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To Hear—To Say: The Mediating Presence of the Healing Witness

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Abstract

Illness and trauma challenge self-narratives. Traumatized individuals, unable to speak about their experiences, suffer in isolation. In this paper, I explore Kristeva's theories of the speaking subject and signification, with its symbolic and semiotic modalities, to understand how a person comes to speak the unspeakable. In discussing the origin of the speaking subject, Kristeva employs Plato's *chora* (related to *choreo*, "to make room for"). The *chora* reflects the mother's preparation of the child's entry into language and forms an interior darkroom, the reservoir of lived experience, from which self-narratives issue. Unable to speak of their suffering, traumatized individuals need someone to help them *make room for* a time of remembrance, someone who is a willing and capable listener. I call such a person a *healing witness*. Through the mediating presence of the healing witness, fragmented memories of trauma are recreated and incorporated into self-narratives that are sharable with others. Unfortunately, opportunities for witnessing are vanishing. In the last section, I examine the failure of modern media and communication technologies to *bear* ("hold," "carry," "transport") acts of witnessing. I argue that they perturb the semiotic. According to Kristeva, meaning arises from the dialectical tension between the semiotic (drives and affects) and the symbolic (logic and rules) and is threatened by arid discourse, psychosomatic illnesses, and outbreaks of violence when the semiotic is *not represented*. Unless we open technology to the imaginary, we risk losing the capacity to bear witness to one another and to create narratives and connections that are meaningful.

Keywords: trauma studies; semiotic and symbolic; *chora*; narrative medicine; psychoanalysis; narrative competence; narrative ethics; media; computer mediation; communication theory.

1. THE CALL TO WITNESS

Through prayer, dialogue, art, and analysis, we therefore must seek "the great infinitesimal emancipation: restarting ourselves unceasingly."

—Francis L. Restuccia (2009), paraphrasing Julia Kristeva (1997/2002)

The turn of the century has marked a turning point in the Western conception of the self. Nowhere is this more evident than in psychology. The conception of the self as singular and as insular that dominated so much of psychology during the last century has given way to a self that is increasingly regarded as multidimensional, relational, and inextricably bound up in the interconnected spheres of social, political, and cultural life. A look at the recent work of some major theorists in psychology drives this point home. In interpersonal cognition, the self is enmeshed in social scripts and schemas (Baldwin 2005). In psychoanalysis, it is a decentralized multiplicity (Bromberg 2004). And in narrative psychology, the self emerges from the narrative act (Bruner 2004a). As Sarbin (2005) sees it, "The old notion of an encapsulated self . . . is being abandoned and replaced with the notion that the self-narrative arises in relationships with others . . . Whether engaged in formal conventional roles or in informal spontaneous encounters, the primary medium for the creation and development of relationships is dialogical" (p. 208).

Storytelling is at the heart of this dialogic relationship. Every day, couples, friends, and children exchange stories about the happenings in their daily lives. In telling their stories, people seek advice, appreciation, and comfort from each other and perhaps more than anything else a receptive and responsive audience. Recounting experiences helps people understand themselves and shape possible futures by drawing from the rich stores of their pasts. The ability to narrate personal experiences, weaving them together in the complexity of intentions, purposes, goals, feelings, and desires, is thought to be foundational both to the development of empathy, the capacity to see the world from the eyes of others, and to the articulation of new meanings from out of those perspectives that reflect back upon the self and inform its narrative (Angus and McLeod 2004). For Bruner (2004b) and many others (McAdams 2004; Neimeyer 2004), the self emerges from these embodied, everyday acts of telling stories.

The object of narration, according to McAdams (2004), is to integrate disparate aspects of the self as it unfolds in time. For him, identity is an *inner story* replete with all the trappings of narrative form: settings, scenes, character, plot, and themes. These inner stories, or self-narratives, go beyond biographical facts. They provide "an overarching cognitive-affective-behavioral structure . . . that consolidates our self-understanding, establishes our characteristic range of emotions and goals, and guides our performance on the stage of the social world" (2004, pp. 53-54). In many ways, the extent of a person's narrative competence is a measure of a person's ability to become a self. The ability to integrate William James's "one-in-many-selves paradox" (Knowles and Sibicky 1990) into a coherent tale, without forsaking complexity and diversity, is considered by many a sign of psychological health and wellbeing (Baeger and McAdams 1999; Dimaggio and Semerari 2004; Pennebaker 1993; Russel and Wandrei 1996).

For Spence (1983), these inner stories produce "a narrative thread that gives meaning to life, provided—and this is a big if—that it is never broken" (p. 458). Illness, tragic loss, trauma, and abuse profoundly challenge the intelligibility and cohesiveness of self-narratives, oftentimes overwhelming the narrative capacities of individuals (Gonçalves et al. 2000). A traumatic event is a physical or psychological assault upon a person, a group of people, or entire communities. It has been described variously as "an inescapable stressful event that overwhelms one's existing coping mechanisms" (van der Kolk and Fisler 1995, p. 506) and as "a blow to the psyche that breaks through one's defenses with such brutal force that one cannot react to it effectively" (Erikson 1995, p. 187). Whether experienced directly or indirectly, trauma can topple the everyday world, turning what is familiar upside down. It can shatter the

survivor's¹ beliefs and worldview. It can shatter the self. In the aftermath of trauma, the pieces of the self and its world have to be picked up and put back together again.²

According to Janoff-Bulman (1985), most seriously affected by traumatic events are beliefs in personal invulnerability, in a world that is meaningful and comprehensible, and in a self that is positive. Loss of these beliefs results in cataclysmic shifts in *assumptive worlds*, defined by Parkes (1971) as including "everything we know or think we know" (p. 103). Hartman (2002) writes, "Nothing, of course, can fully immunize us to what life will bring. And should catastrophe or crisis supervene, earlier forms of containment are often sorely tested, if not shattered. So Jean-Francois Lyotard has said that the Holocaust is like an earthquake whose force destroyed the seismic instruments" (p. 4). World traumas, such as the Holocaust, become crises of meaning, straining the narrative capacities of entire generations (Hartman 2002; Laub 1992a).

When people's life stories become too painful, too restrictive, or too chaotic to understand, they often seek out someone they can trust who can help them make sense of the world. It is well known in the traumatic stress literature that, in the immediate aftermath of trauma, many survivors have a compelling need to talk about their experiences with people who are willing to listen (Joseph 1999; Neimeyer 2000; Howell 2005). Not everyone is capable of listening though. Some people have conflicting reactions to the traumatic experiences of their friends and loved ones. There are those who waver between feeling fear, aversion, and a forced cheerfulness and optimism (Dakof and Taylor 1990), and there are others who avoid the survivor, minimize his experiences,³ or deflect discussions of the trauma, leading the survivor to feel increasingly isolated and demoralized. To complicate matters further, some survivors, especially those suffering from post-traumatic stress disorder (PTSD), have difficulty consciously remembering the traumas they have endured. Yet, paradoxically, at other times, they may find themselves suddenly immersed in some unnamed memory, compelled to relive it in all its frightening detail (Neimeyer 2004; van der Hart et al. 2006).

As theorized by Janet (1859-1947) and discussed in section 2, traumatized individuals are divided selves, their narrative memories containing gaps surrounding the traumatic events (van der Hart et al. 2006). In cases where the trauma can be recalled and reported, the memory is often vague and recounted as if originally the experience were devoid of emotional and physiological content or happened to someone else. The traumatic memory and the traumatized self that endured the trauma remain split off, or dissociated from the rest of the personality (van der Hart et al. 2006). When triggered, however, by some sensory reminder, for instance, the trauma is re-experienced in all its raw emotional and physiological intensity. According to Neimeyer (2004), traumatic memories seem almost "prenarrative" in the way they "fall outside of volitional memory processes, presenting the survivor with a set of tormenting and unmetabolized images and experiences that are radically inconsistent with the plot structure of his or her previous life narrative" (p. 55). In contrast to narrative memories that can be "placed in a symbolic, verbal form that is personal" (van der Hart et al. 2006, p. 38) and sharable with others, traumatic memories remain "mute, unsymbolized, and unintegrated" (van der Kolk and van der Hart 1995, p. 167). They are reenacted rather than communicated (Freud 1926/1959; Janet 1919-25/1984; van der Kolk and van der Hart 1995). The traumatized self, closed off behind a wall of silence, unable to speak of it, suffers in isolation, separated not only from others but also from other aspects of the self (van der Kolk and van der Hart 1995; Howell 2005).

In this essay, I ask how it is possible for a person to cross the seemly insurmountable gap of the unspeakable to speak about his traumas. I begin my investigation in section 3 by exploring Kristeva's theory of signification and the genesis of the speaking subject. According to Kristeva (1974/1984), signification is composed of two modalities: the symbolic and the semiotic. Roughly speaking, the symbolic entails the more conscious elements of signification, such as the intended message, grammar, and syntax, whereas the semiotic encompasses

¹ In general, the term *survivor* will be used in this paper to refer to anyone dealing with any type of trauma, including illness, even in some cases where another word, such as *patient*, might be more appropriate. The word *survivor* draws attention to the strength and courage exhibited by those who struggle with the challenges posed by traumatization.

² Although people vary in their capacities to handle life crises and repair and rebuild self-narratives, the rebuilding that follows trauma, as demonstrated, for instance, in the life and work of Frankl (1959), can be constructive and empowering.

³ Moreover, some traumas, such as the death of a same-sex partner or of a developmentally delayed child, are "disenfranchised" (Daka 2002), reminding us that narratives are not always accepted but are often contested (Nadeau 1997).

the more unconscious, corporeal aspects, such as rhythms, affects, and tones. For signification to be meaningful, the semiotic must be joined with the symbolic: "flesh" must meet "word" (Kristeva 1985/1987).

In presenting her theory of the origin of the speaking subject, Kristeva draws upon the term *chora*, linked to the Greek verb *choreo* "to make room for." The *chora* represents the mediating space/spacing that the infant experiences in relation to its mother before its entry into language (Margaroni 2005). The *chora* is situated neither in the mother's nor in the infant's body, but *in between*. It is a third, a transitional space that not only prepares the child for the symbolic but also forms an interior dwelling place, a darkroom or sensory cavern, within the subject's psyche that must continuously be revisited if signification is to be renewed and the subject to grow. It is the reservoir of lived experience, out of which self-narratives arise revitalized (Kristeva 1994/1996).

The trauma survivor suffers because he is unable to connect "the unmetabolized images and experiences" to the symbolic. The semiotic and symbolic are "two dimensions of meaning and subjectivity that need to be connected if self-relation, the other, and world-relation are to be possible" (Beardsworth, p. 14). For traumatized individuals to speak about their traumas, it is necessary for them to find someone who can help them *make room for* a time of remembrance, someone who is a *willing and capable listener*, a person who is able to constrain her own potentially disruptive subjectivity, without losing touch with it, so that she can be fully *present* and *attend* to the survivor. I call this person, whether psychoanalyst, religious advisor, physician, or friend, a *healing witness*.

As I show in section 4, through the mediating presence of the healing witness, it is possible for the unspeakable aspects of the traumatized self, with its haunting, dissociated memories, to reconnect with the symbolic and find a voice and a place in an individual's self-narratives. "All of us depend on someone to mediate the world to us," Ulanov (2001, p. 153), a Jungian analyst, writes and elsewhere says, "We need to be witnessed to feel real . . . another's beholding and attesting grants value to what we experience. Even prayer cries out with this 'yearning for witnessed significance', as the Psalms show"⁴ (p. 16).

Laub (1992a), a child survivor of the Holocaust who has written extensively about survivor testimony and bearing witness from the perspective of both a psychoanalytic psychiatrist and an interviewer for the Video Archive for Holocaust Testimonies at Yale, stresses that for survivors to find a voice to give testimony, "there needs to be a bonding, the intimate and total presence of the other—in the position of the *one who hears* [italics added]" (p. 70). Laub explains what this entails:

The task of the listener is to be unobtrusively present, throughout the testimony; even when and if at moments the narrator becomes absent, reaches an almost detached state. The listener has to respond very subtly to clues the narrator is giving that s/he wants to come back, to resume contact, or that s/he wishes to remain alone . . . survivors beginning to remember often desire to be alone, although very much in someone's presence . . . there is so much destruction recounted, so much death, so much loss, so much hopelessness, that there has to be an *abundance of holding* [italics added] and of emotional investment in the encounter . . . Paradoxically enough, the interviewer has to be, thus, both unobtrusive, nondirective, yet imminently present, active, in the lead. Because trauma returns in disjointed fragments in the memory of the survivor, the listener has to let these trauma fragments make their impact both on him and on the witness (p. 71).

The *holding* Laub speaks of is the psychoanalytic construct that describes the psychotherapist's struggle to control her affective responses for the sake of the client: "The holding function frequently is represented by the [psychotherapist's] ability to create a sense of emotional space with firm edges—a room large enough to allow for wide and intense affective expression, yet simultaneously bounded enough always to feel containing to the [client]" (Slochower 1996, p. 23). Levine (2010) explains the importance of holding from a slightly different perspective when he writes:

⁴ Ulanov is referencing Jackson's (1992) observation that many of the Psalms express a "yearning for a listener who cares" and that "their place over many centuries make it clear that listening has been viewed by many as having the potential to ease a person's distress and suffering" (p. 1624).

Therapists working with traumatized individuals frequently "pick up" and mirror the postures of their clients and hence their emotions of fear, terror, anger, rage and helplessness. The way we respond to these signifiers will be pivotal in helping traumatized individuals deal with those difficult sensations and emotions. If we recoil because we cannot contain and accept them, then we abandon our clients . . . if we are overwhelmed, then we are both lost. If we embody some small portion of a Dalai Lama-like equanimity and "composure," we are able to share and help contain our client's terrors in a "blanket of compassion" (p. 46).

Unfortunately, opportunities for witnessing are vanishing in our society. According to Kristeva, the contemporary subject prefers to shove aside "the reality of suffering and the necessity to confront such suffering with a full knowledge of the facts" in favor of illusions, false hopes, drugs, and the media's "fleeting narcissistic images" (Guberman 1996, p. 173). This leaves the contemporary subject with little support and even fewer avenues for symbolizing his unbearable traumas (Beardsworth 2004; Edwin 2002; Kristeva 1993/1995; Oliver 2002). As Beardsworth (2004) observes, ". . . modern institutions and discourses have failed to provide everyday social and symbolic sites or practices for the adequate connection of the semiotic and symbolic" (p. 14). The failure, according to Kristeva (1993/1995), renders healing impossible and spells disaster for psychic life:

. . . if drugs do not take over your life, your wounds are "healed" with images, and before you can speak about your states of soul, you drown them in the world of mass media. The image has an extraordinary power to harness your anxieties and desires, to take on their intensity and to suspend their meaning. It works by itself. As a result, the psychic life of modern individuals wavers between somatic symptoms (getting sick and going to the hospital) and the visual depiction of their desires (daydreaming in front of the TV). In such a situation, psychic life is blocked, inhibited, and destroyed (p. 8).

In the last section of this essay, I examine mediation, including a look at mass media and computer-mediated communication, as it relates to our ability to witness one another and to connect the semiotic with the symbolic. I begin my analysis by reading Shannon's theory of communication against Kristeva's theory of signification. In *Language the Unknown*, Kristeva (1981/1989) expresses a skepticism towards communication theories because they reduce the complexity of the speaking subject and of communicated signification to "nonanalyzable constants" (p. 7). Yet, within the circuit of communication and the inherent ambiguity of addresser and addressee, Kristeva finds traces of "the complex realm of the subject" (p. 8). In my elaboration of this ambiguity in the healing witness/survivor dyad, I discover that the positions of addresser and addressee are reversed. In holding, the healing witness becomes a provocation for the unspeakable to speak: the *will to hear* precedes and forms the *desire to speak*. It is by relinquishing the "desire to say" that the healing witness creates a place and a time for anamnesis, the search for lost time (traumatic memory), and the possibility for a time regained "through narrative enunciation" (Kristeva 1996/2000, p. 29).

Kristeva, a practicing psychoanalyst as well as author of numerous philosophical texts and detective novels, stresses that what transpires between analyst and analysand, that is, the remembrance of things past through the fusion of word and sensation, takes place as well within the literary imagination of reading and writing.⁵ Kristeva's work, modelled after that of Freud's, epitomizes the threefold practices of listening, reading, and writing as they illuminate and *expand psychic life* and facilitate its healing. According to Smith (1998), these practices, along with the originary "maternal ethic, the mother's socialisation of the infant through language," have for Kristeva "an

⁵ The difference is that in the holding presence of the healing witness the amplification of the semiotic is safeguarded. Kristeva (1986) tells us that whereas in poetry the semiotic is discharged (catharsis), in analysis it is also named. Writing about trauma can be especially hazardous if not contained, as attested by the number of authors (Améry, Bettelheim, Borowski, Celan, Kofman, Levi, etc.), who, having survived the Holocaust, whether in the camps or in hiding, and having found the courage to write about their ordeals, nonetheless, have committed suicide. "If one talks about trauma without being truly heard or truly listened to," Laub (1992a) warns, "the telling itself might be lived as a return of the trauma—a *re-experiencing of the event itself*" (p. 67). For a sensitive discussion of this topic from a Kristevian perspective in the life and work of Hofman, see Edwin (2002).

important transitional status in that they inscribe the realm of the imaginary within a socio-cultural, symbolic process" (p. 50), thereby opening society up to what normally is avoided and silenced.

Alongside Kristeva, I read Charon (2006), a physician credited with having created the discipline of narrative medicine, as she too has much to say about what it means to bear witness. Charon has learned to open herself up to the voices of suffering by combining close readings of literary texts with writing full narrative accounts of patients in her clinical work. As elaborated in sections 4 and 5, Charon has discovered that these same practices expand her capacity to attend to the medical needs of her patients while fulfilling what she believes is the physician's ethical duty "to bear witness to patients' suffering and to honor their experiences of illness" (Charon and Montello 2002, p. x), a duty that all too often modern medicine would rather avoid, in part, Charon (2006) says, because it is too painful to *bear*. For Charon, as well as Kristeva, listening, reading, and writing, to echo the words of Virginia Woolf, in her essay "How Should One Read a Book?" (1932/1984), are vital because they open the "mind as widely as possible" to the "signs and hints of [an] almost imperceptible fineness . . . the presence of a human being unlike any other" (p. 235).

In contrast to the practices of reading and writing, as exemplified by Kristeva and Charon, I go on to show how modern forms of mediation rarely open us to the imaginary or offer us the opportunity to dwell in another's presence. Photography, film, television, and computer-mediated communication close us off. They perturb the semiotic, muting much of it in computer-mediated communication. Moreover, modern communication technologies disorder memory and time in ways that mirror trauma. Of particular significance is the replacement today of the human face by the screen as the site of social interaction. The result, as Smith (1998) observes, has been a loss of the imagination:

In the world dominated by the screen, the small screen, the big screen, the cyberspace, there is no time and place for the slow processing of the dark room. We are all submitted to the facile absorption of images and information but those images bear no relation to the subjective work of the imagination, and that information does not bear the mark of experience. In the virtual time and space of global networks and information systems there are few limits, there is no time and space for subjectivity to define itself, that is, to seek expression, encounter obstacles, imagine ways round them, to resign itself to the inevitable and revolt against the impossible (p. 56).

Turkle (2011) paints a remarkably similar picture of contemporary society. In her recent sociological study of people's uses of computer technology, she has uncovered a disturbing tendency for people to hide behind their screens, avoiding the time-consuming challenge of listening to another's voice with its often perplexing range of emotional expressiveness. She worries about the consequences of this avoidance, especially for our youth:

Today's adolescents have no less need than those of previous generations to learn emphatic skills, to think about their values and identity, and to manage and express their feelings. They need time to discover themselves, time to think. But technology, put in the service of always-on communication and telegraphic speed and brevity, has changed the rules of engagement with all of this. When is downtime, when is stillness? The text-driven world of rapid response does not make self-reflection impossible but does little to cultivate it. When interchanges are reformatted for the small screen and reduced to the emotional shorthand of emoticons, there are necessarily simplifications (p. 172).

Although this essay questions technology, there is no intention to denigrate it. In medicine, for example, thanks to computers and electronic medical records, we are rapidly stockpiling valuable information that state-of-the-art data mining technologies are exploring with the goal of creating better cancer detection systems, pharmaceuticals, and treatment outcomes. As a computer scientist, my life's work is dedicated to exploring medical technologies that enhance human lives. Technology, as even Kristeva admits, has its place (Lechte and Margaroni 2004). However, I agree with Kristeva when she says: "Faced with technology, we should not abdicate from thought; we should not submit to technology. . . . one can develop it also to prevent us from being suffocated by it" (Lechte and Margaroni 2004, p. 153). Along with Turkle, I believe that the current trajectory that communications technology is taking should give us pause for concern. I worry whether the technology of the future will be able to *bear* ("hold," "carry," "transport," "give birth to," "take care of," "sustain the burden of") the *act* of witnessing. As I hope to show in this essay, it is by listening and talking to one another, as well as by reading and writing, that we fashion the narratives that give meaning to our lives. We need to remember and appreciate that "another's beholding

and attesting grants value to what we experience" (Ulanov 2001, p. 153) so that we are careful to develop technologies that expand rather than limit our imaginative and empathetic capacities.

In her latest book, Turkle (2011) writes about the many youth in our society today who are afraid to admit, despite their massive texting, that they are lonely and longing for someone to listen to them: "I see a vulnerability in this generation," she says, "so quick to say, 'Please don't call.' They keep themselves at a distance from their feelings. They keep themselves from people who could help" (p. 206). What people like Charon, Kristeva, and Turkle are discovering is that we are growing deaf to life narratives. If we are not careful, the time may even come when it will no longer be possible to *hear* another's *call* to witness. Turkle claims that "we have reached a point of inflection, where we can see the costs [of our misuses of technology] and start to take action" (p. 296). We must decide now to listen.

2. TRAUMATIC MEMORY

One need not be a chamber to be haunted. One need not be a house. Far safer, through an abbey gallop, than unarmed, one's self encountered in a lonesome place. Ourselves behind ourselves, concealed should startle most.

—Emily Dickinson (1890/1997), from "Poem 670"

Bromberg (2006) reflecting on poem 670 asks, "What makes Emily Dickinson's imagery seem so right? Why should one part of oneself be terrified of meeting another part in a lonesome place? How does a person come to feel 'haunted'?" (p. 153). Nearly a century ago, Charcot, Janet, and James were aware that some memories of past events were illusive yet haunting. Particularly relevant to current ideas about the traumatic disintegration of the narrative self, Janet thought that the nucleus of psychopathology was disintegrated memories and that psychological health depended on the proper functioning of the memory system, which unified within one system the diverse aspects of experience: sensations, emotions, thoughts, and actions (Ross 1991; van der Kolk and van der Hart 1995).

Janet distinguished *automatic memory*, or habit memory, similar to the current concept of implicit memory (Schacter 1987) and a memory that is shared with animals, from *narrative memory*, which is uniquely human. Narrative memory for Janet is the integration of ordinary events that are witnessed into "ever-enlarging and flexible meaning schemes" (van der Kolk and van der Hart 1995, p. 159). This integration makes it impossible to decode the nature of specific memories and introduces inaccuracies because narrative memories are altered by their association with other experiences, as well as by the emotional state of the person at the moment of recall (van der Kolk and Fisler 1995). As Janet saw it, narrative memory is a creative act that under ideal circumstances "works harmoniously, such that emotions, thoughts, and actions are assessed and integrated into a unitary consciousness that is under voluntary control" (Howell 2005, p. 56).

Janet claims that narrative "memory is a social reaction in a condition of absence" (quoted in Ross 1991, p. 148). He notes that whereas human beings use words, signs, gestures, chants, and dance to mimic missing objects in an attempt to make absent objects present, narrative memory is more complicated in that it brings back *events* and makes palpable for others the emotions associated with these events. As such, narrative memory is the transmission of feelings and facts related to the experience of an event with the intent of making it real for another and developmentally begins, according to Janet, when a child is able to say, "I will tell it to mama" (Ross 1991). Memory is thus not passive. As Janet (1919/1925) observes, "*Memory*, like belief, like all psychological phenomena, is an action; essentially, it is the action of telling a story" (p. 661).

According to Janet, traumatic memories resist integration; they overwhelm existing mental structures and constructs. He writes how "Forgetting the [traumatic] event which precipitated the emotion . . . has frequently been found to accompany intense emotional experiences in the form of continuous and retrograde amnesia" (Janet 1909, p. 1607). When people experience such intense emotions, they are often "unable to make the recital which we call narrative memory" (Janet 1919/1925, p. 660). Traumatic memories are stored differently and probably should not be called memories, Janet argues, since they are not available to the ordinary mechanisms of memory retrieval. Rather,

because they are removed from conscious awareness and voluntary control, they are triggered and erupt autonomously (van der Kolk and van der Hart 1995). Janet (1919-25/1984) explains:

It is only for convenience that we speak of it as a "traumatic memory." 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, so that he continues to make efforts at adaptation (p. 663, as quoted in van der Kolk and van der Hart 1995, p. 160).

Whereas narrative memory is social, traumatic memory is rigidly tied to the traumatic moment and invariable. According to van der Kolk and van der Hart (1995), traumatic memory in Janet's view "is not addressed to anybody, the patient does not respond to anybody; it is a solitary activity" (p. 162). It is an unconscious repetition of the past that takes place without regard to an audience. As Freud (1926/1959) noted in *Inhibitions, Symptoms, and Anxiety*, a person who cannot remember is more apt to act out, to reproduce it "not as a memory" but as some action he repeats "without knowing, of course, that he is repeating, and in the end, we understand that this is his way of remembering" (p. 150).

Gampel (2000) provides a striking illustration of this "way of remembering" in her account of the father of one of her patients who had been forced to bury the naked corpses in a German concentration camp where he was incarcerated. She writes, "[He] would lie around in the family living room wearing nothing but a baggy pair of underpants that exposed his sex organs. Although my patient and her family were so ashamed of this 'exhibitionist' behavior that they refrained from inviting friends home, it is clear that this man was not a sexual exhibitionist, and that his appearing dressed—or undressed—in this manner was a form of identification with the dead bodies of long ago" (p. 60). This example highlights the impersonal nature of traumatic memories. Because they are not integrated into narrative memory and "placed in a symbolic, verbal form that is *personal* [italics added]" (van der Hart et al. 2006, p. 38), traumatic memories are reenacted, oftentimes from multiple perspectives, including that of victimizer (van der Kolk 1989). In the case of the father in this example, the reenactment took place from the perspective of the corpse.

Both Freud and Janet⁶ recognize that traumatic memory, being "mute, unsymbolized, and unintegrated" (van der Kolk and van der Hart 1995, p. 167), must become spoken, symbolized, and integrated. For Freud (1895/1955), this meant that "The psychical process which originally took place must be repeated as vividly as possible, it must be brought back to its *status nascendi* and then given verbal utterance" (p. 6). As Herman (1992) tells us, for Janet "This work of reconstruction actually transforms the traumatic memory, so that it can be integrated into the survivor's life story" (p. 175). Herman continues, "Janet described normal memory as 'the action of telling a story.' Traumatic memory, by contrast, is wordless and static . . . The ultimate goal . . . is to put the story . . . into words" (pp. 175-76). The survivor, like the child that must tell it to mother, must be able to ". . . say, 'I remember'" (Janet 1898/1990, p. 137, as quoted in Leys 2000). Furthermore, "The teller must not only know how to [narrate the event], but must also know how to associate the happening with the other events of his life" (Janet 1898/1990, p.

⁶ Janet was three years younger than Freud, but it appears that many of his ideas predate those of Freud. On several occasions, Janet complained that Freud had taken his ideas and renamed them without attribution (Ellenberger 1970). Whereas Janet (1919/1925) spoke of the *subconscious* (a term he coined), Freud referred to the *unconscious*. The same is true, Janet claimed, regarding his notion of *psychological analysis*, which Freud renamed *psychoanalysis*, and his description of *narrowing the field of consciousness*, was called *repression* in Freud's work (Ellenberger 1970). Ellenberger adds to the list "Janet's 'function of reality' which was transposed into psychoanalysis under the name 'reality principle,'" and "'automatic talking'" which was changed to "'Freud's method of free association'" (p. 539). The most striking similarity in Ellenberger's opinion "is that between [Freud's] psychoanalytic transference and Janet's systematic use of those varieties of rapport between therapist and patient that he called 'somnambulic influence' and 'need for direction'" (p. 539). Freud did acknowledge using Janet's "subconscious fixed ideas" and its cure via, what Freud and Breuer called, "catharsis" (Ellenberger 1970).

137, as quoted in Leys 2000).⁷ If traumatic memory is not "liquidated" and "translated into a personal narrative" (van der Kolk and Fisler 1995, p. 511), it will continuously be reactivated and haunt the survivor.

The end of the twentieth century saw a revival of Janet's view of trauma and its root in psychopathology.⁸ Van der Kolk and van der Hart (1995) show how many of Janet's ideas of memory outlined above have recently been reformulated by neurobiologists and neuroscientists. Janet's theories concerning the storage and integration of memory, for instance, mesh well with the work of Edelman (1987) and Calvin (1990). And Janet's characterization of memory as depending on flexible meaning schemes resembles many of the ideas of Bartlett (1932), Schacter (1987), Neisser (1967), Mandler (1979), and Young (1987). In psychology, Herman (1992), van der Hart, et al. (2006), and many other theorists (Leys 2000; van der Kolk and Fisler 1995) have revived Janet's theories regarding trauma and its cure, hailing him as a pioneer. According to van der Hart et al. (2006), Janet saw that the core issue in post-traumatic stress was a failure to integrate dissociated traumatic memories within the context of a person's life history, and the symptoms he describes closely match those listed in contemporary diagnostic guidelines, such as the criteria for PTSD in the *Diagnostic and Statistics Manual* (DSM). The current DSM IV TR (APA 2000), for example, recognizes that trauma can produce extremes of memory, both intrusive and vivid retention, as well as dissociative amnesia, and notes that most traumatized individuals experience both.⁹

Janet was also one of the first and still remains one of the foremost investigators of dissociation (Putnam 1989; van der Hart et al. 2006; Howell 2005), which for him represented a division among "systems of ideas and functions that constitute personality" (Janet 1907, p. 332).¹⁰ The term *dissociation* today, as Howell (2005) points out, refers to a wide range of phenomena and processes. It is "both adaptive and maladaptive, both verb and noun, and both cause and effect" (p. 18). It can be considered taxonomic or as existing on a continuum that spans such normal phenomena as spacing out while driving to having near-death out-of-body experiences (Putnam 1997). Erdelyi (1994) goes so far as to subsume the notion of the unconscious under that of dissociation. "In a general sense," however, to quote Howell (2005), "dissociation refers to *the separation of mental and experiential contents* [italics added] that would normally be connected" (p. 18).

Van der Kolk and Fisler (1995) report findings in neuroimaging studies of people with PTSD that reflect this separation in traumatic memory between the mental and experiential. In a study conducted by Rauch et al. (1994), for instance, decreased activity in Broca's area, associated with speech, and increased activity in the right hemisphere, an area in the brain that involves emotions and visual processing, were observed in PET (positron emission tomography) scans of survivors when traumatic memories were elicited. Van der Kolk and Fisler contend "that 'memories' of the trauma tend to, at least initially, be experienced primarily as fragments of the sensory components of the event: as visual images, olfactory, auditory, or kinesthetic sensations, or intense waves of feelings (which patients usually claim to be representations of elements of the original traumatic event)" (p. 13).

⁷ To illustrate the importance of this point, Janet (1919/1925) uses the analogy of a sentinel who watches over a camp. Upon encountering the enemy, the sentinel must either fight or flee. In either case, if he survives, he must make it back to the captain so that he can report his experience to him using words. He cannot reenact what actually took place. The experience must be organized into a "recital of the event to others and to ourselves, and this recital [must be put] in its place as one of the chapters in our personal history" (p. 57). This chapter can then be retold in ways that take into account many variables, including the social contexts of the teller's own life (as soldier, father, and friend) and that of his listeners (as captain, child, and friend).

⁸ Van der Hart, Nijenhuis, and Steele (2006) remark that inclusion of Janet's work in their text on trauma and its treatment, entitled *The Haunted Self*, "is not a romantic flight into history" (p. 132) but substantive.

⁹ Howell (2005) says the following regarding Janet's theory of trauma, "the key premise of his theory on trauma and dissociation is that when people are terrified or overwhelmed by extreme emotion, they are unable to assimilate the experience into already existing mental frameworks, and are therefore unable to link the experience with the rest of personal history. Overwhelming terror or overwhelming 'vehement emotion' interrupts the coherence of experience; as a result, the synthesizing functions of the psyche fail. This is still the key premise of trauma theory today" (p. 52).

¹⁰ Erdelyi (1994) defines Janetian dissociation as an "insufficiency of binding energy, caused by hereditary factors, life stresses, or traumas, or an interaction among them, [that] results in the splitting off of personality clusters from the ego, the core personality. The split-off clusters or fragments constitute minipersonalities or, if they cohere, an alternate personality" (p. 9).

For Janet, the primary problem in traumatization is *nonrealization*, the inability of survivors to realize fully what has happened to them, why it has happened, and who they are now as a result of what has happened (van der Hart et al. 2006). Acts of realization are necessary to adapt actions effectively within reality (Janet 1903, 1928, 1935; van der Hart et al. 2006; Steele et al. 2005). Realization involves "meaning making and the creation of a continuous sense of self across time and experience, including a cohesive autobiographical narrative or episodic memory" (van der Hart et al. 2006, p. 134). To paraphrase van der Hart et al. (2006), realization runs the gamut from the mundane to the practical, encompassing both the philosophical and spiritual meanings ascribed to life. Many realizations can be verbalized and embody beliefs that shape and constrain a person's actions. These beliefs are well thought out, not reactive, but deeply reflective. Realization includes more than intellectual understanding. It is emotional and involves action. In effect, realization means "We . . . accept all our experiences for better and worse, rejoice in or resign ourselves to them, and recognize our behavior accordingly" (p. 152) . Unfortunately, serious forms of nonrealization can go beyond the individual, according to van der Hart et al. (2006), to become endemic in society.¹¹

Realization, according to Janet, depends on two activities: presentification (Janet 1928) and personification (Janet 1903). Presentification is "our ability to constitute the present *as present* and to connect the stories we tell about ourselves with present reality and our actual experiences" (Leys 2000, p. 112). In other words, it is the ability to connect the past to the present in a reflective fashion. The acting out of the trauma sufferer occurs because the sufferer is unable to metabolize and re-present the traumatic memory as a narrative with meaning in the present. Personification, in contrast, is the capacity to take ownership of experiences, to say "This is my experience" (van der Hart et al. 2006, p. 153). It requires both "self-observation and self-representation . . . by which at any moment we are compelled to attend to and communicate our present experiences to ourselves and above all to others—for memory is preeminently a social phenomenon—and to situate and organize those experiences in their proper place and time" (Leys 2000, p. 112). According to van der Hart et al. (2006), people need other people to solidify realizations.

Near the end of her testimony at the Video Archive for Holocaust Testimonies at Yale, a woman made this statement: "We wanted to survive so as to live one day after Hitler, in order to be able to tell our story." Laub (1992b), reflecting on this woman's comment, observes that the opposite is actually true. Survivors need to tell stories because they could not survive if they did not do so: "One has to know one's buried truth in order to be able to live one's life" (p. 78). But how does one come to know one's buried truth? How is it possible for one to reassemble the fragmentary images, sensations, and emotions of traumatic memory—to cross the seemly insurmountable gap of the unspeakable—*to say it?*

3. SPEAKING SUBJECTS

In the beginning was suffering.

—Julia Kristeva (1993), *Proust and the Sense of Time*

Since *Revolution in Poetic Language* (1974/1984), Kristeva has been concerned to elaborate a theory of the speaking subject that addresses the symbolization of nonverbal experiences (Smith 1998). For Kristeva, language is

¹¹ Van der Hart et al. (2006), for instance, note that in Western societies, "there is much outrage expressed that abuse happens, but there is little treatment accessible to survivors, even though we know that childhood abuse often has devastating and life-long consequences. Our society seems to have a depersonalize awareness in which people can feel comfortable in being aware enough to acknowledge a problem, but not to the degree that they demand that difficult and complex social and interpersonal changes be made. Thus on both individual and social levels there if often virtually no support for survivors to realize their devastating experiences" (p. 153).

not simply a tool used by selves; speaking subjects "signify and are constituted by their signifying practices" (McAfee 2004, p. 7). In other words, *language* produces *subjects*.¹² Kristeva, along with many of her contemporaries, prefers the term "subject" over the common notion of the "self," a being that is fully conscious and able to act in the world, because a "subject" is often not aware of the unconscious phenomena that influence thoughts and actions (McAfee 2004). Unconscious phenomena include desires, tensions, energy, and repressions that are not easily accessible to consciousness but that nonetheless express themselves. As McAfee notes, "the experience of subjectivity is not that of coming to awareness as a 'self,' but of having an identity wrought in ways often unbeknownst to the subject herself" (p. 2). "The *subject* never is," Kristeva writes, "The subject is only the *signifying process* and he appears only as a *signifying practice*" (p. 215).

The signifying process (*significance*) for Kristeva (1974/1984) is the interaction of two modalities: the symbolic and the semiotic. These two modalities are inseparable and together constitute signification, or language. The symbolic mode is concerned with taking a position and with meaning, grammar, and syntax. The semiotic mode includes the subject's feelings, drives, and articulations and does not depend on grammatical and syntactic rules. The dialectic between the two modalities determines the type of discourse: the discourse of scientists and logicians—"the realm of language as communication" (Beardsworth 2004, p. 16)—exemplifies the symbolic mode, whereas the creative expressions of musicians, dancers, and poets tend to call forth the semiotic (Kristeva 1980). As Oliver (1993) points out, the semiotic should not be understood as *extra-linguistic*. Rather the linguistic is heterogeneous, "composed of symbols and nonsymbols, meaning and nonmeaning" (p. 96). Without the symbolic, speech would disintegrate into babbling madness; without the semiotic, it would shrivel up in its dryness into a brittle emptiness.

According to Kristeva, the semiotic that enters language draws upon the "corporeal memory" (Smith 1998, p. 16) of "the echolalias, glossolalias, rhythms, and intonations of an infant who does not yet know how to use language to refer to objects" (McAfee 2004, p. 19). The semiotic is an ordering force, or disposition, that is based on the primal mother-child union, an undifferentiated stage of development psychoanalysis refers to as the pre-Oedipal, or primary narcissism.¹³ As Oliver (1993) writes, the semiotic originates in "the rhythms and the sounds of their bodies together fused into one" (p. 34).¹⁴ Kristeva tells us that we learn the intonations of language before we learn

¹² Kristeva's theory of language is based on a Freudian model of language with "its emphasis on the presence of the body at all levels of rationalization" (Gambaudo 2007, p. 18). According to Keltner (2011), "For Kristeva, Freudian psychoanalysis is the only theoretical discourse that takes as its task an analysis of the threshold of the speaking being" (p. 28). In Kristeva's (1974/1984) estimation, philosophies of language "are nothing more than the thoughts of archivists, archaeologists, and necrophiliacs" (p. 13). Missing is the body along with a consideration of how desires and drives are put into language. To illustrate the difference, consider Gellner's (1968) rather disparaging description of ordinary language philosophy (espoused, for example, by Austin, Wittgenstein, and Searle): ". . . the world is just what it seems (and as it seems to an unimaginative man about mid-morning), therefore, naturally language is but a set of activities in it. What else could it be? . . . language is found, on examination, to be but a set of tools for mundane . . . purposes . . ." (p. 23). Language is not a tool for Kristeva, nor is it a subject that can be studied independently from the speaking subject, as Chomsky's treatment of language suggests (Kristeva 1980). Rather, Kristeva's theory of language, encompassing as it does both the mundane and the imaginative (as it might flow from the pen of a poet late at night, to extend Gellner's analogy to Kristeva), is concerned with language as a process that issues directly from the body and its drives (the unconscious) and how these are linked to the symbol and produce the subject.

¹³ Or Lacan's Imaginary. Although Kristeva's treatment of the symbolic resonates with Lacan's order of the symbolic, her notion of the semiotic was influenced more by Husserl philosophy than Lacan's orders of the real and the imaginary (Keltner 2011). For Lacan, the Symbolic refers to the social order and the law that legislates relations with others and the self. The real is material and inaccessible to language. The imaginary, which is pre-symbolic, yet structured by the symbolic, is related to the child's formation of the ego and its (mis)identification with caretakers (seeing himself as autonomous and whole when in fact he is dependent and fragmented). For Lacan and Freud, the child's union with the mother (imaginary order) is cut by the law and the threat of castration (the symbolic). In other words, he enters the symbolic order by separating from the mother. Kristeva's semiotic, although sharing some features of both the real and the imaginary, differs significantly. As Keltner explains, "[The semiotic] is excessive to language (like the real) and yet structured by it (like the imaginary). However, the semiotic is not characterized as inaccessible or as (completely) unsymbolizable" (Keltner 2011, p. 24). For a discussion on Husserl's influence on Kristeva's conception of the semiotic, see Keltner (2011).

¹⁴ The semiotic expressions of the infant presupposes, according to Kristeva, "that the possibility of language exists either as a genetic program that allows the child to speak one day, so that the echolalias are stages before this possibility of speech, or as a social environment—the child is already in an environment where the parent speaks, his desire to speak already exists in the discourse of the parents, and so the echolalias appear in this environment. In short, there is an already there of language" (Guberman 1996, p. 21).

syntactic rules, that is, music comes before syntax (Kristeva 1974/1980). Whereas the semiotic originates in a union with the mother, the child's move into the symbolic (paternal) is marked by a break, a separation. This occurs around the time the child first sees his own image reflected in the mirror or in the mirroring gaze of another person (the Oedipal stage).¹⁵ At first, this image of himself confuses him, but eventually he recognizes himself in the mirroring. By splitting, that is, by becoming two (himself and his reflection in the *other*), eventually "one" enters the symbolic realm as a speaking subject (Oliver 1993).

To understand the origin of the speaking subject, Kristeva (1974/1984) draws upon the term *chora*, formulated by Plato in the *Timaeus*. According to Margaroni (2005), Kristeva's notion of the *chora*, difficult and controversial as it is, recurs in various guises throughout her work. Margaroni (Lechte and Margaroni 2004) believes that the *chora* represents Kristeva's concern "with opening both the biological and the social to a mediating space/spacing before the violent break introduced by 'the Word'" (p. 14). This "space/spacing" is both *containing and separating* and is situated neither in the mother's nor in the infant's body, but *in between*. It is a third (Margaroni 2005), "the space of mediation" (Huffer 1998, p. 82). *Chora* is not, however, an empty or static space; it is generative. It is a mediation that "cancels out oppositions in opening up the 'One' to receive the 'Other'" (Margaroni 2005, p. 82). It is a notion inextricably bound up in the question of "the Beginning," Margaroni claims—"if the Beginning is understood as a passage from nature to culture, from the biological organism to the social, speaking subject" (p. 81)—a beginning continuously revisited not only for each individual but also if signification is to be meaningful (Kristeva 1974/1984).

In *Revolution in Poetic Language*, Kristeva (1974/1984) defines the semiotic *chora* as the "non-expressive totality formed by the drives and their stases in a motility that is as full of movement as it is regulated" by a semiotic process that is already involved in "family and social structure" (p. 25): "It is a maternal space from which the figure of the father is not absent, but prefigured" (Smith 1998, p. 60). Unlike Freud and Lacan, Kristeva maintains that entry into the symbolic is a function of the maternal as well as the paternal; it does not originate solely in the "violent break" of the Oedipal stage, but rather it begins earlier, in the pre-Oedipal stage (Gambaudo 2007; Oliver 1993).

In Kristeva's psychoanalytical theory, the maternal function prepares the child for the paternal (Kristeva 1997/2002). The child becomes a speaking subject because that is the parental desire, a desire that originates in the maternal desire for something other than the infant (father, lovers, work).¹⁶ The child in the pre-Oedipal stage, wishing to maintain his union with the mother, attempts to position himself in the place of his mother's desire for this other-than-himself, this third, the "imaginary loving father" (Kristeva 1996/2000, p. 54)—what Kristeva calls "the keystone to our love and imagination" (p. 53)—and, paradoxically, forsakes his bond with the mother by doing so. Thus, on the pre-Oedipal level, the maternal "appears as a paradox that defies paternal (phallogocentric) logic: what is kept is what is lost" (Gambaudo 2007, p. 118). And what is lost is kept. Maternal love provides the support as well as the impetus for the child's imaginary transference to the site of the mother's desire, a transference that ultimately is a fantasy of wholeness, where the child is rejoined with the father in the mother's womb (Kristeva

¹⁵ The mirror stage, as Lechte and Margaroni (2004) note, is "the main paradigm for Lacan's split subject . . . in the course of which the human infant learns to recognize itself in its mirror image. Through its identification with the image . . . the infant is able to separate itself from its confusing experience of fragmentation and to bring its disparate body parts into a whole. If the Lacanian subject is split this is because, as Lacan emphasized, it can see itself where (based on experience it knows) it is not. The Lacanian subject, then, speaks (will learn how to speak) across a gap, the gap between 'here' (the body-in-parts) and 'there' (the illusionary whole). . . . By contrast, Kristeva's subject is split because semiotic motility erupts from within its speaking position, destabilizing and rendering it inhospitable to any 'One'" (p. 26).

¹⁶ This is what Freud calls the degree zero of identity, the primary identification (Kristeva 1994/1996). Gambaudo (2007) notes that whether speaking is genetically programmed or not, the ability to speak requires a societal impetus. She refers to famous cases of human beings raised by animals where the speaking function was not activated early on in the child's development (see, for instance, Malson 1972) and to the account of baby Tanya who learned to behave like a dog (barking, crawling, lapping) because her mother's primary attachment was to the family dog (Hamilton 1993). According to Gambaudo, Tonya followed a normal path of development. What was abnormal was her mother's desire for a canine relationship. She surmises that it doesn't matter what form the maternal interest takes, as long as it is not centered exclusively on the child, he will "develop some form of identity" (p. 117). This is what makes, for Kristeva (1997), the *good-enough* mother good, namely, *what is not given in giving enough*: "maybe the good-enough mother is the mother who has something else to love besides her child; it could be her work, her husband, her lovers, etc. She has to have another meaning in her life" (p. 334).

1985/1987). Although the maternal function paves the way for "the subject's entry into a disposition, a fragile one to be sure, of an ulterior, unavoidable oedipal destiny," it is "one that can also be playful and subliminal" (Kristeva 1983/1987, p. 46).

In *Time and Sense* (Kristeva 1994/1996), the *chora* is described as a "sensory cavern" (p. 234), an interior dwelling, and later, in the same text, as a *camera obscura* (p. 238), a dark processing room that exists prior to language, where lived experience has yet to be given form through signification, although the desire is there. In describing this sensory cavern, Kristeva says that it is "an essential part of the psychic apparatus" (p. 235), an archaic substratum of the essentially heterogeneous mind that remains autistic, but that provides the universal trace of the moment before the break when the subject was still fused with mother and this not yet *other*. The *chora*, the sensory cavern, the darkroom constitutes "inner depth itself . . . the psychical life of the speaking subject" (Kristeva 1997/2002, p. 68). It is the reservoir of our lived experience, "where sensory experience can be slowly processed, seen and understood in the wider context of interpersonal experience" (Smith 1998, p. 28). "Everyone has a sensory cave," Kristeva writes, although for some, such as the autistic, "it is a psyche catastrophe" (p. 235).

It is because "the subject is always *both* semiotic *and* symbolic" (Kristeva 1974/1984, p. 24) that the semiotic and symbolic are inseparable within the signifying process. This becomes for Kristeva "a powerful model of the human in which language is not divorced from the body; 'word' and 'flesh' can meet at any moment for better or worse" (Kristeva 1985/1987, p. 6). Smith (1998) claims that for Kristeva "language will always speak the unspeakable as the unconscious will make itself known" (p. 96). Through semiotic disruptions in signification, language as a formal system is reconnected to the psychosomatic (Smith 1998). The speaking subject is thus not a stable subject but a "subject in process" (*le sujet en procès*),¹⁷ which can also be translated as "subject on trial." The subject in process is a subjectivity in revolt against the symbolic order (the paternal) and fixed identity (Smith 1998)—it "gives us a vision," Kristeva says, "of the human venture as a venture of innovation, of creation, of opening, of renewal" (Guberman 1996, p. 26). The speaking subject is incessantly engaged in expressing and signifying. It is the nature of the symbolic, however, to refuse the semiotic, and the symbolic social order can be rigid in the reinforcement of its laws (Kristeva 1974/1984). The symbolic mode, though its rules are necessary for signification, can never completely obliterate the "more fluid, playful, instinctual" semiotic (McAfee 2004, p. 43). The symbolic order may strive for unity, but signification is a heterogeneous contradiction (Beardsworth 2004); it is always disrupted by more archaic impulses. Subjects in process/on trial are therefore "an impossible unity" (Kristeva 1974/1984, p. 118)—"a splitting subject in conflict who risks being shattered and is on the brink of a heterogeneous contradiction" (p. 187).

Yet, as Beardsworth (2004) observes, despite their tendency to separate, the semiotic and symbolic are "two dimensions of meaning and subjectivity that need to be connected if self-relation, the other, and world-relation are to be possible" (p. 14). When the bond between the two is insufficiently connected, there is a crisis of meaning—"the linguistic universe, symbolic bonds with others (communication), and social bonds are felt to be meaningless and without value" (p. 14). Kristeva (1993/1995) contends that subjects in the Western world are suffering today from such a crisis. Instead of releasing unconscious processes (the semiotic) through signification, the subject today is bombarded with manufactured desires transmitted in ready-made images and slogans. The consequence is "a withering away of language just as there is a withering away of culture"¹⁸ (Guberman 1996, p. 169). Kristeva believes that when psychical activity is given over to an accrual of prefabricated desires rather than to an investment in its own representations then not only is the ability to distinguish reality from dream¹⁹ lost but also the ability to

¹⁷ That is to say a subjectivity constituted in the transformational process of the movement of communication from the body with its unconscious desires and drives to the symbol that represents it (Gambaudo 2007).

¹⁸ Lechte (2004) claims that "nobody really consumes images: communication never really takes place" (p. 124).

¹⁹ Kristeva writes, for example, "You are overwhelmed with images. They carry you away, they replace you, you are dreaming. The rapture of hallucination originates in the absence of boundaries between pleasure and reality, between truth and falsehood. The spectacle is life as a dream—we all want this. Do this 'you' and this 'we' exist? Your expression is standardized, your discourse becomes normalized. For that matter do you really have a discourse of your own? . . . before you can speak about your states of the soul, you drown them in the world of mass media" (Kristeva 1993/1995, p. 8).

imagine.²⁰ People mistake the ready-mades—that function as if they were real—for reality, that is, as viable reflections of the self.²¹ With diminished psychical activity, the contemporary subject, unable to sufficiently release unconscious processes through language, suffers "new maladies of the soul" (Kristeva 1993/1995):

We have neither the time nor the space needed to create a soul for ourselves, and the mere hint of such activity seems frivolous and ill-advised . . . modern man is a narcissist—a narcissist who suffers, but who feels no remorse. He manifests his suffering in his body and he is afflicted with somatic symptoms . . . Living in a piecemeal and accelerated space and time, he often has trouble acknowledging his own physiognomy; left without a sexual, subjective, or moral identity, this amphibian of being is a being of boundaries, a borderline, or a "false self" . . . Modern man is losing his soul, but he does not know it, for the psychic apparatus is what registers representations and their meaningful value for the subject. Unfortunately, that darkroom needs repair (pp. 7-8).

The soul is for Kristeva "that psychic space whose protection and creativity lie at the heart of Freudian thought" (Guberman 1996, p. 173). The problem with the contemporary subject is that he is *unable to represent*, "to symbolize his unbearable traumas" (Kristeva 1993/1995, p. 9). Following, in her opinion, the American style of seeking answers in a culture of illusions and false hopes, in "fleeting narcissistic images" reflective of a "psychic laziness," the contemporary subject shoves aside "the reality of suffering and the necessity to confront such suffering with a full knowledge of the facts" (Guberman 1996, p. 173). Kristeva stresses that pharmaceuticals, media images, and the allurement of religious fundamentalism²² will not save the subject: "Today, psychical life knows it will only be saved if it gives itself the time and space to revolt: to break off, remember, refashion" (Kristeva 1997/2002, p. 223).

Revolt, in Kristeva's writing, is not political *per se*—"for we also speak," she tells us, "of the earth's revolution around the sun" (Pollock 1998, p. 6). Rather revolt, as suggested by its Latin root ("re," *back, again* + "volvere" *to roll*) is essentially the return of subjectivity to the beginning. As exemplified in the arts and psychoanalysis, it is a state of permanent and transformative questioning that characterizes psychic life, a "Proustian . . . search for the past—time, anamnesis, a moment when thought is that language which returns to the past, in order to displace us towards progress. It is the past which prepares a renaissance, a rebirth" (Pollock 1998, p. 6). In *Revolution in Poetic Language* (1974/1984), revolt is the renewal of language in the eruption of the semiotic in signification. In *Powers of Horror* (1980/1982), revolt is associated with the revolting aspects of the mother that the subject abjects in order to enter the symbolic and become a subject. Revolution in this sense is a return of the repressed (maternal) in the symbolic (paternal). In *The Sense and Non-Sense of Revolt* (1996/2000), Kristeva ties revolt to anamnesis, which she defines as putting memories into words, a "narrative enunciation" of trauma that "permits a renewal of the whole subject" (p. 13). Kristeva explains that "In anamnesis we have the possibility of entering as far as possible into the investigation of infantile memory to discover the most distant memories of our childhood. These are so often traumatic memories. In this journey, a strange transmutation occurs in our language.

²⁰ Kristeva (1997/2002) writes, "I can hear you asking: don't we inhabit a veritable paradise of fantasy today thanks to images in the media? Aren't we saturated with fantasies, stimulated to produce them and to become imaginary creators in turn? . . . We are inundated with images, some of which resonate with our fantasies and appease us but which, for *lack of interpretive words*, do not liberate us. Moreover, the stereotypy of those images deprives us of the possibility of creating our own imagery, our own imaginary scenarios [italics added]" (p. 67). She goes on to present the case of one of her patients, she calls Didier, whose 'operative' fantasies typify him rather than testify to an interiority. Although he was able to make works of art, they had no meaning, no connection for him as an artist.

²¹ Boyne (1999) tells us that "Late modernity has encouraged us to simulate and stimulate our selves and shop for our identities in cults, through films and at chain fashion stores. As identities are constructed statement by statement, performance by performance, we are made and confronted by cut and paste, with citations impeccably and publically correct, and with discursive reaffirmations of sources providing guarantees of presence" (p. 212).

²² Kristeva says that "In our reality of crisis, many believe they can 'get out of it' by subscribing to an 'identity', preferably the most fundamentalist, the one that replaces individual questions with solutions for the mass, the clan. 'I do not know who I am, but I belong with them'" (Kristeva 1996, translated Gambaudo 2007, p. 22). Our desire to be has thus been displaced by the desire to belong and "to adhere to a group, to an ideology, to a sect" (Pollock 1998, p. 8).

In speaking, in traversing the universe of signs, we arrive at emotions, at sensations, at drives, at affects and even at what Freud named the 'umbilicus of the dream'" (Pollock 1998, p. 9). Anamnesis thus opens the subject up to creativity, to the imaginary, to the future, and to others. As Margaroni (2005) points out in reflecting on Kristeva's (1999/2001) biography of Hannah Arendt, "the turning of *bios* into a narrative guarantees not only subjective but also communal renewal" (p. 84). In *Intimate Revolt* (1997/2002), Kristeva remarks, "if there is still time, we should wager on the future of revolt. As Albert Camus said, 'I revolt, therefore we are.' Or rather: I revolt, therefore we are *to come*" (pp. 223-224).

If there is still time. Given the current crisis in subjectivity, Kristeva, in much of her later work, seriously questions the future possibility of revolt in our society of spectacle.²³ In an interview, she explains that with the destruction of the darkroom comes an inability to remember and therefore a loss of the ability *to read and to write*:

Since the era of Socrates and Plato, and through to the theology of Augustine in the Christian period, it has been argued that 'man' can learn to know the truth of 'himself', his being, by turning inward upon himself, by turning a gaze upon himself, by looking back into himself. This return, anamnesis and self-interrogation, takes the form of two practices: Prayer and Reading, the latter being the secular form of the former. Meditation with the self, concentration upon the self takes place through the book. In my experience, many patients enter analysis with a completely modern and singular pathology. They can no longer read. It is not a matter of illiteracy or a neurological dysfunction. It is because their interior dwelling, the *camera obscura* of their inner life, has been destroyed. Depression, anxiety, stress can destroy it. They say they can no longer concentrate on themselves, or that they cannot recall what they have just read. Nothing writes itself within. The psychic domain of the inner world is destroyed (Pollock 1998, p. 14).

The new maladies in Kristeva's view reflect a failure in the psychic apparatus of the paternal function, "not solely on the Oedipal front but more crucially on a pre-Oedipal maternal level" (Gambaudo 2007, p. 116). On the Oedipal front, there are no authorities to revolt against.²⁴ On the pre-Oedipal level, as Cooper and Maxwell (1995) observe, analysts are now confronted with the "early childhood experience of non-containment" (p. 124), a failure that is manifested, as Gambaudo points out, not so much in a resistance to pre-Oedipal unconscious material "as an 'absenteeism' of the subject in their relationship with the symbol" (p. 81). In psychoanalytic theory, subjectification depends on the paternal function—the violent break introduced by the *word*. Becoming speaking subjects requires a revolutionary displacement of the paternal prohibition that makes room for the subject's drives—a sublimation. But in place of the expected narrative of subjectivity, the analyst encounters within the new maladies a void.²⁵ The crisis of subjectivity thus becomes a crisis for psychoanalysis.

The rise in people with depression, borderline states, and narcissism has led Kristeva to reconsider the field of psychoanalysis and to derive "softer" methods that address the pre-Oedipal experience of non-containment. Kristeva is now advocating a shift in the role of the analyst from the sterner Oedipal (castrating) position to the

²³ Debord's (1967/1994) theory of the society of spectacle has assumed increasing importance in Kristeva's later work. Lechte (2004) remarks that "There are few works published since 1993 . . . where Kristeva does not make some reference to the society of the spectacle" (p. 117).

²⁴ As Oliver (1997) notes, "We live in a no-fault society in which crime has become a media-friendly spectacle and government and social institutions normalize rather than prohibit" (p. 410). In *The Sense and Non-sense of Revolt*, Kristeva (1996/2000) asks, "if prohibition is obsolete, if values are losing steam, if power is elusive, if the spectacle unfolds relentlessly, if pornography is accepted and diffused everywhere, who can rebel? Against whom, against what?" (p. 28).

²⁵ In *Time and Sense*, Kristeva (1994/1996) describes how sublimation occurs when fantasies are articulated and the problems that arise when the analysand lacks the narrative capacity to tell his fantasies: ". . . sublimation takes place when the fantasy is put into words. If the analysand is not ever so slightly like a narrator, he is silenced. He occasionally causes gripping or commonplace signs to emanate from the nameless border of his unconscious, but he never tells *his* story [the narrative of subjectivity]. The analyst yields to this scenario by becoming bored or by playfully offering his own fantasies to the analysand. In other words, if transference and countertransference fail to make the analysand a narrator, the analysis breaks down and dies" (p. 327).

softer pre-Oedipal (containing) position (Kristeva 1996/2000). This repositioning of the analyst "suggests a different kind of transference/counter-transference," that provides a "more invested connectedness with the patient" (Gambaudo 2007, p. 87). Given the reality of the new maladies, Kristeva believes that the analyst today must be more like the mother who mediates the child's difficult passage into language. The analyst must revisit the maternal function "that teaches the pre-linguistic child to move from a scattered reality to a unified apprehension of itself" by providing the analysand with "new counter-transferrential modes of listening" that are "containing, constructing, holding, loving" (Gambaudo 2007, p. 94).

The analyst must become, in essence, a transitional space, "the magnet for loving identification" (Kristeva 1983/1987, p. 38), a "stabilizing-destabilizing amorous experience" (Kristeva 1983/1987, p. 15), the *chora* that restarts the self. In the working through and working out of what arises in the "desire-noise" (p. 15) of free association within the transference love, the work of anamnesis can begin—and possibly a psychic life rebuilt. The work of anamnesis, of remembering, is done, not so much for the sake of uncovering the truth as for rediscovering the imaginary and recuperating the "innovative capacity" (p. 15) to transform trauma and live:

We are alive because we have a psychic life. The psychic life is that interior space, that *deep down inside* that permits us to take in attacks from both within and without—that is to say, physiological and biological traumas, but also political and social aggressions. The imaginary metabolizes, transforms, sublimates, and works these attacks: it supports us as living (Kristeva 1998a, p. 107, in Oliver 1997, p. 73).

4. THE HEALING WITNESS

A human face is . . . spread out . . . beneath the glance of other human faces, and it takes gladly to these glances. It stands there broad and full so that the other face may take its time and slowly penetrate it, it even lifts out its lines more sharply as if to guide the contemplating glance and spreads out its planes as carpets for the glance to rest upon if it be tired. And thus alternately resting and moving, the observing glance penetrates the face.

—Max Picard (1931), *The Human Face*

It is Laub's (1992a) contention that the "emergence of the narrative which is being listened to—and heard—is . . . the process and the place wherein the cognizance, the 'knowing' of the [traumatic] event is given birth to" (p. 57). In light of Kristeva's theory of signification, we find that the "process and the place" is the return to the beginning, the space/spacing of the *chora*, or maternal function. Whether for the trauma survivor or for those afflicted by illness or the "new maladies of the soul," the mediating presence of the healing witness *makes room for* "the elaboration of a time for remembrance" (Smith 1998, p. 57), where the raw, "unmetabolized images and experiences" (Neimeyer 2004) of suffering can be contained and put into words. Within this "place and process," the subjectivities of the survivor and the healing witness expand and contract. The healing witness bears witness to the survivor's suffering by holding herself back to move closer, allowing emotions, such as aversion, dread, confusion, and anger to arise within herself, while yet affording the survivor the space/spacing necessary to speak the unspeakable. "Testimony," mediated by such holding, "is the narrative's address to hearing: for only when the survivor knows he is being heard, will he stop to hear—and listen to—himself" (Laub 1992a, p. 71).

But to step forward to give testimony is fraught with danger. Laub (1992a) reflects on the worst possible outcome—outright denial—in his description of Chaim Guri's film *The 81st Blow*. At the heart of this film is a scene where a man tells his story of suffering in the German concentration camps only to hear the audience say: "All this cannot be true, it could not have happened. You must have made it up." Laub comments, "This denial by the listener inflicts, according to the film, the ultimately fatal blow, beyond the eighty blows that a man, in Jewish tradition, can sustain and survive. The absence of an empathic listener, or more radically, the absence of an *addressable other*, an other who can hear the anguish of one's memories and thus affirm and recognize their realness, annihilates the

story. It is this ultimate annihilation of a narrative that fundamentally *cannot be heard* and of a story that *cannot be witnessed* that constitutes the mortal eighty-first blow" (p. 68).²⁶ As Oliver (2001) points out, without "address and addressability from and to others" (p. 88), subjectivity cannot exist. Denial, in annihilating the story, annihilates the subject.

Blaming the victim can be equally devastating. Nearly fifty years ago, Walster (1966) observed that people confronted with negative events find it necessary to assign blame to someone rather than accept the possibility that some events are random. That bad things can happen for no apparent reason undermines a belief in personal invulnerability that leads some people to blame the victim instead. According to Lerner (1980), most people have a need to believe that the world is just and that people "get what they deserve" (p. 11). In times of adversity, this is turned around to become damning evidence that they deserve whatever it is that happens to them. Landsman (2002) explains this tendency for people to believe that victims of trauma "brought on their own misfortune" as a way of "keeping intact the belief in a just world" (p. 16). People do this by either "attributing causal responsibility to the victimized individual, and if the objective circumstances make this impossible, by denigrating the individual's character in order to see the victim as 'deserving' misfortune" (p. 16). According to Landsman, the worst the trauma the more necessary it becomes for people to maintain these beliefs and make these attributions.

Commonly associated with blame is shame. Kauffman (2002b) explores the psychological meaning of the word as it is revealed in its etymological roots in a pair of antonyms: *cover* and *exposure*. He notes that although *shame* mostly conveys a sense of *exposure*, as when it is used to mean "embarrassment, humiliation, being uncovered in the gaze of another" (p. 210), the word still retains a sense of covering as when it is used to mean discretion and modesty. In reflecting on these double meanings, Kauffman observes that shame has less to do with the sexual body than it does with "the most private sense of self" (p. 210). He writes, "Shame is the boundary of privacy, incubator of the self, the protective cover that establishes the safe space in which the self may experience itself" (p. 210). Traumatic violation, Kauffman goes on to note, breaches this boundary.

Kauffman (2010) has recently explored shame's deep connection with trauma. Developmentally, he positions it in *stranger anxiety*, claiming that it emerges "from within the space of the toddler's bond with mother" (p. 6). Stranger anxiety arises when the private space of the mother-child bond is threatened by a stranger and is expressed by the child in "retreating, hiding, and covering the face" (p. 6). In reading Kauffman's reflections on shame, Janet's account of the origin of narrative memory at the moment the child can say "I will tell this to mother" and Kristeva's theory of signification and the maternal function immediately spring to mind. For Kauffman, shame is bound up in the *gestures of telling* and arises just before the child knows how to say it. "Stranger anxiety," Kauffman writes, "is an expressive language gesture. But, it is not simply expressive. It is a communicative act of showing" (p. 6). He surmises that this "performance of shame," this hiding and covering the face, along with the shaming in the form of teasing by adults that is often reflected back to the child in this performance, is the ground upon which "a baby becomes, in the experience of others and, most probably, itself, a person with the presence and self-awareness of personhood" (p. 7). The trauma of this public uncovering, this first entry into the public sphere, Kauffman observes, is mediated by the containing presence of the mother, into whose arms the child returns for comfort.

Thus, from the start, revealing to another what is essentially private is *bound* to shame. But to tell the intimate details of torture and abuse can be unbearably shaming.²⁷ As Laub (1992a) has observed, "the speakers about trauma on some level prefer silence so as to protect themselves from the fear of being listened to" (p. 58) and having to hear for themselves what they had to endure. Mixed in with all the memories of fear and pain are the experiences of becoming an object for another, of losing one's subjectivity and humanity, and of the shame of not

²⁶ Although in the Western world Holocaust denial has been countered by Holocaust museums and memorials (as well as laws against Holocaust denial, as in France), there are many examples of the denial of suffering in contemporary society. Denov (2004), for example, speaks of a *culture of denial* regarding the issue of female sex offending, and men in psychiatric units in the US and UK are rarely asked questions about past histories of sexual abuse, despite evidence supporting its prevalence in this population (Lab and More 2005). Moreover, the extent of child abuse and the validity of childhood memories (the creation of false memories, for instance) continues to generate much debate (Bjorklund 2009).

²⁷ As can telling a physician, as Charon (2006) points out, about the intimate details of one's bodily functions and personal habits.

having had the strength to resist the abuse (Oliver 2001, p. 99).²⁸ "Traumatic shame," in the words of Kauffman (2010), "damages the 'protective cover of beliefs'" (p. 8). It replaces beliefs in personal integrity, invulnerability, and self worth with the certainty that the trauma is bound to happen again, and as we have already seen, it does happen again, repeatedly, in unconscious reenactments.

Exposure, denial, banishment, fear, and shame are not the only dangers in stepping forward to testify. There is also the risk of re-experiencing trauma by being the object of a cold interrogation and by exposure to the objectifying gaze of the "modest witness." Haraway (1997) describes the modest witness, whose "subjectivity is his objectivity" as "the legitimate and authorized *ventriloquist for the object world*, adding nothing from his mere opinions, *from his biasing embodiment* [italics added]" (p. 24). The sole intent of the modest witness is to establish the facts. According to Haraway, his kin fill the courtrooms and the institutes of higher learning. They are fact finders, much like the historians that Laub (1992a) described, who had gathered with a group of artists and psychoanalysts at the Video Archive to reflect on some of the survivor testimonies. When one woman recounted an uprising at Auschwitz and reported that four chimneys blew up in flames, the historians were disconcerted: only one had been destroyed, not four. They argued that since the woman's testimony was in error her entire account was suspect and should be discounted. What is more, they insisted that the event she described had no historical significance. The skirmish had immediately been put down.

Laub was the one who had taken this woman's testimony. He recalled that, during the interview, there were many moments when the woman's memory faltered. There were facts she either did not know or could not face. Her job in the camps was to sort the belongings of those who were gassed, and it was clear that she had never once "asked herself where they had come from" (p. 60). In Laub's mind, his job was not to collect historical accounts, sorting them according to their factual value, rather his task was to respect what he heard—"not to upset, not to trespass"—and honor the stories he was given. To accomplish his job both "as interviewer and as listener," he had to safeguard the delicate "balance between what the woman *knew* and what she *did not, or could not, know*" (p. 61). He felt it his responsibility to ask himself earnestly where her account came from—and what its value was for her as a person who had survived the camps. Had the historians been attentive to the expression in her voice and in her eyes as she recounted the story of the *uprising*, they would have realized that the clamor caused by this *insignificant skirmish* tore through the camp setting hope ablaze for her and her fellow prisoners: psychologically, it was no insignificant event.

Many traumatized individuals despair of finding an empathic companion like Laub who is willing to listen to them tell of their traumas, in their own way, on their own terms. Some, unable to speak of the events they have suffered, even to themselves, cease to believe "in the very possibility of human communication"—such a survivor "envisages no one who will be present to him and for him if he returns in his mind to the places of horror, humiliation, and grief from which he barely emerged and which continue to haunt him" (Graessner et al. 1996, p. xvi). "Testimonies are not monologues," Laub (1992a) writes, "they cannot take place in solitude" (pp. 70-71). They need the mediating presence of someone who is able to hear them. As Laub goes on to say, whenever these survivors do finally find the courage to speak out, it is vital to realize that they "are talking to somebody: to *somebody* they have been waiting for for a long time . . ." (p. 71).

Charon (2006) tells a story about the gastroenterologist, Richard Weinberg who one day became that "*somebody*" for one of his patients. Reporting insomnia and recurrent nightmares with elements suspiciously indicative of abuse, the doctor asked his patient whether she had ever been sexually assaulted, and for the first time in her life, she told of her ordeal at the hands of her sister's boyfriend when she was fourteen years old. "There is nothing he didn't do to me," she told her doctor, overwhelmed by sorrow and shame. Weinberg (1995) reports his reaction:

I felt completely out of my depth. I consoled her as best I could, and when her sobbing had subsided, I gently suggested a referral to a psychiatrist or a rape counselor. I'm a gastroenterologist, I told her, this is not my area of expertise. I had neither the knowledge nor the experience to help her . . . But she adamantly refused to consider a referral to anyone else. She

²⁸ Fear, shame, and blame are emotions that also overwhelm those who are ill, and, according to Charon (2006), "erect the most unbreachable divides between doctors and patients" (p. 30).

didn't trust them. I then understood that having unearthed her dark secret, I had become responsible for her care (p. 805).

Weinberg takes this responsibility seriously. He consults with colleagues in psychiatry and reads what he can about sexual trauma while meeting with the woman once a week. She eventually comes to understand that she has been blaming herself for what took place and has been purging herself through bulimia of "the stain" she feels it has left on her. In time, she is able to let go of her need to purge. On her last visit, she thanks Weinberg by handing him a gift of six Napoleons she had baked especially for him. He recounts how he returned her thanks, and then he writes, "I had been chosen to receive a gift of trust, and of all the gifts I had ever received, none seemed as precious" (p. 805).

Whether from the point of view of psychology, psychiatry, psychotherapy, autobiography, law, film, trauma studies, or literary criticism, Charon (2006) claims that what all this massive research in trauma seems most intent on understanding is this one thing: how to bear witness. Weinberg's story provides an eloquent account of what this takes, especially for those concerned to bear witness to others so they can heal. Weinberg was called to witness because he was willing and able to answer the call. His vigilance and sincere concern prompted his patient's disclosure. She revealed her secret to him because she could tell that he was listening to her. Listening confers trust. His attentiveness provided her with the time, the space, and the sense of safety she needed to reveal her dark secret. Weinberg then acknowledged her by responding to her testimony as both a professional and as a fellow human being, his empathy and compassion leading him to overcome his own feelings of discomfort and take on the responsibility of her care. Finally, he honored and respected the gift of her story.

Both Charon and Weinberg recognize that pursuing their calling as physicians requires more of them than following scientifically sound protocols. For Charon (2006), the ideal physician is someone like Weinberg who heeds his patients' suffering and is careful as they tell of it "to acknowledge it, and to hear them out" (p. 179). Charon notes that whether physicians treat "post-traumatic stress disorder or crescendo angina, we must begin our care by listening to the patient's account of what has occurred and confirming our reception of that report" (p. 132). It is her conviction that "histories must be received" as they are given, and "not taken" (p. 187). In her own practice of letting her patients speak, Charon describes how she often sits on her hands to refrain from taking notes or calling up the patient's computerized medical record. "It was only when I was able to forgo the ordering imperative," she writes, "that I became able to absorb what patients tell me *without deranging their narratives into my own form of story* [italics added]" (p. 179).

In large measure, what Charon is advocating in *receiving* histories rather than in *taking* them is a return to the more intimate doctor-patient relationship that was the hallmark of medical practice in the first half of the twentieth century. The emphasis in medical schools at that time was focused on understanding the patient as a *whole person* rather than on the disease (Robinson 1939), as aptly illustrated by this directive: "For every hour that the internist spends in technical examinations . . . he will spend from *one to three* in talking with his patients, in educating them, in encouraging them, *in hearing from them the story of their difficulties and struggles . . .* [italics added]" (Houston 1936, p. 73). A similar theme is the repeated injunction given in the medical manuals to let patients give their histories without undue interruption (Cathell 1922). Physicians were told that questions "misdirect the story of the patient" and "encourage indicated replies" (Thomas 1923, p. 261).²⁹ The high value placed on the patient's account in history taking rested not so much on the fact it deepened the physician's understanding of his patients' needs, which, of course, it did, as on its therapeutic effect. As Alvarez (1943) declared, "eliciting of a good history" in many cases "will practically cure the patient" (p. 116).³⁰

²⁹ As Balint (1972) stressed decades later, "*if you ask questions, you get answers—and hardly anything else*" (p. 133); the job of the doctor, therefore, is to "learn to listen" (p. 121).

³⁰ Jackson (1992) has pointed out that much has been written on the therapeutic effects of talking, in both medicine and psychology. "For all the emphasis on the patient's talking, though," Jackson observes, "it is consistently clear that the physician's role was also crucial and that his listening was a critical feature of that role" (p. 1625). Jackson insists that in the "talking cure," "the healer as listener is at the heart of the matter" and that "The term 'the listening cure' would be just as relevant" (p. 1629).

With the rise of science-based pharmaceuticals came an urgent need for physicians to understand the biological and chemical principles behind the new medicines (Shorter 1985). In the 1950s, medical schools began emphasizing a scientific curriculum (Whitby 1953). The result was a belief that scientific knowledge more than social skill was essential for the bedside manner (Shorter 1985). Shortly thereafter, the method of history taking underwent a radical change (Shorter 1985). The main objective was no longer to hear the patient out but to discover as efficiently as possible the *chief complaint*. Once this was identified, a proper diagnosis could then be made and appropriate treatment and medicines prescribed (Wolf et al. 1952). After World War II, a simplified checklist form and a series of yes-no questions began to infiltrate medical practice, and patients were reeducated to give up their expectation to talk at length with the doctor and to allow paramedics and other health care professionals to take their medical histories instead (Owens 1970, p. 163). With physicians now freed from the time-consuming task of taking the history, they could focus their attention on diagnostics, drugs, and the new technologies of medicine. Physician contact time with patients dramatically decreased so that by 1985 the average consultation time with the family doctor in the US was eleven minutes (Shorter 1985).³¹ As a result of these changes, medicine's focus shifted from the patient to the disease, and doctors lost touch with their patients' sufferings. Ultimately, the price paid for the drug revolution and medicine's scientific shift in focus, declared Lepore (1982), was "the trend toward depersonalization and dehumanization of the care of the patient" (p. 3).

Along with the emergence of the new scientific doctor came "an avalanche" of new patients overly sensitive to bodily sensations and concerned with minor ailments (Shorter 1985, 1991). The consequence, Shorter explains, "has been the burgeoning of doctors' resentments at being deluged with 'trivial' symptoms" (p. 216).³² Among the many reasons given for this phenomenon (fear, for instance, aggravated by incessant media reports about disease), Balint (1972), a psychiatrist, had this to say, "Nowadays, with more and more of us becoming isolated and lonely, people have hardly anyone to whom they can take their troubles. It is undeniable that fewer and fewer people take them to their priests³³ . . . the only person who is always available . . . is the doctor. In many people emotional stress is accompanied by, or possibly is tantamount to, bodily sensations. So they come to their doctor and complain" (p. 225). Overwhelmed by appointments for minor complaints, Shorter explains that physicians found they no longer had the time, nor the patience, to hear their patients' stories.

What many of these "new" patients are suffering from is not so much a harmless cold or the flu, but something much more troubling to them, what Shorter (1985) calls the "hidden agenda" behind their visits. Weinberg's encounter with the young woman who initially complained of stomach problems but who later revealed she was purging the stain of the sexual abuse she had suffered at the hands of her sister's boyfriend for so many years is but one example. Charon (2006) and Shorter (1985) report many cases where symptoms eventually reveal the existence of trauma or abuse, whether current or past.³⁴ For Shorter, the "erosion of careful listening and the concentration upon organic symptoms" has meant the loss of opportunities for healing:

³¹A study conducted in 1984 in the US found that the average time from the start of the consultation before the first interruption of the patient by the physician was 18 seconds (Beckman and Frankel 1984). Currently, in the US, insurance companies require that the consultation time be a minimum of fifteen minutes. In France, the average consultation time is twenty minutes and it is seven minutes in the UK (Hope 2011).

³²These new patients described by Shorter are strikingly similar to the new patients Kristeva describes. Having lost opportunities and the ability to imaginatively express the stories of their own subjectivities, these patients find themselves disconnected from their emotions and their bodies. As Kristeva (1993/1995) was quoted in the introduction as saying ". . . the psychic life of modern individuals wavers between somatic symptoms (getting sick and going to the hospital) and the visual depiction of their desires (daydreaming in front of the TV)" (p. 8). Her observations on the couch are supported somewhat by research reported by Pennebaker (1993) and others (for example, Spiegel 1992). These studies show that low levels of emotional expressiveness lead to a decrease in immunization function and an increase in physical illness.

³³Although religion is mentioned on several occasions in this paper, I have preferred to focus on secular opportunities of reconnecting the semiotic and symbolic. Aside from religious leaders functioning as healing witnesses, prayer to a personal God expresses, according to Fleischmann (1989), a yearning and need for "a God of listening" (p. 8).

³⁴Shorter (1991) defines psychosomatic illness as "any illness in which physical symptoms, produced by the actions of the unconscious mind, are defined by the individual as evidence of organic disease and for which medical help is sought" (p. x). Mental illness, trauma, and the stress engendered by life events are not the only factors determining the incidence and nature of psychosomatic illness. Psychosomatic symptoms are influenced and shaped as well by culture, gender, class, race, and age (Shorter 1994). It should also be noted that I am not suggesting here that all illness is psychosomatic, but I do agree with Rudnytsky (2008) that "even a physical illness will be given unconscious meanings by the person who suffers from it, and the metaphors one fashions are likely to affect the outcome of the psyche-soma's efforts at self-healing" (p. 5).

[For one . . . patients with a hidden agenda are denied an opportunity to say what is really troubling them. Some disease-oriented doctors will shrug their shoulders at this, but for patients it is a major loss causing the doctor-patient relationship to deteriorate. Second, the patient is denied the cathartic value of telling his story, a very real therapeutic benefit to which no doctor can be indifferent (p. 255).

Similarly, for Charon (2006), the consequences are serious when time is not taken to listen to patients' stories: "patients' symptoms get dismissed, their nonmedical concerns get ignored, and treatable disease gets missed" (p. 67). Many health care professionals worry about taking so much time to listen to what patients have to say about their own illnesses, yet Charon believes that "time is saved shortly down the road by having developed a more robust clinical alliance from the start" (p. 67). Before people can speak out about what is actually troubling them, trust must develop. The teller must confirm that the listener is able to bear and to affirm the reality of the teller's stories. Attentive listening establishes the ground for building this trust. As one pastor in training observed in his work with the ill, "while I heard their narrative, they heard mine—my body language, choice of words and so forth, hence determining what they in turn chose to share" (Charon 2006, p. 179). It is Charon's experience that "mutual trust builds as a result of more careful listening and more extensive telling" (p. 189).

Accordingly, Charon opens her conversations with patients by inviting them to "tell me what you think I should know about your situation," and then she commits to listen. Charon (2006) writes, "As the patient tells, I listen as hard as I can . . . I try my best to register the diction, the form, the images, the pace of speech. I pay attention—as I sit there on the edge of my seat, absorbing what is being given—to metaphors, idioms, accompanying gestures, as well as plot and characters represented for me by the patient" (pp. 187-88). She observes that oftentimes patients are unaware of what is troubling them. They come to the consultation room frightened, unclear what their bodies are telling them. "All the patient knows is that she is not feeling well," Charon writes, "To tell her doctor or nurse or therapist about feeling unwell enables her to put her out-of-the-ordinary feelings into words and then to hear, right along with the doctor or nurse, what is said" (p. 66). Charon notes, though, that not everything told to her by her patients is said in words. She is careful to listen to what is unconsciously expressed. She gives this story of a young woman who came to her complaining of severe abdominal pain as an example:

She was fidgety, spoke in fragmented speech, seemed clearly to be suffering. Since this was my first meeting with her, I asked as a matter of routine about the health of her family members. Her father, I learned, had died of liver failure. As she spoke of his horrible suffering—his abdomen swollen with fluid, his muscles spent, his mind clouded—she put both her hands, fingertips interlocked, almost protectively, over her own upper abdomen. I told her that she used the same gestures to discuss her own symptoms as she had to describe her father's illness . . . she became still. She looked down at her hands, now in her lap. We were both silent. And then she said, "I didn't know this was about my father" (p. 66).

For healing to take place, Charon (2006) believes physicians must donate themselves to the patient as "meaning-making vessels" (p. 132). They must "act almost as ventriloquists to give voice" to what the "patient cannot always tell in logical or organized language," but only "through words, silences, gestures, facial expressions, and bodily postures" (p. 132). Charon says that physicians must then merge these expressions with other messages they receive from "physical findings, diagnostic images, and laboratory measurements" (p. 132), becoming, in essence, ventriloquists for both the subjective and the objective, the semiotic and the symbolic.

Individuals suffering from PTSD also need someone to "act almost as ventriloquists to give voice" to their traumas. The psychoanalyst, in acknowledging and interpreting the affective, nonverbal, and semiotic laden expressions and silences of the survivor, "provides new mediation for old events and thus rescues them for present living" (Ulanov 2001, p. 153). According to Smith (1998), the relationship with the psychoanalyst "will provide a space for the representation of those disassociations and splittings—repressed memories and the defenses they generate—which punctuate the life of an individual in a painful and repeated way" (p. 57). However, such an encounter, Smith says, "interrupt[s] the smooth flow of time," becoming "time-consuming" (p. 57). If the survivor is to connect the past with the present in a reflective fashion, then the dialogue between trauma survivor and

psychoanalyst must occur in an environment where the biological and emotional interiors of each are given ample time to unfold and become available to the other.

Those helping survivors as they struggle to speak of their experiences must be vigilant and sometimes intervene to temporarily stop or moderate the pace of recollection. Premature exposure to painful material without appropriate modulation of arousal can be disastrous (Steele and van der Hart 2009; Herman 1992). When the revelation of trauma fragments accelerates and threatens "to get too intense, too tumultuous and out of hand" (Laub 1992a, p. 71), the psychoanalyst has to constrict the flow, slow the narrative, and contain the patient. In the testimony of Holocaust survivors, for example, Laub (1992a) observes that "there is so much destruction recounted, so much death, so much loss, so much hopelessness, that there has to be an abundance of holding and of emotional investment in the encounter to keep alive the witnessing narration; otherwise the whole experience of the testimony can end up in silence, in complete withholding." When the "flow of fragments falters, the listener has to enhance them and induce their free expression" (p. 71), without, however, interrupting the silence and the desire of the survivor to be alone for a moment in the creative and arduous act of giving testimony.³⁵

Just as giving testimony is fraught with dangers so listening has its hazards. "For the listener who enters the contract of the testimony, a journey fraught with dangers lies ahead," Laub warns. "There are hazards to the listening to trauma. Trauma—and its impact on the hearer—leaves, indeed, no hiding place intact. As one comes to know the survivor, one really comes to know oneself" (Laub 1992a, p. 72). Engaged in such attentive listening to the suffering of others, the healing witness, whether physician or psychoanalyst, will inevitably come to experience within himself what is being recounted—with all its upheavals of revulsion and sorrow.³⁶ The healing witness will feel at times the need to flee, to fix quickly, to gloss over, to intellectualize, and to interject in horror and in outrage.³⁷ To make room for the survivor, these reactions must also be contained. It is imperative that the healing witness be as attentive to himself as to the survivor.³⁸ As Laub (1992a) observes, it is only "through [the listener's] simultaneous awareness of the continuous flow of those inner hazards both in the trauma witness [survivor] and in himself, that he can become the enabler of the testimony—the one who triggers its initiation, as well as the guardian of its process and of its momentum" (p. 58).

Because the listener comes to experience something of the trauma within herself and is able to contain it and reflect it, the survivor can come to hear himself speak. As a result of being heard, the difficult task of owning,

³⁵ Ferenczi (1919/1980) describes the analyst, in this regard, as an obstetrician "who has to conduct himself as passively as possible, to content himself with the post of onlooker at a natural proceeding, but who must be at hand in the critical moment with the forceps in order to complete the act of parturition that is not progressing spontaneously" (pp. 182-183).

³⁶ Doctors and psychoanalysts are vulnerable to vicarious traumatization (McCann and Pearlman 1990). According to Pearlman and Saakvitne (1995), vicarious traumatization "refers to alterations in the therapist's identity and usual ways of understanding and experiencing herself and her world" (p. xvi) as a consequence of her work with trauma survivors.

³⁷ Laub (1992a) describes a number of listening defenses aside from outrage and fear: paralysis, withdrawal and numbness, awe, "obsession with fact finding," and hyperemotionality, where "the testifier is simply flooded, drowned and lost in the listener's defensive affectivity" (p. 73).

³⁸ Inevitably, some of these reactions will escape the vigilance of the healing witness and be observed by the teller, no matter how hard the listener attempts to constrain them. For many people, trauma and illness magnify another's demeanor, making visible the most fleeting hints of inattention, betrayal, revulsion, and abandonment. In the following passage, Pearlman and Saakvitne (1995) describe how these reactions can sometimes be used to benefit the survivor:

Picture this scenario. Your survivor client is describing a particularly horrific experience of childhood abuse. You know it is coming and brace yourself to listen, yet after a few minutes you realize you are staring out the window behind him feeling numb and inattentive . . . As you notice your inner departure from the relationship, you can acknowledge your feelings—perhaps dread, revulsion, anger—in response to the trauma material, and your wish not to hear or know it. This inner process will allow you to reenter your body and the room. What if your client has noticed and says that you "spaced out" at a critical moment, and he is hurt and feels abandoned? You can acknowledge that you indeed spaced out, and that you are back . . . The client will feel heard and acknowledged by the straightforward acknowledgment that you were not fully present, and his feelings of horror may be validated by your need to distance from the material (p. 17).

realizing, and symbolizing the traumatic experience begins to take place. Eventually, the survivor develops his "own personal relationship to what is mediated" (Ulanov 2001, p. 153) by the healing witness, and testimonies are told where the survivor is able to say "this is my experience." The survivor's act of transmitting his story "outside" to someone willing and able to listen—then "take it back again, inside" (Laub 1992a, p. 69)—serves as the foundation and the impetus for further testimonies and wider reflections, some of which become incorporated into the collective memory of broader communities. According to Kristeva, the optimum outcome would be for the survivor to recount his experiences "in a way that is stranger and truer each time . . . to become the narrator, the novelist, of [his] own story" (Kristeva 1996/2000, p. 29). Kai Erikson (1995), who has written extensively on the sociological impact of catastrophes, has observed that although "Trauma is normally understood as a somewhat lonely and isolated business," the stories of survivors, their wisdom, and "revised views of the world" (p. 198) eventually make their way out to other survivors; and, perhaps, to the world at large, where they might even give rise "to new possibilities for sociality that can bear witness to trauma—that can *bear* the painful, radical dislocations of witnessing destruction and survival" (Edwin 2002, p. 136).

5. MEDIATIONS

The whole face . . . runs forward, the glance no longer stops anywhere, the mouth never utters a word calmly, it leaps after its spoken word—the whole face is in flight. The faces of today are not arranged for staying, they are as if routed, they are in full flight. They are throngs that have come from one world and are hastening to another world and they just whiz by here on their perpetual journey.

—Max Picard (1931), *The Human Face*

Pinchevski (2005) begins his book on the ethics of communication by reflecting on William Harben's (1892) short story "In the Year Ten Thousand." In this story, a father takes his son to a museum where they examine a relic from the "Dark Ages," a book published circa 2000. This is the first time his son has seen a book. "I cannot see what people could have wanted with them," the son says, "they seem to be useless" (p. 1). The father, smiling at his son, explains that "eight thousand years ago human beings communicated their thoughts to one another by making sounds with their tongues, and not by mind-reading, as you and I do." Peering into the book, the father points to an image. "Pictures then, as you see, were very crude," he says, "Art was in its cradle." The father explains that primitive man did not know how to "throw light and darkness into space in the necessary variations" as they do today to make objects with "every appearance of life" but used coarser materials such as oil paint on canvas. The boy, bending down to look "admiringly for a few minutes," recoils in disgust. "These men have awful faces," he exclaims, "They all have huge mouths and frightfully heavy jaws." The son is horrified when told that in the Dark Ages human beings ate flesh. Listening with the boy to the father's history lesson, the reader learns that in the year 4051 "thought-telegraphy" was discovered and grew to the point that by the year 5000 only the uneducated classes spoke using words. The adoption of mindreading eventually transforms society beyond all expectations. "Slowly it killed evil," the father says, for "If a man had an evil thought, it was read in his heart, and he was not allowed to keep it" (p. 3). The transformations culminate in the year 6021 when the entire world agrees to live in harmony and unity "being drawn together in brotherly love by constant exchange of thought." The rest of the father's lecture extols the technological advances that follow in the wake of universal peace, including the ability to traverse the world in less than twenty-four hours and to observe its daily rotation from an airship located at a great height. "Fancy what must have been that [inventor's] feelings," the father declares, "when he stood in space and saw the earth for the first time whirling beneath him!" Leaving the museum, the father and son pause for a moment to reflect on immortality as they listen to the music of the heavenly spheres. Life and death ("I came here last evening to listen to the musical struggle between the light of dying day and that of the coming stars," the father tells his son) and the need for meaning ("What does life lead to?" the son asks) persist even in this world, but immortality, the father concludes, "is increasing happiness for all time" and "love immortal" (p. 3).

Harben's depiction of future technologies that foreshadow 3-D holography, space explorations, and high-speed air travel, amazing as they are, is not, for Pinchevski, what makes this nineteenth century science fiction tale so prescient. Harben's most remarkable insight is the causal link he draws between communication and society. What he has managed to grasp and express is the distinctly modern conviction that improving the means of

communication improves human relationships. Pinchevski cites a number of twentieth century scholars who share the same conviction. One critic, for instance, is quoted as saying, "True communication—the delivery of a signal, verbal or nonverbal, conveying to the recipient an approximation of the message and a measure of its intent—would seem in our time to have its best chance ever for reduction of human tensions and enhancement of human peace" (Ardrey 1974, p. 154). And Pinchevski recalls this passage by McLuhan (1964) that anticipates an evolution in communication that closely approximates Harben's vision for the year 6021: "The next logical step would seem to be, not to translate, but to by-pass language in favor of a general cosmic consciousness . . . the condition of speechlessness that could confer a perpetuity of collective harmony and peace" (McLuhan 1964, p. 80). Pinchevski claims that the implicit ethical assumption "to a greater or lesser extent, in accounts [of communication] as divergent as communication theory, modern philosophy, political thought, social psychology and psychiatry" (p. 6) agrees with Harben that improving methods of communication fosters understanding between people and leads to more congenial relationships with others. Consequently, communication studies have been intent on improving communication skills, developing better technologies, and, in general, exploring how problems in communication can be overcome.

According to Pinchevski, the various forms of communication—from speech to telephone to the Internet—could be viewed, along the evolutionary lines of Harben's father's history lesson, as a linear progression, where each new form rectifies the shortcomings of those preceding it. Books preserve speech, the telegraph sends messages across vast distances faster than couriers, radio combines speech signals with air waves for wireless transmission, television adds visuals, and the Internet enables interactivity. With mediation increasingly becoming more immediate and *ethereal*, the trajectory of such a progression does indeed seem to converge on something like Harben's "thought-telegraphy" or McLuhan's cosmic consciousness. Yet, as Pinchevski observes, "no matter how much effort one puts into overcoming problems of communication—misunderstandings, vagueness, inconsistency, loss for words, misconstruing intended meaning, impasse and breakdown—the more there seems to be ahead" (p. 5). He goes on to note the paradoxical proliferation of these problems in the advancement of communication technologies.

The trajectory of communication technology, originating in speech and culminating in cosmic consciousness, can also be viewed from a radically different perspective—that of Kristeva's theory of signification. In the process of signification, where "word" and "flesh" meet, the bodily drives—the "desire-noise" of the semiotic—is an essential component of signification (Kristeva 1983/1987; 1985/1987, p. 15). The modern concern with removing whatever impedes transparency in communication threatens the semiotic, as the voiceless utopia envisioned by both Harben and McLuhan discloses. In reading Harben's story against Kristeva, most striking is the view of communication, and of the human, that denigrates the body while elevating a mind that is completely translucent and transparent. In the communion of minds enjoying cosmic consciousness, there is no darkness, no unconscious, no division.³⁹ From a Kristevian perspective, the linear progression of communication technologies might be read more accurately as a desire for an intrauterine bliss that is converging less on a *revolutionary* transcendence⁴⁰ than on a regressive autism that is dismantling the darkroom. Kristeva (1997/2002) writes, for instance, that "The conditions of modern lives—with the primacy of technology, image, speed, and so forth, inducing stress and depression—have a tendency to reduce psychical space and to abolish the faculty of representation. Psychical curiosity yields before the exigencies of so-called efficiency" (p. 11). In furthering the

³⁹ Harben's story extols light: art is light, music streams from the light of heavenly bodies, light is everywhere and darkness comes only at the end. Evil has disappeared because there is nowhere for it to hide. But the mouth gives the story away. It is abandoned as the site of speech not so much because it is unbecoming for perfect communication to issue from a bodily part as base as the mouth, erogenous orifice of eating and drinking, but because this story reflects an unconscious desire to return to the serenity of the womb, the time in one's life when needs were met instantaneously without having to express them or perform the labor of using one's mouth to secure them—to ask for and to receive by sucking—that is, the time before jaw muscles were called into action. Harden's story is not a vision of the future so much as it is the mourning of a lost past, a lost illusion of wholeness—the time before desire. Nonetheless, it is interesting that love immortal at the end of the story is juxtaposed to a fleeting hint of death and a desire for meaning. The fact death's proximity impinges on the father and the purpose of life concerns the son, if only for a moment, indicates that not all shadows have been eradicated. Even in this world, there are thoughts obscured by the light that, though they may not be heard, they are whispering.

⁴⁰ Kristeva, following Lacan (1977, pp. 55-56), sees a trajectory that leads to transcendence—but it is one that breaks out into the world. Moreover, it is a transcendence rooted in listening, specifically, listening to those in need of connecting the symbolic to the semiotic: "Freud has provided us with a preliminary method for achieving this sort of listening, but we still need to elaborate our approach. Our empathy and familiarity with the malady of the soul will enable us to transcend the psyche—forever" (Kristeva 1993/1995, p. 29).

"tendential severance" (Beardsworth 2004) of the symbolic and semiotic, developments in communication technologies are fostering the "new maladies of the soul" (Kristeva 1997/2002), rather than, as Harben (1892) puts it, "increasing happiness for all time" (p. 3).

In *Language the Unknown*, Kristeva (1981/1989) expresses the following skepticism towards communication theory: "If given a dominant position in the approach to language," she writes, "[a communication theory] would risk masking any problematic that concerns linguistic formation and production." Kristeva elaborates, "The formation and production in question are those of the speaking subject and of communicated signification, which are nonanalyzable constants in that theory of communication" (p. 7). To understand how this plays out in communication technologies, let us begin by considering her concern in light of Shannon's (1948; 1949) model of communication (see figure 1), often referred to as the "mother of all models" (Woods and Hollnagel 2005) because of its broad impact not only on telecommunications but also on such diverse fields as psychology, philosophy, engineering, computer science, linguistics, biology, critical theory, and economics.

Shannon's model reduces communication to the fundamental problem of transmitting a message from a source to a destination in such a way that the source message matches, despite the inevitable injection of interference and *disruptive noise*, the one that is received at the destination. The strength of Shannon's theory stems from its focus on communication signals and a mathematical definition of information that "relates not so much to what you do say, as to what you *could* say. That is, information is a measure of one's freedom of choice when one selects a message" (Shannon and Weaver 1949, pp. 8-9). At this level of abstraction, the model has no need to distinguish a source or a destination that is human from that which is not, and the meaning embedded in the message is of no significance as well: "These semantic aspects of communication are irrelevant to the engineering problem. The significant aspect is that the actual message is one selected from a set of possible messages" (p. 31). In other words, what matters are the statistical properties of the set. The set of messages could be of any sort, including, for example, instructions that guide a missile to its target. By rendering the speaking subject and signification irrelevant, Shannon's model certainly bypasses "any *problematic*" concerning "linguistic formation and production," just as Kristeva claims is the case with communication theories generally.

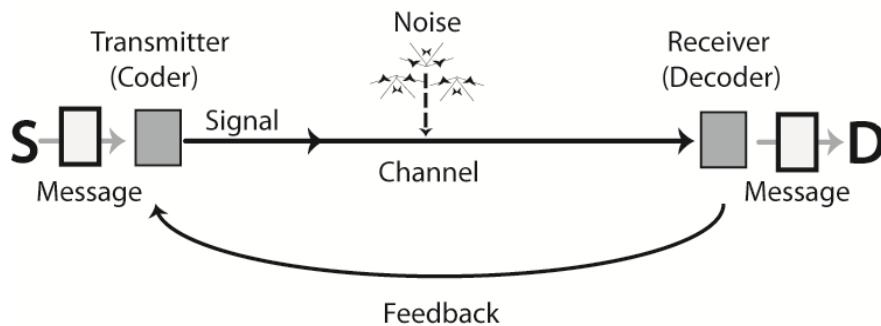


Figure 1. A representation of the Shannon (1948; 1949) model of communication. A message from a source is encoded into a signal that is transmitted via a channel to a receiver, where it is decoded for transmission to a destination. Communication is considered completed when the source sees the effect, or desired outcome that was embedded in the message, reflected back.

Weaver (1964), who provides a nonmathematical introduction to Shannon's reprint of *The Mathematical Theory of Communication* (1948), recognizes, however, that with the transmission of information between human beings comes a need to address more specifically the semantic layer of communication. Weaver believes this would necessitate a consideration of "the statistical characteristics of the destination" (p. 26), along with those of the source, and would introduce at least two additions to Shannon's basic model (see figure 2). The first would be a semantic receiver that would decode the semantic content according to the *capacity* of the destination, or an audience, *to understand the meaning in the message*. Furthermore, it would subtract the "semantic noise," the second addition in the model, that the source inadvertently imposes on the signal. Weaver defines semantic noise as composed of "the perturbations or distortions of meaning which are not intended by the source but which inescapably affect the destination" (p. 26). Weaver concedes, without elaborating, that the addition of "semantic noise" might produce additional meaning that is of value, unlike the undesirable noise in Shannon's model, which Weaver renames "engineering noise" (p. 26).

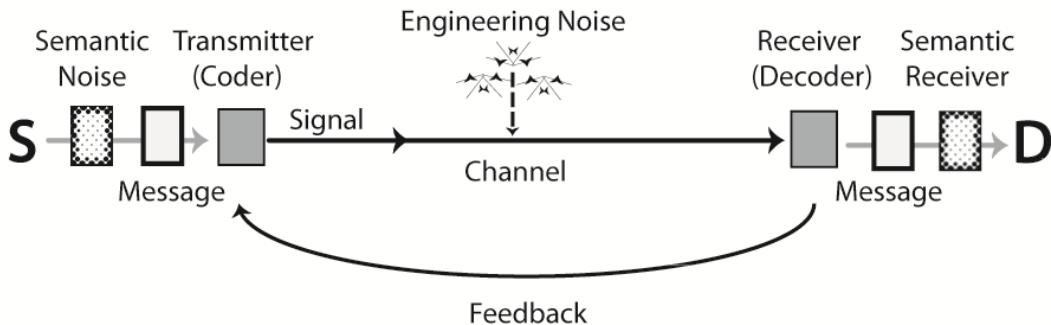


Figure 2. A representation of Weaver's (1964) proposed additions to Shannon's model of a "semantic noise" source and a semantic receiver/decoder.

After discussing semantics, Weaver admits that Shannon's theory "at first seems disappointing and bizarre—disappointing because it has nothing to do with meaning, and bizarre because it deals not with a single message" but with the statistical properties of ensembles of messages (p. 26). But he assures the reader that this is a temporary reaction to a theory that "has so penetratingly cleared the air that one is now, perhaps for the first time, ready for a real theory of meaning" (p. 26). Even though his reflections on semantics suggest the model is in need of expansion, Weaver is careful to point out that incorporating semantics does not require any major revisions. Moreover, he finds a certain solace in a theory of communication that is "just like a very proper and discreet girl accepting your telegram. She pays no attention to meaning, whether it be sad, or joyous, or embarrassing. But she must be prepared to deal with all that come to her desk" (p. 26). Although such a passage is ripe for all sorts of psychoanalytical interpretations, what is striking from the perspective of this essay is how closely Weaver's depiction of the "engineering" theory of communication, as a discreet and accepting girl, resembles an important feature of the psychoanalytic stance: the analyst's struggle to control her affective responses so that they do not interrupt the patient's processes. The difference is that *no one* is contained in Shannon's model. Ideal communication is the replication of a message from a source to a destination, neither of which need be human, and Weaver scrambles to obtain something more from the model—is there not a hint of an interpretive capacity in the semantic receiver?⁴¹—than a mere reflection of the intended outcome.

Granting that communication between human beings can be considered along the lines of a basic transmission model, that is, as a message passed from an addresser to an addressee, Kristeva (1981/1989) is concerned to point out that the path of transmission is more involved, even at this basic level, than such models would allow. For one, since the speaking subject is capable of both sending and receiving messages (see figure 3), any message "intended for the other is, in a sense, *first* intended for the one who is speaking: whence it follows that to speak is to speak to oneself"; moreover, the addresser cannot say "anything he cannot decipher." Similarly, the addressee "deciphers the message only to the extent that he can say what he hears/understands" (p. 8). The path of the message, in other words, inscribes an internal circuit, within both the addresser and the addressee, that is bound up with semantics (one's semantic capacity) and that "leads us into the complex realm of the subject, his constitution in relation to his other, the way in which he internalizes this other and is confused with him" (p. 8).

⁴¹ A hint of interpretive capacity in the sense that the destination, in Weaver's modification, seems capable of extracting additional meaning from the semantic noise that the source inadvertently injects. The inclusion of a semantic receiver is a recognition that semantic capacity varies significantly among people. Perhaps this is why Weaver considers semantic noise potentially enhancing. However, this potential seems to go against the purpose of the semantic receiver. In mapping semantic content to the semantic capacity of some known audience, a capacity predetermined statistically, it is quite possible that any additional meanings introduced by semantic noise would be rendered null. Moreover, it is not clear whether Weaver is considering this mapping in terms of the range (what is possible for the audience), the lowest common denominator, the average, or the norm of a given audience.

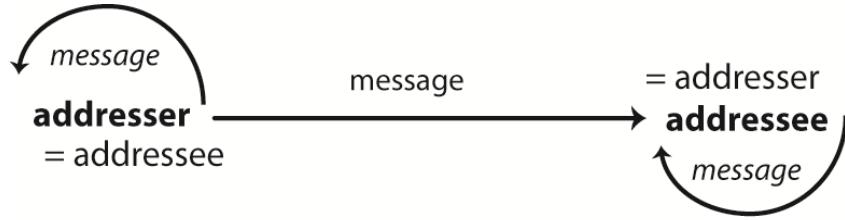


Figure 3. A representation of Kristeva's (1981/1989) extension of the basic communication model between addresser and addressee.

To elaborate, if it is the case that "each speaking subject . . . is capable of emitting a message and deciphering it *at the same time*" (p. 8), then these dual activities in themselves imply a mind that is divided, at least into a listening part and a speaking part. Moreover, *in speaking to himself* while simultaneously communicating to the addressee, the addresser is *listening not only to and for himself but also to and for some other*. Kristeva, in her discussion of psychoanalytic language in *Language, the Unknown*, notes how "every discourse is destined for an other" (p. 267), and she immediately quotes Lacan (1977) as saying, "there is no speech without a reply, even if it is met only with silence, provided it has an auditor" (p. 40). Thus, in speaking and listening to himself, the addresser is also speaking and listening to some *other* that is neither solely himself nor solely the addressee *per se*, but something he imagines or imposes on the other. The confusion between addresser and addressee would thus entail something like the relational ambiguities posited by psychoanalysis in transference/countertransference and in projection/introjection. This ambiguity of addresser/addressee not only reformulates the unconscious/conscious distinction but also suggests a subjectivity that continuously recreates itself in relation to others, as Kristeva points out in quoting Benveniste (1939/1971): "The subject's language provides the instrument of a discourse in which his personality is released and creates itself, reaches out to the other, and makes itself be recognized by him" (p. 67).

Kristeva's expanded circuit in figure 3 that "leads us into the complex realm of the subject" (Kristeva 1981/1989, p. 8) could thus be redrawn, as in figure 4, for example, to represent the unconscious/conscious split in the subject or, more specifically, her conception of the subject as a speaking being that is constituted by its signifying practice: "The *subject* never is," Kristeva (1974/1984) writes, "The subject is only the *signifying process* and he appears only as a *signifying practice*" (p. 215). As noted in section 3, this makes the speaking subject, for Kristeva, "an impossible unity" (p. 118) that is "always both semiotic and symbolic" (p. 24).

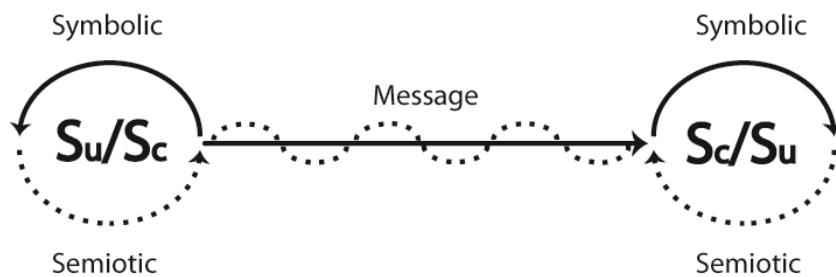


Figure 4. Elaboration of Kristeva's expanded transmission model (figure 3), where the split subject (*S*), both conscious (*c*) and unconscious (*u*), "Symbolic" and "Semiotic," is portrayed.

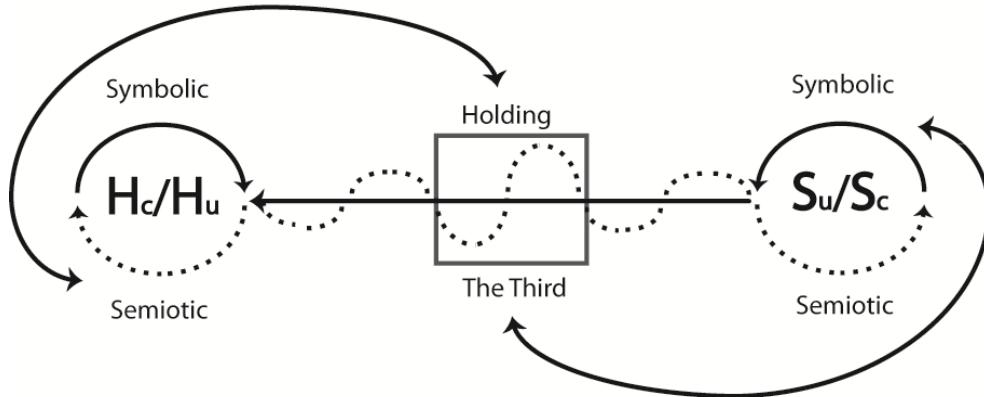


Figure 5. The healing witness (**H**), in "Holding," makes room for "The Third" and an amplification of the semiotic so that the survivor (**S**) can come to (hear himself) *say it*.

Within the context of the holding environment generated by the healing witness, the basic model would undergo further elaboration (see figure 5). The mediating presence of the healing witness is the provisioning of an addressee, or auditor, for the dissociated, undigested memories and sensations of trauma. As noted in the last section, the words, behaviors, memories, and sounds issuing from the survivor are modulated and facilitated by the healing witness who takes on the responsibility of reflecting back to the survivor *what has been heard*. Recall Charon's (2006) description of herself as acting almost as a ventriloquist, giving voice to what the "patient cannot always tell in logical or organized language" but rather only "through words, silences, gestures, facial expressions, and bodily postures" (p. 132). The testimony of the survivor, amplified by such listening, is then borne back upon himself where it is re-experienced and repossessed (Laub 1992b). The realization alone that someone is truly listening can sometimes have cathartic effect, as illustrated in this passage:

A 46-year-old Dominican man visits me for the first time . . . I say to him at the start of our first visit, "I will be your doctor, and so I have to learn a great deal about your body and your health and your life. Please tell me what you think I should know about your situation." And then I do my best to not say a word, to not write in his medical chart, but to absorb all that he emits about himself—his health concerns, his family, his work, his fears, and his hopes. I listen not only for the content of his narrative but also for its form—its temporal course, its images, its associated subplots, its silences . . . After a few minutes, the patient stops talking and begins to weep. I ask him why he cries. He says, "No one ever let me do this before" (Charon, 2006, p. 177).

In Charon's depiction of her first encounter with this man, his communication contained for her little, if any, irrelevant *noise*. Fact finding was not the sole intent of the exchange. Charon is not a modest witness whose job is to arrive at the chief complaint as expeditiously as possible; rather she recognizes that every aspect of the patient's narrative—"its temporal course, its images, its associated subplots, its silences"—is replete with meaning and opportunities for healing. The measure of a person's capacity to hold depends on such attentiveness.

Moreover, holding, as the safeguarded amplification of the semiotic, serves, as Kristeva shows, to intensify the survivor's *desire for the reply of the other*. The mediating presence of the healing witness is a provocation for the unspeakable to speak. To desire the reply—to speak—requires first the willingness of the auditor to hear: the *will to hear* precedes and forms the *desire to speak*. Charon (2006) expresses this eloquently when she writes, "one wants to join, with the patient, as a whole presence, deploying all one's human gifts of intuition, empathy, and ability to bear witness to each patient one sees" (p. 133). For her, such listening is exhilarating:

Do we not feel exhilarated when we can achieve this empty attention, when we can place ourselves at the disposal of the other, letting the other talk *through us*, finding the words in which to say that which cannot be said? As an amphora, resonating with the wind, puts sound to the presence of moving air, the listener transduces the words of the speaker into meaning (p. 133).

In *Intimate Revolt*, Kristeva (1997/2002) explicates the process of listening within the psychoanalytic frame through her concept of forgiveness, or *pardon* (*par*, "through" + *don*, "gift"). Forgiveness here is not absolution. Rather, it is an encounter with the unconscious through "another [the analyst] who does not judge but hears 'my' truth in the availability of love and for this reason allows rebirth" (p. 20). Pardon is a conscious act, the *will to meaning*: "At the onset, within the analytical setup and on the part of the two protagonists, pardon comprises a will, a postulate, a scheme: meaning exists" (p. 20). When the analyst asserts "there is meaning, [she] makes this eminently transference gesture, which makes a third exist for and through another" (p. 20). In making a third exist, pardon is more than a reply, the offering of a response; it is a form of interrogative listening, a *holding* through questioning:

I will state the obvious by saying that the analyst gains his knowledge above all from listening, which is nothing other than thinking, interpreting, in words or in silence. But precisely in order to become thought, the erogenous source of speech or the desire to say is metabolized first in a question. Can you deny that to question is to deny? Certainly, questioning begins by rejecting the need or pleasure that pushes the analyst to identify with the patient . . . What is a question? *I question you when I withdraw from allocution and place you in the foreground of this transfer of speech* that I decide to call an allocution. I do not accord you the same knowledge as that which I attribute to myself as speaker, but I repartition our psyches: *I suppose a part of me in you and await from this part the reply to the question that the other part formulates* [italics added] (pp. 145-46).

Kristeva (1997/2002) goes on to note that "without repeating the melodic arc of the question" (p. 146), the psychoanalytic stance assumes the posture of a question that is directed not only at the analysand but also at the analyst's "own affectivity and symbolic neutrality" (p. 151). By relinquishing the "desire to say," the analyst creates a place and a time for anamnesis, "'the search for lost time' through narrative enunciation" (Kristeva 1996/2000, p. 29). Kristeva (1997/2002) says of the analysand that "you know how to say, how to lie, how to think and formulate the truth" (p. 146). Interpretation is the amplification of the semiotic by the analyst in a naming that questions: "I make affect an inquiry; I raise sensation to the understanding of a sign and introduce the secret traumatization into speech," so that the symbolic opens for the analysand "not as a fixed truth" but as "an *indefinite questioning* [italics added]" (pp. 146-47), a continuous giving of meaning and *self pardoning*.

For a myriad of hypothetical reasons, many trauma survivors blame themselves for the experiences they have suffered (Kauffman 2002a). The inability to speak is often bound to a fear that the telling will divulge some compromising truth about the survivor. Laub (1992b), for instance, claims that "Because of their 'participation' in the Holocaust" many survivors, long after their emancipation from the camps, continued to "believe, out of loyalty that their persecution and execution by the Nazis was actually warranted," that the Nazis "propagated 'truth' of Jewish subhumanity" and that "they have no right to speak up or protest" (p. 82). Children from abusive homes often maintain silence for similar reasons.⁴² As Laub points out, these delusions are "actually lived as an unconscious alternate truth" (pp. 82-83) that is shared by perpetrators, victims, and bystanders alike. Because traumatized individuals have experienced a world where, as Laub describes it in speaking of the Holocaust, there was no other "to which one could say 'Thou' in the hope of being heard, of being recognized as a subject, of being answered," self witnessing became impossible: "when one cannot turn to a 'you' one cannot say 'thou' even to oneself" (p. 82).

Pardon is hope renewed in the gift of hearing "that neither judges nor calculates but attempts to untangle and reconstruct," (Kristeva 1987/1989, pp. 205-206). It is transference love, where dissociated fragments of time collide with the present in the person of the analyst. As such, forgiveness is the convergence of two levels of subjectivity: "the *unconscious level*, which stops time through desire and death, and the *love level*, which stays the former unconscious and the former history and begins a rebuilding of the personality within a new relation for another" (p. 205). Forgiveness is thus a return to the beginning, the recovery of the "imaginary loving father" through an *other* that "leads the subject to a complete identification . . . with the very agency of the ideal," an identification that ultimately allows the analysand "to live a second life, a life of forms and meaning" (pp. 207-08).

⁴² Moreover, the intense feelings of animosity and hatred that naturally arise towards perpetrators, and the desire for revenge, may lead some survivors to feel that they are no different from the perpetrators: many survivors end up directing this anger against themselves (Summit 1983; van der Kolk 1996).

It is by virtue of "being the magnet for loving identification" that the *other* becomes the "very space of metaphorical shifting: a condensation of semantic features as well as nonrepresentable drive heterogeneity that subtends them, goes beyond them, and slips away" (Kristeva 1983/1987, p. 38). This loving identification, for Kristeva (1993/1995), is essentially a *transubstantiation*, that is, a heterogeneous transference of "body and meaning, metaphor and mystic metamorphosis" (pp. 183-84). Since "there would be no analytical idealization that did not rest on sublimation," psychoanalysis is, in Kristeva's (1983/1987) mind, a "form of literary discourse" (p. 38).⁴³ Unlike linguistic communication, the psychoanalytic exchange is a transferential "unfolding of language," which, as Kristeva (1985/1987) describes it:

. . . resonates between two subjects, posed or de-posed. It opens or closes their bodies to its implicit ideals and offers a possibility (not without risks) of psychic as well as physical life. Therapy as deployment of language in all its complexity, variety, and functionality integrates concern . . . with the ideal. . . . Its vital efficacy is inseparable from its ethical dimension, which is commensurate with love: the speaking being opens up to and reposes in the other (pp. 60-61).

Repartitioning the psyche, opening up to *repose* in an other by "*supposing a part of me in you*," takes place in two other practices privileged by Kristeva, namely reading and writing. In the work of Joyce and Proust, who both embrace the idea that the word can become flesh, that writing can be a reincarnation, Kristeva finds a model for the analyst (Guberman 1996, p. 16). Joyce's capacity "to identify with the other, the world, sounds, smells, and the opposite sex" (p. 16), for instance, is a testament to the identificatory power of the analyst, whose imagination, much like that of the writer engaged with his characters, is mobilized by the "analysand's biography, memories, . . . and imagined sensation" (Kristeva 1997/2002, p. 61). While admitting such identification, or countertransference, is "an imaginary process," Kristeva assures us that it too "is nevertheless real, a transubstantiation" (p. 61). Similarly, in the Proustian time of remembrance, in the *passage* from flesh to word and from word to flesh, Kristeva finds an exemplification of the "practice of psychoanalysis, [which] through transference and countertransference, attempts to reconnect sensation and language" (Oliver 1997, p. 26). Kristeva (1996/2000) argues that the "dynamics of writing in Proust's work are not all that different from the dynamics of listening that characterize psychoanalytic interpretation" (p. 245). Writing, like psychoanalytic interpretation, is an *act* of pardon—the *effect* and the *effectiveness* of joining flesh to word:

Whoever creates a text or an interpretation . . . accepts the . . . act's appropriateness. It is by making his words suitable to his commiseration and, in that sense, accurate that the subject's adherence to the forgiving ideal is accomplished and effective forgiveness for others as well as for oneself becomes possible. At the boundaries of emotion and action, writing comes into being only through the moment of the negation of the affect so that the effectiveness of signs might be born. Writing causes *affect* to slip into *effect* . . . It conveys affects and does not repress them, it suggests for them a sublimatory outcome . . . Because it is forgiveness, writing is transformation, transposition, translation (Kristeva 1987/1989, p. 217).

⁴³ In *Intimate Revolt*, Kristeva (1997/2002) explains more fully how the act of naming takes place within analysis:

The act of naming implies abandoning the pleasure and pain of carnal identification, of carnal texture, in order to dissociate thing-presentation and word-presentations. Interpretation fixes word-presentations in their arbitrary autonomy as signs distinct from perception-sensations. It even turns them into fetishes, leads the patient to play with these words-signs-fetishes, and gives them back to him, like a mother to her child, as playthings, first of all. From his flesh, which we have shared with our own, we make word-presentations. But in placing, repeating, and punctuating these words, we give them the consistency of reified symbols; we bring them closer to thing-presentations, like writers who repeat, love, and arrange their texts . . . Thus, starting with sensorial fixations, analysis works out sensorial games and then words—but word pleasures, word-fetishes. To describe this naming in which the therapist engages, we could say that it is the art of producing transitional objects, starting with the flesh of sign (pp. 61-62).

Not only does writing convey affects without repressing them, but, by *effectively* transforming them, it also returns the past as time regained, freed from repetition compulsion. Our ordinary linear conception of time is that of consciousness and discourse (Kristeva 1987/1989), and our narrative memories are inscribed in this time. But, as Freud (1907) discovered, there are traces of the original excitations that remain unconscious and, therefore, *Zeitlos*, or timeless. Keltner (2011) points out that, if the suffix *los* is translated literally, then *Zeit-los* becomes "time" that has "broken off" or "come loose." Recall from section 2 how traumatic memories appear almost frozen in time as undigested sensations and affects that are unconsciously reenacted in the present, when triggered, rather than remembered—and, if the past is present, Smith (2009) quips, does not that ". . . make the past timeless?" (p. xv). In writing, as in analysis, these traces resurface readied for remembering. As is often pointed out, the German word for remembering, *Erinnerung*, is derived from *innern* meaning "inside," and Rolland (2009) believes that it was this derivative that enabled Freud to recognize so quickly that the "preservation of a traumatic childhood memory . . . does not have to do with *time that has stopped*, but with a *fragmented mental space*" (p. 48). In other words, *Zeitlos* lies *outside* of time and the ego—or, in Kristevian terms, outside of time and language, as a cavern of autistic sensations. Remembering *internalizes* these traces. Through the process of analysis and literary activity—in the effectiveness of forgiving—"a strange place opens up in a timelessness that is not one of the primitive unconscious, desiring and murderous, but its counterpart—its sublimation with full knowledge of the facts, a loving harmony that is aware of its violences but accommodates them, elsewhere" (Kristeva 1987/1989, p. 200). In remembering, the outside time of "past present" opens to the future—in spiraling (re)turns to the past and "narrative's flight forward" (p. 258).

Just as writing is transubstantiation, so reading is communion—a mediation of text, which Kristeva says is "an intense empathy with the text, and beyond that, with the interior experience of the writer" (Guberman 1996, p. 207). Kristeva, in an interview, draws attention to the fact that "Proust wished to make readers understand that when they read *A la recherche du temps perdu*, they are not uniquely in the words, but in the narrator's body" (Lechte and Margaroni 2004, p. 150). Kristeva stresses that reading, "particularly where Proust is concerned, can inspire us to resuscitate . . . sensory experience: the smell of the hawthorns, the taste of madeleine, the sound of Saint Mark's paving stones or the spoons at the Guermantes home—all the little details of daily life that make up the richness of psychic life, as well as life itself" (Guberman 1996, p. 240). Reading leads us, Nussbaum (1990) remarks, "to imagine and describe with greater precision, focusing our attention on each word, feeling each moment more keenly" (p. 47). For this reason, she believes that Proust is probably right "to see the literary text as an 'optical instrument' through which the reader becomes the reader of his or her own heart" (p. 47). But it is also an optical instrument that demands we open our hearts to what is *seen* when reading. It asks that we expand our sympathies to embrace circumstances and concerns that ordinarily we might avoid or deny, "making us reflect and feel about what might otherwise be too distant to feeling" (p. 47). Both Kristeva and Nussbaum insist that the ethical importance of the literary imagination cannot be underestimated:

We all require manifold plastic, polymorphous, and polyphonic identifications, and even if the Eucharist has lost the bewitching power that enabled us to partake in such identification, we will have two choices: we can read literature or we can try to reinvent love. The experience of love and the experience of art, which serve to solidify the identificatory process, are the only ways in which we can maintain our psychic space as a "living system" that is open to the other (Kristeva 1993/1995, p. 175).

Charon (2006) tells us that it was her experience of art, and her personal practice of reading and writing, that led her to develop the field of narrative medicine. In her book on the subject, she talks at length about the play, *Wit*, written by the then unknown playwright Margaret Edson, a former oncology ward worker. This 1999 Pulitzer Prize drama is about a literary scholar undergoing the ordeal of ovarian cancer and is such a searing portrait of the contemporary experience of illness that, when it first opened in downtown New York, the producers were forced to hire psychologists to facilitate the ad hoc discussions that followed the performances. Charon, who attended the play a number of times, describes an audience left stunned at the end, unable to leave "their seats, some weeping, needing to talk together about what they had witnessed" (p. 18). Initially, she hated the play: "I felt attacked by what I considered to be a crude and one-dimensional caricature of doctors and nurses" (p. 18), but eventually she came to appreciate the play for its service to medicine, for bringing to attention the great divide that separates the physician from his patient: "Health care professionals may be knowledgeable about disease," Charon writes, "but [they] are

often ignorant of the abyss at which patients routinely stand," having "no idea, most of the time, of the depth and the hold of the fear and the rage that illness brings" (p. 25). Charon has come to learn that if the clinician is to bridge that gap, then "those of us who have elected to live our lives with the sick must 'wholly attend,' must be with them, must open ourselves to porous transit on their journeys" (p. 220).

The "poverty of medicine," Charon (2008) claims, and which narrative medicine attempts to remedy, "is in the dimensions of the figural, the connotative, the meaningful" (p. 25). While Charon recognizes that illness is a biological phenomenon, human beings and cultures vary in their responses to it. As a result, physicians are called upon not only to determine "what the matter might be" but also "what its meaning might be" (Charon and Montello 2002, p. ix). Narrative medicine, rather than skirting medicine's semantic dimension, advocates combining a scientific expertise with the narrative competence "to follow the patient's narrative thread, to make sense of his or her figural language, to grasp the significance of stories told, and to imagine the illness from its conflicting perspectives" (p. ix).

As with Kristeva, reading and writing form the cornerstones of Charon's clinical practice. Reading teaches the physician how to listen and to attend: "Whether in a textual relationship with a book or a clinical relationship with a patient, the reader/listener/receiver uses the self to share in the creation of discourse, neither passively containing nor rigidly dominating the production of the other" (Charon 2006, p. 106). And by virtue of writing full narrative accounts of her patients, what she calls the "Parallel Chart," Charon says she becomes "more invested in the patient's particular situation" and is "more likely to remember what occurred on earlier visits and to grasp the significance of actions, words or feeling" (p. 149). Her accounts mingle "all kinds of knowledge—medication dosages, results of diagnostic tests, recent deaths in the patient's family, the patient's fears" (p. 149). But more importantly, her accounts reawaken within herself a deeply felt sense of their relationship:

Writing narratively about a patient forces the clinician to dwell in that patient's presence. In describing a clinical encounter with a patient, I have to *sit silently with my memory* [italics added] of having been with her. The descriptions of the patient and of myself usually include very powerful interior dimensions—the biological interior of the patient's body, the emotional interior of the patient, and my own emotional interior. Finally, there is the interior of the two of us. The portrait is the portrait of a dyad. The patient/clinician dyad is doing the work, and both are critical to the work *only these two people can do* (p. 149).

What the writings of Kristeva and Charon reveal is that reading and writing are not so much forms of communication as they are *practices*, practices of anamensis that, like Western practices of prayer and recollection, expand the "powerful interior dimensions" (Charon 2006, p. 149) of psychic life and enlarge our capacities for identification and empathy. "Coram te cor meum et recordatio mea," Augustine writes in the Confessions, "My heart and my memory are open before you" (Jager 2000, p. 32). "What has come to be called 'interiority' was largely 'discovered' by Augustine," the medieval scholar Jager (2000) claims. Moreover, "throughout his writings Augustine portrayed the heart as the place of 'writing,' 'erasure,' 'reading,' 'interpretation,' and other textual operations" (p. 32). The Western association of recollection with *writing on the heart* is reflected in the Latin word for *recollection*, namely *recordatio* and its cognate *recordari* ("recall," from *re+cordis* = "back, again" + "heart" and from which we get the word *record*). It is from this Western notion of recollection that Kristeva reminds us that "From Socrates-Plato to St. Augustine . . . from prayer to Georges Bataille"⁴⁴ (1998b, p. 31), we have "been invited to a 'return'" (1997/2002, p. 5):

Some of you still maintain the traces of this, if not the practice. This is notably the goal of Saint Augustine's repetition, founded on the retrospective link to the already-there of the Creator [the

⁴⁴ "From Socrates-Plato to St. Augustine, Western thought affirms that the truth of (the form of) Being preceding human existence can be attained by a movement of retrospection: '*se quaerere*,' '*quaesto mihi factus sum*.' This common destiny of truth, memory, and speech has, after Augustine, found its affirmation in the interior experience that—from prayer to Georges Bataille—never ceases to reveal the scandalous effects of what I mean precisely by a 're-volt'" (Kristeva 1998b, p. 31). Kristeva (2005/2010) also repeats this mantra in *Hatred and Forgiveness*, where, it is interesting to note, it is associated with the tripartite practices of listening, writing, and reading (see, pp. 277-278).

Beginning]: the possibility of questioning one's own being, searching for oneself (*se quaerere*: "*quaesto mihi factus sum*") [Seeking oneself: "I have become a question to myself"], is offered by this aptitude for return, which is simultaneously recollection, interrogation, and thought (1997/2002, p. 5).

We have been invited to *a return*, Kristeva (1997/2002) goes on to say, that technological development has rejected by favoring "the knowledge of stable values to the detriment of thought as return, as search (as repetition or as *se quaerere*, 'going in quest of oneself')" (p. 5). In the age of telecommunications and mass media, Kristeva says the practices of reading and writing and of listening and questioning—those intimate practices of *recordatio*—are being challenged by the bombardment of stereotypical images, "which calm the anxieties," but "saturate the purpose of the psyche in such a way that this use of the image stops questioning. We do not look for our own image" (Lechte and Margaroni 2004, p. 153). Indeed, telecommunications and media have come to exemplify the *anti-imaginary*—in their clichés and ready-mades that strike out what is singular, in their disordering of memory and time that mirrors the traumatic, and in their perturbations (attenuations, erasures, and distortions) of the semiotic that often refuse representation.

What in writing enables the reader to read his own heart, Proust's "optical instrument" of narrative, becomes in photography, for instance, what Barthes (1981) calls a distressing "floating flash" (p. 53): "the unsettling experience of trauma," as Baer describes it, "that latently confronts the viewer in every photographic image" (p. 16). The photograph stops speech and time, Baer claims. Unlike narrative, with its illusion of time as flow, the photograph is "another kind of experience that is explosive, instantaneous, distinct" (p. 6). It is the experience of flashback, the sudden eruption of the past into the present. The trauma of photography is visible in the subject as well, Baer declares, since the past that erupts before the viewer is "a remnant of experience that those pictured may never have fully owned at the time" (p. 15).

What are revealed in photographs are undigested bits of memory recorded "photographically, without integration into a semantic memory" (p. 589), as van der Kolk et al. (1994) have said of traumatic memory. Narrative memories are filtered and "are at odds with photographic representation," Kracauer (1993) observes in his 1927 essay on photography; "From the latter's perspective, memory-images appear to be fragments but only because photography does not encompass the meaning to which they refer and in relation to which they cease to be fragments. Similarly, from the perspective of memory, photography appears as a jumble that consists partly of garbage" (pp. 425-26). This makes viewing photographs that treat trauma—images of the Holocaust, for instance—a crisis of witnessing. These images call to the future for response, but like the traumatic events themselves, they "will not recede into either forgetting or traditional forms of commemoration" (Baer 2005, p. 94).

Moving pictures also reflect the experience of trauma, as pointed out by a number of psychologists (Butler and Palesh 2004; Greenberg 1975; Wedding et al. 2005). Wedding and Boyd (1999), for instance, describe movie goers as entering "a sort of dissociative state in which ordinary existence is suspended" (p. 1), and Greenberg (1975) calls the big screen "the master hypnotist" (p. 7). For Butler and Palesh (2004), film is unique in its ability to mimic dissociative states, especially derealization. In derealization, the world appears unreal or hyperreal: time speeds up or slows down, objects appear closer or more distant, colors intensify or dull, and sounds become selectively amplified or muted (APA 2000; Noyes and Kletti 1977)—all of these are common visual effects in film. In their review of movies depicting dissociative states, Butler and Palesh conclude that "dissociative elements are integral to the filmgoer's experience, they are central to the way interior (traumatic) experience is conveyed in film, and they are the plot center of many modern films" (pp. 79-80). Unlike reading narratives about trauma and descriptions of dissociative states, film simulates these experiences for the moviegoer.⁴⁵

Depersonalization is another common dissociative state. In depersonalization, the sense of self, rather than the environment, becomes distorted: individuals may feel dead, as if acting like a machine, or detached, as if floating outside the body. The experience of dissociation, especially depersonalization, runs throughout Benjamin's (1968) description of film in his famous essay "The Work of Art in the Age of Mechanical Reproduction"—depersonalization is, in essence, the modern experience of the absence of *aura* or of presence. As Benjamin observes, "The audience's identification with the actor is really an identification with the camera. Consequently, the

⁴⁵ That film is a simulation is borne out, in my opinion, by the fact that it is used to induce and test for motion sickness, see for instance Cowings et al. (1986) and Parker (1971). I am unaware of any report where narrative induced in the reader any form of motion sickness.

audience takes the position of the camera" (p. 228), of a machine—not that of person. Like the camera, the audience becomes detached from reality. It is bound to the cameraman, whom Benjamin compares to a surgeon in the way he cuts reality. "The painter maintains in his work a natural distance from reality," Benjamin writes, "the cameraman penetrates deeply into its web. There is a tremendous difference in the pictures they obtain. That of the painter is a total one, that of the cameraman consists of multiple fragments which are assembled under a new law" (p. 234).⁴⁶

Benjamin refers to Freud's penetration beneath perception to the unconscious realm of the drives and draws an analogy between psychoanalysis and film's penetration into the hidden details of reality:

Then came the film and burst this prison-world asunder by the dynamite of the tenth of a second, so that now, in the midst of its far-flung ruins and debris, we calmly and adventurously go traveling. With the close-up, space expands; with slow motion, movement is extended . . . slow motion not only presents familiar qualities of movement but reveals to them entirely unknown ones "which far from looking like retarded rapid movements, gives the effect of singularly gliding, floating, supernatural movements." Evidently a different nature opens itself to the camera than opens to the naked eye . . . the camera intervenes with the resources of its lowerings and liftings, its interruptions and isolations, its extensions and accelerations, its enlargements and reductions. The camera introduces us to unconscious optics as does psychoanalysis to unconscious impulses (pp. 236-37).

What the camera introduces is an *alien semiotics*, the mostly unconscious effects produced in the audience by camera positions, its movements and cuts, as well as the accidental introduction of such media artifacts as shifts in aspect ratio and the misalignment of audio and visual channels. These *artifacts*⁴⁷ are disruptive because of their tendency to perturb (write over, jostle, and shove aside) the unconscious, semiotic expressions of human subjects. They produce impressions that do not originate with the subject but yet are often unconsciously confused with him⁴⁸ (for a discussion of some of these effects, see, Tiemens 1970; McCain and Wakshlag 1974; Beverly and Young 1978; Reeves and Nass 1996).

The literary critic Hartman (2002) provides a particularly illuminating discussion of the way in which film artifacts introduced disturbing elements in the testimonies of some of the Holocaust survivors who told their stories for the Yale Archive:

The survivors who came to be interviewed were totally supportive; but others—a few historians as well as some survivors not yet interviewed—felt uncomfortable watching the tapes. What disturbed them was partly the emotional, intimate texture of these oral histories, but chiefly their video-visual aspect. Indeed, among the almost two hundred testimonies initially recorded, I now see inspired but also, at times, irritating camera work. Wishing to project the act as well as narrative of witness, we often sought what one of the project's founders, adopting a legal term, called "demeanor evidence." The result was excessive camera movement. The supposedly

⁴⁶ Benjamin also presents another interesting expression of depersonalization in film from the perspective of the actor by quoting Pirandello's descriptions of what it feels like for the actor to perform before the "mechanical contrivance" of a camera:

The film actor feels as if in exile—exiled not only from the stage but also from himself. With a vague sense of discomfort he feels inexplicable emptiness: his body loses its corporeality, it evaporates, it is deprived of reality, life, voice, and the noises caused by his moving about, in order to be changed into a mute image [in silent pictures], flickering an instant on screen, then vanishing into silence . . . The projector will play with his shadow before the public, and he himself must be content to play before the camera (quoted p. 229).

⁴⁷ As defined in *Webster's Third New International Dictionary* as "a product of artificial character due to extraneous agency" (Gove 1986, p. 124). I introduced this idea in (Brahnam 2009).

⁴⁸ This is what makes videotaped court testimonies problematic. Vertical camera angle, for example, has been shown to influence impressions of the subjects credibility (Tiemens 1970). As Balabanian (1981) succinctly puts it, "High shots produce pygmies. Low shots yield monoliths of the Citizen Kane type" (p. 27). In situations where credibility is crucial, such as in videotaped interrogations, direct manipulation of camera angle can have devastating consequences (see, for instance, Lassiter 2002; Locke 2009; Hemsley and Doob 1976). Even changes in the vertical position of the viewing screen have been observed to influence receiver perceptions of the subject's credibility (Huang et al. 2002).

"imperturbable" camera (Kracauer's word) zoomed in and out, creating Bergmanesque close-ups. Eventually we advised that the camera should give up this expressive potential and remain fixed, except for enough motion to satisfy more naturally the viewer's eye (p. 74).

Because film viewers are swept along with the camera, they are prevented, in those testimonies where the camera work is excessive, from comporting themselves naturally to listen to the survivors' narratives. Film is movement: that of the camera, of the beings and things that cross the screen, and of the scenes that flow or that cut into each other. For the camera to focus on someone for as long as the survivor needs to collect himself and to tell his story runs against the medium's grain, setting up unbearable tensions.⁴⁹ An audience is accustomed to being ushered expeditiously in a film to moments of note, which, in the case of a Holocaust testimony, would be when the survivor is able *finally* to say it. Viewers expect all else—the long pauses, false starts, backtracks, digressions, aborted attempts, and lost threads—to be edited out—for entertainment value, sanitized, except for a choice few that are allowed to remain to create the illusion of realism.⁵⁰

In similar fashion, news programs on television rush viewers directly to the scenes of crimes and other traumas, where they are asked to join in with reporters to investigate what has happened by listening to a quick succession of eyewitness accounts and by examining the most pertinent physical remains and clues. The viewer is allowed to ponder these things for only a brief moment, however, before he is grabbed by the collar, as it were, and dashed off somewhere else. According to Ellis (2000), a former television producer turned academic, television has "introduced a new modality of perception into the world, that of witness" (p. 1). Witness in media is the *feeling* of being there *live*, without the actuality of being there, and it is variously described by Ellis as "the sensation of witness," "the perception of witness," and "the experience of witness."⁵¹

For Ellis, "each medium *mimics* our fundamental beliefs about what constitutes an adequate perception" (p. 10). In television, *seeing is believing*, but seeing an event on television is not the same as experiencing it in the flesh. Certain modalities are constricted, such as the full range of self-directed vision and auditory attention, and other senses are entirely removed, such as the sense of touch and smell. Moreover, an artifact in the sensory modalities television emphasizes is the "superabundance of information" (a dissociative hyperreality) that competes for attention and that produces a sense of the uncanny:

⁴⁹ The camera must move, as Hartman (2002) says, if it is "to satisfy more naturally the viewer's eye" (p. 74). As we interact with people, our heads and bodies move subtly and continuously, varying our field of vision. We expect something similar from the camera as well. A camera that remains stationary produces a feeling of staring. This effect was powerfully put into play in the French film *Irreversible* (Noé 2002), where the camera held steady for a full nine minutes while a rape took place, thereby placing the audience in the uncomfortable position of cold-hearted accomplice.

⁵⁰ There are exceptional films that push the limits. Take, for instance, the director Lanzmann, who attempted "to reincarnate" the Jewish tragedy in *Shoah*, his monumental documentary of the Holocaust (Bernstein 1985). The film, which took him over ten years to make, is created entirely from the testimonies of present day witnesses. No historical documents or film footage was used. In Lanzmann's opinion, "using only images of the present, evokes the past with far more force than any historical document" (Bernstein 1985). Lanzmann's patience permeates the nine hour film with its slow camera work and willingness to let the witnesses tell their stories in the pace most comfortable for them. The film strains the powers of audience endurance, especially contemporary audiences, and, in so doing, has the potential of stretching the viewer's capacity to listen and to open up to the suffering of others. Here is an excerpt from VideoMan's (2009) comment about *Shoah*, published on Amazon.com, that reveals the tension that was generated in him by the film:

The subject matter is very critical for all of us to hear and understand. The editing was very poor in the sense that I lost interest in awaiting responses. I will watch all of the rest of it, but hope I get used to the slowness of the dialog . . . I am disappointed as I wanted to learn and for others to learn and "take in" subject matter that I felt was so very important and necessary for the world to know. Maybe it's just my impatience and others can learn and not be distracted as I have been. I am not ADD just the kind of person that needs emotions and words to coincide in a timely manner. The film is very good from what I've seen so far and I guess I have to realize the author is not a Spielberg.

⁵¹ These are the expressions Ellis uses when discussing witnessing in the context of audio-video media.

There is always more detail than is needed by the narrative; always more present in the image than is picked out by the commentary; always more to be heard than the foregrounded sounds. We see details of clothes and places, hear the distinctive and personal timbre of voices . . . The effect can sometimes be jarring: a disaster victim weeps whilst wearing a Bart Simpson T-shirt. We choose to ignore the evident disparity and concentrate on their words; or we try to read a complex irony into this chance coincidence (p. 12).

Acutely missing in this "superabundance of information" are interactions with the people being depicted and the ability for viewers to reach out to intervene. This leads to a sense of hopelessness that becomes numbing in disasters of national importance, where the tragedy, time compressed into a tiny loop composed of the most horrific segments, is reenacted endlessly. The "experience of witness" that comes from television and other audiovisual media, Ellis reminds us, is "one of separation and powerlessness" that provokes a sense of "guilt or indifference" (p. 11).

Hartman (2002) has remarked, "That the testimony of the victims of injustice or violence can now be gathered and publicized is a significant advance that could lead to deterrence. Yet traumatic realism often produces an unreality effect; and although this reaction is clearly a psychological defense, it may induce a weakening of the reality principle and lead to the delusion that all the world's a movie or, obversely, to a radical distrust of the media, as if the latter were always being manipulated" (p. 22). The net result of watching televised traumas and witness accounts, if not television generally, is once again an experience of derealization. Recall that realization requires two activities: presentification and personification. Presentification depends "on our ability to constitute the present *as present* and to connect the stories we tell about ourselves with present reality and our actual experiences" (Leys 2000, p. 112). Personification is the capacity to take ownership of experiences, to say "This is my experience." In watching televised accounts of trauma, it is nearly impossible to do either. Television presents the *instantaneous*, what's happening this minute, rather than the present. Despite using the many cues of presence—talk hosts and commentators directly facing the viewer and using the present tense along with adverbs indicating present time—the rapid cuts from scene to scene, expert to expert, and witness to witness—all regularly punctuated by extraneous commercial breaks—is divorced from explanation and context: "Information devours its own contents; it devours communication and the social," as Baudrillard has said (1981/1994, p. 80).

As a "new form of experience" that "arrived with the development of mechanical media" (Ellis 2000, p. 15), the sensation of witnessing now accords with our everyday experience of reality, our fragmentary access to the world watching television. Few today while watching television, for example, would give the following scene described by Postman (1982) much thought:

Vidal Sassoon is a famous hairdresser who, for a while, had his own television show—a mixture of beauty hints, diet information, celebrity adoration, and popular psychology. As he came to the end of one segment of one of his programs, the theme music came up and Sassoon just had time enough to say, "Don't go away. We'll be back with a marvelous new diet and, then, a quick look at incest" (p. 81).

Yet how can anyone take a "quick look" at incest or listen to a few sound bites of someone's experience of rape and not feel complicit in an act that is potentially revictimizing—if not for the televised survivor then for the many rape victims viewing the program? Giving equal time to the testimony of a horrible human violation and a cosmetic commercial dismisses the gravity of the rape experience and reobjectifies the victim. Reflecting along similar lines on these televised confessions, Hartman (2002) asks, "Do we need to hold up the mirror of television to our individual lives? What kind of judgment or justification can come from the (directed) applause of audiences?" He then observes, "There is an increasing frenetic movement into the public sphere that implies a quasi-religious desire to be justified, or *at least to be heard* [italics added]" (pp. 19-20). In examining the history of the moving picture through television and the birth of the specular witness, Ellis discovers that "cinema's particular relationship to witness gave birth to that aching desire which haunts much of the aesthetics of the twentieth century: the often frustrated desire for (and fear of) an *experience of direct witness* [italics added]" (p. 25).

The desire for, yet fear of, the "experience of direct witness" has only intensified in the age of electronic interactivity and telecommunications. In 1844 when Samuel Morse of New York University sent the first electronic message to a person located in another city, Thoreau is reported to have responded, "But what do they have to say to each other?" According to Postman (1982), Thoreau was concerned with the social and psychological impact of communicating long distance with people. He could not fathom what people living in separate communities would possibly have to say to one another that would have any bearing or significance on their lives. Today, however, the situation is radically different, as illustrated by Turkle's (2011) description of people she observed who had gathered at a recent conference:

Outside, in the hallways, the people milling around me were looking past me to virtual others. They were on their laptops and their phones, connecting to colleagues at the conference going on around them and to others around the globe. There but not there. Of course clusters of people chatted with each other, making dinner plans, "networking" in that old sense of the word, the one that implies having a coffee or sharing a meal. But at this conference it was clear that what people mostly want from public space is to be alone with their personal networks. It is good to come together physically, but it is more important to stay tethered to our devices (p. 15).

Turkle (2011) claims that being distant and alone is starting "to seem like a precondition for being together because it is easier to focus, without interruption, on your screen" (p. 155); and, whether big or small, the screen is now vying with the face as the center of social interaction. Turkle reminds us that not that long ago people took offense when conversations were interrupted by cell phones. She recalls, for instance, one student complaining, "He put me on 'pause.' Am I supposed to remember where we were and pick up the conversation after he is done with his call?" At the time such behavior seemed "rude and confusing," but today conversations are "routinely interrupted by incoming calls and text messages" (p. 161). In her recent interviews with hundreds of college students, Turkle has discovered a new twist: real-time communication, whether face-to-face or via telephone, is becoming for some the unwelcomed interruption. "I don't use my cell phone anymore," Turkle reports a twenty-one-year-old college student saying, "I don't have the time to just go on and on. I like texting, Twitter, looking at someone's Facebook wall. I learn what I need to know" (p. 15). Aside from feeling impatient on the phone, some confess not knowing what to say: "My friends call and say, 'What's up?' and I'll say, 'Nothing.' Then I'll say, 'Okay, I gotta go. Bye.' I feel weird talking on the phone. I think it's easier to text" (p. 245).

What Thoreau and most of his contemporaries could not have imagined in their time was that the transmission of that first electronic message marked the birth not only of global telecommunications but also of its quintessential *form*: the abbreviated dispatch (which we are still tapping out). The telegram launched a new (utilitarian) era in communications: it dispensed with such social niceties as personal address (thereby democratizing speakers), replaced the private with the public, and forced the elimination of the superfluous—all expressive excesses (Siegert 1999). What has since ensued in the age of texting with cell phone keypads and the 160 character limit of the text message⁵² is a proliferation of abbreviations, acronyms, and numeric homonyms (for instance, "h8" for "hate")—a communication that is neither a form of speaking nor a form of writing but something, as we shall see, that is experienced more as a swindle, a fraud, and a trap. Word cannot join flesh. Word has no flesh. The abbreviated dispatch shucks the semiotic, leaving emotional expressiveness to a scattering of smiley faces.

Increasingly, the bulk of our daily communications has become impersonal. Messages are not so much addressed to individuals as to ever-shifting multitudes. People log in to conversations, rather than have them. As

⁵² The 160 character limit is arbitrary. One day in 1985, Friedhelm Hillebrand sat down at his typewriter and typed a few pages of random sentences. He discovered that none counted more than 160 characters. "This is perfectly sufficient," Hillebrand recalled thinking later, "perfectly sufficient" (Milian 2009). As he was chairman of the non-voice services committee within the Global System for Mobile communications, or GSM, the group that defines the standards for the global mobile marketplace, he was able to push his 160 character limit. Hillebrand remembers wondering with a friend whether that was enough space to communicate most thoughts. He is reported to have said, "My friend said this was impossible for the mass market. I was more optimistic." Twitter capped the length of tweets to 140 characters to reserve 20 characters for the user's address. Facebook and other messaging systems have found it to be "perfectly sufficient" as well, since most people restrict their communications, as Lanier (2010) points out, to telling others what they are doing.

Lanier (2010) describes it, "Communication is now experienced as a superhuman phenomenon that towers above individuals" (p. 4). While admitting to some degree of hyperbole, Turkle claims that "connected life encourages us to treat those we meet online in something of the same way we treat objects—with dispatch":

It happens naturally: when you are besieged by thousands of emails, texts, and messages . . . demands become depersonalized. Similarly, when we Tweet or write to hundreds or thousands of Facebook friends as a group, we treat individuals as a unit. Friends become fans. A college junior contemplating the multitudes he can contact on the Net says, "I feel that I am part of a larger thing, the Net, the Web. The world. It becomes a thing to me, a thing I am a part of. And the people too, I stop seeing them as individuals, really. They are part of this larger thing (p. 168).

The individual is being submerged as well in what is electronically known about him. In many ways, the distinction between a person and his "data-identity" (Nevejan 2009) has blurred. A few decades ago, an individual's data-identity was a diminutive shadow that was rarely noticed—a "personal reductionism," as Lanier (2010, p. 68) remarks, that has always been a requirement of information systems. Today, however, data-identities, by amassing information from disparate sources, have become substantial and grown in value. Facebook profiles, wall posts, blogs, and Google searches are scrutinized and collected by agencies to personalize ads and make important decisions about people. According to a report by Schiffman (2007), for instance, in *North by Northwestern*, a university career guide, one in ten employers review a job candidate's profile, photos, and other information on Facebook as part of their routine decision making process. Since people are surrounded by systems that "collect, match, duplicate, distribute and even produce 'data-identities,'" data-identities, according to Nevejan have "acquired great agency in the social structure in which people live" (p. 63). Nevejan (2007) writes:

The use of databases is all around us, even though we do not see them. The stored information has the capacity to affect our lives deeply. It is very difficult, particularly in modern societies, to get to know how our 'data-identity' develops: to know where it is stored, with what other information it is combined, who has access to our data, how the data are interpreted. At the same time the use of databases facilitates the easy sharing of knowledge . . . Through the combining of data about health, travel, financial transactions, stored communication with others and more, the net around the autonomous human being, whose dignity is respected, is growing tighter and tighter (p. 53).

Many people are becoming aware that text messages, photos, and Facebook posts are being recorded and permanently store-housed, and, in some cases, used to incriminate people. There have been many publicized cases of workers fired—even a tenured professor suspended—because of (relatively innocuous) Facebook posts (Madden 2010; Castagnera and Lanza 2010). Turkle (2011), in her latest book, *Alone Together*, describes young adults haunted by their online pasts—desperately scrambling to scrub their online histories clean. There is a sense of deep shame and sad resignation in the awareness that "What happens on the Internet, stays on the Internet" (p. 259). "All the things I've written on Facebook will always be around," complains one youth, "So you can never escape what you did" (p. 260). Turkle finds that more people, like Brad below, are becoming fearful of expressing themselves online and are trying hard to self-police themselves:

Brad says that he no longer sees online life as a place to relax and be himself "because things get recorded . . . It's just another thing you have to keep in the back of your mind, that you have to do things very carefully." . . . Brad steps back from blaming either what the technology makes possible or the people who record you without permission. He says he is a "realist." By this he means that "anyone who lives in the digital world should know that it is not permissible to lose your temper online or to say anything that you would not want to be distributed." And besides, says Brad, "there is never any reason to use online communication for spontaneous feeling . . . You have no excuse for snapping online because you could have just waited for a couple of minutes and not typed anything and cooled down" (pp. 257-58).⁵³

⁵³ Turkle comments that "Here we see self-policing to the point of trying to achieve a precorrected self" (p. 258).

This self-policing extends to real-life. One woman reports being very careful when out in public since friends could take pictures of her and post them. "It's like the Internet could blackmail me," she says (Turkle 2011, p. 256). There is no room for mistakes. Everything is remembered. As one student puts it, "If you're having a conversation with someone in speech, and it's not being tape-recorded, you can change your opinion, but on the Internet it's not like that. On the Internet it's almost as if everything you say were being tape-recorded. You can't say, 'I changed my mind.' You can, but at the same time it's already there" (Turkle 2011, p. 259).

According to Turkle (2011), many young people, like Brad above, are feeling cheated: cheated out of their childhoods, which should have been a time for spontaneity and experimentation, cheated from learning how to read emotions as they play across the face, what Brad calls "nuances of feeling" (p. 271), cheated because parents and friends are never really present. What these youths yearn for, Turkle says, is "the pleasure of full attention, coveted and rare" (p. 266). They desire "time and touch, attention and immediacy" (p. 272). Adults are nostalgic for these things too. A woman in her fifties, for instance, tells Turkle that life in her hometown of Portland, Maine, has grown barren. "Sometimes I walk down the street," she says, "and I'm the only person not plugged in. It's like I'm looking for another person who is not plugged in . . . No one is where they are. They're talking to someone miles away. I miss them" (p. 277).

In the middle of *Alone Together*, Turkle (2011) takes a moment to retell the history of telecommunications from the perspective of her current findings. It all begins, she says, with the human longing to bring the voices of those we love closer: "We sent letters, then telegrams, and then the telephone gave us a way to hear their voices" (p. 207). Eventually, however, people started using the telephone as a substitute for meeting. By the 1970s answering machines made it possible to leave messages. But people began to use the machines to screen calls, and callers would leave messages when they knew no one would be available to answer. "Over time," Turkle says, "voicemail became an end in itself, not the result of a frustrated telephone call." E-mail replaced telephoning because it allowed people more "emotional composure" and control over their time. E-mail replies, however, were not fast enough. With mobile phones and texting capabilities, people were liberated from their desktops. Now it appears "we can communicate our lives pretty much at the rate we live them." "But the system backfires," Turkle goes on to say, "We express ourselves in staccato texts, but we send out a lot and often to large groups. So we get even more back—so many that the idea of communicating with anything but texts seems too exhausting" (p. 207). Why, she stops to ask, are people so intent on using technology to filter out the human voice? Turkle feels that she is beginning to understand the answer to this question: "in text, messaging, and e-mail, you hide as much as you show. You can present yourself as you wish to be 'seen.' And you can 'process' people as quickly as you want to. *Listening can only slow you down* [italics added]" (p. 207).

It's a vicious circle. "Overwhelmed by the velocity of our lives," Turkle (2011) writes "we turn to technology to help us find time. But technology makes us busier than ever" (p. 17). Charon (2006), for example, looks to the computer to free up time that could be used to write narratives. But as another physician, Groopman (2007), complains, insurers and administrations are filling this time up with demands that doctors see more patients. He reports an administrator telling a colleague that follow-up visits had to be cut from thirty minutes to fifteen and that new appointments had to be reduced from an hour to forty minutes. "When the doctor protested," Groopman writes, "the administrator told him that there was an electronic solution to make this all possible—a template would be on his computer screen. As he spoke with the patient, he would fill in the form" (p. 99). Although Groopman realizes that "Electronic technology can help organize vast clinical information and make it more accessible," he is also acutely aware that it "can drive a wedge between doctor and patient" (p. 99) when it is used to increase efficiency rather than help the patient. He complains that "now insurers are packing the train with so many passengers, it feels like standing room only" (p. 100). What is more, Groopman says, doctors now spend what little time they have with patients peering at computer screens rather than observing, listening to, and touching their patients' bodies.⁵⁴

With the latest systems, physician autonomy is disappearing. Physicians rarely work alone but are increasingly being linked to predefined workflows that information systems are orchestrating. In the new medicine, the patient is often someone the physician has never seen, as much of the work on the patient takes place behind the

⁵⁴ For a review of the literature on the impact of the computer screen in the consultation room, see Shachak and Reis (2009).

scenes on laboratory reports and instrumental visualizations of the patient. Medical information systems are big business and grafted onto protocols that are based on best practices rather than individual preferences. In these systems, physicians are viewed as expert cognitive units in a system of many such units, some artificial, and the physician's ability to act independently is being as severely curtailed as is his ability to spend time listening to patients' accounts. A physician encountering a traumatized patient like Weinberg's might today be prohibited by the system from acting outside his prescribed role, and any discomfort experienced facing a patient's request for psychological support could easily be overcome by the facility of the system to send the patient off into another workflow involving mental health services. Had Weinberg been face-to-face with a computer screen rather than eye-to-eye with his patient, would she have mustered the courage to tell him her secret? And had she done so, could Weinberg have acted as he did?

Although Charon (2006) embraces the benefits offered by electronic medical records, she is concerned "to introduce new, robust means of charting patients' journeys through illness and to develop responsible methods of articulating their own personal experiences as caregivers" (p. 191). She is adamant that compassionate, ethical medicine, requires an effective merging of both the technological *and the reflective*:

In developing this form of medical practice, I find myself thinking about the heart. As I sit in the office with a patient, I am doing two contradictory and simultaneous things. I am using my brain in a muscular, ordering way—diagnosing, interpreting, generating hypotheses that suggest meaning . . . This is the systolic work of doctoring—thrusting, emplotting, guiding action. At almost the same time or alternating with this systolic work is the diastolic work—relaxing, absorbing, making room within myself for an oceanic acceptance of what the patient offers. In the diastolic position, I wait, I pay attention, I fill with the presence of the patient (pp. 131-132).

Charon (2006) recognizes that it is not possible to require that all medical professionals respond to patient suffering with compassion and understanding—that is, with a *full* heart. But she believes that everyone in the medical profession, especially doctors, could be equipped with "compassion's prerequisites: the ability to perceive the suffering, to bring interpretive rigor to what they perceive, to handle the inevitable oscillations between identification and detachment, to see events of illness from multiple points of view, to envision the ramifications of illness, and to be moved by it to action" (p. 8). By reading and writing narratively, they could at least be trained in the narrative skills necessary to become healing witnesses. But as we have seen, technology is more or less colluding to make "compassion's prerequisites" all the more elusive—as patients are rarely *seen* now but rather *flow* through the system as data manipulated by so many medical functional units.

Across society technology is being used to avoid direct encounters with others—perhaps, because we no longer have the heart to face suffering, not our own, not another's. It is just too easy for us to disappear behind the screen, living, as Lanier says, in a "constant sort of fetal position—seated in a soft chair looking at the world through a glass square, be it . . . the screen of a television or computer" (quoted in Featherstone and Burrows 1995, p. 13). We cannot avoid one another for long, however, without imperiling ourselves. As Charon warns, "The systolic and the diastolic movements of the heart together constitute cardiac function, by which the heart *acts*, and dysfunction of either is catastrophic" (p. 132).

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7. REFERENCES

- Alvarez WC (1943) Nervousness, indigestion, and pain. Paul. B. Hoeber Inc., New York
- Angus LE, McLeod J (2004) Toward an integrative framework for understanding the role of narrative in the psychotherapy process. In: Angus LE, McLeod J (eds) *The handbook of narrative and psychotherapy: Practice, theory, and research*. Sage Publications, Inc., Oaks, CA, pp 367-374
- APA (2000) *Dsm-iv-tr*. American Psychiatric Association, Washington, DC
- Ardrey R (1974) Non-communication: A natural history of human misunderstanding. *Communication* 1 (2):153-168
- Baeger DR, McAdams DP (1999) Life story coherence and its relation to psychological well-being. *Narrat Inquir* (9):69-96
- Baer U (2005) Spectral evidence: The photography of trauma. The MIT Press, Cambridge
- Balabanian DM (1981) Medium vs tedium: Video depositions come of age. *Litigation* 7:25-30
- Baldwin MW (2005) Interpersonal cognition. Guilford Press, New York
- Balint M (1972) The doctor, his patient and the illness. International University Press, New York
- Barthes R (1981) *Camera lucinda: Reflections on photography* (trans: Howard R). Farrar, Straus, and Giroux, New York
- Bartlett FC (1932) Remembering: A study in experimental and social psychology. Cambridge University Press, London
- Baudrillard J (1981/1994) *Simulacra and simulation* (trans: Glaser SF). The University of Michigan Press, Ann Arbor
- Beardsworth S (2004) Julia kristeva: Psychoanalysis and modernity. State University of New York Press, Albany
- Beckman H, Frankel R (1984) The effect of physician behavior on the collection of data. *Ann Intern Med* 101:692-696
- Benaveniste E (1939/1971) Problems of general linguistics (trans: Gables C). University of Miami Press, Fl
- Benjamin W (1968) The work of art in the age of mechanical reproduction. In: *Illuminations*. Schocken Books, New York, pp 217-254
- Bernstein R (1985) Shoah: An epic film about the greatest evil of modern times. *New York Times Review*. Retrieved from <http://movies.nytimes.com/movie/review?res=9805E5DC1E39F933A15753C1A963948260>
- Beverly RE, Young TJ (1978) The effect of mediated camera angle on receiver evaluations of source credibility, dominance, attraction and homophily. Paper presented at the Annual Meeting of the International Communication Association, Chicago, IL,
- Bjorklund DF (ed) (2009) False-memory creation in children and adults: Theory, research, and implication. Lawrence Erlbaum Associates, Inc., Mahwah, NJ
- Boyne R (1999) Citation and subjectivity: Towards a return of the embodied will. *Body & Soc* 5:209-225
- Brahnam S (2009) Building character for artificial conversational agents: Ethos, ethics, believability, and credibility. *PsychNology* J 7 (1)
- Bromberg PM (2004) Standing in the spaces: The multiplicity of self and the psychoanalytic relationship. In: Hermans HJM, Dimaggio G (eds) *The dialogical self in psychotherapy*. Guilford Press., New York, pp 138-151
- Bromberg PM (2006) Awakening the dreamer: Clinical journeys. The analytic Press, Mahwah, NJ, and London
- Bruner J (2004a) The narrative construction of reality. In: Beilin H, Pufall PB (eds) *Piaget's theory: Prospects and possibilities*. Lawrence Erlbaum Associates, Hillsdale, NJ, pp 229-248
- Bruner J (2004b) The narrative creation of self. In: Angus LE, McLeod J (eds) *The handbook of narrative and psychotherapy: Practice, theory, and research*. Sage Publications, Inc., Oaks, CA, pp 2-14
- Butler LD, Palesh O (2004) Spellbound: Dissociation in the movies. *J Trauma and Dissociation* 5 (2):61-87
- Calvin WH (1990) *The cerebral symphony*. Bantam, New York
- Castagnera JO, Lanza J (2010) Social networking and faculty discipline: A pennsylvania case points toward confrontational times, requiring collective bargaining attention. *J Collect Bargaining Acad* 2:1-16
- Cathell D (1922) Book on the physician himself. Crownning Edition, Philadelphia
- Charon R (2006) *Narrative medicine: Honoring the stories of illness*. Oxford University Press, New York
- Charon R (2008) Where does narrative medicine come from? Drives, diseases, attention, and the body. In: Rudnytsky PL, Charon R (eds) *Psychoanalysis and narrative medicine*. State University of New York Press, Albany, pp 23-36

- Charon R, Montello M (2002) Introduction. Memory and anticipation: The practice of narrative ethics. In: Charon R, Montello M (eds) Stories matter: The role of narrative medicine. Routledge, New York, pp x-xiii
- Cooper J, Maxwell N (eds) (1995) Narcissistic wounds: Clinical perspectives. Jason Aronson Inc., London
- Cowings PS, Suter S, Toscano WB, Kamiya J, Naifeh K (1986) General autonomic component of motion sickness. *Psychosophysiol* 23 (5):542-551
- Daka K (ed) (2002) Disenfranchised grief. Research Press, Champaign, IL
- Dakof GA, Taylor SE (1990) Victims' perceptions of social support: What is helpful from whom. *J Pers Soc Psychol* 58:80-89
- Debord G (1967/1994) Society of the spectacle (trans: Nicholson-Smith D). Zone Books, New York
- Denov MS (2004) Perspectives on female sex offending: A culture of denial. Ashgate Publishing Limited, Hampshire, UK
- Dickinson E (1890/1997) Poem 670. In: Johnson TH (ed) The complete poems of emily dickinson. Little, Brown and Company, Boston and Toronto, p 333
- Dimaggio G, Semerari A (2004) Disorganized narratives: The psychological condition and its treatment. In: Angus LE, McLeod J (eds) The handbook of narrative and psychotherapy: Practice, theory, and research. Sage Publications, Inc., Thousands Oaks, CA, pp 159-174
- Edelman GM (1987) Neural darwinism: The theory of neuronal group selection. Basic Books, New York
- Edwin S (2002) "Impossible" professions: Sarah kofman, witnessing and the social depth of trauma. In: Oliver K, Edwin S (eds) Between the psyche and the social. Rowman & Littlefield Publishers, Inc., Lanham, MD, pp 123-148
- Ellenberger HF (1970) The discovery of the unconscious: The history and evolution of dynamic psychiatry. Basic Books, Inc., Publishers, New York
- Ellis J (2000) Seeing things: Television in the age of uncertainty. I. B. Tauris Publishers, London and New York
- Erdelyi ME (1994) Dissociation, defense, and the unconscious. In: Spiegel D (ed) Dissociation: Culture, mind, and body. American Psychiatric Press, Inc., Washington, DC, pp 3-20
- Erikson K (1995) Notes on trauma and community. In: Caruth C (ed) Trauma: Explorations in memory. Johns Hopkins University Press, Baltimore and London, pp 183-199
- Featherstone M, Burrows R (1995) Cultures of technological embodiment: An introduction. In: Featherstone M, Burrows R (eds) Cyberspace/cyberbodies/cyberpunk: Cultures of technological embodiment. pp 1-19
- Ferenczi S (1919/1980) On the technique of psychoanalysis. In: Rickman J (ed) Further contributions to the technique of psychoanalysis. Brunner/Mazel, New York, pp 177-189
- Fleischmann PR (1989) The healing zone: Religious issues in psychotherapy. Paragon House, New York
- Frankl VE (1959) Man's search for meaning. Washington Square Press, New York
- Freud S (1895/1955) The standard edition of the complete psychological works of sigmund freud, vol 2. Hogarth, London
- Freud S (1907) Zur psychopathologie des alltagslebens: (über vergessen, versprechen, vergreifen, aberglaube und irrtum). Verlag Von S Karger, Berlin
- Freud S (1926/1959) The standard edition of the complete psychological works of sigmund freud, vol 18. Hogarth, London
- Gambaudo S (2007) Kristeva, psychoanalysis and culture: Subjectivity in crises. Ashgate Publishing Company, Burlington, VT
- Gampel Y (2000) Reflections on the prevalence of the uncanny in social violence. In: Robben ACGM, Suárez-Orozco MM (eds) Cultures under siege: Collective violence and trauma. Cambridge University Press, Cambridge and New York, pp 48-69
- Gellner E (1968) Words and things. Penguin, Harmondsworth, UK
- Gonçalves ÓF, Korman Y, Angus L (2000) Constructing psychopathology from a cognitive narrative perspective. In: Neimeyer RA, Raskin JD (eds) Constructions of disorder: Meaning-making frameworks for psychotherapy. American Psychological Association, Washington, DC,
- Gove PB (ed) (1986) Webster's new international dictionary of the english language unabridged. Merriam-Webster Inc., Publishers, Springfield, MA
- Graessner S, Gurris N, Pross C (eds) (1996) At the side of torture survivors: Treating a terrible assault on human dignity (trans: Riener JM). John Hopkins University Press, Baltimore and London
- Greenberg HR (1975) The movies of your mind. Saturday Review Press, New York
- Groopman J (2007) How doctors think. Houghton Mifflin Company, Boston and New York

- Guberman RM (ed) (1996) Julia kristeva interviews. Columbia University Press, New York
- Hamilton V (1993) Narcissus and oedipus: The children of psychoanalysis. Karnac, London
- Haraway D (1997) Modest_witness@second_ millennium.Femaleman_ meets_ oncomouse: Feminism and technoscience. Routledge, New York and London
- Harben W (1892) In the year ten thousand. RevolutionSF Fiction. Retrieved from <http://www.revolutionsf.com/article.php?id=2557>
- Hartman G (2002) Scars of the spirit: The struggle against inauthenticity. Palgrave Macmillan, New York
- Hemsley GD, Doob AN (1976) The effect of looking behavior on perceptions of a communicator's credibility. *J Appl Soc Psychol* 8 (2):136-142
- Herman JL (1992) Trauma and recovery. Basic Books, New York
- Hope J (2011) Doctors want patient time doubled. Mail Online, Tuesday, January 25, 2011,
- Houston WR (1936) Art of treatment. The Macmillan Company, New York
- Howell EF (2005) The dissociative mind. Routledge, New York and London
- Huang W, Olson JS, Olson GM (2002) Camera angle affects dominance in video-mediated communication. Paper presented at the Conference On Human Factors in Computing Systems, Minneapolis, MN,
- Huffer L (1998) Maternal, pasts, feminist futures: Nostalgia, ethics, and the question of difference. Stanford University Press, Stanford, CA
- Jackson SW (1992) The listening healer in the history of psychological healing. *Am J Psychiatry* 149:1623-1632
- Jager E (2000) The book of the heart. The University of Chicago Press, Chicago and London
- Janet P (1898/1990) Névroses et idées fixes. Société Pierre Janet, Paris
- Janet P (1903) Les obsessions et la psychasthénie. Felix Alcan, Paris
- Janet P (1907) The major symptoms of hysteria. Macmillan, London and New York
- Janet P (1909) Les nervoses. Flammarion, Paris
- Janet P (1919-25/1984) Les médications psychologiques. Société Pierre Janet, Paris
- Janet P (1919/1925) Psychological healing. Société Pierre Janet, Paris
- Janet P (1928) L'évolution de la mémoire et de la notion du temps. A. Chahine, Paris
- Janet P (1935) Réalization et interprétation. *Ann Medico-Psychol* 93:329-366
- Janoff-Bulman R (1985) The aftermath of victimization: Rebuilding shattered assumptions. In: Figley CR (ed) Trauma and its wake. Brunner/Mazel, Inc., New York, pp 15-35
- Joseph S (1999) Social support and mental health following trauma. In: Yule W (ed) Post-traumatic stress disorders: Concepts and therapy. John Wiley & Sons Ltd., Chichester and New York, pp 71-79
- Kauffman J (2002a) Introduction. In: Kauffman J (ed) Loss of the assumptive world: A theory of traumatic loss. Routledge, New York and London, pp 1-12
- Kauffman J (2002b) Safety and the assumptive world: A theory of traumatic loss. In: Kauffman J (ed) Loss of the assumptive world: A theory of traumatic loss. Routledge, New York and London, pp 205-211
- Kauffman J (2010) On the primacy of shame. In: Kauffman J (ed) The shame of death, grief, and trauma. Routledge, New York and London, pp 3-22
- Keltner SK (2011) Kristeva: Thresholds. Polity Press, Malden, MA
- Knowles ES, Sibicky ME (1990) Continuity and diversity in the stream of selves: Metaphorical resolutions of William James's one-in-many-selves paradox. *Personal and Soc Psychol Bull* 16:676-687
- Kracauer S, Levin TY (1993) Photography. *Crit Inq* 19 (3):421-436
- Kristeva J (1974/1980) The novel as polylogue. In: Roudiez L (ed) Desire in language. Columbia University Press, New York,
- Kristeva J (1974/1984) Revolution in poetic language (trans: Waller M). Columbia University Press, New York
- Kristeva J (1980) Desire in language: A semiotic approach to literature and art (trans: Gora T, Jardine A, Roudiez LS). Columbia University Press, New York
- Kristeva J (1980/1982) Powers of horror: An essay on abjection. Columbia University Press, New York
- Kristeva J (1981/1989) Language, the unknown: An initiation into linguistics (trans: Menke A). Columbia University Press, New York
- Kristeva J (1983/1987) Tales of love (trans: Roudiez LS). Columbia University Press, New York
- Kristeva J (1985/1987) In the beginning was love: Psychoanalysis and faith. Columbia University Press, New York
- Kristeva J (1986) Psychoanalysis and the polis. In: Moi T (ed) The kristeva reader. Columbia University Press, New York,

- Kristeva J (1987/1989) Black sun: Depression and melancholia (trans: Roudiez LS). Columbia University Press, New York
- Kristeva J (1993) Proust and the sense of time (trans: Bann S). Columbia University Press, New York
- Kristeva J (1993/1995) New maladies of the soul (trans: Guberman R). Columbia University Press, New York
- Kristeva J (1994/1996) Time and sense: Proust and the experience of literature (trans: Guberman R). Columbia University Press, New York
- Kristeva J (1996) Julia kristeva: Si vous n'en étiez pas, quel serait votre désir? L'Humanité 12
- Kristeva J (1996/2000) The sense and non-sense of revolt: The powers and limits of psychoanalysis (trans: Herman J). Columbia University Press, New York
- Kristeva J (1997/2002) Intimate revolt: The powers and limits of psychoanalysis (trans: Herman J). Columbia University Press, New York
- Kristeva J (1998a) L'avenir d'une révolte. Calmann-Levy, Paris
- Kristeva J (1998b) The revolt of mallarmé. In: Cohn RG, Gillespie GEP (eds) Mallarmé in the twentieth century. Fairleigh Dickinson University Press, New York, pp 31-52
- Kristeva J (1999/2001) Hannah arendt (trans: Guberman R). Columbia University Press, New York
- Kristeva J (2005/2010) Hatred and forgiveness (trans: Herman J). Columbia University Press, New York
- Lab DD, More E (2005) Prevalence and denial of sexual abuse in a male psychiatric inpatient population. *J Trauma Stress* 18 (4):323–330
- Lacan J (1977) Ecrits: A selection (trans: Sheridan A). Norton, New York
- Landsman IS (2002) Crises of meaning in trauma and loss. In: Kauffman J (ed) Loss of the assumptive world: A theory of traumatic loss. Routledge, New York and London, pp 13-30
- Lanier J (2010) You are not a gadget: A manifesto. Alfred A. Knoff, New York
- Lassiter GD (2002) Videotaped interrogations and confessions: A simple change in camera perspective alter verdict in simulated trials. *Journal of Applied Psychology* 87 (5):858-866
- Laub D (1992a) Bearing witness, or the vicissitudes of listening. In: Felman S, Laub D (eds) Testimony: Crises of witnessing in literature, psychoanalysis, and history. Routledge, New York, pp 57-74
- Laub D (1992b) The event without a witness: Truth, testimony and survival. In: Felman S, Laub D (eds) Testimony: Crises of witnessing in literature, psychoanalysis, and history. Routledge, New York, pp 75-92
- Lechte J, Margaroni M (2004) Julia kristeva: Live theory. Continuum, London and New York
- Lepore MJ (1982) Death of the clinician: Requiem or reveille? Charles C. Thomas, Springfield, IL
- Lerner MJ (1980) The belief in a just world. Plenum, New York
- Levine PA (2010) In an unspoken voice: How the body releases trauma and restores goodness. North Atlantic Books, Berkeley, CA
- Leys R (2000) Trauma: A genealogy. University of Chicago Press,
- Locke J (2009) Staging the virtual courtroom: An argument for standardizing camera angles in canadian criminal courts. *Masks: The Online Journal of Law and Theatre* 1:36-58
- Madden K (2010) 12 examples of people getting fired over facebook. Career Builder. Retrieved from <http://www.krem.com/news/12-Ways-to-Get-Fired-for-Facebook-101963793.html>
- Malson L (1972) Wolf children and the problem of human nature. Monthly Review Press, New York
- Mandler JM (1979) Categorical and schematic organization of memory. In: Puff CR (ed) Memory organization and structure. Academic, New York,
- Margaroni M (2005) "The lost foundation": Kristeva's semiotic chora and its ambiguous legacy. *Hypatia* 20 (1):78-98
- McAdams D (2004) Narrative identity and narrative therapy. In: Angus LE, McLeod J (eds) The handbook of narrative and psychotherapy: Practice, theory, and research. Sage Publications, Inc., Thousands Oaks, CA, pp 159-174
- McAfee N (2004) Julia kristeva. Routledge, New York and London
- McCain TA, Wakshlag JJ (1974) The effect of camera angle and image size on source credibility and interpersonal attraction. Paper presented at the Annual Meeting of the International Communication Association New Orleans, LA,
- McCann IJ, Pearlman LA (1990) Vacarious traumatization: A contextual model for understanding the effects of trauma on helpers. *J Trauma Stress* 3 (1):131-149
- McLuhan M (1964) Understanding media: The extensions of man. McGraw Hill, New York

- Milian M (2009) Questions of characters: How was 140 hatched as textng's upper limit? Not-so-scientific testing. Los Angeles Times, Monday, May 18, 2009
- Nadeau J (1997) Families making sense of death. Sage, Newbury Park, CA
- Neimeyer RA (2000) Narrative disruptions in the construction of the self. In: Neimeyer RA, Raskin J (eds) Construction of disorder: Meaning making frameworks for psychotherapy. American Psychological Association, Washington, DC, pp 207-241
- Neimeyer RA (2004) Fostering posttraumatic growth: A narrative contribution. *Psychol Inq* 15:53-59
- Neisser U (1967) Cognitive psychology. Prentice-Hall, Englewood Cliffs, NJ
- Nevejan C (2007) Presence and the design of trust. Ph.D. Dissertation, University of Amsterdam,
- Nevejan C (2009) Witnessed presence and the yutpa framework. *PsychNology J* 7 (1):59-76
- Noé G (2002) Irreversible. Lions Gate Home Entertainment, France
- Noyes R, Kletti R (1977) Depersonalization in response to life-threatening danger. *Compr Psychiatry* 18:375-384
- Nussbaum MC (1990) Love's knowledge: Essays on philosophy and literature. Oxford University Press, Oxford
- Oliver K (1993) Reading kristeva: Unraveling the double bind. Indiana University Press, Bloomington and Indianapolis
- Oliver K (ed) (1997) The portable kristeva. Columbia University Press, New York
- Oliver K (2001) Witnessing: Beyond recognition. University of Minnesota Press, Minneapolis and London
- Oliver K (2002) Psychic space and social melancholy. In: Oliver K, Edwin S (eds) Between the psyche and the social. Rowman & Littlefield Publishers, Inc., Lanham, MD, pp 49-66
- Owens A (1970) Financial success story: The internists. *Med Econ* 22:156-163
- Parker DM (1971) A psychophysical test for motion sickness susceptibility. *Journal of General Psychology* 85:87-92
- Parkes CM (1971) Psycho-social transitions: A field for study. *Soc Sci Med* 5:101-115
- Pearlman LA, Saakvitne KW (1995) Trauma and the therapist. W. W. Norton & Company, New York and London
- Pennebaker JW (1993) Putting stress in words: Health, linguistic, and therapeutic implications. *Behav Res Ther* 31:539-548
- Picard M (1931) The human face. Cassell and Company, London
- Pinchevski A (2005) By way of interruption: Levinas and the ethics of communication. Duquesne University Press, Pittsburgh, PA
- Pollock G (1998) Dialogue with julia kristeva. *Parallax* 4 (3):5-16
- Postman N (1982) The disappearance of childhood. Vintage Books, New York
- Putnam FW (1989) Pierre janet and modern views of dissociation. *J Trauma Stress* 2 (4):413-429
- Putnam FW (1997) Dissociation in children and adolescents. Guilford Press, New York
- Rauch S, van der Kolk BA, Fisler R, Orr SP, Alpert NM, Savage CR, Fischman AJ, Jenike MA, Pitman RK (1994) Pet imagery: Positron emission scans of traumatic imagery in ptsd patients. Paper presented at the Annual meeting of the International Society for Traumatic Stress Studies, Chicago, IL,
- Reeves B, Nass CI (1996) The media equation: How people treat computers, television, and new media like real people and places. CSLI Publications and Cambridge University Press, Stanford, CA
- Restuccia FL (2009) Kristeva's intimate revolt and the thought specular: Encountering the (mulholland) drive. In: Oliver K, Keltner SK (eds) Psychoanalysis, aesthetics, and politics in the work of kristeva. State University of New York Press, Albany, NY, pp 65-78
- Robinson GC (1939) The patient as a person: The study of the social aspects of illness. The Commonwealth Fund, New York
- Rolland J-C (2009) Unconscious memory from a twin perspective: Subjective time and the mental sphere. In: Fiorini LG, Canestri J (eds) The experience of time: Psychoanalytic perspectives. Karnac Books, Ltd., London,
- Ross BM (1991) Remembering the personal past: Descriptions of autobiographical memory. Oxford University Press, London
- Rudnytsky PL (2008) Introduction. In: Rudnytsky PL, Charon R (eds) Psychoanalysis and narrative medicine. State University of New York Press, Albany, pp 1-20
- Russel RL, Wandrei ML (1996) Narrative and the process of psychotherapy: Theoretical foundations and empirical support. In: Rosen H, Kuehlwein K (eds) Constructing realities: Meaning making perspectives for psychotherapists. Jossey-Bass, San Francisco, CA, pp 307-336
- Sarbin TR (2005) If these walls could talk: Places as stages for human drama. *J Constr Psychol* 18:203-214
- Schacter D (1987) Implicit memory: History and current status. *J Exp Psychol: Learn Mem Cogn* 13:501-518
- Schiffman L (2007) Employers use facebook information when hiring. North by Northwestern News November 12

- Shachak A, Reis S (2009) The impact of electronic medical records on patient–doctor communication during consultation: A narrative literature review. *Journal of Evaluation in Clinical Practice* 15 (4):641-649
- Shannon CE (1948) A mathematical theory of communication. *Bell Systems Technical Journal* 27:379-423
- Shannon CE, Weaver W (1949) The mathematical theory of communication. University of Illinois Press, Urbana, IL.
- Shorter E (1985) Bedside manners: The troubled history of doctors and patients. Simon and Schuster, New York
- Shorter E (1991) From paralysis to fatigue: A history of psychosomatic illness in the modern era. The Free Press, New York
- Shorter E (1994) From the mind into the body: The cultural origins of psychosomatic symptoms. The Free Press, New York
- Siegert K (1999) Relays: Literature as an epoch of the postal system (trans: Repp K). Stanford University Press,
- Slochower JA (1996) Holding and psychoanalysis: A relational perspective. The Analytic Press, Inc., Publishers, Hillsdale, NJ
- Smith A-M (1998) Julia kristeva: Speaking the unspeakable. Pluto Press, Sterling, VA
- Smith HF (2009) "The past is present, isn't it?". In: Fiorini LG, Canestri J (eds) The experience of time: Psychoanalytic perspectives. Karnac Books, Ltd., London, pp xv-xxii
- Spence D (1983) Narrative persuasion. *Psychoanal and Contemp Thought* 6 (3):457-481
- Spiegel D (1992) Effects on psychosocial support on patients with metastatic breast cancer. *J Psychosoc Oncol* 10:113-120
- Steele E, van der Hart O, Nijenhuis E (2005) Phase-oriented treatment of structural dissociation in complex traumatization: Overcoming trauma-related phobias. *J Trauma and Dissociation* 2 (4):79-116
- Steele K, van der Hart O (2009) Treating dissociation. In: Courtois CA, Ford JD, Kolk BA (eds) Treating complex traumatic stress disorders: An evidence-based guide. The Guilford Press, New York, pp 145-165
- Summit RC (1983) The child sexual abuse accommodation syndrome. *Child abuse and Neglect* 7:177-192
- Thomas VC (1923) The successful physician. W. B. Saunders Company, Philadelphia
- Tiemens RK (1970) Some relationships of camera angle to communicator credibility. *Journal of Broadcasting* 14 (4):483-489
- Turkle S (2011) Alone together: Why we expect more from technology and less from each other. Basic Books, New York
- Ulanov A (2001) Attacked by poison ivy: A psychological understanding. Nicholas Hays, York Beach, ME
- van der Hart O, Nijenhuis ERS, Steele K (2006) The haunted self. W. W. Norton & Company, New York
- van der Kolk BA (1989) The compulsion to repeat the trauma: Re-enactment, revictimization, and masochism. *Psychiatr Clin N Am* 12 (2):389-411
- van der Kolk BA (1996) The complexity of adaptation to trauma: Self-regulation, stimulus discrimination, and characterological development. In: Vand der Kolk BA, McFarlane AC, Weisaeth L (eds) Traumatic stress: The effects of overwhelming experience on mind, body, society. Gillford Press, New York, pp 182-205
- van der Kolk BA, Fisler R (1995) Dissociation and the fragmentary nature of traumatic memories: Overview and exploratory study. *J Trauma Stress* 8:505-525
- van der Kolk BA, Herron N, Hostetler A (1994) The history of trauma in psychiatry. *Psychiatr Clin N Am* 17 (3):583-600
- van der Kolk BA, van der Hart O (1995) The intrusive past: The flexibility of memory and the engraving of trauma. In: Caruth C (ed) Trauma: Explorations in memory. The John Hopkins University Press, Baltimore, MD, pp 158-182
- VideoMan (2009) Great documentary Poor editing. Amazon.com. http://www.amazon.com/review/R184VGUJ4LLBPF/ref=cm_cr_pr_viewpnt#R184VGUJ4LLBPF. Accessed July 27, 2010 2010
- Walster E (1966) Assignment of responsibility for an accident. *J Personal and Soc Psychol* 3:73-79
- Weaver W (1964) Recent contributions to the mathematical theory of communication. In: Shannon CE, Weaver W (eds) The mathematical theory of communication. University of Illinois Press, Urbana, pp 1-28
- Wedding D, Boyd M (1999) Movies and mental illness: Using films to understand psychopathology. McGraw-Hall, Boston
- Wedding D, Boyd MA, Niemiec RM (2005) Movies and mental illness: Using films to understand psychopathology. Hogrefe & Huber, Gottingen, Germany
- Weinberg RB (1995) Communion. *Ann Intern Med* 123 (10):804-805

- Whitby L (1953) The challenge to medical education in the second half of the 20th century. *J Med Educ* 28:26-33
- Wolf S, Almy T, Flynn JT, Kern F (1952) Instruction in medical history taking. *J Med Educ* 27 (4):244-252
- Woods DD, Hollnagel E (2005) Joint cognitive systems: Foundations of cognitive systems engineering. Taylor & Francis, Boca Raton, FL
- Woolf V (1932/1984) The virginia woolf reader: An anthology of her best short stories, essays, fiction, and nonfiction. Harcourt, Inc., Orlando, FL
- Young JZ (1987) Philosophy and the brain. Oxford University Press, Oxford