

him, Joyce grafted stories onto histories, whether forgotten, repressed, occulted, or stolen. His narratives were secreted from those “nightmares of history,” which, by Joyce’s own admission, made his writing “the last word in stollentelling.”²⁹ *Ulysses* is, I wager, a tireless literary effort to awaken cathartically from such historic nightmares by restoring forfeited stories and bringing ghosts back to life. It is, in short, a work of mourning and recovery. It is a writing that translates wounds into scars, flesh into fiction. *Ulysses* is a working through of trauma.

FIVE

Catharsis and Peripeteia Considering Kearney and the Healing Functions of Narrative

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Richard Kearney offers an erudite, poetic, and richly articulated meditation on the use of narrative to heal trauma, both personal and societal. Kearney focuses on Aristotle’s theory of *catharsis* in the *Poetics*, masterfully bridging epic-drama-novel, linking them to psychoanalytic understandings of trauma and healing, and speculating cogently about the healing process for the authors of great narrative, including Homer, Shakespeare, Freud, and Joyce.

Using the metaphors of wounds and scars as tropes, Kearney proposes that narrative helps to knit together a wound — a gap in psychic, existential, or cultural integrity — which yields a scar — a mark or marker, an emergent shape that serves as a sign or signifier. In my response, I will add how, through the construction of narrative, timelessness, and meaninglessness, the obliterated self may be returned to some connection with the onflow of time, including the possibility of meaningfulness and the agency and continuity of the self as narrator, witness, or member of a community with some expectable order.

Hans Loewald viewed psychoanalysis as a process that seeks to turn our ghosts into ancestors; pursuers that haunt may become historical references that populate the mind.¹ As Kearney points out, Stephen

Dedalus is haunted repeatedly by the ghost of his mother; his guilt over refusing to observe the Catholic rites at her deathbed—his failure to grieve—becomes his mother's spirit walking. Similarly, the ghost of Hamlet's father walks into Hamlet's life, and "remember me" becomes the injunction to reveal untold horrors. "The time is out of joint" (1.5.190), and Hamlet faces the fact that he was "born to set it right," an intergenerational transmission (2.1.190). Odysseus, too, voluntarily visits ghosts in the Underworld, heeding the advice of Circe to consult the spirit of the blind seer, Tiresias, who saw the tragic blindness of Oedipus, and now tells Odysseus the story of how he will manage to make his way home to Ithaca. The ghost of Odysseus's mother informs him of Penelope's patient faithfulness. The ghosts Odysseus seeks out are ancestors, sources of guidance.

But, as Kearney emphasizes, unspoken and unspeakable narratives—unformed experiences—become wounds and scars. I think of Gillian Straker's essay, "Signing with a Scar,"² in which she describes self-cutters, for whom words hold no trustworthy meaning and whose unmentalized and wordless horrors become evidenced to others. This evidence is "written on the body," as Kearney says in this volume, a skin surfaced with scars that he aptly terms "protowriting."

Decades ago, I told a patient—I will call her Lily—who cut her arms that these cuts were hieroglyphics; they were her effort to communicate, but were thus far in an obscure code that we would need to translate. The painstaking translation of these scarring markers became the narrative of Lily's childhood trauma that emerged and came into increasing focus through the process of therapy. As her therapy progressed, the real, physical scars from cutting evolved into an illusionary image of a man with a knife; he was there but not there. I became for her a man with a knife. I was required to sit very still in my chair because any movement startled her. Soon, seductive gestures emerged, her body still actively representing trauma, but now more iconically. These gestures abated after I assured her she already had my attention and care without her adding any further entreaty. Several years into her treatment, Lily requested a pad of paper and silently drew an unlabeled timeline with age markers. Thus, she now

made marks along a line on paper instead of tracks along her arms. Over time, this skeletal narrative acquired descriptive labels—when it began and when, years later, it stopped. Next, Lily reported to me what she called "fantasy" images of her father sexually abusing her; they were fantasy because she did not ascribe any truth value to these mental pictures. After further months of our work together, Lily arrived at a narrative, a coherent memory. As she spoke this to me—haltingly at first, but becoming more nuanced with iterations—her story became a textured account of her alcoholic father's repeated sexual abuse of her between ages six and nine, and her belief that she was protecting her younger sister by complying. She narrated these incomprehensible wounds—these tears in the fabric of her bodily integrity, her private selfhood, her childhood security, her family relationships (both external and internal), and her experience of what Bruner might call "the ordinariness" of life—and these became real scarifications that declared the prenarrative of trauma. Soon after constructing the horror story of her childhood, Lily announced to me that I no longer had to be the one responsible for keeping her alive by blocking the door to her compulsive suicidality. Now, she said, she would be responsible to remain alive. And Lily gave me a present: a book about hope, longevity, and maternal love.

In his essay in this volume, Kearney asks, "How might literature help us 'work through' trauma?" Lily's story is an illustrative story, not a complete answer. Kearney further asks, "How far can narrative catharsis go and what are its limits?" Narrative catharsis is, in a sense, tantamount to Freud's notion of remembering with feeling, and the alternative to catharsis is the repetition compulsion, or intergenerational transmission. The story never changes, like the ancient mariner's. Or, as Jim Tyrone says in O'Neill's play *Moon for the Misbegotten*: "There's no such thing as the present. Only the past, happening again and again, now."

Paul Russell called the repetition compulsion "the scar tissue of an injury to the capacity to feel."³ Something that cannot be felt cannot be grieved, and therefore, cannot be represented in a negotiated narrative that contains the injury and allows for felt experience. This can be seen in *Hamlet*: King Hamlet's injunction to Hamlet ("remember what cannot

be told, cannot be remembered") underlines the cycles of repetition, the poisonings that beget poisonings, until Hamlet breaks the cycle and can finally entrust Horatio to "tell my story" (5.2.336).

The injury to the capacity to feel that becomes the scar tissue of repetition is trauma. Kearney quotes Cathy Caruth on trauma, suggesting that trauma is the "overwhelming experience of sudden or catastrophic events."⁴ For Russell, the catastrophic event is always in a relationship, particularly in the interruption of a relationship that was necessary for the development of the capacity to feel. Kearney indicates as examples the missing fathers of Hamlet, Stephen Dedalus, and Telemachus, to whom I would add Leopold Bloom's father, who committed suicide. Even Joyce himself was a missing father to Giorgio. Interruptions of essential relationship and shocking losses inflict what Winnicott calls an "interruption to the continuity of being."⁵

This interruption of continuity points us toward Aristotle's other theory in the *Poetics*: the notion of *peripeteia*, on which Bruner compellingly elaborates in his explication of narrative as "acts of meaning." *Peripeteia* is a rupture of the ordinary, "a sudden reversal in circumstances," "some breach in the expected state of things." It is therefore a violation of the canonical, the rules of order, whether familial, societal, or existential. This shock of reversal, according to Bruner, is what calls for narrative.⁶ Narrative is healing in that it helps us to contain, and somehow negotiate what is unruly and contingent that disorders our existence. Narrative corresponds to Hans Loewald's concept of active and creative repetition, in contrast to passive reproduction or the repetition compulsion.⁷ The process of therapy, as Paul Russell frames it, is a relationally negotiated transformation of static, stereotyped "transference" repetitions, whereby the scar tissue of trauma transitions into a more nuanced and intimate sense of self and other; it is a restoration of the living present. Analogously, the process of the writing cure, according to Kearney, is a transfiguration of transgenerational trauma, a strategy for resolution at a symbolic level. As Kearney reminds us, James Joyce was told by Jung "that he would be as incurably psychotic as his daughter if he had not penned *Ulysses*." Like his character Stephen Dedalus, Joyce needed to awaken from his "nightmare of history": the grips of Catholicism, Ireland, English domination,

canonical narrative form, advancing blindness, and, as Kearney speculates, perhaps even the ghosts of that massive reversal of circumstances experienced through the Irish Famine (represented, for example, in the form of a potato that the displaced Leopold Bloom carries in his pocket around Dublin all day). *Ulysses* can be regarded as Joyce's healing through narrative of significant personal, societal, and intergenerational traumas.

Kearney applies the notion of a writing cure to the very author of the talking cure. In a brilliant analysis of Freud, Kearney, himself "a brave man who would invent something that never happened," imagines for us a narrative of Freud's transformation of his devastating grief over the loss of his daughter Sophie, a transformation that took the form of a fundamental advance in psychoanalytic theory: Freud's interpretation of his grandson's *fort/da* game as attempted mastery through repetition. What has not been worked through, or remembered with feeling, becomes the basis of self-defeating, compulsive repetitions "beyond the pleasure principle." Thus, Freud's personal trauma, the shocking reversal of actual un-mournable loss, becomes transformed through narrative into a theory of loss, grief, and repetition — a possible world of psychic healing.

When the impact of trauma is a story that cannot be told — an inexplicable absence — we are left with what Felman and Laub (quoted by Kearney) calls a "collapse of witnessing."⁸ I quote here from Ghislaine Boulanger, who makes a "plea for psychoanalysts working with adults who have survived catastrophic trauma to privilege narrative":

Narrative is transfigured memory that, in its turn, if it is a living narrative, further transfigures memory. The importance lies not in the memory itself but in the power to gather all the disparate impressions into a coherent whole, and in the rigorously intersubjective experience necessary to this process. In privileging narrative, we privilege the successive unfolding of increasingly complex experience. To privilege narrative is to understand that to relate a traumatic memory (or any memory) is to construct the memory, to formulate experience that has previously remained unformulated. That is, experience that may have been brought in bits and pieces into the margins of consciousness, only to be banished before it reached the level of coherent thought.⁹

Boulanger's statement here eloquently captures the therapeutic process I described above in which Lily, gradually over time, gathered the "bits and pieces" of her skin mutilations and visual illusions into an emergent healing narrative of horrific childhood sexual abuse.

Through his examination of Hamlet, Kearney compellingly traces the impact of trauma in an untellable experience. At the play's tragic conclusion, Hamlet is able to importune Horatio "to tell my story," the story of trauma that ends with Hamlet's death. As Kearney writes in this volume, "memory and story cross in mourning." Kearney understandably emphasizes *catharsis*. Who could deny *that*, as young Fortinbras exclaims upon entering the stage strewn with bodies: "this quarry cries on havoc" (5.2.351). But, how does catharsis cross with *peripeteia*? Here I want to invoke another theme, one that pervades Shakespeare's tragedies and histories: the notion of "right rule."

Just as the Irish would remember the potato famine, Elizabethan England would remember a traumatic history of misrule and insurrection, the reigns of the feckless Richard II and the nefarious Richard III, and the bloody War of the Roses, with rebellions always looming. Recognizing the important Renaissance ideals of cosmic order and "the music of the spheres," an orderliness reflected in Elizabeth's earthly kingdom through right rule, we can return to Bruner's emphasis on the basis of narrative in "a sudden reversal of circumstances," "some breach in the expected state of things," and "expectation gone awry." Hamlet, then, becomes a story of unspeakable *peripeteia* that becomes speakable.

Uncanny violations of order pile on in a series of murderous usurpations. Hamlet, in dying, ends this traumatic cycle, restoring right rule to Denmark by his personal endorsement of young Fortinbras, who has returned to assume rights of governance, and who ends the play commanding the orderly rites of mourning (5.2.376-77). The story now can be told. The heart of Hamlet's story does not lie simply in a return to civil order. The importance of the story is, turning once again to Bruner, that it "leads not so much to restoration of the disrupted canonical state of things as to epistemic or moral insights into what is inherent in the quest for restoration."¹⁰

Peripeteia requires narrative so that "perturbed spirits" may rest and meaningful emotion can be contained and released through *catharsis* (remembering with feeling). The writing cure transforms the shock of the disruptive real into an entertainment of the possible. The creation of narrative, in literature or in life, is movement forward from the fractured to the concrete, then to the indicative and, finally, to the subjunctive: how might this be? What may yet happen? And, what if?

Trauma says, "No." It negates, nullifies, stops, interrupts, and violates; it is a tear in the real. Trauma cuts across hope, desire, expectation, attachment, security, and subjectivity. Narrative restores the possible to the world of the hero, the survivor, or the patient; it counteracts that "no," and says, in the indelible word of Molly Bloom that ends *Ulysses*: "Yes!"