn’t look at Adrian but stares straight ahead through the windscreen. He looks terrified (256).

Kai is experiencing a flashback, a memory of a traumatic experience over which he has no control. When Adrian later asks if Kai is all right, he tells Adrian “it is just one of those things. Just have to see it through” (257), suggesting that this is not the first time Kai has experienced a flashback. When Adrian suggests that “relaxation techniques” might help, Kai cuts him off with “Thanks, man, but I’m good. Really. One night’s sleep and I’ll be right back” (257). Eventually, when Kai can no longer deny that he is suffering severe sleep deprivation, he agrees to undergo a treatment, by Adrian, called Eye Movement Desensitisation and Reprocessing (EMDR) (424), to stop his nightmares. This specialised treatment is applied to sufferers of complex PTSD and dissociative disorders (Chu 2011, 268), and used only in controlled clinical environments (Chu 2011, 226). Based on the principles of the talking cure whereby the retelling of one’s experiences is understood as a curative

---

20 This technique was developed in the late 1980s by Dr Francine Shapiro, to assist trauma survivors to reprocess traumatic events by recreating rapid eye movement associated with sleep. REM sleep includes rapid eye movement, low muscle tone and a rapid, low-voltage EEG. Recreating REM in a clinical setting provides a bilateral stimulation, which seems to provoke a specific neurobiological response during traumatic recall particularly in individuals with PTSD (Shapiro 2001).
in itself, this process aims to stimulate memory and recall not readily available to
the conscious mind. In other words, it helps the sufferer to find her story. Adrian
chooses this approach as a means of helping Kai to recall, and reconcile himself to,
the traumatic events that cause his sleeplessness (424). A series of traumatic
experiences that Kai encounters during the civil war, which he has blocked from his
conscious memory, climax in his attempt to save himself and the nurse who shares
these experiences, which result in them both falling off the peninsular bridge and
into the water below: the nurse dies during the ordeal. When the nightmares are
overwhelming, in his desperation, Kai grasps for a curative. Until that point of
telling, it had been something he “mustn’t think about” (236). However, following
the death of Mamakay in childbirth, at which Kai was her surgeon, a traumatic
incident that is a catalyst for Kai’s decision to undergo EMDR therapy, he forces
“his mind to return to the past” in the hope that, by remembering, his nightmares
and sleeplessness will end (427). Kai’s willingness to try a different method signify
that the meta-narrative of the novel is not to deny western methods, but rather to be
open to a range of methods for healing, to be open to diverse approaches that need
to be tailored to the individual’s needs with regard to cultural background or
beliefs.

However, the most significant point about Kai’s treatment and testimony is his
demonstration of resistance. He resists cultural expectations and norms of silence to
navigate his own recovery, and yet his choice of therapy is like a bridge between
the talking cure and silence. Whilst the experience of therapy provides a space
through which he can identify the reason for his nightmares, it also allows him to
maintain a distance between himself and his therapist, a distance suggested by the third-person narrative and, through this, to resist being identified by his trauma. Kai does not disappear into himself as a way of resisting to protect himself; rather, he does quite the opposite. His resistance may be read in his engagement with the therapy as a means of reconciling with his past and not allowing his sleeplessness and nightmares of his trauma to overtake his life and define him. For example, in a conversation with Adrian, after the death of Mamakay:

‘There are ways, you know, of controlling the nightmares,’ [Adrian] says.
Kai shrugs. The gesture sits oddly on him.
‘One day. Whenever you’re ready,’ offers Adrian. ‘There’s no hurry.’
Silence again. Suddenly Kai straightens and places his glass hard on the table.
‘Now.’ (424).

Kai’s command for immediate relief indicates a firm decision. He takes control of his own recovery. In this moment, the moments after Mamakay’s death, he reclaims agency by taking control of his suffering, his nightmares, and his dwindling loss of hope, to take control of his future. Thus, in the landscape of the aftermath, that bridge between two worlds, Kai begins to emerge as an ordinary hero, having demonstrated his resistance to being engulfed by his nightmares, and by his reclaiming agency to actively respond to them.

**Resilience, reconciliation and resistance — the making of a hero**

In *The Memory of Love* we see that several characters are particularly resilient and are able to reconcile themselves with their traumatic experiences. As discussed in Chapter Two, resilience is demonstrated by a trauma survivor’s capacity to view
life as meaningful despite experiencing trauma: she is able to form caring and supportive relationships of trust and love; act as a role model; make realistic plans for the future; demonstrate self-confidence; control impulses and problem solve; and have agency over her own life (Chu 2011). In *The Memory of Love*, Kai’s resilience shows in his ability to become silent and to focus as he “breathes in, lets all the sounds behind him fall away” while he prepares for surgery (95):

> Keeping busy is the one way he knows to keep things under control. When he is not operating he writes up his notes meticulously and drinks coffee, or volunteers to help in the second theatre where a surgeon is often working alone (93).

The use of language in this extract shows how Kai keeps “busy,” “writing up his notes,” drinking coffee” and volunteering “to help in the second theatre,” immersed in the ordinary and the mundane aspects of his life, maintaining his sense of equilibrium. Kai focuses on the things that matter to him, the things that he can realistically achieve, in order to maintain some sense of control over his life. He prides himself on his steady hand, continues with exercises to “keep his fingers dextrous” for surgery, such as origami and the careful peeling of fruit (90).

Kai is the one who makes the decisions about how to manage his daily life amongst the grief that he likens to the loss of a limb:

> The memories come at unguarded moments, when he cannot sleep. In the past, at the height of it, he had attended to people whose limbs had been severed. Working with a Scottish pain expert years later, he treated some of those patients again. They complained of feeling the pain in the lost limbs, the aching ghost of a hewn hand or foot. It was a trick of the mind, the Scotsman explained to Kai: the nerves continued to transmit signals between the brain and the ghost limb. The pain is real, yes, but it is the memory of pain (184).
Kai’s grief is expressed through the memories of “the past,” the experiences of the civil war, that confront him as he is about to perform surgery or when he cannot sleep. Similarly, Kai’s torment and trauma is in the memories that “continue to transmit signals”; he remembers the pain of loss and grief as an amputee remembers the pain of a “ghost limb” (125). The narrative draws an analogy between traumatic memory and “ghost limbs”, between the enduring pain of memories of traumatic experience and the enduring pain of a severed limb. The narrative also extends this metaphor to Kai’s loss of Mamakay for when he wakes from dreaming of her, “he feels the hollowness in his chest … the loneliness he braces against every morning until he can immerse himself in his work and forget. Not love. Something else, something with a power that endures. Not love, but a memory of love” (185). This analogy becomes more poignant towards the end of the narrative when Mamakay dies a brutal death with Kai as her surgeon, adding another incident to Kai’s burden of trauma.

Throughout the narrative, the reader is reminded of Kai’s plans to join his friend Tejani in America. He looks forward to a future as he plans to leave Sierra Leone. As Kai works through his recovery he engages socially with his sister and his nephew and engages professionally with colleagues. But most importantly for Kai, he functions in the operating theatre where he “knows that when the sounds around him begin to recede, when the edges of his mind draw in and the horizon comes closer, he is ready to begin,” as it is “in that state that he had learned to work under almost any conditions” (91). Kai’s resilience lies here in his choice to exercise his professional identity. His specialist skills enable him to maintain his role and place
in the world and his connection to his community. For Kai the world he lives in is a post-war world of injury and torment, but when he realises he can choose to leave Sierra Leone, to make plans for the future, and that the decision for his future lies with him, his sleeping problems abate. “The thing to remember,” Kai reminds himself when the flashback passes and he is once again conscious of the present, “the thing to hold onto is this: that since he decided to leave he has been sleeping at night” (367). This is a significant realisation for Kai as it means that he has made a breakthrough in his own recovery. By planning ahead, by allowing himself to leave, he is accepting the past, and although by the close of the novel, he chooses to stay, the knowledge that he actually has choices affirms his sense of agency and aids his recovery. His resilience is demonstrated in this expression of hope, of realistic expectations for the future.

Kai’s resilience prepares him for reconciliation with his past, a point he reaches by the novel’s closure. In the denouement of the novel, its final chapter, the narrative moves forward two years to when Kai, having remained in Sierra Leone and raising Mamakay and Adrian’s daughter, and following a dream he could not recall the details of, finally experiences “a sensation of well-being, of possibility” (444). In his recovery, Kai is able to recall pleasant memories without significant pain, and experience the pleasures of everyday life, such as the beauty and “insistent radiance of dawn” (444). Kai’s reconciliation with his past is apparently complete. Kai has drawn on several different methods of healing, from the EMDR of western medicine to the cultural expectations of silence, for he never speaks of his trauma
outside of the EMDR therapy. In this way, Kai is resisting the talking cure and, through EMDR, fast-tracking his recovery.

Furthermore, Kai demonstrates resistance in life-affirming acts of compassion. For example, his compassion towards his patients, the ones he can save, as his relationship with Foday demonstrates. Foday is a young man from a nearby village who has two congenital abnormalities from Blount’s disease and talipes in both legs, which prevents him from walking (121). It is not simply Kai’s skills as a surgeon that endears him to Foday, however, but his manner, his focus and the compassion and respect he demonstrates despite the trauma of war and the trauma he faces every day in his work as a surgeon, often operating on compassionate grounds (91). After Foday’s first operation to straighten his legs, Kai spends time alone in the theatre, to finish plastering Foday’s leg:

Kai … works on, soaking the plaster of Paris bandages in water and wrapping them around Foday’s leg. The leg is straight now. Kai’s hands work dexterously, smoothing the slippery plaster. Foday’s other leg slides off the table. Kai moves around and replaces it carefully, leaving plaster of Paris handprints on the upper thigh. He is as intimate with Foday’s body as with a lover. He takes a damp cloth and dabs at the chalky prints on Foday’s thighs. There are splashes of wet plaster on his genitals and Kai wipes them too. If he has time, when he has seen how things are going in emergency, maybe he will stop by the ward, try and get there soon after Foday wakes up (117).

Kai’s gentle and respectful handling of Foday demonstrates compassion and represents his resistance to being defined by his own traumatic experience. Kai’s recovery is thereby defined by the compassion he shows to others, as well as by his agency and resistance, which identify him as an ordinary hero. In the following exchange between Kai and Foday the evening before Foday’s next operation to
correct the problems with the other leg, it becomes evident that doctor and patient have a relationship of mutual respect:

Foday is asleep. Kai is just preparing to leave when Foday opens his eyes.‘I thought you were sleeping,’ says Kai.‘I was sleeping, yes. But I can still hear you, even in my sleep.’He grins and begins to struggle into a sitting position.Kai presses him gently back down by the shoulders. ‘Relax. I just came to see how you are doing. All ready for tomorrow?’Foday nods.‘Anything I can get you?’Foday shakes his head. ‘Except you bring me some rice and cassava leaves.Kai smiles and shakes his head. ‘No, but afterwards you can eat all you want …’ (236).

In this exchange, Kai appears to have no worries other than Foday’s operation. Except for the cassava leaves, it is an exchange that could have taken place in any hospital around the world. He appears unaffected by his own trauma and chooses to remain compassionate, respectful, kind, despite his lack of sleep or troubling nightmares. In these simple actions, he is shown to have reclaimed his agency and control over his everyday activities. Foday has no idea of the experiences of his doctor, only that he is kind to him and that he has the skill to give Foday the ability to walk again. And this may be a key point for identifying the ordinary hero. Subsidiary characters may see only the compassion, the positive, life-affirming characteristics of the protagonist, but know nothing or little of the traumatic experiences of the character, or understand the impact. They are shielded from the pain and suffering because the protagonist does not exhibit traditional traits of madness, illness or revenge. The trauma victim’s identity is not visibly or publicly altered by traumatic experience, and her ability to remain compassionate and
humane in the face of atrocity is an indicator that an ordinary hero is present, or has emerged, in the narrative.

**Ordinary heroes**

Ordinary heroism lies in the ability to make the extraordinary look ordinary, the challenges of the everyday look possible. Like Kai, ordinary heroes make their appearance throughout *The Memory of Love*. For example, Agnes’s acts of self-protection and resistance through which she maintains her individual subjectivity and agency demonstrate the key feature of resistance that marks the ordinary hero. Despite her stance, Agnes is fearful, protective of herself and her daughter, as the narrative speculates that she does not want her daughter to know whom she has married. In her fugue state, Agnes, “is running away from intolerable circumstances. Escaping the house, her daughter” and her son-in-law (326). By returning to a fugue state, Agnes resists telling her daughter the story in order to protect them both from the likely consequences of that knowledge and the potential harm that telling may bring. In this way, Agnes is an ordinary hero, despite the fact that she may never recover from her frequent bouts of fugue. The narrative suggests that Agnes’s illness is only considered to be so from a western viewpoint and is not considered an illness from a West African view; rather it is considered to be accepted as the crossing “from this world to the spirit world” (129). Through Agnes, the narrative also critiques the value of testimony by considering the potential harm that it may bring to some trauma survivors.
In contrast to Agnes, Mamakay is noticeable for her resilience, her ability to reconcile with her past, and for her resistance to fear and defeat. In her relationship with Adrian, her resilience is slowly revealed through her lack of need to tell stories or to have expectations. She tells a frightened Adrian, “You shouldn’t be frightened… it is pointless. Whatever happens will happen” (300). When Mamakay dies in childbirth she is described by Kai as “Valiant in battle. Noble in defeat. She walked away and never looked back” (380). “There is no sign of fear in her eyes” (413). Mamakay appears to be truly reconciled with her past; “She is never detained by fantasy …” (333). Hers is a realistic view of the world, and yet she is not held back by it. Mamakay understands fully the impact of atrocity on the world, her acceptance of it represented by the following insight. “Funny isn’t it? How it only seems to be evil people who think they can change the world … But they do, don’t they? They do change the world” (184). Her only escape is “provided by her music,” as she plays the clarinet professionally (333). Mamakay demonstrates characteristics of the ordinary hero who chooses resistive silence in her approach to survival and recovery. We learn more about Mamakay from what other characters say about her than from what she tells about herself. After Mamakay’s death, Kai describes her to Adrian:

She survived everything else, survived the war. She was never afraid, you know. I never saw her afraid in all that time. There were times I was afraid, Jesus, yes – but not her. Even when they brought her here tonight. Fear equals defeat in her vocabulary. Fear of what, it doesn’t matter. The trick is – you didn’t give in … Like death was a big dog or something. You should never show it you are afraid … Or perhaps it was fate. Yes, fate – you must never show fate you’re afraid’ (421).
These words describe a strong, determined woman resistant to fear who never let the circumstances of her life cause her to yield. Mamakay emerges as an ordinary hero maintaining integrity and subjectivity and reclaiming agency through her silence.

Adrian emerges from his experience in Sierra Leone as an ordinary hero, having returned to the familiar landscape of his home country to recover from the trauma of Mamakay’s death. In the Norfolk seaside retreat, Adrian’s resilience is demonstrated in his participation in the everyday activities of a local: he has sherry with his neighbours, goes to the local pub to eat dinner, and takes long walks along the beach, giving the appearance of the ordinary person on a weekend visit (437, 438). And in these activities of normality, Adrian demonstrates, too, his resistance: he does not crumble to a state of madness, illness or revenge; rather, he reconciles with his past trauma and navigates his way quietly, living in his recovery. Adrian, too, does not talk of his experiences to anyone, and in this way, the narrative brings Adrian to an alternative understanding of recovery itself. As he stands on the Norfolk coast watching “a small flock of sandpipers, strutting along the waterline,” he contemplates their coming migration to West Africa (441) – a metaphor for his own migration, which led to his enlightened understanding of trauma recovery, as he considers his eventual return to Sierra Leone (440).
Conclusion

In this chapter, I have read *The Memory of Love* as representing the emergence of the ordinary hero through the narrative’s principal and minor characters and I have explored how those characters can be read productively as trauma survivors through subject- and culture-specific practices of recovery. Through these various and disparate characters, and their respective trajectories of recovery, the novel critiques the imposition of western methods on non-western cultures. I have teased out the figure of the ordinary hero in Forna’s novel through an analysis of the novel as a text that situates the representation of traumatic experience within the landscape of aftermath, the impact of the civil war, and the trauma and stressors of post-civil war survival and recovery. The landscape of the aftermath is familiar if somewhat changed; it is a physical, emotional, and a psychological space where trauma plays out and where recovery becomes not only possible, but attainable.

I have interrogated the tensions between silence and testimony as methods of healing and recovery by analysing the relationships that the main and some minor characters have with their trauma, their method for recovery and their choices to speak or to remain silent. Kai’s resistance to being defined by his trauma and to find a compromise with EMDR therapy, Mamakay’s resilience and no-fear approach to life and her choice to remain silent about her experiences, Agnes’s resistance to speaking and Adrian’s migration from the talking cure to silence, for example, demonstrate not only how both silence and the talking cure may be viewed as alternative therapies, but also draw attention to the significance of an individual’s subjectivity in the identification of the ordinary hero. The novel
remains focused on the individual, and the engaging power of that focus traces the struggles of various characters to come to terms with the aftermath of civil war and their present realities in the social worlds they inhabit. Kai, for example, must deal with his post-civil-war flashbacks in the face of his professional duties in an emergency hospital. This focus subverts the generic approach to reading and analysing trauma fiction with its sometimes one-size-fits-all approach.

Finally, I have explored how the ordinary hero may be recognised — represented and interpreted, written and read — in fiction through her resilience, reconciliation, and acts of resistance, which can be read in the context and spirit of recovery and self- and social-reparation, rather than within the limited theoretical frame of madness, illness or revenge. The narrative offers an alternative tracing of recovery, and explores the interdependence of resilience, reconciliation and resistance as life-affirming responses to trauma; resistance is the key feature of the ordinary hero who emerges from the recovery narrative reclaiming personal agency and asserting subjectivity.

The challenge for the literary theorist and the writers of fiction is to continue to question the dominant view of the madness/illness/revenge narratives, and to reconsider the dominant meta-narrative of the talking cure. There is imaginative, creative and material promise in the endeavour to seek and represent alternative views that extend beyond the psychoanalytical, generic and western models, and to further explore ways in which a character’s individual agency can be reclaimed.
through resilience, reconciliation and acts of resistance. Forna’s novel is just one
text that may be read, and re-read, with such alternative possibilities in mind.
Chapter Six. Conclusion – Reimagining trauma in fiction

Hope and Memory have one daughter and her name is Art, and she has built her dwelling far from the desperate field where men hang out their garments upon forked boughs to be banners of battle. O beloved daughter of Hope and Memory, be with me for a while.

William Butler Yeats The Celtic Twilight (1893)

As writers, readers, theorists and critics, we are presented with the opportunity to alter the landscape of the literary representation of trauma and its analysis and, in so doing, resist the popular madness/illness/revenge narratives that have dominated and, as I have suggested, circumscribed the potential for critical analysis. As a result of trauma’s history of being viewed as psychiatric, pathological and therefore unrepresentable (a paradox that continues to interest literary theorists), the limitations of relying on traditional perspectives have been at the forefront of recent theoretical discussions. Dominant paradigms in literary theory, such as the struggle to remember and testify, are linked to theories on memory and testimony, which dominate the representation of illness and madness in experimental and disrupted narratives.

In this dissertation, I have charted a course through the development of trauma theory and literary trauma theory to understand how tensions between the unspeakable nature of trauma and the individual’s desire to tell provides a space in literature, indeed in creative endeavour, to find a way through which the unspeakable can be expressed, thus allowing for alternative avenues through which trauma may be rendered and analysed. In highlighting the traditional approaches
that form the foundation for trauma theory, I have prepared the foundation for further discussions that focus on shifts away from the traditional focus of Caruth’s early deliberations on the representation of trauma in fiction (Caruth 1995, 1996).

As we have seen in contemporary discussions of literary trauma theory it is widely argued that a reliance upon the psychoanalytical foundations of trauma, rather than expanding the knowledge and understanding of the trauma experience, has produced a generic, sometimes reductive approach to trauma that generalises the experience and denies agency to the individual in a specific historical and cultural context. In considering different perspectives, I have highlighted how such limited approaches fail to recognise differences in the types of individual experiences, culture and landscape of trauma.

Where individual agency is denied, limitations are placed on the possibilities for reading or writing trauma fiction as a narrative of the ordinary hero. To support my contention that ordinary heroes may be found in recovery narratives, in previous chapters I demonstrated the richness and variety of perspectives brought to the field of writing and reading trauma in fiction through the consideration of diverse possibilities for imagining, representing and interpreting that experience. It is within this landscape of possibility that I have drawn attention to three particular features of the trauma survivor, which identify the ordinary hero: resilience, reconciliation and resistance. These three salient features of the ordinary hero emerge from the recovery narrative, which I have expanded beyond Gana’s (2104) suggestion of the possibility of such a narrative, thus relocating trauma theory away from a generic approach to a space that more readily accepts individual differences,
through the assertion and reclaiming of individual agency. Through the recognition
and exploration of the extraordinary in the ordinary, we may not only demonstrate
another perspective on heroic status but we also expand our knowledge and
understanding of the multifarious manifestations of trauma and recovery and how
those complexities may be represented in fiction.

My discussions have culminated in a literary analysis of Forna’s *The Memory of
Love*, a novel embracing different forms of recovery through the representation of
that process to show how several of the narratives and characters can be read
productively as ordinary heroes through subject- and culture-specific practices of
recovery. Such a reading of Forna’s novel supports the positioning of the trauma
survivor as an ordinary hero, a subject whose agency, complexity and adaptability
are integral to her survival and through which we may re-read the trauma novel.

“*She Went by the Heeles*”

In this dissertation, my main aim has been to draw on the insights of a history of
trauma theory in order to develop my concept of the ordinary hero for the
construction of the creative component of my thesis, sections from a novel-length
manuscript entitled “She Went by the Heeles.” I have drawn on knowledge
developed from my research to reimagine the traumatic experiences of seventeenth-
century Irish women sex-slaves as a suggestion for how the ordinary hero may be
represented.
Some years ago, while researching my ancestral connections to Ireland, I came across internet references to the English trade of Irish people as slaves dating as far back as Henry VIII. Further archival research led me to the State Papers of Oliver Cromwell (Birch 1742) held in the State Library of Western Australia. In these papers there exist several letters between Henry Cromwell, then Major-General of the army in Ireland, and John Thurloe, Secretary to the Council of State. Dated from September and November 1655, these letters indicate that Henry, Oliver Cromwell’s son, was given a commission to send a band of 1500 soldiers across the country to gather one thousand women and girls of “marriageable age and not past breeding,” to be taken to the West Indies and the English Plantations in America. It appears evident in letters dated 18 September and 16 October 1655 that Henry was successful in reaching his quota and actually offered to gather more should Cromwell’s Council want them. This astonishing reference lit a flame.

I have re-imagined the experiences of these women as a means of exploring, imaginatively and creatively, their resilience, reconciliation and resistance, their courageous attempts to adapt and survive terrible trauma with courage. They are ordinary individuals, characters whose recovery was impeded by continued traumatic experience compounded in this enduring landscape of trauma’s aftermath, and who have become ordinary heroes in their creative representations. This fictionalised reworking of a largely unrecorded history is not a prescriptive example by any means, and serves as an example for discussion rather than an example of how the ordinary hero should be represented. My construction of the ordinary hero
in “She Went by the Heeles” traces the story of recovery in the world of slavery, which serves as a fitting metaphor for trauma.

The relationship of the characters to the landscape conveys not only the effects of trauma and remembering on the individual but, because place is central to the protagonist’s experience and perception of the world, it also becomes central to the protagonist’s experience of trauma. It is within this framework that literary representation can provide a conceptual framework for trauma response. In my novel, the shifting landscapes – from the once-solid ground of rocks and turf of Ireland with its rolling hills and expansive fields, to the filthy confines of a cargo ship upon the Atlantic Ocean, and ultimately to the humid, restricted and unfamiliar space of the plantation of Virginia – frame the protagonist, Aithbhric’s, emotional responses to her trauma. For example, when she experiences traumatic events, such as rape, she escapes in her mind to Ireland, to a place of comfort where she imagines she is at home:

In the bay at Ballisodare are shell mounds, the thick brine uncoiling from their secret core. I listen to the rolling ocean that catches at my heart with its beauty … By the shore, with my kirtle filled with shells, I sit, the smell of salty brine on my hands … I was never one for idle contemplation, nor for feeling easy with the world. I sense the dangers in my body, generations of them born with me, a running river through my bones. So, when I can, I sit here in the bay allowing those unsettled feelings their course (151; italics in original).

In this excerpt, Aithbhric’s ability to dissociate as she is being raped by the plantation owner represents the subject’s need to find a safe space that is not only comforting but that provides a protective shield for her emotions and thus a resting place from the experience and the effects of trauma. Aithbhric also uses the image
of the dogwood tree as a means of connecting emotionally with her lost son; “She stayed by the door staring at the dogwood tree hoping that he was looking at one just like it” (183). This connection to the tree represents a trauma survivor’s need to stay emotionally connected to the people she has lost. The symbolism of the tree suggested a deep-rooted and enduring connection to the past.

In the aftermath of trauma

In the aftermath of traumatic experience healing and recovery can occur, and it is within this space that I take the opportunity to introduce the vulnerability of my characters, in particular, Aithbhric, whose need for recognising her own humanity and the humanity of others becomes vital to her survival. As a group, the women who survive the journey move together across landscapes, physical and metaphorical: across Ireland, across the Atlantic Ocean, and across Virginia. They reorganise their loyalties as they struggle to withstand the impacts of the cycle of violence that threatens their survival, to emerge stronger for doing so.

Their vulnerability lies in the silences of shock, those spaces between the traumatic event and recognition of change, in the spaces made for their prayers and in a lingering hope. Early in the novel, shortly after the first traumatic experience, when Aithbhric guides the women away from their burning homes and slain relatives towards the caves of Kesh, the vulnerability of the women and their need to function as one is evident in the following passage:

The women had never wandered far from their cabins, not much beyond the pastures where their livestock grazed … She stopped to
empty her bowels in a thin stream of filth, her body flushing the poison of fear and shock. It felt shameful to have her skirts hitched around her waist, exposing her white thighs seen only by her man and the midwife who had birthed her children. Other women did the same, hiding their soiled legs and dirty linens behind the trunk of an oak or crouching behind a massive fern. Some of the children had soiled themselves.

Aine … helped old Eamhhair Uí Mochain to her feet and Aine hugged her when she saw that Eamhhair was crying.

‘No shame,’ she soothed, ‘No shame, there you go’ (49).

Later, after their capture, their connection has solidified into a “silenced mass of dismay” through which they mutter “prayers as they walked south along the road in a strange harmony of clanking swords and shuffling grief” (81). In their vulnerability and shared grief the women continue to care for one another, to keep and nurture relationships with each other and others in the face of their continuing inhumane treatment by their captors. For these women, as for many who experience trauma, the experience is not only limited to one event; rather, a series of events compounds the harm. Their vulnerability persists, and so their need for one another intensifies.

*The tensions between silence and testimony*

The tensions between silence and testimony are explored in the differences between the characters. Some of the characters want to talk, to tell of their experiences, whilst others prefer to remain silent, for the retelling causes them more harm. As Aoife and Róisín sit by the fireside one evening relating their experiences of the crossing from Ireland to Virginia, it becomes too much for Aithbhric:

‘It was like being in purgatory,’ Róisín said, ‘but we were not dead. I felt every breath, every pain. Dead bodies all around us. And the smoke. The country was on fire. Even the bogs burned’ (200).
As Róisín continues with her testimony, Aithbhric becomes more unsettled. It is, after all, her story too, and she does not want to tell her version; she does not want to burden others with it, nor to live it all again. She senses the harm of its retelling for herself:

It was more than Aithbhric could bear. She rose and stumbled from the hut heading downhill towards the hogs’ pen.

‘Aithbhric, slow down,’ Mór called, following behind.

‘Talk, talk, talk, that’s all they do. Too many words, Mór.’

‘Oh, God woman, ye can be unforgiving. Stop!’ She pulled at Aithbhric’s arm and turned her to see her tormented face in the moonlight. The ground was muddy and squelched under their feet.

‘Those girls need to talk, Aithbhric. Ye said so yerself. Ye used to sing it out of ye. All yer hurt and sadness. Don’t go condemning them for finding a way different to yis’ (201).

This passage also explores difference as a means of identifying individual responses that challenges the traditional generic approaches to testimony and silence in representing trauma.

**Individual versus collective**

Although this novel is written in the third person, the narrative is focalised through the main character, Aithbhric, in order to draw the reader into her world, her individual story. In this way, the individual is not lost within the greater slavery narrative of the Irish women. Through tracing Aithbhric’s individual story of recovery, and by recognising her resilience in the face of extraordinarily compounded traumatic experience, her ability to reconcile with these experiences so that she may find a way to survive, and importantly, her resistance to being defined and destroyed by trauma, readers may see how Aithbhric emerges as an
ordinary hero. Aithbhric’s resilience is represented in her strength and her resolve not to surrender, as she explains to her close friend, Mór:

‘I have the worst survived,’ Aithbhric muttered, ‘I can get through whatever comes. Touch me now, they cannot.’ She glanced at the seamen, who stood evenly spaced about the deck carrying either a whip, or a blunderbuss flint ready (136).

Later in the novel, as the women gather to weave baskets on the plantation in Virginia, they begin to wonder if they have experienced trauma for some unknown purpose, and that perhaps they deserve to be where they are. Aithbhric hears in them not only that they have begun to accept their situation as slaves but, more dangerously, she is afraid that they are beginning to believe that they are nothing more than slaves. She asks them to resist:

‘Resist it with all yer heart,’ Aithbhric pleaded, spreading her hand on the table. ‘This place, Master, will not shape who I am. I will not be turned so that I am as ungodly and shameful as them that harm us. I will not be what they say I am, and I’ll be damned if I’ll become them’ (241).

Aithbhric resists being defined by her experiences and by how others view her. And so, through Aithbhric, in resistance to the paradox of the crying voice and the unspeakable nature of trauma, which may remove agency from the survivor by discounting a survivor’s subjective knowledge of the experience and the self (which in turn restricts trauma’s variability and ignores the diverse values that change over time), I offer an alternative. The ordinary hero may cry out or be silent, or she may find another avenue through which to express and recover from traumatic experience.
**A way ahead**

What has been most exciting about this project is my discovery of the way in which literary theorists grapple so passionately with understanding trauma and the profound impact that it has had on the lives of many people, and the difficulties associated with representing trauma in fiction. Their ideas, theories and expressions have opened the way for me to expand my own knowledge and experience of trauma and they have enabled me to read and re-read trauma fiction with a more critical eye. I have proposed the development of a recovery narrative as an alternative to the traditional approach and as an extension to and development of contemporary approaches. In addition, as readers and writers of fiction, we may find ways to represent the trauma survivor’s experiences: through her social interactions and relationships, her behaviours, her actions, her language or her choice to remain silent, through her strength, her courage and her endurance. Thus, in this dissertation, I have argued for an expansion of the narrative trajectory of trauma fiction, from a focus on trauma and its immediate or even predictable impacts, to a focus on the situated (contextualised, historicised), ordinary and everyday processes and practices, which together enable the trauma victim to become a different life-affirming subject, a survivor.

Literary theorists, creative writers and alike have, at their disposal, continuing research in trauma theory from several fields of enquiry such as psychology, psychiatry, neuroscience and social psychology, and individual stories through memoir, testimonials, personal and collective experiences. By broadening the framework of our understanding of trauma and recovery, critics have diverse and
multi-faceted foundations for developing further alternative and unique theories in literary analysis. In addition, fiction writers thereby have, at their fingertips, alternative ways of creating and imagining stories, and of rendering fictional narratives that address the diversity of traumatic experience and responses to trauma, allowing them to create stories as varied and complex as there are individual survivors.
Appendix A

Notes on history, historical sources and historians

“She Went by the Heeles” is derived from an English expression used during the seventeenth century, “to lay by the heels,” commonly to refer to a person who had been imprisoned or gone missing, stolen and shackled for slavery (Heard 1871, 25). In one document, I found a reference to people being walked through Ireland joined to one to another around the neck with a leather rope called a snath, as has been seen in iconic pictures of the slaves taken from Africa in the two hundred years that followed the earlier sixteenth and seventeenth century practice of trading people from England, Ireland and Scotland (O’Callaghan 2000).

In 1655, the Parliament (run by Oliver Cromwell, who was soon to become Lord Protector of England) ordered Sir Henry Cromwell to send out 1500 soldiers to gather 1000 men and boys of workable age and 1000 women and girls from 14–40 years to “solace the planters” in the English Plantations (Prendergast 1868, 244–246; Birch 1742). The practice of abducting women and girls to be sent to Virginia and Barbados was undertaken for at least a decade before (although soldiers were not instrumental in abducting them), in order to rid Ireland of its “orphans and the destitute … widows and deserted wives” (Prendergast 1868, 244). I have used artistic licence in my manuscript, setting the abductions by Cromwell’s soldiers in 1651 instead of 1655 in order to coincide with the siege of Galway, 1651.
From these historical facts, I began my research of the history of seventeenth-century Ireland. With the assistance of Murdoch University, I was fortunate to undertake a research trip to Ireland (and later to Virginia) to meet with academics and writers whose work on Cromwellian Ireland and the myths and legends of Ireland I had engaged with (Kelly 1997; O'Callaghan 2000; Lenihan 2001; Ní Dhuibhne 2003; Ó Siochrú 2008; Ní Dhuibhne 2012). What became most obvious to me was that most of the records of the period on which my research centred represented views of Ireland that were predominantly made by visiting English or the English landed gentry; hence they were framed by those visitors’ and the colonial masters’ particular prejudices, expectations and disappointments.

After suffering through decades of “dispossession and dislocation” and “systematic religious discrimination” the native Irish rebelled against the English in 1641 resulting in the deaths of many thousands of Irish and English.¹ The numbers of massacres of the English by the Irish were greatly exaggerated by the pamphleteers, particularly in Teares of Ireland by James Cranford (originally published in 1642), in which the Irish were “guilty of ‘cruelties and tortures exceeding all parallell, unheard of among Pagans, Turks, or Barbarians, except you would enter the confines of Hell itself’” (Cranford in Ó Siochrú 2008, 29), and which contained sketches of these alleged and exaggerated scenes of cruelties and torture (Cranford 1642; Darcy 2012; Moran 1907).² In 1649, Cromwell began the invasion of Ireland in retaliation for the massacre (Lenihan 2001; Ó Siochrú 2008; Edwards, Lenihan

¹ A brief history of the activities leading up to the rebellion has been compiled by Trinity College Dublin http://downsurvey.tcd.ie/history.html. Accessed 21 July 2014.
² There is an invaluable website of information on the depositions compiled by Trinity College Dublin. See http://1641.tcd.ie/. Accessed 10 July 2014.
What followed was a complete decimation of Ireland through a scorched-earth policy, which was a common and explicit military tactic involving the burning of crops as “the only sound course to ruin this rebellion” (Lord Mountjoy in Moody, Martin and Burn (1991, 146) and which effectively produced famine and disease (Coakley 2004). By 1652, within the period in which “She Went by the Heeles” is set, twenty-five per cent of the Irish population had died and many thousands were forcibly shipped to the Americas to be sold into slavery (Prendergast 1868; O’Callahan 2000; Jordan and Walsh 2008).

Little that had been written by the Irish themselves about this tragic period in the country’s history is available. This was not necessarily because the Irish were illiterate (many could read and write Irish and Latin though not English, although many of the poorer inhabitants were illiterate in all three languages); rather, documents written in English were the ones being printed and distributed, and largely as propaganda (Jordan and Walsh 2008). During my research, I discovered discrepancies in the accounts reporting this time in history, so I decided to hold fast to the information provided in the State Papers of Oliver Cromwell as the springboard for my fiction writing.

3 A recent article by Liam Hogan from the centre for Research on Globalization, Montreal, for example, argues that the reports of the numbers of Irish who were sent into slavery as claimed in John Martin’s The Irish Slave Trade: The Forgotten “White” Slaves (2015), and in Jordan and Walsh’s White Cargo (2008) were exaggerated and unreliable, which brings some doubt to many of the earlier reports on which they rely. The discussion around inaccuracy casts a shadow over the certainty of historical reporting. As a fiction writer, I rely on such ambiguities to give me the freedom to be creative.
Dating from the early Christian period in Ireland, the sweathouses were used for their medicinal and curative benefits. They were constructed with stones and turf, and often in the shape of beehives. A large fire was lit in the middle of the underground floor and left to burn out in order to thoroughly heat the room. The patient entered naked and then the hole was securely closed with the use of sods to prevent the air from escaping. Although I have found little evidence on the sweathouses, Dickson’s reference suggests that one person at a time entered. I have used artistic licence to place several of the men in the sweathouse at one time as a metaphor for their total disempowerment and vulnerability in the face of their violent treatment by the English, which rendered them incapable of assisting their women and children (Dickson 1995).

Where possible, I have researched the farming methods of the period, typical housing in the areas of interest, clothing, plants, language, and customs of the local native Irish. For clothing, I consulted Mairead Dunlevy’s *Dress in Ireland* (1989) and the texts of Robbie McVeigh and Bill Rolston (2009). Finding county-specific Irish names was a much harder task but I was able to obtain some information from John McTernan’s *A Sligo Miscellany: A Chronicle of People, Places and Events of Other Days* (2002), and from the ancestry website *Old Irish-Gaelic Surnames* (Walsh 2003), to bring authenticity to the text.

I consulted a number of texts in order to learn about the language, storytelling traditions and literature of the period: in particular William Gregory Wood-Martin’s *Traces of the Elder Faiths of Ireland: A Folklore Sketch* (1902); and work by Sean

During the seventeenth century, Sligo County was mostly agricultural land, and in the period in which “She Went by the Heeles” is set the coastal towns of Sligo and Ballisodare had been decimated by war. Even so, much of the traditions and practices for survival had not changed for many years. I was advised by more than one historian with whom I met that the Sligo people lived very much in the seventeenth century as they had in the sixteenth. There was, fortunately, a great deal more information from the sixteenth century about housing, clothing and customs from which I could draw. I found particularly helpful Terance O'Rorke’s *The history of Sligo: Town and County* (1890), and the work of John McTernan (1995, 2000), and Kelly Fergus (1997).

My creative and intellectual focus in the Virginia setting was twofold: to trace the progress of recovery in a hostile environment; and to dispel the myths perpetuated in popular culture that only Africans were enslaved in America and that the Irish were indentured servants. To source historical material on the slave trade I examined John W. Blassingame’s *Slave Testimony: Two Centuries of Letters, Speeches, Interviews, and Autobiographies* (1977); and the work of Michael Bush (1996), Betty Wood (1997), Harriet Jacobs (2010), Paul Baepler (1999), Daniel J. Vitkus (2001), Nini Rogers (2007), and Don Jordan and Michael Walsh (2008). To understand the early settlement in Virginia and the running of a middle plantation I consulted in particular Raymond Taylor’s *Plants of Colonial Days* (1996), and the work of Ulrich Bonnell Phillips (2007), Johnathon Alderfer and Paul Hess (2011), and Joseph Prentis (2011).
In Virginia, I visited a replica of a seventeenth-century middle plantation called The Great Hopes Plantation, which I have used as the main setting for the Virginia scenes. I visited the Shirley Plantation, a large plantation that was established in 1613 on the James River, and caught a glimpse of the original slave quarters (now part of a neighbouring property). The archaeological digs and replica fort at historic Jamestowne, Virginia, was a great source of information on the early settlement and position of the early port on the James River. I was also able to board a seventeenth-century replica ship that would have been similar in size and construction to the ship that brought Aithbhric and her companions to Virginia. In Richmond, Virginia, I participated in the three-mile slave trail walk from Manchester Docks Ancarrow’s Boat Landing on the James River to the Reconciliation Memorial. The trail chronicles the history of enslaved Africans from Africa to Virginia from 1775.
Appendix B

Translations and Glossary

Consolations – a bardic poem recited by the storyteller as Aithbhric was weaving.

Deithfridh am dháil, a leobhráin,
a bhreaig-sgríbhinn sceólfholláin;
án déin dealachudh riomsa
ótáid cách dom thréigionnsa.

Tar, a dhuilleogach gladlyhláith,
is fiordhaingean faughealtáith;
coisghidh mo chunha dá n-áithle,
an ghlanghasrudh ghrudadhghairthe.

Ad chonchloinn tabhair ag tochd
mo fphennér ollomhglan éadtrochd,
lionta d'airmheanneabh géara
leabhairreannach righin náuighléasta.

Tabhair fós páipéar is peall
fám láimh on sgaugh sgríbhheann
eir rithleigr min na duille,
mionleitir chiorrdhubh chóirethe.

Mo dhuanaire tabhair ret ais
don Ghoailheil fhíorruasail fhorais,
go bhféinnam fréamha gach sceol,
géaga goile agas glaineoil.

Go ngabhainn fiorlaidhthe feasa
glainiuil na crcaoibh ccoimhneasa,
géaga gionalaidh each fir,
eachdha ionantais is aisdir.

Tabhair leat mo leabhar glaice
da'iritmetig orduigthe,
go riomhaltain reanna nimhe,
is ca lion láithe on dilinne.

Ná déin dearmod don chraoibh chuíil
dearchlaúridh thirim thaighuir
uallanach bhogghothach bhinn
is súanán coda fha d'h'intinn.

Dáithidh damh an liric loinneach,
eanghach éadtrochd ioghlanach
niamhghreanta fadhairthe ar fod,
téidleabhair tochailte tiomchol.

An tan adchíú an chláirseach cheardach
donnsgaileach mhór mhlaingeagach
fa ghrídheigh rithmhír mo mheoir
do bhrosduigh mh'intinn d'aimhdheoin.

Gur sinniodh linn crithre corphort
d'fírrinn mo mheór bhfrithirghrod,
go tirim tiuighdheàntach trom
sileach cuithmhéarach cothrom.

Tabhair mo lann go n-aille
am dhorn daithghéal deasláimhe
go ccuirinn treasfhaoibhar teann
ar a glantaobhaibh timcheall.

Tabhair mo mhionn sgiamhdha sginé
ghormfhaobhrach ghlann gheirrinn
fa bhfaidhinn dlúththilte a tteid,
diol a cumhdaighthe an coiméid.

Minic riom buidh roaist liom
ficheall chórrfhleasgach chothrom,
ag loidhe fan éaguir uithe,
ag pléasgáil fhoirne orduigthe.

Ag cur dhisle ón ghrían go roile
'n a rithing réim rodhruite
fa mhionnchlár thithidh thslim
fiorluinn aobhinn éadtroim.

Iar teasad um thimcheall doibh seo
cuirid foluamain fúmsa,
go siubhlaim re seal ngairid
fad an talmhan tromfhóduidh.

Móide is tugtha toil mar so
don ghlanchuideachdhuin chaoimhse
nach déinid munbhar ar fhear
eigion iomurcuidh ná aithfear.

Aitchim a sídh, sléachduim doibh,
an bhuihean bheannaighthe
bháthchoir;
antrach tar chách lem dheibhleán,
nár fhágaibh mé am aonarán.

(Osborn 1970)
In the manuscript, I have included some Irish words and phrases in the character’s speech as, during the seventeenth century, a mix of Irish and English was spoken by native Irish. For Irish spelling I referred to the electronic versions of the dictionaries: *English–Irish Dictionary* (de Bhaldraithe 1959); Ó Dónaill’s *Foclóir Gaeilge-Béarla* (1977); and Ó Dónaill and Ua Maoileoin’s monolingual Irish dictionary, *An Foclóir Beag* (1991). I offer the following glossary to assist non-Irish speakers (like myself) and acknowledge that the responsibility for any errors belong to me.
<table>
<thead>
<tr>
<th>Irish</th>
<th>English Translation</th>
</tr>
</thead>
<tbody>
<tr>
<td>a chuilse, moi chroi</td>
<td>pulse of my heart</td>
</tr>
<tr>
<td>a stór</td>
<td>my precious</td>
</tr>
<tr>
<td>Aithbhric</td>
<td>African</td>
</tr>
<tr>
<td>athair</td>
<td>father</td>
</tr>
<tr>
<td>babai</td>
<td>baby</td>
</tr>
<tr>
<td>bainne clabair</td>
<td>curd or soured sheep’s milk</td>
</tr>
<tr>
<td>bodhrán</td>
<td>Irish traditional drum</td>
</tr>
<tr>
<td>bean sí</td>
<td>a fairy woman who predicts a death</td>
</tr>
<tr>
<td>Bearach</td>
<td>sharp or spear</td>
</tr>
<tr>
<td>brachán</td>
<td>porridge</td>
</tr>
<tr>
<td>bonnóg</td>
<td>flat round bread – a cut or broken piece is a scone</td>
</tr>
<tr>
<td>Brideog</td>
<td>Saint Brigid – ceremonial image of St Brigid</td>
</tr>
<tr>
<td>Caidhn</td>
<td>strong warrior lad</td>
</tr>
<tr>
<td>Cillín</td>
<td>little warrior</td>
</tr>
<tr>
<td>caoineadh</td>
<td>keen or lament – a very popular expression of grief at funerals that involves wailing, or singing, calling out the deceased’s faults and merits and cursing their enemies.</td>
</tr>
<tr>
<td>Céilí</td>
<td>A gathering often with music and dancing</td>
</tr>
<tr>
<td>cláirseach</td>
<td>Irish harp</td>
</tr>
<tr>
<td>craic</td>
<td>fun</td>
</tr>
<tr>
<td>crios</td>
<td>hand-woven belt or girdle</td>
</tr>
<tr>
<td>currach</td>
<td>Irish boat</td>
</tr>
<tr>
<td>na daoine beaga</td>
<td>the wee folk – fairies</td>
</tr>
<tr>
<td>dúidin</td>
<td>clay pipe</td>
</tr>
<tr>
<td>Gráinne</td>
<td>origin not clear – possible connection to grain goddess</td>
</tr>
<tr>
<td>Griadach</td>
<td>name given to all baby girls in Ireland until they were baptised</td>
</tr>
</tbody>
</table>
Irish Gaelic

<table>
<thead>
<tr>
<th>Word</th>
<th>Meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td>Éireann</td>
<td>Ireland</td>
</tr>
<tr>
<td>leanáid</td>
<td>children</td>
</tr>
<tr>
<td>magairlí</td>
<td>testicles</td>
</tr>
<tr>
<td>máthair</td>
<td>mother</td>
</tr>
<tr>
<td>máithreacha</td>
<td>mothers, plural form</td>
</tr>
<tr>
<td>máthair Chríona</td>
<td>grandmother – wise woman</td>
</tr>
<tr>
<td>Mór</td>
<td>great – large</td>
</tr>
<tr>
<td>neamhurchóideach</td>
<td>harmless</td>
</tr>
<tr>
<td>Ní bhual mé</td>
<td>Don’t hit me</td>
</tr>
<tr>
<td>Ní féidir dul I bhfolach ar an mbás</td>
<td>There is no place to hide from the dead.</td>
</tr>
<tr>
<td>oíche garbh</td>
<td>rough night</td>
</tr>
<tr>
<td>Pádraig</td>
<td>Patrick</td>
</tr>
<tr>
<td>poitín</td>
<td>home-distilled whiskey</td>
</tr>
<tr>
<td>scéalaí</td>
<td>storyteller – without training</td>
</tr>
<tr>
<td>smur</td>
<td>smoor or smooth the ashes</td>
</tr>
<tr>
<td>snath</td>
<td>thread</td>
</tr>
<tr>
<td>spone</td>
<td>type of tobacco made from coltsfoot, dried rose petals and aromatic herbs</td>
</tr>
<tr>
<td>striapach</td>
<td>offensive insult – slut</td>
</tr>
<tr>
<td>tóraigh</td>
<td>rebels</td>
</tr>
</tbody>
</table>
Bibliography


Moran, Patrick Francis. 1907. *Historical Sketch of the Persecutions Suffered by the Catholics of Ireland Under the Rule of Cromwell and the Puritans.* Dublin: M. H. Gill and Son Ltd.


