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## Trauma Paradigms and the Role of Popular Culture

### Roger Luckhurst

Medical practice and psychological ideas do not exist in a cultural vacuum and historians of science like Gillian Beer, Bruno Latour and Roger Cooter have done much to illuminate the complex relationship between science and popular culture. One fertile area to examine this interplay is the evolving concept of psychological trauma. From a historical perspective, the definition of trauma is a very mobile cluster of symptoms and a term that undergoes successive paradigm shifts. The first notion of 'psychical trauma' related to railway accidents in the 1860s. At this time, the court records demonstrate the first appearance of those who had no apparent physical wounds but nevertheless suffered vaguely defined 'nervous breakdowns' in the aftermath of accidents. It remained fiercely contested as to whether these were physiological effects (it was sometimes called 'railway spine') or psychological sequelae (see Schivelbusch, 1986).

From the 1870s, new psychodynamic theories of mind explored the role of trauma in the development of hysteria. Writers tended to focus on adolescent girls as a newly identified vulnerable group in terms of psychological development. French theorists spoke of 'double personality' or 'dissociation', a term linked to the work of Pierre Janet in Paris. In 1893, Josef Breuer and Sigmund Freud openly broke with the prevailing biological degeneration theories of the time. They argued instead that '*hysterics suffer mainly from reminiscences*' – in particular from traumatic events 'repressed' from conscious memory (Breuer and Freud, 58).

These ideas shifted again with the medical study of shell-shock in the First World War, and then of combat fatigue in the 1940s. The eventual emergence of the diagnosis of 'post-traumatic stress disorder' (PTSD) in 1980 was the result of a decisive shift away from the psychoanalytic paradigm in the 1970s. The reification of PTSD was historically and culturally specific. It appeared as a direct result of the professional and political influence of psychiatrists such as Robert Jay Lifton (who advocated for compensation for Vietnam veterans) and the work of feminist groups attempting to articulate the social silencing of sexual violence. Sexual abuse has been the dominant aetiology of trauma since the 1980s, although official diagnostics have continued to expand the nature and extent of extreme stressor events, such as combat. PTSD symptoms tend to be related to notions of dissociation rather than repression of traumatic memories (see Luckhurst, 2008; Young, 1998).

In all of these phases, scholars in the history of medicine and medical humanities have noted that there is a recursive relationship between novel psychical paradigms and narrative fictions. For instance, the biological determinism of mid-Victorian psychology, which viewed mental illness as the product of a physiological disorder or hereditary weakness, was most effectively challenged in the public consciousness by the phenomenal global success of Robert Louis Stevenson's short Gothic novel, *Strange Case of Dr Jekyll and Mr Hyde* (1886), rather than any contemporary medical advance. The story form itself was a case history borrowed from the medical literature of the time.

The novella was incorporated into emergent psychodynamic theories of mind almost immediately in Britain and America. It provided what I would call *narrative fixity* for the unorthodox and counter-intuitive notion of the double personality. The medical sociologist Arthur Frank has influentially suggested in *The Wounded Storyteller*, that narrative forms can offer coherence and structure to the chaotic intrusion of illness into a

life. In this way, *Jekyll and Hyde* provided an archetype of traumatic psychical splitting in the form of an already culturally familiar melodramatic and Gothic storyline of the self being persecuted by its own double.

Although Stevenson was often reluctant to theorise his own fiction in the terms of psychological science, he did read emergent psychodynamic studies and spoke of his own creative process using the newly coined terms of dissociation or 'uprushes' from his 'subliminal mind' – neologisms that were provided by the late Victorian psychodynamic theorist with whom Stevenson corresponded, F. W. H. Myers.

Soon enough, the narrative fixity provided by *Jekyll and Hyde* could be transferred directly back into psychological studies. The American psychologist Morton Prince wrote a book length study, *The Dissociation of a Personality*, in 1906, an account of his treatment of the adolescent girl 'Sally Beauchamp', who presented three distinct personalities. In one telling review from 1907, Francis Dike commented: 'the book reads like the strangest romance', and continued:

It would be very difficult for anyone who believes himself *normal* to read this book with any other feeling than that, perhaps, with which he read, long ago, Dr Jekyll and Mr Hyde: unless, indeed, he read that visionary masterpiece with the firm conviction that it was all true. True, to be sure, it was, in the sense that it presented nothing which modern psychical investigation has not proven to exist in actual life, and the case of which this book of Dr Prince gives the full history, presents all the strange changes of personality and of character which Mr Hyde showed different from Dr Jekyll (Dike, 266).

There are repeat instances of this blurring between psychological case study and narrative fiction in the early 1970s, just as ideas of 'Multiple Personality Disorder' were beginning to emerge. It is widely held that Cornelia Wilbur's decade-long treatment of 'Sybil' (now identified as Shirley Ardell Mason) fixed this disorder in the public consciousness, providing a compelling etiological narrative. Sybil was a patient with sixteen separate dissociated identities formulated as a result of maternal abuse in childhood that had been entirely dissociated from her conscious memory. Significantly, this case history was not published in psychological journals, but was instead dramatized in long form by the journalist Flora Rheta Schreiber in the best-selling book *Sybil* (1973). It then became a mini-series on American television, starring Sally Field in 1977.

The film was influential in securing the idea of Multiple Personality Disorder, which entered the Diagnostic Manual of the APA in 1980 (DSM-III). But it even more important because it used the language of the cinematic devices of 'montage' and 'flashback' to suggest how fragments of traumatic memory could intrude into the consciousness and be used in the therapeutic reintegration of dissociated identities. As has been carefully documented by the film scholar Maureen Turim, the idea of the traumatic flashback appears first in film, the key instance being Alain Resnais's avant-garde film, *Hiroshima Mon Amour* (1957). It was only subsequently transposed into psychological discourse and during the 1970s the element of intrusive flashbacks in working definitions of PTSD were symbiotic with cinematic narratives of abuse, and in emerging conventions of combat flashbacks of veterans of the Vietnam War. Once again, fiction provided narrative fixity.

Although Multiple Personality Disorder was reconfigured in DSM-IV (1994) as Dissociative Identity Disorder, the possibility of a multiplicity of distinct split selves is still

fixed in the popular mind. It can be clearly seen in mass market Gothic fiction (such as Stephen King's novel about recovered memory of abuse, *Gerald's Game*, 1992) or in recent films such as James Mangold's *Identity* (2003), M. Night Shyamalan's *Split* (2016), or any number of formulaic serial killer films, where traumatic early sexual abuse has become a short-hand explanation for subsequent complex behaviours.

For some, this bleeding between fiction and psychology might imply the dangerous contamination of supposedly objective diagnostic categories. There was clear evidence of an iatrogenic feedback loop in the case of Multiple Personality Disorder. In this instance, a compelling etiological narrative fed popular fictions, which in turn fed more diagnoses, until some advocates could estimate that nearly 20% of the American population had 'alter' personalities; and it was this problem that forced the reconfiguration of the diagnostic category in 1994.

But these examples also illustrate how psychological concepts and terminologies, and psychiatric diagnoses, are inevitably embedded in shifting cultural contexts. It is also this interplay between popular culture that can produce kinds of narrative fixity for elusive symptoms and symptom clusters that would otherwise prove difficult to describe. That the traumatic flashback is borrowed from a Modernist film indebted to radical theories of montage editing is a case of productive interaction of very different discourses. Attending to the history and form of narrative does indeed matter.

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