

## EFFECTS OF TRAUMA IN *SHUTTER ISLAND*<sup>1</sup>

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### ABSTRACT

It is very difficult to formulate and display the varied responses of the individual to a traumatic event, or a series of events at a particular time, place and cultural milieu. The prevalent view of literary studies claims that trauma stands outside representation altogether by highlighting an intrinsic epistemological fissure between traumatic experience and representation. This notion of trauma is not locatable in the simple violent or original event in an individual's past, and it returns to haunt the survivor later on. The movie "Shutter Island" based on the graphic novel by Dennis Lehane has the spellbinding story of mystery and paranoia of US Marshall Edward Daniels, a veteran soldier of the US Army, who with his partner Chuck Aule, investigates the disappearance of a patient who has apparently vanished from a locked room, in the Ashecliffe Hospital on an island and whose flashbacks in his mind go back and forth between his days of World War II in Germany and his wife who was killed in a fire two years ago. This article tries to probe traumatic experiences in and after the war and how frame of reference, self capacities, ego resources, cognitive schemas and memory have been affected.

*KEY WORDS:* trauma, film studies, embodiment, war, deconstruction, identity.

A central claim of contemporary literary trauma theory asserts that trauma creates a speechless fright that divides or destroys identity. This serves as the basis for a larger argument that suggests identity is formed by the intergenerational transmission of trauma. However, a discursive dependence upon a single psychological theory of trauma produces a homogenous interpretation of the diverse representations in the trauma novel and the interplay that occurs between language, experience, memory, and place. The multiple models of trauma and memory draws attention to the role of place, which functions to portray trauma's effects through metaphoric and material means. Descriptions of the geographic place of traumatic experience and remembrance situate the individual in relation to a larger cultural context that contains social values that influence the recollection of the event and the reconfiguration of the self. Daniels hears the recording of Mahler's quartet in the office of the doctors of Ashecliffe and then this quartet takes him back to the end of the second world war days to the SS officer's office at Dachau.

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Apart from the connection between self and the location, the trauma novel demonstrates how a traumatic event disrupts attachments between self and others by challenging fundamental assumptions about moral laws and social relationships that are themselves connected to specific environments. *The shutter island* represents the disruption between the self and others by carefully describing the places of trauma –the office of the SS military personel and the room where Daniels’ wife is seen– because the physical environment offers the opportunity to examine both the personal and cultural histories imbedded in landscapes that define the character's identity and the meaning of the traumatic experience. The primary place in the representations of trauma anchors the individual experience within a larger cultural context, and, which later on will be seen as the places where the dead people are. The term “trauma” refers to some indelible memory that conveys profound loss or intense fear on individual/collective levels. A defining feature of the trauma is the transformation of the self ignited by an external, often terrifying experience, which illuminates the process of coming to terms with the dynamics of memory that inform the new perceptions of the self and world where Daniels assumes the role of a detective in serach for a patient. The external event that elicits an extreme response from the protagonist is his being confined to the mental asylum and the internal event is his wife’s murdering their three children which is not necessarily bound to a the atrocities of the second world war. Prominent trauma theorists including Robert Lifton, Kali’ Tal, Judith Herman and Cathy Caruth, who all implicitly link twentieth century advancements in trauma theory to war, suggest that the experience of the soldier faced with sudden and massive death around him, for example, who suffers this sight in a numbed state only to relive it later on in repeated nightmares, is a central and recurring image of trauma in our century, that is why it could be stated that Daniels’ first trauma starts in Germany when he saw the carnage and then reinforced with what he has seen in the massacre of his wife.

#### COGNITIVE SCHEMAS

The literary trauma theory articulated by Kali Tal, and critics such as Cathy Caruth, considers the responses to traumatic experience, including cognitive chaos and the possible division of consciousness, as an inherent characteristic of traumatic experience and memory. Traumatic experience pathologically divides identity and it is clear to see the damage done to the individual's coherent sense of self and the change of consciousness caused by the experience in Daniels who by repressing everything in his subconscious tries to find a patient in the hospital and denying everything about the existence of his family except for the hallucinations of his wife bleeding, the little child asking for a help and then her brutal murder.

Caruth (1996: 4) in *Unclaimed Experience* says that “trauma is not seen in the simple violent or original event in an individual's past, but rather in the way its very unassimilated nature –the way it was precisely not known in the first instance– returns to haunt the survivor later on”. Traumatic experience becomes unrepresentable due to the inability of the brain, understood as the carrier of coherent cognitive schemata, to properly encode and process the event. The origin of traumatic response is forever unknown and unintegrated; yet, the ambiguous, literal event is ever-present and intrusive. Daniels sees his wife and always hugs her and then notices the trace of blood running from her chest through his hands and the little girl always haunts him and asks him to save her but her murdered body is seen on the snow dripping blood.



Fig. 1. *Shutter Island*. Dir. By Martin Scorsese. Perf. Leonardo di Caprio and Michelle Williams. Paramount Pictures, 2010.

Traumatic experience is repetitious, timeless, and unspeakable, yet, it is also a literal, contagious, and mummified event. The experience of a trauma, Daniels' wife bleeding, the little girl and German officer's being shot repeats itself, exactly and unremittingly, through the unknowing acts of Daniels and against his very will. While the experience is isolated in the brain, it still carries the potential to infect Daniels' life through the act of narration. Daniels cannot erase the memories of his world war II and insistently sees his wife and the little jewish girl who is, in fact, his murdered daughter and who could have been saved if he had not taken his family out of the town. Daniels' traumatic experience is contagious and trauma is never simply his own, which is transhistorically passed across generational gaps, primarily through verbal or written acts of remembering.

Trauma does not reside in a specific event, no matter how horrendous it may seem to an observer, but rather in the meanings of that event for the individual involved “trauma is relational, trauma is a complex phenomenon involving both a shattering experience and efforts at restoration, and trauma goes hand in hand with dissociation” (Ulman and Brothers 1988: 1) whose patterns fall into what Brown (2006) identified as two distinct categories of dissociative phenomena: compartmentalization and detachment. Experiential

black holes (Brothers 1995) along with such phenomena as amnesia, fugue, and what is known as dissociative identity disorder (DID) would fit within the category of compartmentalization, while experiences of numbing, depersonalization, and derealization would fit within the category of detachment. Phenomena in both categories serve to transform what otherwise might be experienced as unbearable uncertainty about psychological survival, these transformations occur by means of changes in the experienced complexity of lived experience. In order to survive the murder of his wife who killed his 3 children, Daniels takes his stance in life by acting as if he were the Marshall and trying to find the lost female patient substituting for his dead wife.

However, the theory of intergenerational trauma limits the meaning of trauma because it conflates the distinctions between personal loss actually experienced by an individual and a historical absence found in one's ancestral lineage. Personal loss can be understood as the lived experience of a traumatic event by an individual. Historical absence can be understood as a historically documented loss that was experienced by a person's ancestors. Historian Dominick LaCapra (2000: 65-66) elucidates "the distinction between loss and absence when people face particular losses in distinct ways, as opposed to a historical absence of experience that was never there to begin with and therefore cannot be experienced as a lack or loss". The theory of intergenerational trauma conflates loss and absence and collapses boundaries between the individual and group, thereby suggesting that a person's contemporary identity can be "vicariously traumatized" by reading about a historical narrative or due to a shared genealogy that affords the ability to righteously claim the social label of "victim" as part of personal or public identity.

#### PERCEPTUAL AND MEMORY SYSTEM

Characters suffer from the temporal-linguistic gap induced by the experience. Then, dissociation, rather than repression, is common to the trauma experience, and that traumatic experiences become encoded in an abnormal type of memory. Although pathologic dissociation can indeed occur in relation to violence or a traumatic experience, in psychology studies and literary representations, dissociation and speechlessness are not necessarily a direct result of traumatic events. Different types of traumas produce different responses, such as dissociative amnesia or intrusive recall, which are a result of the social valuation of the traumatic experience, created in a particular culture (Kirmayer 1998: 184). In terms of the range of psychology theories, it remains unclear what causes particular traumatic responses in particular individuals. Some traumatic experiences can produce dissociation, while this is not the only response to devastating loss or violence in the trauma novel.

The traumatized protagonist brings into awareness the specificity of individual trauma that is often connected to larger social factors and cultural values or ideologies. We can see that Daniels suffers, but the movie paints it in such a way as to suggest that this protagonist is an “every person” figure. Indeed, a significant purpose of the protagonist is often to reference a historical period in which a group of people or a particular culture, race, or gender, have collectively experienced massive trauma. In this regard, the fictional figure magnifies a historical event such as a Jewish genocide in which thousands or millions of people have suffered a similar violence, such as slavery, war, torture, rape, natural disaster, or nuclear devastation. He resembles his trauma to the Jewish people who were exposed to torture and killings in the second world war.

### SELF CAPACITIES

Traumatic experience can disrupt or alter consciousness, memory, sense of self, and relation to community. Yet, to what degree traumatic experience disrupts memory, self, and relation to others is mediated by cultural values and narrative forms rooted in a place that allows or disallows certain emotions to be expressed. Psychiatrist Kirmayer explains the ways society influences comprehension of trauma:

Registration, rehearsal, and recall [of traumatic events] are governed by social contexts and cultural models for memories, narratives, and life stories. Such cultural models influence what is viewed as salient, how it is interpreted and encoded at the time of registration, and, most important for long-term memories that serve autobiographical functions, what is socially possible to speak of and what must remain hidden and unacknowledged (Kirmayer 1998: 191).

Thus, the “speakability” of traumatic experience is strongly influenced by cultural models in the novel that identify the most important aspects to remember. Daniels tries to keep his role to save people and find out the patient in the hospital as a replacement for what he could not do and help and save the catastrophes in life.

The work of Abraham and Torok redraws the boundaries of the self. Their theories of introjection and incorporation explore the possibility that identity is not unified and singular. According to Abraham and Torok, not only are the boundaries of the self permeable and open to various others, but one’s identity is inherently formed around a kernel of an ‘other’ lodged in the unconscious. Daniels thinks that he goes to the island to search for the lost patient with his coworker Chuck, his shrink, who is depicted as devoted, committed, easygoing and complaisant, which are actually a part of Daniel’s own personality. Abraham and Torok designate ‘introjection’ as the healthy way to deal with loss. Importantly, introjection is dependent upon language for its success since

language acts and makes up for absence by representing, by giving figurative shape to presence. However, where 'unspeakable' events occur in Daniels' life, introjection no longer functions to compensate for the loss and 'incorporation' interferes and takes over the mourning process. Abraham and Torok (1987: 126) define incorporation as "[the introduction of] all or part of a love object or thing into one's own body".

Silenced, shameful secrets block the introjection necessary for proper assimilation and, as suggested earlier, leave a gap in the unconscious where the introjection should have occurred. It is this lacuna that is transferred through the generations and forms the transgenerational phantom. The phantom, Daniel's wife, is, therefore, not a consequence of the subject's unsuccessful mourning, but the result of a silence in a previous generation so that "[w]hat comes back to haunt are the tombs of others" (Abraham and Torok 1987: 172). The descendant re-enacts, in displaced form, the shameful secret that he has unwittingly and unconsciously inherited from an earlier generation. Unable to be laid to rest, Daniel's wife resists the progression of time, re-emerging in what seems to be an inescapable pattern of 'endless repetition', apparently resisting any effort at assimilation into a single, linear life narrative (Abraham and Torok 1987: 175). The theory of the phantom thus "brings the importance of family history, in particular the secret history of families, to the forefront of psychoanalysis" (Abraham and Torok 1987: 168). No longer confined to the psyche of the individual, the analyst may seek the cause of present symptoms in past generations where a shameful secret or traumatic event originally blocked introjection. The phantom is therefore, one way of reading the effects of extreme experiences that moves beyond the merely individual to take account of a broader social context. Secrecy and knowledge are central forces which not only elaborate on Freud's conceptions of mourning and melancholia, but may also illuminate certain elements of the uncanny.

In response to a traumatic event, the protagonist integrates the events, contexts and consequences into his existing beliefs. The intensity of the somatic, affective and interpersonal components of the experience determine the process in the mind of the individual. The more overwhelming the experience, the greater the need for amnesiac and dissociative defences. The events on the island, the disappearance of his friend Chuck, his vacillation between Germany and wife and its implications are incorporated into the questions such as who am I? what do I believe? what should I do? Is the world safe? whom can I trust?. That is where Daniels tries to have the self image of a courageous Marshall who does his best in a strange and hostile world to save the female patient whom he replaces for his wife that he could not help in his real life.

## EGO RESOURCES

The subject is formed around a lack, and “in the face of trauma, this inherent incompleteness must be concealed during the process of psychic development, therefore, in its birth into the symbolic or social order, into language, the subject is formed around, and through a veiling of, that which cannot be symbolised – the traumatic real” (Edkins 2003: 11). The real is traumatic, and has to be hidden or forgotten, because it is a threat to the imaginary completeness of the subject. It is seen towards the end of the movie, when Daniels encounters the doctor in the tower that psychological trauma of Daniels results from an extremely disturbing event, an experience which fractures the apparently coherent self, forcing a division in identity which healing ultimately seeks to overcome. Whether that event starts with the genocide in Germany or whether he has seen the drowned bodies of his 3 children or that he killed his wife. The trauma causes a division in him. Since trauma results in fragmentation, the traumatised self of Daniels clearly poses a challenge to constructions of identity that insist on the unified, singular subject. Robert Lifton explains that, extreme trauma creates a second self in extreme involvements, as in extreme trauma, one’s sense of self is radically altered. And there is a traumatized self that is created. Of course, it’s not a totally new self, it’s what one brought into the trauma as affected significantly and painfully, confusedly, but in a very primal way, by that trauma. Ted Daniels’ traumatized self is a combination of a war hero, a savior and a dedicated man, which are the altered states of his alter ego. His own individual history, his great grief and desperation to not be able to help his kids and Jews is fundamental to the production of the divided self. The emphasis placed on narrative reconstruction as a means of consigning traumatic memories to the past is dependent upon the subject having a sense of his own history as ordinarily uninterrupted and coherent. That is why his past characterised by division may find it impossible or inappropriate to organise his memories in a singular, chronological fashion. Consequently, the kind of catharsis supposedly offered by the traditional ‘talking cure’ would presumably be unattainable since there is no single linear narrative into which to integrate traumatic memories.

## RESTORATION

Trauma is a complex experience involving both a shattering experience and efforts at restoration. Ulman and Brothers (1988: 7) claim that “the full unconscious meaning of trauma is not completely captured by the shattering of self. Part of the meaning for the subject lies in the unsuccessful (faulty) attempt to restore the self as a center of organizing activity”. The restorative dimension of trauma attempts to include its systemic emergence and repercussions. While the relational patterns that form within nontraumatized systems tend to be

orderly and stable, they nevertheless change flexibly with the shifting needs of their constituents. In the language of systems theorists, they are context sensitive. The relational patterns that characterize traumatized systems are strikingly different. Emerging within systems dominated by the desperate need to halt the spread of chaos and tormenting uncertainty, they tend to be rigid.

Among some traumatized people, the memory of a trauma is experienced as unbearable not only because it generates intensely painful feelings but also because in recalling an event that destroyed a cherished certainty, a great many contradictory thoughts and feelings are likely to arise. To experience such complexity might well heighten what is already a level of uncertainty about psychological survival that is close to unbearable. When a memory of a traumatic event is dissociatively compartmentalized such that it is no longer available to consciousness, this complicated amalgam of experience, and its attendant uncertainty, disappears. Detachment also works to simplify traumatic experience. To the extent that one's affect is dissociatively flattened or one's sense of the reality of the event or of oneself is lost, experience of the chaos and disorganization that attends trauma. To the extent that trauma involves the loss of that which is known, familiar, and meaningful, traumatized people are likely to crave reassurance that they have not been stripped of that which connects them to other humans: their resemblance to them (Brothers 1995: 57).

There are complex effects of trauma on the mind and body, any healthy individual will make an effort to maximize the positive aspects and minimize the negative. The first and most essential component for the traumatized people is the sense of safety. To create such an environment, people need to believe they inhabit a safe world where they have moral, ethical, social and physical safety. Daniels strives to create such an environment for himself after the abysses of his domestic life and world war II experiences. However, even the island is not a place for him to have this safety and compromise with his past. In the end he surrenders to the decision of lobotomy.

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