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Language and Trauma: An Introduction

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This paper introduces the conceptual framing of studies of trauma. It considers how, on the one hand, applied linguistics may contribute to this study, responding to the suggestion that trauma 'can be best understood through plural, multidisciplinary perspectives' (Luckhurst 2008: 214), and, on the other hand, the extent to which linguistic studies of trauma can contribute to a better understanding of what Coupland and Coupland (1997: 117) have called 'discourses of the unsayable'. It argues that the tools of linguistic analysis may be used to understand the role of language in how individuals may experience, recount, and potentially recover from psychological trauma, in personal, literary, and institutional contexts, as exemplified by the papers in this volume.

WHY A SPECIAL ISSUE OF *APPLIED LINGUISTICS* ON LANGUAGE AND TRAUMA?

This special issue is, on the one hand, intended to demonstrate how linguistics may play a role as one of several approaches to the study of trauma, described by Luckhurst (2008: 214) as 'a complex knot that binds together multiple strands of knowledge and which can be best understood through plural, multi-disciplinary perspectives'. And it seeks, on the other hand, to explore to what extent engaging with trauma can contribute to a better understanding of what Coupland and Coupland (1997: 117) called 'discourses of the unsayable'. This issue presents work in applied linguistics which uses the tools of linguistic analysis to address the question of language in the experience of, recounting of, and possible recovery from psychological trauma, in personal, literary, and institutional contexts. We begin our introduction with a discussion of the history of the emergence of trauma as a multidisciplinary field and go on to consider the theme of language and trauma from three perspectives: the role of language in the discursive construction of trauma as an object of knowledge, its involvement in the actual experience of trauma, and its potential and limitations in the narration of trauma. This will lead us to the question of what applied linguistics and in particular discourse studies can contribute to trauma research and therapy and in what ways applied linguistics can benefit from venturing into the field of trauma research. Throughout, we comment on the way in which linguistic analysis is deployed in the various papers in the volume to illuminate these perspectives.

THE EMERGENCE OF TRAUMA AS A MULTIDISCIPLINARY FIELD

While the term trauma was originally largely confined to medicine and psychotherapy, it has recently found its way into everyday language, where it is often used, semantically overstretched, for any form of painful or frustrating experience. In specialized literature, trauma is conceived more narrowly, albeit not quite uniformly. Fischer and Riedesser (1998: 84) define trauma

> . . . as a vital experience of discrepancy between threatening situation factors and individual coping possibilities, which is accompanied by feelings of helplessness and defenseless abandonment and thus causes an ongoing disruption of one's understanding of the self and the world. (authors' translation)

Van der Kolk (2014: 21) stresses the enduring changes brought about by the experience of trauma:

> We have learned that trauma is not just an event that took place sometime in the past; it is also the imprint left by that experience on mind, brain, and body. This imprint has ongoing consequences for how the human organism manages to survive in the present. Trauma results in a fundamental reorganization of the way mind and brain manage perceptions. It changes not only how we think and what we think about, but also our very capacity to think.

There is broad consensus on the view that different people experience potentially traumatizing events differently and do not cope with them in the same way, a fact that Vygotsky (1934/1994) recognized. From the very different reactions displayed by three siblings exposed to the same regime of domestic neglect and abuse, he concludes that the social environment does not have a direct and static impact but is mediated by emotional experience (*perezhivanie*), the way it is lived through, interpreted, and processed on the basis of social, personal, and situational resources (today often termed as potential for resilience). From the angle of psychotherapy, Zepf (2001: 346) states:

> It is not the event that is the pivotal point, but the way in which it is experienced and processed. The definition of an event as having a traumatic effect is always retrospective. It can only be made from the experience into which it leads. (authors' translation)

Modern trauma research begins at the end of the 19th and beginning of the 20th century with the understanding that mental distress, at that time mostly diagnosed as hysteria or neurosis, can often be traced back to previous traumatic experiences. Most influential was the work in the emerging fields of neurology and psychiatry at the Salpêtrière Hospital in Paris by Jean-Martin Charcot and Pierre Janet, as well as the beginnings of psychoanalysis developed by Sigmund Freud, Josef Breuer, Sándor Ferenczi, and others. Freud, however, later moved away from the original emphasis on the role of violent

abuse in childhood, foregrounding instead Oedipal fantasies as the main causes for what was diagnosed as hysteria and neurosis, a shift that continues to fuel discussions (van der Kolk *et al.* 2007). From southern perspectives, the psychiatrist and political philosopher Frantz Fanon (1967/2008: 119) argued that for the colonized, the fundamental experience that can entail the collapse of the ego is not made in relation to an overpowering father but in relation to the contact with the white world, in the desire to identify with the (white) Other who imposes himself as superior and, at the same time, transforms the colonized into an object of fear.

Interest in the effects of traumatizing events predates such work, however, and has from the beginning been closely linked to questions of compensation for victims. In this way, public discourse around the notion of trauma has been central to understanding discussions of trauma. Luckhurst (2008) provides a useful account of the emergence of the concept in the second half of the 19th century in relation to events such as railway or mine accidents and following the First World War in connection with the massive incidence of psychological consequences of the war among soldiers (for other historical overviews of the development of the concept of trauma, see Leys 2000 and Young 1995). The current concept of trauma, however, was only firmly established in both medical and public discourse in connection with the return of American soldiers from the war in Vietnam. A major role in the process of recognition and definition of the experience and consequences of trauma is attributed to the claims of US veterans' associations and war opponents (Jones and Wessely 2006; Luckhurst 2008; van der Kolk 2014).

As van der Kolk *et al.* (2007: 61) critically note, current research on the impact of trauma initially concentrated primarily on 'white males' and military personnel. In contrast, in post-war Germany, the denial of the claims of Holocaust survivors and other victims of Nazism was supported by the views of psychiatrists (Herzog 2007). As the 1970s proceeded, the long-term effects of trauma on Holocaust survivors, victims of sexual abuse or domestic violence, and civilian victims of war and civil war began increasingly to come to the fore in medical science and public discussion, although a considerable part of the funds dedicated to the research and therapy of post-traumatic disorders still flows into institutions and projects dealing with military personnel (cf. Laskey and Stirling in this issue). It is the gradual public recognition that psychological and somatic suffering can often be traced back to traumatizing events that makes it possible for those affected to perceive themselves as victims or survivors and to demand justice, treatment, and restitution accordingly.

In 1980, the Diagnostic and Statistical Manual of Mental Disorders (DSM) published by the American Psychiatric Association (1980) subsumed in its third edition different syndromes previously called 'Rape Trauma Syndrome' (Burgess and Holmstrom 1974), 'Battered women syndrome', 'Post-Vietnam syndrome', and 'Battered child syndrome' (Davis 2005; Hacking 1991) under the new diagnosis Post-Traumatic Stress Disorder (PTSD) (Jones and Wessely

2006). In 1992, PTSD was included in the International Classification of Diseases (ICD) published by the World Health Organization WHO (1992). DSM and ICD are regarded as standard setting in both the medical and legal fields, with preference being given to one or the other manual depending on the geographical region. The standards defined by the two manuals list the symptoms for a PTSD diagnosis and thereby regiment access to treatment, reimbursement, retirement, etc. They are redefined with every new edition of the manual, a process that obviously does not take place in a power-free space and on which, beside medical professionals, various actors such as insurance companies, health and social administration, veterans associations, etc. seek to exert influence (Jones and Wessely 2006).

The current version DSM-5 (American Psychiatric Association 2013) subsumes criteria required for a PTSD diagnosis under the following headings: direct or indirect exposure to a distressing event; intrusive symptoms (nightmares, flashbacks, dissociative reactions, etc.); avoidance of distressing trauma-related stimuli (thoughts, feelings, people, places, activities, etc.); negative alterations in cognition and mood (partial amnesia, negative self and world perception, persisting emotions of fear, horror, anger, etc.); alterations in arousal and reactivity (irritability, hyper-vigilance, self-destructive behavior, etc.); duration of symptoms for more than one month; functional impairment (in social or professional life); disturbance not due to medication, substance use, or other illness.

THE DISCURSIVE CONSTRUCTION OF TRAUMA AS AN OBJECT OF KNOWLEDGE

This brief account suggests that the conceptions of psychological trauma and PTSD in clinical as well as public discourse are not only merely medico-legal developments but also discursive phenomena that emerged at a particular moment in history, spreading and constantly changing under the influence of struggles for recognition and distribution of resources. In that respect, trauma as a conception follows a logic described by Foucault (1973) in his historical account of the construction of the 'clinical gaze', in which the description and classification of symptoms constructs disease as well as the body as objects of knowledge and thereby subjects them to the field of normative discourse and techniques of power. The rapidly growing field of neuroscientific research on trauma-related changes in the human brain (see van der Kolk 2014) for an overview of the state of research) marks a further step toward the clinical 'objectification' of psychological trauma. Fassin and Rechtman (2009) give detailed accounts of the process and spread of the institutionalization of the notion of trauma in many contexts of suffering around the world and the way it is the key to entitlement to, and the allocation of, relief and benefits controlled by institutions, including aid institutions.

It is therefore not surprising that the very question of defining what trauma is and how it manifests itself is a matter of controversy. It is important to note that trauma and PTSD are not synonymous; only one of the possible consequences of a traumatic event is PTSD. The PTSD concept itself and in particular the DSM criteria have been contested from a number of different angles. Objections are made to the description of symptoms that reflect a narrowly western perspective that wrongly assumes that trauma manifests itself in a uniform, universally observable manner (Bracken and Petty 1998; Summerfield 1998; Renner 2006; Becker 2014; Anthonissen, this volume). The orientation toward observable symptoms is said to disregard the subjective experience and the meaning attributed to it by the affected persons, which is emphasized as particularly important in narrative medicine (Krueger 2013). Criticism is also levelled at the fact that a purely clinical diagnosis of disease decontextualizes the trauma and shifts the focus from sociopolitical processes to the individual, from recognition of the suffering inflicted to pathologization (Becker 2014). From a medical-anthropological point of view, the PTSD concept has itself been questioned by Young (1995), who interprets it primarily as a social and cultural construct, as an 'invention' that unfolds its own reality by producing what it claims to describe.

LANGUAGE IN THE EXPERIENCE OF TRAUMA

At least in the kinds of traumatic events resulting from human action (rather than natural disasters), which all the papers in this issue are about, the emotionally and bodily lived experience of language (Busch 2017) is, through the persons involved in the traumatizing scene, always present in one form or another, even if by its absence. The interconnection of the experience of trauma and the role of language within this is not causal and mono-directional but complex and multilayered. Not only can language be part or cause of traumatic events but trauma can also, as a consequence, severely impact on a person's linguistic repertoire: on his or her inclination to learn languages, to use, retain, or abandon a particular language, or to take refuge in silence (Betten 2010; Thüne 2013; Busch 2016a). On the other hand, particular, sometimes peripheral components of a person's communicative repertoire, such as a 'third' unburdened language or poetic means of expression, can become unexpected, vital sources for coping and resilience (Busch and Reddemann 2013).

Scenes of violence that has been suffered may be linked in experience and memory to particular forms of speech or language use associated with a perpetrator or the traumatizing situation. Literary or biographical texts often provide insights into connections between traumatic and linguistic experience (Luckhurst 2008). For example, the French writer Arthur Goldschmidt (2005), who as a child was forced to leave Nazi Germany, describes German as a language that in his linguistic memory is indelibly marked by feelings of extreme distress and adds that even its vocal pitch is likely to evoke the life-threatening fear he had experienced. A particular accent or intonation, the

pitch of a voice, or the sound of a language can trigger intrusions and flashbacks by which the traumatic event is relived. Historically, it is in particular periods of war, civil war, pogrom, or mass expulsion that language can function as a shibboleth and become an identity marker to justify exclusion and persecution, which can cause individuals to attempt to hide their language (cf. McNamara this volume).

Language can also *per se* become a weapon that may be injurious. Exposure to hate speech, linguistic ostracism, or brutal silencing, whose goal is denying one's acknowledgement as a subject qualified to interact, can—especially when frequently reiterated—have a traumatizing effect (for an extensive critical discussion of the potential for linguistic injury within language use, see Butler 1997). And obviously, verbal violence is often paired with physical violence (Deppermann this volume).

Finally, even the absence of language, the denial of the right to speak and to have a voice that can be heard, or the silence in which an event is enclosed can be associated with trauma. As the famous psychoanalyst Ferenczi (1932/1949) showed, silence is often an inherent characteristic of sexual child abuse, both on the side of the child victim and the adult perpetrator.

Arendt (1951: 302) argues in relation to the situation of refugees and displaced persons that conditions in which a person is 'deprived of expression within and action upon a common world' are fundamentally dehumanizing. Her analysis dating from the period following the Second World War is mirrored by current individual accounts of displacement, migration, and precarity that emphasize the suffering from having no admitted stance from whence to speak (Busch 2016b; De Fina *et al.* this volume). The denial of voice and the prohibition of speaking, if not involving an immediate traumatizing effect themselves, may tend to combine with other factors to form a 'cumulative trauma' (Khan 1977).

LANGUAGE IN THE NARRATION OF TRAUMA

Before turning to the question of how survivors can talk about their traumatic experiences, it is useful to take a brief look at research on the relationship between experience, trauma, and memory. According to Vološinov (1929/1973), experiencing means giving meaning to a sensual–emotional perception by matching it with previous interpretations, which by their very nature are socially and ideologically shaped: 'We do not see or feel an experience – we understand it. This means that in the process of introspection we engage our experience into a context made up of other signs we understand' (1929/1973: 36). Whether in introspection or in interaction with others the experience is, according to Vološinov, formed within discourse. In contrast, a traumatic experience could be defined as one that resists being built into the social–ideological–linguistic horizon of experience that we have at our disposal. In this sense, traumatic experience basically is a non-experience or in the words of the French writer Maurice Blanchot (1980: 17): 'Le désastre inexpérimenté, ce qui

se soustrait à toute possibilité d'expérience' ['The inexperienced disaster, that which is beyond any possibility of experience'] (authors' translation).

According to Janet (1904), one of the early pioneers in trauma research, troubling events become emotional accidents (*accidents émotionnels*)—as he calls what today is referred to as traumatization—when a person is not able to integrate what she or he went through into her or his perception of the world, to link it with earlier experiences and memories, and to incorporate it into biographical narration. Frightening experiences are, according to Janet, stored differently, often dissociated from conscious awareness and voluntary control, and therefore not easily available for retrieval:

> The subject is often incapable of making the necessary narrative which we call memory regarding the event; and yet he remains confronted by a difficult situation in which he has not been able to play a satisfactory part, one to which his adaptation had been imperfect .... (Janet 1919–1925/1984: 274, quoted from van der Kolk and van der Hart 1995: 160).

Current memory research has abandoned the archival model of memory and sees memory instead as located in a broader framework of discursively constructed social and cultural practices and therefore as intermingled with narrative practices (Brockmeier 2010). In contrast to *narrative* memory, which is seen as a social act, current trauma research considers *traumatic* memory as a solitary activity (van der Kolk and van der Hart 1995: 163). In van der Kolk's (2014: 176) view, 'the imprints of traumatic experiences are organized not as coherent logical narrative but as fragmented sensory and emotional traces'. Traumatic memories of arousing events that are not necessarily available to conscious memory may return, often suddenly and unexpectedly, as flashbacks, overwhelming emotions, or 'speechless horror' (van der Kolk 2014: 43).

Avoidance of painful intrusions as a measure of self-protection is only one of the reasons that makes it difficult to share a traumatic experience with others. There are many other reasons such as: speaking about what happened can be subject to interdiction, social taboo, or shame; a common ground of experience or knowledge is missing; one does not want to burden others with one's own pain; the violation and the suffering have not yet been socially acknowledged; others are not willing to lend an ear. As Arendt (1951/1979: 439) wrote in the aftermath of the Shoah:

> [A]nyone speaking or writing about concentration camps is still regarded as suspect; and if the speaker has resolutely returned to the world of the living, he himself is often assailed by doubts with regard to his own truthfulness, as though he had mistaken a nightmare for reality. (Arendt 1951/1979: 439)

The precarious 'hearability' of trauma-related narratives (Blommaert *et al.* 2007; Derrida 1985; Anthonissen this volume) is a crucial issue that reminds

us that this particular kind of narrative (as any other one) is a dialogic matter that requires, besides adequate framing, listeners prepared to hear and understand not less than witnesses prepared to testify (cf. De Fina *et al.* this volume).

In institutional contexts, such as asylum, penal, disciplinary, compensation, or reparation procedures, traumatized participants are often required to recollect and report on what happened in as much detail as possible, although this entails a severe risk of having to relive the traumatic event. Narratives produced in such contexts often fail to meet the institutional expectations in terms of coherence and accuracy (Busch 2015; Anthonissen this volume).

In connection with trauma and narration, two questions are frequently discussed: is there a 'typical' way of relating trauma, can one identify a narrative as a trauma narrative because of particular linguistic features? And is speaking about a traumatic event already a step toward coping and recovery? In line with current research (for an overview, see Busch this volume), the contributions in this special issue suggest that it is not possible to speak of a specific language of trauma as there is a broad spectrum of possible trauma-related representational phenomena. From the detailed analysis of numerous case studies, Deppermann and Lucius-Hoene (2005) conclude that verbalizations of traumatic experience can be seen as located somewhere along a continuum between fully contextualized, structured narratives and fragmented accounts characterized by gaps, hesitations, and disruptions, between an obvious strong personal and emotional involvement and stance-taking, on the one hand, and a seemingly detached narrative that abstracts from the narrative self as an experiencing instance, on the other. As far as the second question is concerned, opinions in therapy science differ as to whether, when, and under what conditions a confrontation of the client with the trauma event is indicated (Reddemann 2011). The underlying question is to what extent healing through understanding and integration is possible, or rather whether it is about how the non-understandable can be borne.

Most of the contributions to this special issue deal with how persons, for different purposes and in different contexts, speak about traumatic events they have gone through, with how they position themselves and how they are positioned by others (Deppermann; Laskey and Stirling this volume). The contributions in this volume suggest that we should consider such narratives as a high-wire act at the limit of what is sayable and hearable, sometimes involving turning to performance, poetic, or artistic means (De Fina *et al.*; Busch this volume).

CONTRIBUTING TO APPLIED LINGUISTICS

Dealing with trauma in such different contexts as war (Laskey and Stirling), persecution and political violence (Anthonissen; McNamara), (forced) dislocation (De Fina, Paternostro, and Amoruso; Busch), and domestic violence (Deppermann), each of the authors refers to moments in the lives of people

that shattered their conceptions of the world and their selves and represent a radical disruption of the basic trust that the world 'goes on', of what Husserl (1939/1985: 51) called the 'undsoweiter' (and so on). Such moments are marked by overwhelming emotional states of extreme fear and helplessness, often intermingled with other affects (such as grief or shame) and moral injury (such as feelings of failure or guilt). As traumatic experiences remain deeply inscribed in the body, emotions linked to them remain equally present and leave their imprints in the way one can speak or not speak about traumatic moments.

Trauma, like other intense experiences and feelings such as pain, grief, and rage, touches at the limits of the sayable. From the perspective of applied linguistics, situations in which language is, if at all, not readily available are so 'extreme' or 'exceptional' that they might appear marginal to the understanding of how language in 'normal' interaction functions. Our special issue can, however, be read as a plea for paying closer attention to the exceptional, the marginal, the disturbing as this can contribute to understanding better the significance of the messiness, of omissions, silences, and ambiguities in what is considered ordinary, 'normalized' every day practice.

Engaging with language at the limit of the sayable (Jaworski 1997; Holzer *et al.* 2011; Milani 2014) can benefit applied linguistics precisely because it challenges some taken-for-granted boundaries in our thinking. From the contributions to this special issue, we can identify some of these challenges. Meaning can lie equally in the said and in the unsaid or in specific words (or sounds) that function as 'place holders for the unsayable' (Rogers 2007: 92); when 'ordinary' language is not 'enough', meaning can sometimes be conveyed more easily through poetic, visual, or other semiotic resources. The roles of the subject and the object that are fundamental to the grammatical order can be inverted: deprived of the faculty to act upon the world one becomes an object exposed to an environment (war, avalanche, abusive other . . .) that, in its violent materiality, turns into an overpowering actor; people who have experienced traumatic events often describe these moments as out-of-body experiences in which they perceived their body, as it were, from above as a distant object (Ottomeyer 2009). Because the trauma can manifest itself anytime and anywhere (e.g. in the form of flashbacks), it cannot simply be confined to a 'then' and 'there', rather it protrudes as a pocket of the past into the present and the future; the loss of a safe place from which to act and speak can reveal the fragility of the seemingly self-evident order of (subject-based) chronotopic orientation. In this sense, the papers in this volume can be considered as a contribution to at least two current debates in applied linguistics: the language–body–emotion nexus and the (posthumanist) reorientation toward an emphasis on our interdependence with the material world.

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