The Politics of
Traumatic Literature
The Politics of Traumatic Literature:

*Narrating Human Psyche and Memory*

Edited by Önder Çakırtaş, Antolin C. Trinidad and Şahin Kızıltas
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Introduction</th>
<th>1</th>
</tr>
</thead>
</table>

## Part 1: Psychological Writing—Writing Psychological

<table>
<thead>
<tr>
<th>Chapter One</th>
<th>12</th>
</tr>
</thead>
</table>
| The Other of Western Modernity: Diaspora, Trauma, and the Impossible Autobiography in Monique Truong’s *The Book of Salt*  
Yasuko Kase, Ph.D., University of the Ryukyus, Japan | |

<table>
<thead>
<tr>
<th>Chapter Two</th>
<th>36</th>
</tr>
</thead>
</table>
| Constructing and Deconstructing the Complexities of Orpheus in Ted Hughes’s *Healing Quest*  
Lorraine Kerslake Young, PhD., University of Alicante, Spain | |

<table>
<thead>
<tr>
<th>Chapter Three</th>
<th>50</th>
</tr>
</thead>
</table>
| Marginalization and Traumatic Truths  
Marilyn Charles, PhD., Austen Riggs Center, USA | |

<table>
<thead>
<tr>
<th>Chapter Four</th>
<th>71</th>
</tr>
</thead>
</table>
| Dynamics of Condoned Inhumanity Living in Our Neighbourhoods and Just Outside of Our Capacity for Awareness—A Reflection of Themes in Chekhov’s *Ward No. 6* That Are “Old and Yet Not Out of Date”  
Joanne Emmens, MHSc Psychotherapy, Auckland University of Technology, New Zealand | |

<table>
<thead>
<tr>
<th>Chapter Five</th>
<th>88</th>
</tr>
</thead>
</table>
| Suicidality and Survival in Puerto Rican Literature  
Maria Antonia Rodriguez, PhD., Northcentral University, USA  
Antonia Garcia-Rodriguez, PhD., New York Campus of Pace University, USA | |

<table>
<thead>
<tr>
<th>Chapter Six</th>
<th>99</th>
</tr>
</thead>
</table>
| A Psychological Analysis of the Role of Expressive Writing in Trauma  
Natasha Yasmin, MBPsS, Clinical Psychologist and Doctoral Researcher, University of Birmingham, UK | |
Part 2: Writing-Narrating Trauma

Chapter Seven .......................................................................................... 118
Narrating the Trauma of Displacement: Identity Politics in Turkey
Emine Yeşim Bedlek, PhD., Bingol University, Turkey

Chapter Eight .......................................................................................... 140
The Trauma Paradigm and Commercial Fiction: The Case of Fifty Shades of Grey
Sonia Baelo-Allué, PhD., Universidad de Zaragoza, Spain

Chapter Nine ............................................................................................ 155
An Unnecessary Arab Woman and a Necessary Jewish Man
Didem Başak Ergün, PhD Candidate, Eötvös Loránd University, Hungary

Chapter Ten ............................................................................................. 176
Past and Present, Dresden and 9/11: The Persistence of Trauma in Jonathan Safran Foer’s Extremely Loud and Incredibly Close
Waleed Al-Bazoon, Post-Doctoral Researcher, University of Chichester, UK

Part 3: Psychology of Self and Others

Chapter Eleven ......................................................................................... 196
“Memory skin-close”: Dislocation, Working Through and the Self in Tim Winton’s Eyrie
Sarah Zapata, PhD., La Trobe University, Australia

Chapter Twelve ......................................................................................... 215
“Writing the Self”: Miral Al-Tahawy’s Exilic Autobiography and the Trauma of Alienation and Displacement in Brooklyn Heights
Farouq Rezq Bekhit Sayyid, PhD., Lecturer in English Literature at Al-Azhar University in Cairo, Egypt

Chapter Thirteen ......................................................................................... 252
“A Revolt of the Spirit”: Defiance, Preservation and Sisterhood in In Memory’s Kitchen: A Legacy from the Women of Terezín
Lauren Cirina, MA., San Francisco State University, USA
Chapter Fourteen ..................................................................................... 271
Representation of the Self in Two Contemporary Memoirs:
A Study of Julian Barnes’s The Sense of an Ending and Jeanette
Winterson’s Why Be Happy When You Could Be Normal?
Maria Antonietta Struzziero, PhD., University of Salerno, Italy

Chapter Fifteen ....................................................................................... 299
The (Re) Construction of (Post) Traumatic Self in Nadine Gordimer
through Fanonian Psychopathology
Şahin Kazılaş, PhD., Bitlis Eren University, Turkey

Chapter Sixteen ....................................................................................... 320
Trauma-Ridden Lives after WWII: Spark’s The House of the Famous Poet
Özge Özkan Gürcü, PhD Candidate, Ege University, Turkey
INTRODUCTION

ANTOLIN TRINIDAD, MD, PhD

This book is about a very fluctuant and dynamic intersection, the scholarly intersection between literature, psychology, psychoanalysis and trauma studies. Like fluid Venn diagrams whose configurations, spatial dimensions and boundaries are ever-changing, the scholarly field is slightly different through time. Sometimes certain shapes seem to dominate, like a vision in a kaleidoscope. At other times, the field can appear monochromatic while a short period later, colors clash. In the late 1990s and the aughts of this millennium, psychological trauma which is a phenomenon of human experience long framed by the concept of PTSD started to be framed conceptually by other scholarly disciplines; literature, critical theory and political science being only a few examples of fields whose debates and trends have served as the shifting dimensions in this kaleidoscope. The politics of trauma studies – if by politics we refer to the vicissitudes of power transformations and shifts in dominance – are arguably energized by the new entrants into the debates and discussion by scholars from disparate fields of study. The sturm und drang created by Cathy Caruth (whose primary discipline is Comparative Literature) with the publication of her book Unclaimed Experience (1997) met backlashes from such academic critics as Ruth Leys (Humanities), Greg Alford (Government Studies and Politics) and through the years, various other people whose trenchant arguments against core Caruthian claims not so much refute these claims as underscore the versatility of psychological trauma as a subject of study to a great number of scholars from different disciplines. Of course, some of the loudest voices in this conversation are from the clinicians: the psychologists, psychiatrists, psychoanalysts and neuroscientists. Caruth herself was influenced by the psychiatrists Besel van der Kolk and Judith Herman. This landscape underscores the ambiguous conceptual relationship between language and trauma. While Caruth expounds on the inadequacy of language to signify the traumatic experience, psychotherapists rely on language to mediate the healing of the trauma, where somehow a linguistic stitch must be found to suture the edges of the wound together. That these linguistic strategies go beyond the
psychotherapeutic context to the writing of fiction is certainly what this volume, in part, seeks to explore along with a wish to map trauma narratives in contemporary times. Despite her critics, Caruth’s theory has struck a dominant chord in literary criticism and she remains a force even if only judged through the number of papers in this volume who still cite her 1996 book *Unclaimed Memory*. Trauma literary theory has evolved satisfyingly insofar as the plenitude of intelligent voices adding to the discussion is now rich in diversity.

**Time for Concordance: Narrative as Common Ground**

One thrust this book attempts is to find a common ground in these conversations, conversation that sometimes evolve into debates. Narrative is the common ground. In neuroscience, the brain is often thought of architecturally in terms of modules. Modules are aggregate functional components of the brain that serve a common function despite being anatomically far from each other. The visual module for example spans from the optic nerve through tracks spanning several distinct areas before they reach the visual cortex in the back of the brain where meaningful vision emerges from the sparks and bursts of transmitted stimuli. The totality of experience is transduced and received by multiple modules. How does one make sense of experience if, operated by multiple modules, the brain experiences reality, the act and challenges of being-in-the-world, mainly through parallel bursts of firing neurons along different tracks? In attempting to make sense of experience despite the intrinsic disadvantages of a modular brain, to navigate a threatening world and to limn meaning from experience, the subject creates narrative. Narrative is a way to stitch experiences and sensations into a meaningful, affect-evoking fabric that draws its material as much from memory as it does from the here-and-now. For example, as the visual cortex makes sense of the actual vision of an approaching, speeding car that seemingly comes from nowhere as one crosses a street, one small narrative needs to be created rapidly: the memory of a long-ago pleading from a mother to please be careful and watch out for speeding cars when crossing the street as they can kill you. The instant narrative created here is then both meaningful and protective, wrested from uncertainty and non-being. Narrative is also the primary means to be conscious of a coherent and cohesive identity, one that can navigate time and space without fragmentation, recognizable by other humans as unique and consistent.
There is nothing that challenges the concept of meaning more than a traumatic experience. Caruth claims that it cannot be represented, that certain experiences cannot be recalled in usual linguistic terms. The truth of this claim has been challenged, mainly because it has not been adequately analyzed – certainly there is not one type of mental mechanism that seeks to respond to a traumatic event. Repression may be one, despite recent claims that repression is a faulty concept hatched from dubious Freudian scholarship. Repetition compulsion, the concept that implies a subject repeating a trauma dynamic unconsciously over and over, may be another. The writing of fiction may yet be another. Fiction is read and discussed because fictional narratives provide a template by which experiences can be framed into an organizing schema that can be used through time and space. In all of these attempts by the mind to react to the trauma, narrative remains the one activity that underpins the act of trying to find meaning in the experience and the act of sharing both experience and meaning with another human being, be it in the process of psychotherapy/psychoanalysis or imagining an audience as one writes fiction. Here, there is obviously an implied similarity between hearing a life story in psychotherapy and reading a story in fiction or autobiography. There is not much of a difference, on one level, between a psychotherapist and a literary critic: both listen to a storyteller, attempt to construct a meaningful centering thematic, constructs that are often mediated by theory, and then situates them in the context of other stories already told. In psychological trauma, the storyteller has experienced something that requires not only special telling but also special listening/reading. The traumatized subject has seen and experienced the other side of a rented, illusory fabric of day-to-day life. It was illusory because it purported to portray life as a safe, predictable, trustworthy one. One day, a traumatic event suddenly rents this fabric of illusions – the other side has been glimpsed, the side where unspeakable terrors exist. One cannot un-know what one knows. Because the experience is unique, the signifiers may not be (readily) present. A concomitant new challenge emerges in the resulting creation of narrative: novel storytelling strategies may emerge such as elision, effacement and other experimentation with language that in and of itself may be traumatic in its reading. Toni Morrison’s novel *Beloved* (1987) exemplifies these experiments in language, the reading of which may be traumatic by itself. *Beloved* exposes the interiority of slaves in descriptively raw states. It deploys the potentially disorienting modernist techniques of magical realism. The shifting temporality, points of view and viscerally powerful images evoked produce a jarring, trauma-like experience to the reader, akin to dissociation. Through such techniques,
the trauma is transmitted, experientially shared. The difficult-to-metabolize text acts so that the reader experiences some of the affective components of the trauma not only through the subjects but also through the arduous effort of processing the text.

Contrary to the tenets of the early wave of trauma theory dominated by the works of Caruth, van der Kolk and Herman, it is now thought possible that a traumatic event may be rendered cohesively in various forms of narrative culled from a relatively accurate memory of the event – in other words, traumatic amnesia is not always the operative response to traumatic events. The psychologist Richard McNally, citing psychological research, refutes the idea of “traumatic amnesia” as recounted in Caruth’s conceptualization of the “unclaimed” nature of traumatic memories – here McNally notably signifies the Caruthian “unclaimed” with amnesia, a term with a psychological genealogy, something Caruth does not do – she does not expound on amnesia. McNally’s thesis illustrates the unacknowledged disciplinary divide that plagues trauma studies, a divide that those who engage in the study of trauma do not adequately acknowledge in launching attacks on each other’s academic papers. Amnesia, a psychological term, is not necessarily the “unclaimed” of Caruth’s central thesis, a term that emerge from a deconstructive literary reading of Freud, for example, as an author. One can hardly expect a literary critic to be familiar with cognitive neuropsychology. Likewise, a psychologist could hardly be expected to be versed in the historical iterations of deconstruction as a critical method emerging from both sides of the Atlantic. Much academic controversy emanates from the unrealistic assumption that every department must be familiar with the methodic nuances and canons of all the others across the hall and across campus. At this point, it must be clear to all that psychological trauma in its various forms can have varying outcomes in the mind of the sufferer or victim. The forgetting of all or aspects the trauma through time is possible. It is also entirely possible that the trauma is well-remembered. The victim may have other associated behavioral and psychological problems as she copes with the difficult emotional effects of the traumatic memory in subsequent years. Each narrative must be considered in its own terms.

**Genre, Spectacle, (Social) Media, Identity**

Genre dynamics in trauma studies is an underwritten and under-researched issue. The narrative of trauma experiences as written by fiction writers, by essayists, literary critics, memoirs by the subjects themselves and case analyses by clinicians are components of a narrative bricolage
that arguably characterize the contemporary body of work composing trauma studies. Whether a neuropsychologist could adequately converse with a literary critic is possible, but it must be a proviso for each participant to pay attention to whether they define constructs in the same way and to approach the other discipline humbly. Clinical accounts, as in narratives of cases and the proceedings experimental studies, emerge out of writing and practice conventions, contextually situated in the concept of normativity and the boundaries of what is aberrant or abnormal; trauma is often a defining moment in the shift from normality to caseness or condition, as in PTSD, which stands for Post-Traumatic Stress Disorder. The organizing idea of the clinical context is that there is something that does not function in a normal way. If memory function becomes blocked because of dissociation or complete amnesia, then the subject is abruptly exiled from, to use Susan Sontag’s metaphor, the land of the well to the land of the ill. The clinician, after trying to understand the mechanism, may feel a pressure to return the subject back to the land of the well. A literary critic may not necessarily operate in this context. Conditions of normativity are held suspect, ripe for epistemological scrutiny. The wish to return the subject to a previous state could likewise meet similar skepticism from literary critics. Where genre boundaries become hazy, there can emerge controversies. Memoirs of trauma straddle the genres of fiction and autobiography. The memoir writer operates as much within creative language as she does within the figurative and the literal but with greater chances to supplement the facts with meditations, constructions and extrapolations; it is, after all, a memoir. But how does one properly situate what is claimed in the memoir when the facts imperceptibly amalgamate with creative constructs? In considering the ethics of trauma memoirs, what differentiates literary aesthetics from mere embellishment? The case of the memoir writer James Frey has become a notorious example of how claims of trauma in the publishing business can become public spectacles of the shifting modes of public consumption of trauma narratives. The stakes are high when it comes to testimony. Leigh Gilmore (2001) relates autobiography to the confession, invoking the religious. Relevant to the issue of trauma, autobiography and confession also relate to testimony. Following this discursive thread, it is possible that falsification of the narrative to obfuscate real events from fictional invokes a form of heresy. Even beyond that, false testimonies could have real life consequence as in the controversy surrounding false memories of childhood abuse. Prior to the disclosure that Frey’s claims of trauma in his book were fabrications – or works of the imagination – it was obvious that the public had enthusiasm for narratives of difficult lives spent abusing
illegal drugs and all the various traumas, big and small, associated with 
that life, enthusiasm that probably motivated the writer to deception that 
led to the ensuing scandal. It is unlikely that his book would have enjoyed 
the same magnitude of enthusiasm had he classified it in the fiction genre. 
In this case therefore, genre matters.

The spectacle around the James Frey memoir took place primarily 
in the media outlet of television talk shows, an outlet that also host 
first-person narratives of traumas in the form of interviews, some by 
clinicians, and in some shows, confrontation by victims and perpetrators 
in front of television cameras and live audiences. Sometimes, trained 
psychotherapists and psychiatrists provide quick diagnostic interviews and 
psychotherapeutic interventions. It is likely that these media projects 
involve dramatic confrontations and public recounting of traumas are 
grounded in the culture of instant gratification where things are believed to 
have the ability to be done instantly and quickly, including processing of 
and attempts at healing from traumatic events. It also represents 
commodification of testimony, predicated on a public hungry for such 
affect-laden versions of testimonies on media that primarily intend to stoke 
atavistic fear and horror as forms of new titillation. Trauma studies have 
entered a new dimension: the age of reality television, social media and 
YouTube, accessible 24 hours a day, seven days a week. Readers now do 
not have to wait for the publication of memoirs of trauma. They can access 
blogs, and they can react in real time by emails and instant messages to the 
author of these blogs. There is also the changing nature of media identity 
as it emerges from discourse, and from the novel ways by which identity 
can be manipulated and changed. One person can have multiple identities 
on the same or different social media platforms. On YouTube, atrocities 
perpetrated on the human person and groups of persons could be viewed 
repeatedly. The media has unique ability, compared to the written text, to 
deliver a multisensorial trauma narrative, subsuming sound, vision and 
perspective. Scholarship on the effects of these phenomena to the 
individual viewer or reader has only just begun. Would numbness be 
expected, when shock gives way to apathy just by sheer exposure to so 
many of these media portrayals and re-enactments of trauma? Would 
narratives change considering this numbness and apathy, assuming greater 
and greater levels of taboo-breaking in the service of newer ways to induce 
a reaction? While the answers are not clear, bombast and commodification 
present a side to trauma studies that may be inimical to the discovery of 
ew, enduring knowledge on the relationship between language, psychic 
dynamics, narrative and identity in the context of extreme life events. In 
this book, we posit that the careful reading of trauma narratives and
methodic reflection on how these narratives come close – or not – to an understanding of human responses to extreme events is a necessary counterpoise to fustian methods emerging from certain forms of contemporary media, social or not. We believe in open interdisciplinary discourse. There is value in a clinician who reads a work of fiction, as there is worth in a sociologist examining the possibility that an author’s biography gives clues to that author’s traumatic experiences. Disciplinary cross pollination produces hardiness.

Organization of the Book

These expanding platforms for the scholarship on and consumption of trauma narratives show that trauma studies continue to evolve. It now subsumes other aspects of human suffering than death-defying events such as mourning and loss, alienation and diaspora. In this volume, we nod to the interdisciplinarity of trauma studies and to the wider penumbra of trauma narratives that are not anymore confined within the margins defined by the diagnosis of PTSD. And neither is the discourse and scholarship a privilege to be granted only to a select few. Part One of this volume is on “Psychological Writing- Writing Psychological.” Yasuko Kase reflects on trauma, diaspora and the difficult autobiography in her reading of Monique Truong’s The Book of Salt. Lorraine Kerslake Young sees the grieving Ted Hughes as writing children’s literature to reweave a self that is frayed by his traumatic losses. Marilyn Charles, a practicing psychoanalyst/psychologist, re-reads James Baldwin. She writes on how literature can frame marginalization as a form of trauma and how we as readers can understand, through literature, the shame dynamic that goes with marginalization. Joanne Emmens, through a reading of Anton Chekhov’s Ward 6, questions whether there exists an unconscious collusion, by settling or passivity because of dependency, with authority figures who perpetrate traumas. Maria Antonia Rodriguez and Antonia Garcia Rodriguez examine suicidality, survival and resilience of Puerto Rican women living in the United States through a literary lens in memoirs by Irene Vilar and Alba Ambert. The question of whether there is psychological cathartic value in on-line contemporary media is examined by Natasha Yasmin.

In Part 2 of this book, the issue of testimony comes to the fore, as well as the issue of trauma narrative limned from the margins of literature. Emine Yesim Bedleck writes on the complex relationship between the narratives of history and autobiography in the case of Ferman Toroslar, a Turkish Armenian whose trauma resides in his painful
discrimination for his Armenian identity in the larger political stage of Turkey. Sonia Baelo-Allue considers commercial fiction in the popular novel E. L. James novel *Fifty Shades of Grey* where trauma narrative strategies explored include romance and eroticization. She considers whether the trauma paradigm becomes a privileged marker of identity. Didem Başak Ergün does a comparative analysis of Imre Kertesz’s novel *Kaddish for an Unborn Child* and Rabih Alameddin’s novel *An Unnecessary Woman*. She deploys intertextuality in her discussion of how, in the protagonists of these novels, writing becomes at once acts of resistance, literary testimony and catharsis. Waleed Al-Bazoon’s focus is on the multitemporality of trauma effects, weaving through Dresden and 9-11 in Jonathan Safran Foer’s work *Incredibly Loud and Incredibly Close*.

The idea of the self, its formation and vicissitudes as it weaves through the aftermath of trauma, is the leitmotif in Part Three. Here, Sarah Zapata invokes the Australian writer Tim Winton in an exposition of how seemingly “ordinary” trauma, not overtly violent but nevertheless insidious, can have profound consequences particularly on masculine identification and subjectivity. Diaspora and displacement, and the often painful world of the exile, is the focus in Farooq Rezq Bekhit Sayid’s chapter on Miral Al-Tahawy’s *Brooklyn Heights*. To delve on this process, Maria Antonietta Struzziero puts a novel, Julian Barnes’s *The Sense of An Ending* and a memoir, Jeanette Winterson’s *Why Be Happy When You Could Be Normal?* in conversation. Lauren Cirina, on the other hand, focuses on a literary cook book titled *In Memory’s Kitchen: A Legacy from the Women of Terezin*, by which she analyzes how recipe collections can be representative of not only memory and post-memory, or present and past; but also as evidence of the social, spiritual, and commemorative power of food-ways. The psychiatrist Franz Fanon and his psychological ideas frame the process of stitching a (post) traumatic, colonial self in Şahin Kazıltas’s analysis of the novels of Nadine Gordimer. Özge Özkan Gürcü discusses how World War II brings existential questions to the fore in its aftermath, exploding the ways by which subjects wrestle with the issue of meaning in the face of hopelessness, and how these issues are represented in Muriel Sparks’s choice of using the short story form in *The House of the Famous Poet*. 
References


PART 1:

PSYCHOLOGICAL WRITING

PSYCHOLOGICAL
CHAPTER ONE

THE OTHER OF WESTERN MODERNITY: DIASPORA, TRAUMA, AND THE IMPOSSIBLE AUTOBIOGRAPHY IN MONIQUE TRUONG’S THE BOOK OF SALT

YASUKO KASE

“Bee, thank you for The Book of Salt. Stein captured you, perfectly.” The note was written in French except for the four English words. The title of my Madame’s notebook, I assume. In his haste, he could not even translate it for me. Why bother, he probably thought. In his haste, he also forgot to sign his name.¹

The above excerpt, from Vietnamese American writer Monique Truong’s The Book of Salt, highlights the issues surrounding power in the use of language and the dispossession of autobiographical narrative of a racialized and colonized minority. Bee, or Bình, the protagonist and narrator, is a diasporic Vietnamese gay man who is forced to leave Vietnam because of his homosexuality and is eventually hired as a cook by Gertrude Stein and her partner, Alice B. Toklas, in their famous residence at 27 rue de Fleurus in Paris. Bình is implored by his lover Lattimore, a white-passing black American man, to steal one of Stein’s notebooks, which is revealed to contain the story of Bình himself. In exchange for Bình’s risk, Lattimore promises to take a photograph with Bình, which is quite expensive then. Owing to eventual betrayal by Lattimore, who disappears, having left the above note and having made only the down

payment on the photograph, Bình is not only unable to possess his own portrait because of remaining cost but is also alienated from his literary portrait captured by Stein. Lattimore’s omitted signature may simply indicate his assumption that the author of the letter would have been evident to Bình. Yet, by excluding his own signature, Lattimore can obscure his responsibility and involvement in Bình’s theft of Stein’s manuscript. Furthermore, Lattimore maintains a linguistic wall between himself and Bình by not translating the English title of Stein’s writing into French, the only possible language with which Lattimore and Bình can barely communicate. As a result, Bình cannot even read the title of his own story. Lattimore’s note epitomizes how manipulation and betrayal can be achieved through the use of language. Lattimore gains the privilege to access and possess Stein’s depiction of Bình. In contrast, Bình is left objectified by others and deprived of his own story, losing his right to represent himself.

Bình’s alienation and dispossession of his own self-portrait in both visual and literary forms remind us of how minorities’ autobiographical narratives have long been in negotiation with the mainstream readership and market. In the context of Asian American literature, the editorial frame has often been applied to Asian American autobiographies—particularly the autobiographies of first-generation immigrants and refugees whose English skills are limited—to tailor the narrative to one of the editors’ own design. Even when their native tongue is English, Asian American writers often need to accommodate for mainstream readers’ Orientalistic preference for minorities’ testimonial narratives to celebrate the inclusion of the Other’s experience through the ideological operation of American multiculturalism. Ana Douglass points out that in the trend of testimonial literature since the 1980s, the first person narrative has been believed to authenticate aspects of the speaker’s culture and traditions that suit the politics of multiculturalism, and thus the writer’s “credibility

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2 Monique T. D. Trương, “Vietnamese American Literature,” in An Interethnic Companion to Asian American Literature, ed. King-Kok Cheung (New York: Cambridge University Press, 1997), 222. She uses the spelling “Trương” as her last name to write this scholarly article, and thus for citing from this article, I use this spelling for her last name.

3 The typical examples can be found in the following work. Sau-ling Cynthia Wong, “Chinese American Literature,” in An Interethnic Companion to Asian American Literature, ed. King-Kok Cheung (New York: Cambridge University Press, 1997), 46.
resides at least in part in a shared identity” beyond individuality. Thus, minority writers are expected to testify about their experience as minorities. Leigh Gilmore notes that the amount of autobiographic testimonial literature written in English roughly tripled from the 1940s to the 1990s. In the U.S., mainstream readers have expressed their appetite for minority writers’ narratives that testify about the “truth” of minority experiences—preferably the testimonies of their hardships, such as female suffering from the “cruelty” and “backwardness” of patriarchal minority communities to conform to the belief that the U.S. offers a liberating and civilizing space for the minorities to achieve the American Dream. Therefore, in case minority writers’ narratives do not serve for such taste of the readers, the editorial intervention seems necessary to season minorities’ writings to be more consumable in the market.

In terms of literature written by Vietnamese Americans, mainstream American readers generally expect a particular formulaic narrative that expresses gratitude for America’s generosity and hospitality in receiving refugees, and thus expect the portrayal of the U.S. as an idealistic savior and host. In other words, refugees’ first-person testimonies about their traumatic experiences are used to validate the cause of the Vietnam War for the host country, the U.S., to create its self-image as the savior who sacrificed itself to protect liberty and democracy, and to rescue refugees. Here, by exchanging their physical safety for the creation of an image of the perfect host, by filling the “lack” caused by the traumatic castration represented by the loss of the Vietnam War, Vietnamese refugees’ autobiographies are expected to serve as proof of obedient conformity to the host society’s Symbolic order.

Through creating Vietnamese diasporic gay man Binh, who is situated in the era of Western colonial modernity and whose character is built upon two “Indo-Chinese” cooks appearing in The Alice B. Toklas Cookbook, Truong critically engages with the problematic politics surrounding Vietnamese refugee writings. Through unraveling complex entanglements

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of Western modernity, colonialism, diasporic exile, and politics involved with the notion of trauma, I will discuss how in her fiction, Truong critically commits herself with the issues involved in the creation of a minority’s autobiographical self-portrait that often does not mirror the minority’s self-same image.

**Medicine, Trauma, and Race**

The complex politics surrounding the notion of “trauma” heavily overshadow Vietnamese refugee writings, including Truong’s text. The style of *The Book of Salt*, which includes fragmentations, gaps, and silences in Bình’s narrative, may encourage readers identify the text as what Anne Whitehead calls “trauma fiction,” and thus readers may want to reductively interpret his narrative as the exhibition of typical trauma symptoms. However, some crucial elements in this text and the historical backdrop of both Truong’s creation of this fiction and the protagonist Bình’s placement in the early 20th century call for more detailed analysis of this text’s contiguity with the issues of trauma rather than allowing a simple application of the formulistic reading. In this section, I will discuss the issues of trauma concomitant to Truong’s text that emerged in two different time frames: aftermath of the Vietnam War, when the category of trauma was included in psychiatric diagnostic canon and the U.S. were receiving Vietnamese and other Southeast Asian refugees, and the period from the late 19th to the early 20th century, when the medical concept of trauma took shape. By doing so, I would like to demonstrate an alternative analysis of trauma issues related to Truong’s writing.

As Alan Gibbs states, the inclusion of the diagnostic category of “trauma” into the canon of the psychiatric profession in the 1980s can be placed in the context of post-Vietnam politics; Vietnam War veterans claimed the medicalization of this notion. In defining “trauma,” Gibbs refers to Ben Shephard’s criticism of the universalization of this concept, which does not pay attention to particular geographical and temporal circumstances; the resulting diagnostic category is therefore not limited to veterans’ combat stress but includes other types of civilian trauma. Here, the medicalization of trauma in U.S. society can operate as an apparatus

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for re-assimilating veterans: receiving a diagnosis of trauma enables veterans to transform from stigmatized perpetrators of the notorious war into socially acceptable victims. 11 Analogous to the process of medicalization of the notion of “trauma,” literature about the Vietnam War trauma in the U.S. was tailored and formulated to be acceptable to the U.S. public. As Kali Tal notes, veterans’ trauma narratives need to be tamed by “silencing those whose stories fall outside the boundaries of convention,” and thus some forms of narratives are screened. 12 Very similar to the silence of unacceptable forms of veterans’ narratives, as Renny Christopher notes, the operation of canonization and scholarly focus on the dominant style of Vietnam War literature, created from Euro-American male perspectives as direct witnesses of combat, exclude the perspectives of gendered and racialized others. 13 In the socio-political context of the selection and symbolic transformation of Vietnam War memory, Vietnamese refugee writings have been long ignored after the Fall of Saigon in 1975. Isabelle Thuy Pelaud and Michele Janette observe that there are ideological and political purposes behind such public neglect: Vietnamese refugee writings do not conform well to the Symbolic law of either the American Right or Left. 14 The political Right did not welcome the unexpected influx of refugees to the U.S., who reminded them of America’s defeat in Vietnam and who could be seen as another form of “the Yellow Peril,” a widespread Asian/American stereotype originating from the 19th century. Conversely, the political Left, who were inspired by the ideas of Marxism and Maoism, also did not appreciate the refugees’ criticisms of leftist regimes. The very limited methods accessible to refugees to express themselves, however, are compromised by the writers’ collaborating with editors and translators. Both Janette and Truong herself critically note that Vietnamese refugees’ writings, especially autobiographic ones, are often heavily edited or ghostwritten, and thus the

12 Tal, 14.
authenticity of the voices of the refugee writers are in doubt. Furthermore, Trương also points out Vietnamese refugees’ voices are distorted in service of creating an “American” memory of the war.

As I discuss elsewhere, gratuitous Vietnamese refugee figures operate as fetish objects to fill out the traumatic castration/lack. Therefore, autobiographical narratives of refugees are tailored not for the sake for constructing a “whole” image of a minority subject but for creating a narcissistic self-same image of the host country, in this case, the U.S. Refugees’ first-person testimonial voices are used by the U.S. to validate the cause of the Vietnam War, solidifying a national image of a savior who through self-sacrifice protected liberty and democracy and rescued refugees. Here, by exchanging their safety for the creation of an image of the perfect host, by filling the “lack” of traumatic castration in the loss of the Vietnam War, Vietnamese refugees’ autobiographies serve as proof of obedient conformity to the host society’s symbolic order.

In the U.S., though Vietnam War veterans’ narrative of their trauma may be acknowledged as long as they follow the proper social code, Vietnamese refugees’ traumas are heard only if their testimony does not challenge U.S. hospitality. Here, the residual testimonial voices are never heard without having a social Symbolic space. In Caruthian trauma theory, which was created in the early 1990s and mainly focuses on Holocaust trauma, the unrepresentability of trauma is emphasized through theoretical collaboration of Freudian psychoanalysis, Derridean deconstruction, and Bessel van der Kolk’s medical research. Caruthian theory claims that after a certain period of latency, traumatic memory comes back to the traumatized through the repeated literal form of fragmented images of the traumatic experience. According to Caruth and van der Kolk, trauma cannot be assimilated fully into the regular memory system. Recently in the field of literary trauma study, an increasing

16 Trương, 222.
17 Yasuko Kase, “Guest of Empire: Ghost of Dispossession: Traumatic Loss and the Subject without a Proper Name in The Gangster We Are All Looking For by lê thi diem thúy.”
number of researchers have questioned this trauma model. From one of the earliest criticisms of the Bessel van Der Kolk and Caruthean model by Ruth Leys to recent questions about the rigidity and Eurocentricity of the Caruthean model, scholars in the field of literary trauma theory have attempted to revise the formulaic dominance of the trauma model.20

Although I do not deny the existence of cases in which the traumatized cannot create a narrative memory of a traumatic experience because of neurobiological symptoms, understanding Vietnamese refugees’ difficulty in creating their own accounts of trauma requires a more nuanced examination of the political and cultural disjunction of their enforced diasporic dislocation, problems in their command of English, and the political implication of the medicalization of trauma in Western and American medicine. Their unheard and untranslatable residual narratives cannot be reduced into neurobiological symptoms of trauma; it is a lack of listeners who can attend to their narrative that makes their trauma unrepresentable.

The historical setting of Truong’s novel overlaps interestingly with the era in which trauma was initially medically theorized. The development of trauma research in the era of Western modernity went hand in hand with the pathologization of racial, sexual, and gendered others who were regarded as deviations of the norm of White and male. As Roger Luckhurst illustrates, the medicalization of trauma coincided with radical change in people’s lives in Western modernity.21 The change of European societies accompanied a change in population concentration in city areas and the development of modern transportation including the innovation of train travel and the construction of railroads, which radically reshaped people’s sense of time and space. The increasing number of train accidents generated various theories and attempts to analyze the symptoms categorized into the current notion of trauma, which was named “railway

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spine” at the time.\(^{22}\) In particular, reports on patients who did not reveal any overt physical injury but underwent psychological shock generated various conflicting theories: some people, such as the surgeon John Erichsen, attempted to find the cause in physical lesions created by violent concussions, and others, such as Herbert Page, claimed that nervous disorders come from purely psychical causes, which he calls “nervous shock.”\(^{23}\) According to Luckhurst, when the treatment of insanity was transformed by new paradigms of psychology, the concept of trauma started to shift from physical damage to psychological wounding.\(^{24}\) However, the theory that somatic damage caused trauma was not discarded; rather, the ideas and data drawn from biological research were used to determine the somatic origins of mental illness. Then, at the same time, different groups of new researchers started to argue trauma based upon the psychodynamic model of the mind.\(^{25}\) Among the influential researchers in the late 19\(^{th}\) century, Jean-Martin Charcot’s work shows a new direction for theorizing trauma—or “neurosis,” the term originally used by Hermann Oppenheim. Oppenheim claimed that the symptoms caused by railway accidents are the result of a transient functional disorder in the central nervous system or vascular system of the brain.\(^{26}\) Charcot, director of the Salpêtrière asylum in Paris between 1862 and 1893, associated susceptibility to hysterical symptoms with hereditary weakness; thus, here the somatic origins of mental illness are emphasized.\(^{27}\) His theory was based upon the commonly held belief of the “degeneration” of the era, which was undergoing “a precipitous descent down the evolutionary ladder.”\(^{28}\) The notion of “degeneration” was used to measure a patient’s deviation and perversion from normative health and examine the spread of the disorder through the family.

According to Sander L. Gilman, in this era, “degeneration” was associated with a “primitive” Other’s sexuality, and thus racial otherness and sexual “perversion,” such as masturbation, homosexuality, and promiscuity, were classified as “illness.”\(^{29}\) For instance, Charcot expresses his strong interest in Jewish Otherness, and similar to other medical

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\(^{22}\) Luckhurst, 21.
\(^{23}\) Luckhurst, 22–23.
\(^{24}\) Luckhurst, 34
\(^{25}\) Luckhurst, 34.
\(^{26}\) Luckhurst, 34.
\(^{27}\) Luckhurst, 34.
\(^{28}\) Luckhurst, 36.
professionals at the time, he associates Jewishness with an inclination to mental illness. According to Gilman, Charcot believed that “Jews are especially prone to hysteria and neurasthenia because of a weakening of the nervous system due to inbreeding,” and he claimed that nervous illness is frequently observed among Jews. Considering Charcot’s influence over Freud, who could be also designated as medically “Other” because of his Jewishness, Freud’s position as a medical practitioner seems quite paradoxical. Freud could be placed as a “patient,” owing to his race to be pathologized as the Other, and yet he practiced medicine as a doctor. If following Charcot’s theory, a racial minority can be predisposed to “hysteria,” and thus would be easily traumatized because of their inherent (racial) illness. Gilman’s study on Freud shows how pathologization of race in the late 19th century and the early 20th century affected Freud’s struggle to overcome the notion of degeneration through his development of psychoanalysis. He additionally denied congenital predisposition to hysteria in his case study of several patients reported in Studies on Hysteria published in 1895. However, as Gilman notes, Freud failed to completely abandon the concept. Indeed, as David L. Eng points out, in Freud’s later works such as “On Narcissism: An Introduction” and Totem and Taboo, racial and sexual perversions are explained as atavistic, the state of falling out of the ladder of development that should direct toward civilized maturity.

The medical ideas of degeneration and sexual perversion overshadow the diasporic characters depicted in The Book of Salt. Similar to Freud in his precarious position as a Jewish doctor, the fictional version of Gertrude Stein and the character of Lattimore reside in oblique positions to Western medicine around the turn of the century. Although Truong does not focus on Stein’s Jewishness, she depicts Stein’s struggle as an intelligent woman who cannot live by obediently following the path set for a “proper” woman. By being admitted to the male-dominated Johns Hopkins medical school, already her career choice is not “normal” for a woman around the turn of the century; furthermore, Truong’s fictional Stein is confounded by her own lesbian desire. Young Stein mistakes her desire, love, and jealousy of women as an illness: “The topic at hand was the heart, so she

30 Gilman, 154–55.
31 Gilman, 154–55.
32 Gilman, 215.
33 Gilman, 207-8.
34 Gilman, 215.
was certain that there was something terribly wrong with the circulation of her blood, a condition she thought chronic if not fatal. She could no longer take deep breaths” (204). To breathe again, she stops visiting her beloved and starts boxing. In her letter to her brother Leo, Stein announces her failure in medical school by writing, “Obstetrics failed me” (205), instead of “I failed in Obstetrics.” Her choice of words reveals her ultimate rejection of the medicine that diagnoses her, who does not have any interest in female reproduction, as deviate. Here, she reverses the rhetoric and challenges medical knowledge through her modernist wit. Regarding Stein’s genius in experimental writing, her lover Toklas encourages Stein to believe her special talent, which can overwhelm Leo’s masculine authority. Stein tells Toklas that in any given family, only one genius can be born. Toklas declares, “Then for the Steins, it is you, Lovey” (207) instead of Stein’s brother Leo. Thus, through her literary career, Stein proves that she is not an example of degeneration of her family, but a rare evolutionary mutant who represents modernity.

Whereas Stein’s career change indicates her ultimate rejection of medical diagnosis and marks the beginning of her new life and literary prestige, Lattimore, an iridologist, accepts the biological findings of the era without expressing any criticism of its racialized and sexualized ideological implications. Considering how black sexuality was regarded as excess and thus “primitive” and how racial mixture was perceived as degeneration, Lattimore, who is mixed race and gay, is an easy target for pathologization. Can his passing as white be the best method for maintaining his authority as a medical professional? According to him, the examination of eyes of patients and findings of “[f]lecks, streaks, spots, or discolorations within a particular section of the iris indicate that there is a trouble spot, a weakness in a corresponding area of the body” (114), an approach constructed by his mentor Dr. Kritzer. Interestingly, the tendency of sexualization of race in medicine manifests in Lattimore’s diagnoses of Prince Norodom, the Crown Prince of Cambodia, and the Emperor of Vietnam, who summon Lattimore to their residences in Paris. Lattimore declares that both men show signs of impotence. The feminization and emasculation of Asian/American men is a widespread and longstanding stereotype in the West used to justify colonial domination. Lattimore, who could himself be diagnosed as possessing illness because of his racial mixture and gayness, enforces racial and sexual stereotypes in his diagnoses.

Unlike Lattimore, who simultaneously accepts and eludes medical

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36 David L. Eng, 1-34.
pathologization of race and sexuality through his act of “passing.” Binh is directly exposed to the medical form of violence. When Binh’s affair with a newly arrived French Chef, Blériot, at the French colonial Governor-General’s residence in Saigon, Vietnam, which became the fatal cause of Binh’s expulsion from his job, family, and Vietnam, was scandalously exposed, the Governor’s chauffeur, who claims he attended medical school in Paris, offers Binh his opinions on Binh’s “condition” about which “there’s been extensive research done in England and in America” (127). “Dr. Chauffeur” (128) offers his knowledge on taxonomy of “the mutations of your [Binh’s] conditions”(128): “Men with men. Men with men who behaved like women. Women who behaved like men with women who behaved like women, et cetera” (128). Very similar to Stein’s prescription for herself, Dr. Chauffeur recommends rigorous physical exercise and a particular diet to control Binh’s homoerotic desire, a regimen that Binh rejects.

According to the medical views in the era, Binh’s queer desire and his colonized Asianness could be interpreted as proof of his degeneration and thus, he could be diagnosed with predisposition to traumatic symptoms. Indeed, his narrative reveals his self-harming behavior of repeatedly cutting his hand and his alcoholism, which Charcot may label as the manifestation of the degeneration of the Asian race. Yet, if he is truly traumatized, it is reasonable to find causes for his desperate condition in his status as a racial and sexual minority living in a colonial metropolis. Binh’s life is always precarious, and his struggle for survival is unceasing. He is exposed to serious traumatic conditions created by Western colonial modernity, and thus, the use of the notion of degeneration to diagnose his “symptoms” would be a scientific form of violence, which would contribute to producing another traumatic form of dominance over the Other.

Both the medicalization of trauma in 1980 and the inception of trauma research in the late 19th century reveal the ideological leanings of their respective eras. The focus on placement of The Book of Salt adjacent to the controversial process of medicalization of trauma opens up an alternative discussion on the issues of trauma, rather than reproducing a formulaic reading in the dominant Caruthian theory of trauma.